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AM I NOT A WOMAN AND A SISTER AND AN IMMIGRANT?: APPROACHING INTIMATE
PARTNER VIOLENCE IN BLACK IMMIGRANT COMMUNITIES WITHIN AN
INTERSECTIONAL FRAMEWORK

by

Azzah Nasraddin

A thesis submitted in partial fulfillment of the requirements
for graduation with Honors in the Social Work

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Abstract

This Honors thesis presents a review of the literature on the magnitude and impact of intimate partner violence (IPV) in Black immigrant communities in the U.S. I argue that IPV must be approached within an intersectional framework in order to account for the ways in which multidimensional identities and experiences occur in conjunction to abuse. The intersectional identities of Black Immigrant Women (BIW); as Black, foreign, and woman, render them essentially invisible in U.S. immigration discourse and especially vulnerable to IPV due to multifaceted layers of oppression as well as specific cultural and religious implications. This thesis first presents the demographic makeup of Black immigrant communities in the United States, noting push and pull factors for migration, educational and economic statistics, and a pattern of burgeoning pockets of specific Black immigrant ethnic groups. The following section provides statistics on the prevalence and scope of IPV in Black immigrant communities and throughout the world. I then present unique cultural and societal factors as challenges to addressing IPV among BIW including; risk factors for experiencing abuse such as changing gender and family roles, institutional racism, the process of acculturation as a result of migration, and the burden of cultural honor and responsibilities. In union with unique cultural and societal risk factors are barriers to help-seeking for BIW experiencing abuse. These barriers include prior dissatisfaction to help-seeking services, community pressure, the significance of marriage and honor in Black immigrant communities, and a lack of culturally specific care. Finally, I provide an implications section for social work practice, arguing for culturally relevant IPV interventions in Black immigrant communities from a macro, mezzo, and then micro scale. This includes greater community collaboration and engagement with Black immigrant communities, centering BIW's voices, culturally relevant prevention and outreach efforts, collaborative and impactful research that is research practice, a reframing of IPV within social work education, and ultimately, approaching IPV in Black immigrant communities from an intersectional framework at the macro, mezzo, and micro scale.

Am I Not a woman and a Sister and an Immigrant?: Approaching Intimate Partner Violence in
Black Immigrant Communities Within an Intersectional Framework

Intimate partner violence (IPV) is a complex issue rooted in the intersections of social, cultural, political, economic, and biological factors. In the early nineties, IPV was identified by the Surgeon General of the U.S. as the greatest public health risk for adult women in the world (U.S. Senate Judiciary Committee, 1992). IPV assaults are more common than car accidents, muggings, and cancer fatalities combined. In fact, IPV is the leading cause of injuries to women between the ages of 15 and 44 (U.S. Senate Judiciary Committee, 1992). According to the Centers for Disease Control and Prevention, IPV describes “physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner” (Breiding, Basile, Smith, Black, & Mahendra, 2015, p. 9). Although abuse can be propagated by both men and women, the overwhelming global burden of violence is felt by women (WHO, 2005).

Over the last ten years, there has been a growing recognition of the scope and significance of IPV, including an increase in the amount of research. In regards to immigrant women and IPV, a review on the literature has indicated that most studies have focused on Asian, Jewish, Hispanic, and Russian immigrants in the U.S. (Taft, Bryant-Davis, Woodward, Tillman, & Torres, 2009). There is a severe and troubling dearth of research and attention given to Black immigrant women (BIW), who are typically excluded from immigration discourse, despite a rapidly growing and prominent population. This oversight is reflected in a lack of culturally responsive services for the population (Fisher, Hunt, Adamsam, & Thurston, 2007).

Although Black Americans are often homogenized, they are a very heterogeneous and diverse group. Differences exist between groups such as Africans, Caribbean’s, and African

Americans. These differences are further intensified by ethnicity and nationality (Brice-Baker, 1994). Research has typically limited the identification of participants in clinical settings to African American or Black without inquiring further about ethnic identity. Therefore, research exploring domestic violence among African American women may likely include African and Caribbean immigrants as well (Taft et al., 2009). There is a great deal of diversity within racial and ethnic groups as culture is experienced in different ways (Bent-Goodley, 2009). For instance, there are differential impacts of IPV in the Latinx immigrant community. The literature has indicated that there is a higher prevalence of IPV among Mexican American women than Latinas from other backgrounds (Lown & Vega, 2001). Therefore, it is vital to acknowledge the significance of ethnicity as well as immigration stressors within racial groups in order to gain a greater understanding of the impact of IPV within ethnic communities (Bent-Goodley, 2007).

IPV research and discourse has typically lived within the context of a Western feminist framework which has been criticized as it has historically failed to examine other factors in IPV such as race, disability status, immigration status, and religion (Oyewuwo-Gassikia, 2016). An intersectional approach is needed to relay the experiences of victims of IPV from diverse and marginalized communities. An intersectional framework is more powerful because it conquers the inadequacy of the Western feminist perspective which typically emphasizes gender inequality as the most prominent factor in articulating the IPV phenomenon and addresses the various needs of women from diverse backgrounds (Fisher, 2013). Intersectionality is a theoretical framework that suggests that multiple social categories such as race, ethnicity, and gender, interlock at the micro, mezzo, and macro level to reflect multiple systems of privilege and oppression (Bowleg, 2012).

Intersectionality is rooted in Black feminist scholarship. It was first coined by Black feminist legal scholar Kimberle Crenshaw to articulate the exclusion of Black women from mainstream White feminism. The feminist movement has historically erased Black women's racial experiences, equating womanhood with Whiteness. Conversely, antiracist movements have typically equated Blackness with manhood (Crenshaw, 1991). Intersectionality as a concept was not invented in the 1990's however. The phrase "Am I not a Woman and a Sister?" was common in Black abolitionist movements in the 19th century to address issues specific to Black slave women, challenging the notion that race and gender are mutually exclusive and instead reflect multiple intersecting identities (Midgley, 1992). Seeing BIW's identities and personhoods as not independent of one another but interdependent and mutually constitutive is the first step in understanding the complexities of IPV incidences and impact within Black immigrant communities (Allen, 2012).

Many of the factors that affect BIW's vulnerability to domestic violence are common for women across all ethnic-racial lines. However, distinct factors leave BIW particularly vulnerable to experiencing abuse (Bell & Mattis, 2000). These include immigration stressors, language barriers, institutional racism, collectivistic orientations, and an overall culture of gender inequality (Bell & Mattis, 2000). Milani (2006) argues that three contextual factors are necessary in understanding how abuse experiences vary among women of Color. These include immigration and acculturation, social traditions, and individual or collectivist orientations (Milani, 2006). It is necessary to gain an understanding of the ways in which societal problems intersect and interlock with the ways immigrants deal with IPV in their communities. By doing so, it is easier to conceptualize concerns regarding marginalization as well as empowerment for women who have experienced IPV (Solokoff, 2008). In order to approach IPV in Black

immigrant communities, there must be an understanding on the ways in which systems of privilege and oppression produce social inequalities that interconnect to ultimately increase the risk of IPV.

This honors thesis provides a review on the literature of IPV in Black immigrant communities in the U.S. and ultimately argues for the necessity of an intersectional framework in addressing IPV in communities of color. I argue that the intersectional identities of BIW; as Black, foreign, and woman, renders them effectively invisible in the immigration debate and vulnerable to IPV due to multifaceted layers of oppression as well as specific cultural and religious implications. This thesis is divided into five main sections. The first section: “An overview of the demographics of Black immigrant groups in the U.S.” articulates the impact and diversity of Black immigrants in the U.S. by providing statistical figures on the sheer number of the overall population as well as a breakdown of countries of origin, employment, regions, and community backgrounds.

The second section, “IPV among BIW” breaks down the definitions of IPV and provides figures and prevalence rates on the IPV phenomenon among BIW in the U.S. and throughout the world. The third section: “Cultural and Societal Factors as Challenges to Addressing IPV among BIW” demonstrates the numerous risk factors for IPV that are unique to BIW, making them especially vulnerable to abuse. The fourth section: “Barriers to Help Seeking for BIW who have experienced IPV” divulges barriers that deter women experiencing abuse from reporting abuse to both formal and informal services. Finally, the fifth section: “Implications for Social Work Research and Practice” provides a variety of suggestions to both improve and implement culturally relevant care for BIW and address institutional and systematic barriers to help seeking for BIW.

Demographic Characteristics of Black Immigrant Groups in the United States

More than 27% of the U.S. population today consists of immigrants and their children. In the state of New York alone, immigrants make up one-third of the population (Zong & Batalova, 2017). Black immigrants have greatly reshaped the overall Black population of the U.S. African immigrants especially, are growing at an exponential rate, with the population having doubled since 1970 (Rasmussen, Chu, Akinsulure-Smith, & Keatley, 2013). Black immigrants now make up 8.7% of the nation's Black population (Anderson et al., 2015). According to the U.S. Census Bureau (2015), by 2060, 16.5% of Black people living in the U.S. will be immigrants (Anderson et al., 2015).

Influx of Black Migration to the U.S.

The recent influx of Black migration to the U.S. is primarily due to the Refugee Act of 1980, which made it easier for those escaping danger from conflict-ridden areas like Somalia and Ethiopia to seek refuge in the U.S. Africa is home to the world's largest refugee crisis, with only one-fifth of the world's population but more than half of the world's refugees (UNHCR, 2015). A combination of high population growth and worsening economic opportunities and security conditions in Africa have led to an influx of African migration and refugees seeking asylum in the U.S. (Foley, 2007). The top five countries of nationality for refugee arrivals in the U.S. in 2013 were from Africa; specifically, Sudan, Somalia, Ethiopia, Eritrea, and the Democratic Republic of Congo (Anderson, Lopez, M.H., & Rohal, 2015). This influx in migration was intensified further as European countries tightened their immigration laws, making the U.S. a more desirable destination for Black immigrants (Takougang, 2003).

Further initiatives such as the Diversity Visa program and the 1965 Immigration and Nationality Act, have contributed to the influx of Black immigrants into the U.S. The Diversity Visa program attempts to promote immigration from underrepresented countries; allowing 50,000 Africans who fit the qualifications necessary to migrate annually to the U.S. vis-a-vis a lottery process (Takougang, 2003). The 1965 Immigration and Nationality Act made kinship ties a primary means of migration as a greater number of women, children and elderly immigrants began arriving in America to be reunited with their families (Kamya, 1997).

Black Immigrant Family Structure

A significant number of Black immigrants (83%) live in a family household. This may be due to the weighty emphasis placed on family and marriage in Black immigrant cultures, which tend to be collectivistic and socially interdependent in nature (Bledsoe, 2011). Although the 1965 Immigration and Nationality Act made it easier to admit foreign born children into the U.S., the Black immigrant population is still made up almost entirely of adults (93%). Approximately 9 out of 10 Black immigrants are 18 or older (Anderson et al., 2015). The age range of African immigrants in the U.S. does not reflect the demographic makeup of Africa, which is colloquially referred to as the “young continent.” Therefore, many children of Black immigrants still live in their native countries.

Marriage rates for Black immigrants are the highest among any immigrant groups. About half (48%) of foreign born Black people in the U.S. are married. Marriage rates are especially high among Black African immigrant adults (52%) (Anderson et al., 2015). Many women are immigrating to the U.S. to be reunited with their spouses, making their immigration status and American standing inextricably linked to their partner’s. Furthermore, BIW, who may have been in the background of traditional African family structures are finding themselves at the forefront

of economic opportunities in the U.S., shifting traditional gender roles and providing money, not only for family in the U.S., but for family and community back in their native countries (Takougang., 2003). These changes in family structures, roles, and responsibilities are among the most taxing post-migration challenges for Black immigrants (Akinsulure-Smith et al., 2009).

Black Immigrants and Legal Resident Documentation

There are an estimated 575,000 undocumented Black immigrants in the U.S., making up about 16% of the Black immigrant population. Approximately 16% of Black immigrants from the Caribbean and 13% of Black immigrants from Africa are living in the U.S. without authorization (Anderson et al., 2015). Although most Black immigrants (54%) hold U.S. citizenship at a higher rate than the 37% of all U.S. immigrants, lack of legal documentation provides a significant barrier for immigrants in all walks of life. Undocumented immigrants have a significant lack of perceived institutional power. Lack of documentation deters immigrants from seeking resources and provides significant stressors on the body and mind (Arthur, 2000). Approximately 32 to 49% of the general female population in the U.S. experience IPV in their lifetime. However, non-immigrant women are twice as likely to file a report of IPV compared to documented immigrant women and four times as likely to file a report than undocumented women (Sokoloff, 2008).

Education Levels and Socio-Economic Status of Black immigrants

Many Black immigrants are leaving their homes due to push factors, particularly economic and political development failures. Approximately a third of all college graduates have left the continent of Africa (Arthur, 2000). The average African immigrant has approximately 15.7 years of education. A greater number of Africans have college degrees over any other group

in the U.S., including White Americans and White immigrants. In fact, many have attended graduate school. However, once they have arrived, it is less common for immigrants to return to education than non-immigrants (Butcher, 1994). Although most Black immigrants are the more skilled and higher educated citizens in their own countries, like the Polish, Irish, Armenian, and Hungarian immigrants at the beginning of the twentieth century, most Black immigrants find themselves at the lower end of the U.S. job market (Arthur, 2000). Black immigrant men earn lower wages than U.S. born Black men at the same levels of education. This may be due to the perceived skill aptitude of Black immigrants from stereotypical notions of intelligence and ability (Benson, 2006). Black immigrant's median annual household income is well below that of all U.S. immigrants (\$43,000 vs. \$48,000). About 1 in 5 Black immigrants live below the poverty line. Entry into labor markets for Black immigrants is influenced heavily by education, language proficiency, and entrepreneurial knowledge (Anderson et al., 2015).

Black immigrants have migrated more recently in comparison to other immigrant populations. About half of America's Black immigrant population arrived in the U.S. in the year 2000 or later, with many arriving sometime in 2006 or later. Approximately a third began living in the U.S. before 1990 and a fourth arrived in the 1990s. Two thirds of all African immigrants arrived in the U.S in 2000 or later and one third arrived in 2006 or later (Anderson et al., 2015). Groups that have lived in the U.S. longer have greater labor market success. Those who arrived earlier have fared better economically than those who have recently immigrated. Similarly, recent immigrant arrivals are less likely to be as acculturated and acclimated into mainstream American society (Butcher, 1994). Recent immigrants tend to be less skilled than earlier immigrants, which creates an even larger earning gap between those who migrated earlier and those who migrated later (Arthur, 2000). Unlike their earlier arrival counterparts however, whose

main objective was to acquire an American education and return home to their native country, recent immigrants are coming with the intention of establishing permanent residency and acquiring U.S. citizenship (Takougang, 2003).

Black Immigrants and English Language Proficiency

In regards to language, more foreign born Blacks are proficient in English than the overall U.S immigrant population. Approximately 31% of Black immigrants speak a language other than English at home as compared to 50% of the overall immigrant population. This may be because approximately half of all Black immigrants in the U.S. hail from the Caribbean where English is commonly spoken. Black Caribbean immigrants (76%) and Black South American immigrants (82%) are the most likely to be proficient in English, compared to 72% of African immigrants (Anderson et al., 2015). English proficiency has proven to be related to greater job and economic opportunities (Arthur, 2000).

The Geographic Dispersion of Black Immigrants in the U.S.

The geographic dispersion of Black immigrants in the U.S. is highly concentrated to two regions; 41% live in the Northeast region and 41% live in the Southern region of the U.S.. The Black African immigrant population is less dispersed than other immigrant groups (Anderson et al., 2015). Many Black immigrants are concentrated and clustered in specific metropolitan areas making it easier for culturally specific care to be administered to a majority population. Minneapolis has 31% of the Black Somali immigrant population, at around 25,000 people, and the Washington D.C. metro area has 24% of its U.S. population, with 46,000 residing there (Anderson et al., 2015).

Although the majority of Black immigrants reside in the Northeast and Southwest, a notable amount of African immigrants reside in Iowa, South Dakota, and Minnesota. In fact, African immigrants in South Dakota account for 28 % of its foreign-born population. In Minnesota alone, Africans account for 21 % of its foreign-born population, mostly due to its sizable Somali community (Anderson et al., 2015). These cities are magnets for Black immigrants of certain native countries due to the presence of other Black immigrants from their countries of origin. These include friends and relatives who are able to provide temporary assistance for recent arrivals as well as community support (Takougang 2003). Many Black immigrants are dispersed in big cities. However, particular ethnic groups tend to cluster near one another, forming large and flourishing communities.

Black Immigrant Racial and Ethnic Identities

Painting Black immigrants as a monolith offers an incomplete picture of the population, effectively erasing the ways in which class, gender, and ethnicity within a racial group shape realities (Benson, 2006). Black immigrants are forced to adjust to being a minority in American society from native countries where they were once the majority. Black immigrant racial identity is very nuanced and complicated as they must reconstruct and redefine their identities in terms of the U.S.' racial hierarchal system which categorizes people as either Black or White based off skin color alone. Unlike their White immigrant peers, the process of racialization for Black immigrants can lead to downward mobility instead of upward mobility (Benson, 2006). They also tend to suffer from "double discrimination" from the White majority and from American Blacks (Brice-Baker, 1994).

Black immigrants often actively set themselves apart from American Blacks by asserting their ethnic origins. They will use native language and culturally distinctive dress among other

strategies as a way to avoid negative stigmas and discrimination associated with the Black American racial minority experience. Although native language is a tool used to dissociate with racialization, Black immigrants with poor English skills and darker skin suffer much more discrimination (Butcher, 1994). Furthermore, although the process of residential segregation forces Black Americans and Black immigrants to live in close proximity, there exists a lack of formed alliances. This may be due to perceived competition between Black immigrants and Black Americans for scarce resources. Reception by Black Americans is also an important factor in shaping Black immigrant racial group identification (Rogers, 2000). One's identity is greatly associated to their overall self-esteem and world perception. Lumping BIW's experiences with African American women's experiences, however similar they may be, could ultimately prove counterproductive and negative for BIW who set themselves apart culturally.

Black immigrants are an extremely diverse group who have been a part of the fold of American society while simultaneously growing in number and influence. It is essential to understand both the demographic makeup of Black immigrant communities as well as various push and pull migration factors in order to approach Black immigrants and the IPV phenomenon from an intersectional framework. Educating both the greater host society and service providers on the complexities of Black immigrant's logistical backgrounds; such as their median ages, educational levels, income statuses, and overall geographic disbursement is a crucial first step in addressing IPV within these communities.

Service providers must perceive Black immigrants as multifaceted individuals with rich and unique cultural and religious backgrounds and gain a greater understanding of the varied layers of oppression and privilege Black immigrants have. Although Black immigrants are dispersed across the country, there are patterns of resettlement within host societies. There are

burgeoning pockets of specific ethnic communities that habituate certain cities and regions, creating large and thriving cultural enclaves that mirror home societies. Because Black immigrants tend to form sizeable cultural pockets of specific ethnic groups, it is feasible for culturally specific care to reflect the population's demographics and needs. It is imperative for service providers and community members to establish culturally relevant care on a grander scale due to the sheer number and influence of concentrated populations.

The Prevalence of Intimate Partner Violence among Black Immigrant Women

Although IPV can affect both men and women, the overwhelming global burden of IPV is felt by women. There are different categories of violence, ranging from physical, sexual, and psycho-emotional (WHO, 2005). There are four main types of IPV; acts of physical violence, sexual violence, emotional (psychological) abuse, and controlling behavior (Smith et al., 2017). Some examples of physical violence include hitting, slapping, and beating. Sexual violence includes unwanted sexual contact or experience, unwanted or pressured penetration, and rape of a victim. Emotional or psychological abuse includes insults, humiliation, and taking advantages of ones perceived vulnerability. Controlling behavior includes isolating one from their friends and family, excessive monitoring of whereabouts, and exploitation of a victim's immigration status or disability (Smith et al., 2017).

The proportion of women who have experienced abuse by an intimate partner in their lifetime ranges from 15% to 71% (WHO, 2005). Nearly one third of all American women experience abuse from an intimate partner at some point in their lives (Breiding et al., 2015). However, the prevalence of IPV is greatly underestimated. Official figures are difficult to measure and often reflect a much higher prevalence rate due to lack of reporting. IPV therefore becomes a hidden phenomenon (Koenig, Ahmed, Hossain, & Mozumder, 2003). Black women

of all ethnic backgrounds are disproportionately affected by gender-based violence, with 43.7% of Black women reporting abuse compared to 34.6% of White women (Breiding et al., 2015). Black women also experience higher rates of femicide, defined as homicide by an intimate partner, than White women (Ting, 2010).

Generally, many factors are associated with IPV including, but not limited to, a lack of access to resources, age, immigration status, socio-economic status, and education levels. Across race and ethnic backgrounds, higher rates of IPV were reported among younger couples. In fact, approximately half of all women who report some form of IPV are between the ages of 18 and 24 years (Breiding et al., 2015). This pattern is especially pertinent among Black Americans, whose rates of IPV were three times greater for Black couples under the age of 30 as compared to Black couples over the age of 40 (Hampton & Gelles, 1994).

Living in lower income neighborhoods has been found to heighten the risk of IPV. Black women who live in lower income neighborhoods experience IPV at three times the rate of women who do not live in impoverished neighborhoods (D.W Campbell, Sharps, Gary, J. C. Campbell, & Lopez, 2002). Married women or women in domestic partnerships are more likely to report IPV than women who are not in a relationship. On the other hand, women who are divorced or separated experience the highest rates of IPV (Barrick, Krebs, & Lindquist, 2013).

A consistent risk factor for IPV is low-socioeconomic status which is measured by education, occupation, and income. Women with less access to economic resources experience higher rates of IPV. Black women who recently experienced abuse had less stable and consistent employment than Black women who had not experienced abuse (Mittal, Stockman, Seplaki, Theyenet-Morrison, Guido, & Carey, 2013). However, data indicate that Black women with some college and Black women with college degrees experience IPV at a greater rate than Black

women with a high school education or less (Christy-McMullin, 2005). This may be due to men attempting to re-exert control over their partners using violence to compensate for their own educational impotence. Additionally, Black women who are employed experience higher rates of abuse by an intimate partner than Black women who have retired (Christy-McMullin, 2005). The association between home ownership and IPV is not as clear. Among Black women specifically, those who rented homes or apartments report higher levels of emotional abuse than women who owned their homes (Christy-McMullin, 2005). Finally, alcohol increased the risk factor for IPV by seven fold for Black couples who reported male alcohol problems (Lacey, West, Matusko, & Jackson, 2016).

As noted previously, there are few studies that yield data on immigrant women who have experienced IPV. The few studies that provide prevalence figures for Latina and Asian women demonstrate lower prevalence rates compared to women of other races and ethnicities. However, there are virtually no population-based prevalence estimates for other immigrant and refugee groups, particularly Black immigrant groups. Therefore, research on the rates of IPV in immigrant communities is inconclusive, especially because there are considerable differences between subgroups (Runner, Novick, & Yoshihama, 2009). Worldwide however, Japan has the lowest level of IPV at 6%. Ethiopia has the highest figures reported with 59% of women experiencing abuse from an intimate partner. The likelihood of women from all backgrounds experiencing severe abuse is higher among women who have experienced abuse at least once (WHO, 2005).

Cultural and Societal Factors as Challenges to Addressing Intimate Partner Violence Among Black Immigrant Women

The Western feminist framework has had a tendency to attribute incidences of IPV in various ethnic groups as intrinsic cultural practice, however, IPV is a universal phenomenon that affects women from all different backgrounds. Although women from immigrant and refugee backgrounds are more vulnerable to abuse than women from non-immigrant or refugee backgrounds, research has demonstrated that it is not necessarily the culture of immigrants and minority groups, but rather, the vulnerability and experiences immigrant women face; including isolation, limited language skills, discrimination, changing and changed family roles, and an overall lack of access to economic resources that increases the risk of exposure to IPV (Menjivar & Salcido, 2002; Rees & Pease, 2007;). Additionally, as noted previously, Black women of all ethnic backgrounds are disproportionately affected by gender-based violence (Black et al., 2011). Thus, the intersections of gender, race, and migration make BIW especially susceptible to abuse.

Consequently, it is vital to explore the myriad of ways in which various cultural practices are heightened by racism in the U.S. as well as migration stressors. This section provides a review on the literature for five major risk factors to experiencing IPV for BIW: acculturation and stressors of migration, social isolation as a result of migration, racism against Black immigrant communities, changing gender and family roles, collectivism and religion, and community pressure on BIW to preserve cultural norms. It is important to note that these risk factors are not experienced in isolation, but instead are occurring in conjunction with one another, producing a troubling and unique vulnerability to abuse for BIW. Addressing the intersections of these risk factors for abuse in Black immigrant communities will be vital in IPV prevention efforts in Black immigrant communities.

Acculturation and Adjusting to a Foreign Host Society as a Risk Factor for Intimate Partner Violence

Research has demonstrated that IPV either begins or increases when a couple immigrates to the U.S. (Morash, Bui, & Santiago, 2000). Approximately 60 % of immigrant women have experienced IPV in the U.S. (Rees & Pease, 2007). Immigrant women who experience violence from an intimate partner stay longer in an abusive relationship and tolerate more physical and psychological abuse than other women in the U.S. (Shaw, 2008). Immigrant women are especially susceptible to experiencing additional forms of emotion and sexual violence than non-immigrant women (Rees & Pease, 2007). In a study examining IPV among immigrant women from Latin American and South Asian countries, findings indicated that many women were subjected to rape in marriage. Men also controlled reproductive and sexual decisions (Morash et al., 2000). Because gender roles can be extremely rigid in certain communities, a husband's attacks on a women's role or feminine qualities, like her cooking ability or sexual modesty, can be especially damaging and have a severe emotional impact. By undervaluing or belittling the traditional role a wife may take pride in, these attacks inherently deny the value of a woman as a person (Raj & Silverman, 2002).

Immigration can be an extremely stressful experience which involves a process of acculturation. At the cultural level, immigrants must adjust to a new culture and environment. At an interpersonal level, acculturation involves a reorganizing of interpersonal relationships. At an intrapsychic level, immigrants are forced to cope cognitively and behaviorally in a new cultural system (Taft et al., 2009). The process of acculturation formulates cognitive dissonance in attempts to resolve emotional and cultural conflicts in a new society. This causes intra-familial role conflicts in cultural expectations, low self-esteem, and a loss of control (Kasturirangan, Krishna, & Riger, 2004). There are many identifiable experiences of immigrant

populations such as isolation, cultural shock, cultural change, and goal-striving stress (Rasmussen et al, 2013). As immigrants begin to integrate both old and new customs into their realities, they remove aspects of their past life. The process of acculturation may manifest itself in several ways; through behaviors, thought processes, and everyday socialization (Ho, 1990).

Often, African immigrants have to deal with racism and low pay in employment by getting paid under the table and working many different jobs at once. Therefore, many immigrant families are under a significant amount of stress; physically, mentally, and emotionally (Shaw-Taylor, 2007). The stress of having to make money and send money back home also exacerbates violence and aggression. In home countries, family and community time is a high priority. The hustle and bustle of American life coupled with familial expectations can exacerbate feelings of inadequacy and stress (Rasmussen et al., 2013). Positive family and community interactions can become a form of social capital. On the other hand, the economic strain and social segregation associated with migration can make immigrant women much more susceptible to violence (Taft et al., 2009)

Immigrants who have lived in the U.S. for a longer period of time have greater internal strengths for enduring stressors. Research suggests that exposing oneself to new surroundings is directly associated with coping strategies and overall resiliency (Taft et al., 2009). Having a say in the decision to emigrate relates with an immigrant's sense of self control and ability to endure stressors. Those who are able to determine when and where they can move have greater perceived power and control over their lives. Because men in many African communities play the role of the house head and make final familial decisions, it is often the women who feel a lack of control and a reduction in ability to endure stressors post migration (Taft et al., 2009).

Those who embrace their home culture while also seeking to embrace the dominant culture face a less stressful acculturation process.

Alienation from the host culture or one's native culture make immigrant women more susceptible to IPV (Paat, 2014). For resettled women from war-torn countries, IPV presents itself against a backdrop of historical and generational trauma as a result of war and migration (Bhuyan, 2005). IPV is more common in places where war or other conflicts have recently taken place due to violence becoming common and frequent. In the Democratic Republic of the Congo, frequently referred to as "the rape capital of the world", sexual assault was utilized as a weapon of war (Brown, 2012). It is therefore imperative to approach BIW, especially Black refugee women, from a trauma informed framework in which institutional and internalized oppression intersect with the phenomenon of IPV (Taft et al., 2009).

Experiences of trauma, anger, loss, sadness, and depression associated with relocation and migration could inhibit successful settlement for immigrant families (Fisher, 2013). Although both immigrant men and women often experience similar types of trauma and persecution, immigrant women's responses to these experiences are typically nonviolent (Pittaway & Rees, 2006). Notably, many men who abuse women have trauma or violence in their own backgrounds. However, not every man who has witnessed abuse or internalized trauma becomes abusive themselves. A theoretical question arises therefore, as to why some men form healthy, nonviolent relationships despite traumatic life experiences, and why others choose to become abusive (Caeser, 1998).

Women with a dependent immigration status are typically more economically, psychologically, and linguistically dependent on their spouses than non-immigrant women. Many lack fluency in English which hinders their ability to navigate everyday life without their

husband's assistance (Taft et al., 2009). Typically, a male spouse applies and receives permanent residency status. Afterwards, he sponsors his wife. When a woman who has experienced abuse does not have a secure immigration status, fear of deportation can be constant and stressful. A common abuser tactic involves holding immigration status over his spouse's head, whether the threat is real or imaginary. This threat is especially pertinent for military and mail order brides (Narayan, 1995). What's more, granting women may make a claim to free themselves from their abuser's immigration status, there is a very real possibility that she may not have access to information needed to even know about these claims, especially if most of her knowledge on immigration services is given to her by her abuser (McDonald, 1999).

Social Isolation as a Result of Migration as a Risk Factor for Abuse

The centrality of the family unit is a significant part of many cultures throughout the Black diaspora. Due to resettlement, many immigrant women leave the social support system they previously had with their extended families and communities (Taft et al., 2009). An abusive spouse can gain momentum and power post migration because a woman may no longer have the support of her sisters, cousins, and friends in the way she did in her home country (Boyd & Grieco, 2003). In communities with collectivist orientations, issues may be handled by other family members, friends, elders, and religious leaders. However, the process of immigration requires entering a foreign environment in which one may not know the culture, language, and only recognize some faces (Kalunta-Crumpton, 2017). Due to the isolation this inevitably exacerbates, it becomes much easier for an abuser to control a victim's life. Taking a woman out of her support system allows men to control various aspects of a woman's life, such as her financial and social independence. Because BIW experiencing IPV may feel that they do not

have anyone advocating for them the way they might have back home, they are more susceptible to tolerating abuse in silence (Menjivar & Salcido, 2002).

Leaving an abusive partner, often the option deemed most desirable by those working in the DV sector, may seem unreasonable to a woman who depends on her partner for companionship and connections to their home country (Campbell & Lewandowski, 1997). An immigrant woman may also feel a sense of isolation from the mainstream culture, which increases reliance on one's partner to navigate everyday situations in a foreign land (Kasturirangan et al., 2004). Fear of isolation and judgement often drives many BIW to feel personal shame and embarrassment and therefore attempt to maintain family secrecy about the abuse. In order to secure one's family image and an air of stability, women who experience abuse may not disclose their situation to anyone else in the community, let alone seek formal helping services (Bent-Goodley, 2007).

Contact with members of one's community can be lacking almost entirely for women whose spouses do not share similar ethnic background. The language barrier also cuts off possible social relationships except to those who come from the same background (Narayan, 1995). This makes it easier for a spouse to isolate and manipulate his partner, increasing the risk of prolonged abuse (Ho, 1990). The issue of isolation is a serious one for many immigrant women as she may be on her own in a foreign society where she may not know the culture, language, or environment. She may have migrated from a country where she was living with her extended family to a place where her support base is nonexistent. This increases immigrant women's susceptibility to abuse as it becomes easier for men to control their partners (Menjivar & Salcido, 2002).

Institutional Racism as a Risk Factor for Abuse

Institutional racism and therefore internalized racism play a prominent role in those of the Black diaspora's self-esteem. Black women are often portrayed to be non-feminine, overpowering, and independent. Unlike their White counterparts, the African American woman is portrayed as being unnaturally powerful in relationships and physical prowess (Taft et al., 2009). This has led to the notion of Black women as responsible for issues that plague the Black community such as the downfall of the Black family. The idea of the "strong Black woman" or "Black superwoman" can include positive messages such as resilience and strength, but it can also increase Black women's risk and exposure to IPV by perpetuating the notion that Black women can take anything. These stereotypes play into the perception of Black women as non-vulnerable and in need of control and domestication (Bell & Mattis, 2000).

Toxic Black masculinity, or notions of Black manhood within popular culture and society at large can promote Black boys to normalize and enact violence on their partners, even if most other men in the community do not embody these stereotypes (Taft et al., 2009). Furthermore, low self-esteem has consistently been noted as a risk factor for IPV for both perpetrators and women experiencing abuse (Bradley, Schwartz, & Kaslow, 2005). Internalized racism perpetuates self-hatred on an individual level and discord at the community level (Brice-Baker, 1994). Internalized oppression does not necessarily manifest itself in physical self-harming behaviors, but can do so in the harming of others such as Black women.

For immigrant communities, there is a direct link between oppression in a new host society and abuse (Akpinar, 2003). If communities feel discrimination by the host society, there is a possibility that those who have a vested interest in holding conservative and patriarchal values will exert greater pressure on women in order to make up for a perceived loss of

institutional power. The burden of upholding cultural customs from one's homeland typically falls on the women in the community. Families fear a loss of identity and hold a tighter grip on rigid cultural values. Therefore, if a woman somehow strays from a tight code of behavior, she risks ostracizing herself from her family and community (Meetoo & Mirza, 2007).

Changing Gender and Family Roles as a Risk Factor for Abuse

Upon migration, men might experience cultural dissonance and a sense of loss as a result of changing gender roles coupled with experiencing a new society with decreased cultural rigidity (Fisher, 2013). Traditional notions of what constitutes masculinity exacerbate the risk of IPV as men might react with violence in order to regain power if their sense of masculinity is threatened (Pittaway & Rees, 2006). In a study exploring the relationship between changing gender and family roles and domestic violence among African refugee communities in Perth, Australia, Fisher (2013) found changes in gender roles and responsibilities in the process of acculturation becomes the major source of family conflict. The role that men had in Africa, as the bread winner and head of the household were integral to their sense of identity (Fisher, 2013). Failure of the men to find roles related to their knowledge and skills led the men to feel disempowered, depressed, and worthless. If they perceive their wives and children as agents of their perceived loss of power, it greatly increased the risk factor of abuse for women and children (Fisher, 2013). Men may view violence against their partners as an option for a release of stress and emotion as well as regaining control in their lives (Pittaway & Rees, 2006).

The loss of socioeconomic status during the resettlement period creates financial instability in a family. As a result of this, families find themselves in a situation where economic survival and stability is the most important issue. In many cases, immigrant women who recently arrived may lack the language and training skills to find employment. They may then

take work as unskilled laborers in sweatshops or factories (Ho, 1990). Because women may find employment easier than their husbands, they begin to fill the role of primary financial provider for the family. As a result of this, men may then use violence to reestablish a position of dominance within the family (Raphael, 2001). Pan et al.(2006) suggests that as Somali women immigrants became more financially independent, men attempted to decrease feelings of shame about their sense of financial impotence through violence. The study ultimately found that the more independent Somali immigrant women became, the more likely they were to experience physical, financial, and psychological abuse from their partners (Pan, Daley, Rivera, Williams, Lingle, & Reznik, 2006).

Fisher (2013) also found that financial independence for women exasperated conflict in African refugee families. The woman, who is now earning money, may not want to let go of her financial independence and freedom in managing her own finances while the man may not want to surrender his role as the breadwinner (Fisher, 2013). Women experience twice the burden of changing gender roles in that they are more susceptible to both financial and physical abuse (Rasmussen et al., 2013). Immigrant working women are typically required to work double or even triple shifts to provide for the family while making an effort to keep traditional family roles in the household intact. Therefore, a woman working a triple shift may also have the added burden of household chores in an attempt to keep her husband's position of dominance within the family intact (Menjivar & Salcido, 2002). Therefore, financial independence may not lead to an advantage in situations involving IPV because financial independence does not occur in isolation of traditional gender roles. Finally, traditional African family structures are confronted by Western individualistic cultures that challenge the idea of the head of the family. Men

expressed their frustration with a legal system they perceived to favor women and children over husbands (Fisher, 2013).

Religion and Collectivism as Both a Protection for Experiencing abuse and a Risk Factor for Experiencing Abuse

The individualism propagated in Western society is at odds with communities that emphasize collective well-being (Fisher, 2013). Many BIW lived in extended social networks that provided support through financial resources, childcare, emotional comfort, and ultimately, protection for women (Sharma, 2001). This extended network typically includes an extended family and ecology of elder's, friends, and peers. This constant presence of social support reduces the likelihood that a woman may become isolated by her abuser. Additionally, elders in the community may monitor and inhibit abuse (Ho, 1990). It is important to note that conversely, the extended family could also support abuse. More than one family member may commit abuse towards the women and feel empowered to do so by other family members. Furthermore, to move up power rankings or uphold a power structure within the family, mothers-in-law may physically or emotionally abuse their daughters-in-law or encourage their son's abusive behaviors (Kasturirangan et al., 2004). Despite this, isolation from an immigrant woman's extended family and network makes immigrant women more susceptible to abuse (Kalunta-Crumpton, 2017).

Most Africans believe in a supreme or sacred being who controls the natural order of life. The spiritual not only has a personal aspect, but a communal one. Self-esteem and spiritual well-being is heavily related to one's ability to cope with stressors. Psychological, social, physical, and emotional coping is derived from the collective understanding of the spiritual in people's lives (Kanya, 1997). While religion and spirituality serve numerous important functions and

can reduce the impact of IPV, religion can conversely be used to justify IPV and increase African immigrant's vulnerability to IPV (Kalunta-Crumpton, 2017). Generally, organized religion emphasizes the sanctity of marriage and the importance of maintaining the institution. Black women who support orthodox religious views are more likely to express negative views regarding women's reproductive rights and gender equality, which places them at a higher risk for IPV (Taft et al., 2009).

Community Pressure on Black Immigrant Women to Preserve Cultural Norms as a Risk Factor for Abuse

Because immigrant communities place high value on preserving cultural beliefs and expectations, a dynamic develops in which women are encouraged to deny abuse and to remain in violent relationships (Ting & Panchanadeswaran, 2009). Therefore, many immigrant women are burdened with the choice of staying in a tumultuous and violent situation or seeking help and being ostracized by their community. While fear of social isolation is not unique to immigrant women, it can be especially immobilizing to a woman who cannot speak English (Campbell & Lewandowski, 1997). Not only does a negative reputation impact a woman's support system in the U.S., where it may be difficult to find a different set of friends and neighbors, a negative reputation can impact economic and social mobility for a woman's family in her native country. Furthermore, reporting abuse to authorities is often perceived as a way to tear the community apart (McDonald, 1999). Therefore, many issues are handled within the community using a more traditional problem solving ecology. Community members can side with the abuser however, prolonging a violent cycle of abuse (Akinsulure-Smith et al., 2013).

BIW in polygamous marriage situations, likely to be an Africa Muslim woman, have additional considerations with reporting abuse. These women reported staying in their abusive

relationships due to a fear of losing their status within the family (Ting & Panchanadeswaran, 2009). For example, if a first wife who generally had more status than a second wife leaves her husband, she would lose the status she had as a first wife within the community. Women in polygamous marriages also reported not wanting their children to be left with another wife (Ting & Panchanadeswaran, 2009).

BIW who marry American men, particularly Black American men, face additional stigma from their ethnic community. An immigrant woman who reports abuse or attempts to turn to her community for help is discredited for being in a marriage with an outsider in the first place. Her abuse is then justified by other members of the community (Narayan, 1995). Levels of stigmatization are even higher for BIW who marry African American men. This is due to the negative stereotypes attributed to African Americans that can exist in African communities of African American men as inherently violent or lazy (Ting & Panchanadeswaran, 2009).

BIW whose spouses are considered powerful or important members of the community are under a great deal of pressure. Even if others are aware of their abuse, women whose spouses hold a certain level of prestige within the community often face intimidation and are encouraged to keep silent in order to not embarrass their spouses. They may be told to be grateful that they have a spouse held in such high esteem and to ignore other violent aspects of their marriage (Taft et al., 2009). Community honor not only affects a woman's reputation in the community she emigrated to, but it affects her family back home as well. If a BIW's reputation is ruined by reporting her abuser to authorities, this not only affects the way people perceive her, but the way people treat her children, siblings, parents, and entire extended family back home (Meetoo & Mirza, 2007). This notion of community honor is so strong, that at times mothers do not interfere with the abuse or murder of their daughters. In even more extreme cases, a woman's

relatives are expected to punish a woman who leaves her spouse. This provides an ultimate deterrent to help-seeking as the women experiencing violence feel they will be trading one abusive situation for another (Meetoo & Mirza, 2007).

There are a variety of risk factors that make BIW especially unique in their vulnerability to experiencing abuse including the intersections of migration stressors, downward mobility in regards to racial identification in American society, and traditional cultural practice and gender roles. These risk factors occur at the micro, mezzo, and macro level. A question arises however, if BIW are experiencing abuse at a greater rate than women from other backgrounds, why are there such low rates of formal help seeking behaviors from BIW who are experiencing abuse? This next section, “Barriers to Help seeking for Black Immigrant Women Who Have Experienced Intimate Partner Violence”, expands on the cultural and societal factors to addressing IPV in Black immigrant communities. The unique risk factors for IPV that BIW experience also serve as barriers to help seeking. Institutionalized racism, for instance, not only exacerbates the likelihood a BIW may experience abuse, but may also deter her from help seeking if she does experience abuse. Thus, these risk factors not only make BIW especially vulnerable to gender based violence, but also vulnerable to abuse for longer periods of time.

Barriers to Help Seeking for Black Immigrant Women Who Have Experienced Intimate Partner Violence

Not only are Black immigrant women especially vulnerable to experiencing abuse at the hands of an intimate partner, they are also more likely to suffer in prolonged silence and not reach out to others for help (Ting, 2010). The lack of formal and informal help seeking behaviors from BIW who have experienced abuse is extremely troubling. In order to address the most appropriate and effective interventions for IPV within Black immigrant communities, there

must first be an understanding on the multitude of barriers for help seeking experienced by BIW. This section addresses barriers for help seeking for BIW who have experienced abuse by first exploring the overall culture of gender inequality. This culture of gender inequality includes a lack of definition for IPV within Black immigrant communities, cultural justifications for abuse, the concept and burden of honor on BIW, a perceived threshold in severity of abuse, and finally, the cultural value and importance placed on marriage in Black immigrant communities as barriers to help seeking.

Although many BIW do not report abuse or utilize help-seeking services, it is important to note that many have. The section, “Prior Dissatisfaction to Help Seeking Services”, describes incidences when the current system has failed BIW who have reported abuse, deterring them from seeking help again. The section “Feelings of Shame, Fear, and Embarrassment”, makes evident traditional barriers to help-seeking among women, including fear of reporting abusers or leaving children along with feelings of shame and embarrassment regarding experiencing the abuse. The section “Institutionalized Racism and Fear of Perpetuating Stereotypes” goes hand in hand with racism as a risk factor for experiencing IPV. BIW may be doubly afraid to report due to a fear of harmful stereotypes regarding their skin color and communities. Finally, the sections “Lack of Community Resources and Knowledge about Services” and “Lack of Culturally Accessible Services” reveal the shortage of culturally relevant services for BIW who have experienced abuse and the dearth in community outreach and education regarding available services.

Culture Factors as Barriers to Help-Seeking

This section addresses numerous barriers for help seeking that are born out of cultural factors related to Black immigrant communities. These include specific issues that arise out of

patriarchal societies, starting with the absence of a definition of IPV within Black immigrant communities, cultural justifications for abuse, the concept and burden of honor on BIW, a perceived threshold in severity of abuse, and finally, the cultural value and importance placed on marriage in Black immigrant communities as barriers to help seeking. Again, these cultural implications occur in conjunction to one another, demonstrating the importance of addressing them through an intersectional framework.

Culture of gender inequality. An acceptance of gender violence as normal and acceptable behavior stems from systems of patriarchy and gender inequality. Gender inequality and the silencing of women are foundational factors in the continuation of violence among immigrant women. According to a study conducted by Ting and Panchandeswaran (2010), the culture of gender inequality and an acceptance of gender violence are primary barriers to help-seeking for BIW who have experienced abuse at the hands of an intimate partner (Ting & Panchandeswaran, 2010). The perception of IPV as “normal or not serious” has an adverse effect on help-seeking behavior. In fact, one of the most common reasons given for not seeking formal help-seeking interventions is that the interventions are not needed and not useful (Fugate et al., 2005). This cultural normalization of violence has contributed to stigmas within Black immigrant communities that encourage women to protect their aggressors and abusers by remaining silent and dealing with the pain (Fugate et al., 2005).

Cultural conceptualizing of IPV in immigrant communities. Although some research studies utilize broad definitions of IPV, these definitions may not be reflected in immigrant community attitudes. Kacen’s (2006) study exploring domestic violence among immigrants from Ethiopia in Israel, found that the IPV phenomenon may not be defined in some African cultures, and therefore does not conceptually exist. When an Amharic speaking man in the study

was asked how to say domestic violence or violence against women in his language, he said the term did not exist in the Amharic language. When asked to describe a situation where a husband abuses his spouse, participants exclaimed that there was no reason to speak of such matters (Kacen, 2006). The question arises therefore, if there is no definition or acknowledgement of IPV among Amharic speaking people, how can Ethiopian immigrants conceptualize IPV as a phenomenon of gender based violence, or even as a problem? Furthermore, if women are suffering in silence and not reporting their abuse or conceptualizing it as a problem, IPV becomes a hidden phenomenon that perpetuates a long and silent torture (Kacen, 2006).

Cultural justifications of abuse. Both Black immigrant men and women have been found to justify abuse towards women as acceptable or even commendable behavior. If a woman experiencing abuse feels her abuser is justified in reacting violently towards her, she is highly unlikely to seek help. In the WHO (2005) Multi-Country study of domestic violence, approximately 75% of respondents from Ethiopia considered abuse to be justifiable in some instances, especially in incidences of female infidelity. Other justifications for abuse included refusing to have sex or disobeying a husband (WHO, 2005). In a study exploring the prevalence of IPV among immigrant women in New Zealand, Fanslow and Robinson (2010) found that 63.4% of abused women did not pursue help from formal services because of their perception of the violence as normal behavior. In a study examining barriers to help seeking among immigrant African women who experienced abuse, most participants claimed they had a role in causing their spouses to become violent with them. One woman reported, “I thought if I acted nicer to him, he wouldn’t get so angry” (Ting & Panchanadeswaran, 2009).

Fisher (2013) found that the concept of discipline among African refugees in Australia was used as a justification for abuse. Community member participants in the study described

discipline as guiding and providing direction to another person, and was therefore a commendable act. In fact, discipline was often perceived as a duty. Male participants indicated that they could not control their family in the Western world as easily as they could in their homelands. They felt children and women living in Australia lacked the discipline they would have back home as well as respect for their elders. Some men in the study saw abuse as their right and responsibility (Fisher, 2013).

While the WHO (2005) Multi-Country study indicated an overall negative perception of domestic violence with few incidences of justification, Jewkes et al. (2002) found in a study conducted in South Africa that women respondents believed abuse from one's spouse was an expression of love (Jewkes, Levil, & Penn-Kekana, 2002). African American women are more prone than White women to excuse their partner's abuse (McDonald, 1999) In fact, many women blame themselves. Often, a victim's first reaction to violence is to claim they had a role in triggering it. This perception ultimately results in immigrant women enduring violence for long periods of time without seeking help (Fanslow & Robinson, 2010).

The Burden of Honor and Upholding Cultural Norms for Black Immigrant Women

The concept of honor and responsibility is a huge motivator for IPV and a reason many women are unable to escape abusive situations. Honor is used as a justification for violence against women. The concept of honor and the fear of shame isolates women and prevents them from seeking outside help for fear of shaming their family and community (Meetoo and Mirza, 2007). Women who are perceived to have brought shame on the family or community can be socially ostracized or even punished by other community members in a violent manner. In extreme cases this violence could escalate to femicide, resulting in what is also known as an honor killing. Dishonor and shame can completely deteriorate a family's economic and social

status by ruining a husband's reputation. Due to rigid gender roles and patriarchal attitudes, the burden of honor and respect tends to fall on women (Akpinar, 2003).

Because of the concept of self in relation to one's community, an individual's actions reflect back onto their family. Thus, a daughter's dishonor can ruin the reputation of her siblings and their prospects of marriage and social mobility within the community. Due to this, a woman who has shamed her family in any way, may be ostracized even by her mother or other women in the family. In some cases, a woman's immediate family is expected to bear the burden of punishing their daughter instead of her spouse because their actions have brought shame on them (Meetoo and Mirza, 2007).

Threshold in severity of abuse as a barrier to help-seeking. There is a perceived threshold in severity of abuse that deters women from help-seeking (Fugate, Landis, Riordin, Naureckas, & Engle, 2005). African women experiencing physical or sexual abuse have a greater likelihood than those experiencing psychological abuse to seek help. As the amount of physical or sexual abuse increased, the greater the likelihood of a woman reaching out for help (Ting & Panchanadeswaran, 2009). It is difficult to determine whether women who have experienced abuse truly believe the violence is not serious enough to seek formal interventions or whether they believe assistance would not be forthcoming (Fugate et al., 2005). Since physical abuse can leave evidence, women experiencing physical violence might feel more confident in seeking help and less fearful of being dismissed (Bent-Goodley, 2007). Furthermore, victims may be unaware that emotional or psychological manipulation constitutes forms of abuse. Even if they label psychological and emotional manipulation as abuse, they may not think it is serious enough to report (Kacen, 2006). The notion of a just cause also relates to a perceived threshold of abuse. In various cultures, a man is given the right to punish a woman physically for

“stepping out of bounds” within certain limits. If a man oversteps these limits, by beating a woman too violently or beating her without a “just cause”, he has reached a threshold in his severity of abuse. Only in these incidences may others intervene, or a woman may feel it is acceptable to reach out for help (Jejeebhoy, 1998).

Cultural importance placed on the value and sanctity of marriage. The importance of marriage is an enormous barrier to help seeking. Ting (2010) found in a study examining domestic violence in African immigrant communities that there is a greater value placed on married women in African communities. Marriage is seen as a sacred and valued cultural and traditional norm in African Communities (Ting, 2010). Single women of a certain age are often accused of being homosexual, promiscuous, or “tainted” in some ways. Marriage is therefore a demonstration of social worth and a deterioration of a marriage is often blamed on the woman. Single women will often be excluded from social activities that involve couples, families, and communal situations involving other women. Fear of the community stigma of being a single woman deters many victims from reporting (Ting, 2010).

Women’s beliefs of what it means to be a good wife are also barriers to help seeking. Hassouneh-Phillips (2001) found in a study exploring Muslim women’s experiences in leaving abusive partners, that women’s beliefs on what constituted a good wife was used by spouses to isolate and abuse them (Hassouneh-Phillips, 2001). Not only are these beliefs perpetuated by the abusers themselves, but by other members in immigrant communities and internalized by women experiencing abuse (Hassouneh-Phillips, 2001). The belief in divine retribution may also deter women from seeking help because of the belief that God will provide justice in the hereafter (Taft et al., 2010). Some religious traditions hold that women must not separate or divorce their partners, even in the face of abuse. Furthermore, individuals have interpreted Biblical and

Quranic passages to justify physical coercion as a means of getting wives to submit to the authority of their husbands (Bell & Mattis, 2000). It may take years for women to recognize abuse and even longer to begin challenging the abuse she is experiencing (WHO, 2005).

Dissatisfaction with Prior Help-Seeking Experiences

While many women experiencing IPV have utilized formal services, negative personal experiences between Black communities and law enforcement has created a fear of power yielding authority figures since these figures have abused their power through racist hegemonic practice. These past negative experiences in help seeking deter Black women from reaching out again (Crenshaw, 2005). In a study that examined the effectiveness of Black women's prior help-seeking experiences, Gilium (2008) found that women reported dissatisfaction with the formal services they received. Black women who previously reported their partner's abuse claimed that law enforcement was unresponsive and that their abuser ultimately did not receive any legal ramifications. This later led to victims distrusting police and not seeking formal help in future instances of violence for fear of the inaction (Gilium, 2008).

There is a dangerous tendency of law enforcement officials to blame women experiencing abuse. This results in what has been known as double victimization or secondary abuse (Campbell, 2001). In a study examining IPV in Mexican immigrant communities, Acevedo (2000) found that many participants felt law enforcement released their abusers too soon to be of any benefit. In fact, when their abusers were released from jail, women reported that their situations became much worse (Acevedo, 2000). The problem of under-policing in regards to IPV has been noted as well as an over-policing of communities of color (Bui, 2003). Women who have sought help from formal interventions reported negative attitudes in the form

of insensitive behavior practiced by various legal, social, and health service practitioners (Allen, 2012).

It is also important to note that it is especially difficult for a community that has experienced discrimination and oppression from law enforcement to look to the criminal justice system for protection (McDonald, 1999). Because the law has dealt so harshly with Black men, Black women believe that it will deal much more harshly with Black women who have experienced abuse. Black men are more likely than White men to be prosecuted for perpetuating IPV. This discriminatory treatment demobilizes Black women from reaching out to law enforcement, even when assistance is direly needed (McDonald, 1999). Women also noted intrusive and coercive past interventions by child welfare agencies as a barrier in not reporting (Campbell et al., 1997). Black women experience a higher level of child removals with IPV involved than any other ethnic group. This discourages Black women from disclosing abuse to child welfare workers, knowing they are at a greater risk than other ethnic groups for losing their children (Bent-Goodley, 2007).

Feelings of Shame, Fear, and Embarrassment as Barriers to Help Seeking

Feelings of shame are a great deterrent to help seeking for women who have experienced abuse. Women of all backgrounds report primary reasons in not seeking help for abuse as low self-esteem, embarrassment, and fear of economic losses (Lucea, Francis, Sabri, Campbell J.C, & Campbell D.W., 2016). In a study conducted by Abu-Ras (2003), Arab immigrant women reported feelings of fear, shame, and embarrassment in help seeking for IPV. Approximately 63 % of respondents in the study reported feelings of embarrassment when seeking medical help while 50% reported feeling embarrassed when talking to social workers (Abu-Ras, 2003). Ting

(2010) found that African immigrant women reported intense feelings of shame regarding a failed marriage due to abuse (Ting, 2010).

A study conducted by Acevedo (2000) found that children are a more important factor in staying or leaving an abuser than language barriers, money, or resident status. Women may stay due to fear of the abuser or law enforcement taking their children away, along with a fear of economic or psychological effects of divorce or a single parent family home (Acevedo, 2000). Perpetrators are often aware of these fears and use children as a tactic to manipulate their partners into keeping quiet about the abuse (Yoshihama, Ramakrishnan, Hammock, & Khaliq, 2012). This tactic is especially successful if the victim is from cultures that many BIW hail from, where the primary parenting responsibility lands on the mother (Yoshihama et al., 2012).

Lack of Community Resources and Knowledge Regarding Services

A lack of resources in Black and immigrant communities presents numerous barriers for women who have experienced abuse. For many majority Black communities, there is limited access to a variety of important resources such as transportation, affordable medical care, legal services, mental health services, social services, employment opportunities, and domestic violence shelters (Taft et al., 2009). This lack of resources promotes dependence on spouses for economic help and increases the risk of abuse. Women may depend on their abusive partner for medical care for themselves and their children for example and this care may be a means to control the victim (Taft et al., 2009).

Lack of money, time, or insurance has also been cited as a reason why women do not seek help (Postmus, Severson, Berry, & Yoo, 2009). Many immigrant women, who may not have had services such as hotlines, shelters, and counseling in their native country, simply

assume that these services do not exist in the U.S. (Abu-Ras, 2003). A lack of understanding of the already complicated legal process further immobilizes women who have experienced abuse (Kasturirangan et al., 2004). This speaks to the importance of not only availability and accessibility of services but a knowledge and awareness of said services. Furthermore, Black women of all ethnic backgrounds are less likely than White women to go to shelters (McDonald, 1999). This may be because they are not aware of the services available in the community, or because they feel a shelter is not a culturally relevant fit for them. If a Black woman does not see anyone who looks like her in the shelter, this may prolong feelings of isolation and dispel Black women experiencing abuse from utilizing resources such as these. However, when Black women from lower socioeconomic backgrounds enter shelters, they stay for a significantly longer period of time than White women of similar economic backgrounds. This may be due to shame and embarrassment in re-entering communities post shelter stay (Taft et al., 2009).

Lack of Culturally Accessible Services for Black Immigrant Women Who Have Experienced Abuse

Services that are not culturally or linguistically accessible make women feel even more isolated (Kasturirangan et al., 2004). Many women of color question service provider's cultural competency due to racially charged experiences while navigating immigration to the U.S.. Bui (2003) found that immigrant Vietnamese women who have experienced abuse strategically targeted agencies with Vietnamese staff because they felt more comfortable confiding in someone with a shared ethnic and linguistic background (Bui, 2003). The sense of cultural and linguistic isolation experienced by many immigrant women is a great deterrent for help-seeking. An immigrant woman with poor English language skills who has experienced abuse may feel

language is a barrier in seeking formal interventions. Many women feel they will not be able to adequately explain their situation to a service provider (Abu-Ras, 2003).

Women in polygamous marriages not acknowledged by the state also fear seeking services since they believe they will not be serviced or that they may face legal repercussions for their marriage (Sharma, 2001). While polygamy itself is not necessarily abusive and can in fact be a tool to empower women economically, women in polygamous marriages were very concerned about the stigma they would face if they attempted to seek help from law enforcement. Although they may be married in their home country, their marriage may not have been recognized in the U.S.. This can also be a tactic that perpetrators can use to further manipulate and control their partners through fear (Hassouneh-Phillips, 2001).

Fear of Perpetuating Stereotypes as a Barrier to Help Seeking for Black Immigrant

Women

Black women of all ethnicities experience stereotypes and labels specific to women from the Black diaspora that may discourage them from reporting abuse. BIW often migrate from countries in which they were once the racial majority to a country where they are the minority. The process of downward mobility in racialization in the U.S. is extremely difficult to navigate and come to terms with. Although Black immigrants may set themselves apart from one another culturally, there are many stereotypes that are universally infringed on those from the Black diaspora. In order to not perpetuate stereotypes attributed to their communities, many BIW will not report abuse. Some of these stereotypes include the notion of the “strong Black woman”, which is both internalized by BIW and service providers and fear of American stereotypes of Black racialization.

“The strong Black woman” stereotype: As noted previously, the idea of the “strong Black woman” stereotype can be a risk factor for exposure to abuse for BIW. It can also however, act as a barrier to help seeking. Black women may internalize the stereotype of the “strong Black women” and tolerate abuse for longer periods of time in silence, not sharing details of their situations to others. They may deny the severity of the abuse and attempt to rely on themselves for support instead of asking others for help. These stereotypes become even more problematic as they influence society at large. Service providers may minimize and trivialize Black women’s abuse, contributing to the overall lack of advocacy for Black women who have experienced IPV (Bell & Mattis, 2000).

Fear of reinforcing stereotypes as barriers to help-seeking. Black women of all ethnicities may be afraid to disclose their experiences with IPV due to a fear of reinforcing stereotypes and ultimately bringing shame to their communities. Black women have historically been socialized to appear in control in the presence of White people, which makes it difficult for women of color to seek help from shelters staffed by White women (Yoshihama, Blazeovski, & Bybee, 2014). The desire to discourage stereotypes of Black men as inherently violent often leads to the suppression and minimization of the IPV problem in Black communities (Crenshaw, 1994). Oftentimes, women experiencing violence within Black communities feel that they must carry the weight of the community by upholding Black families. This internalized notion of pressure to defy stereotype and keep the Black family together contributes to Black women not seeking help. Therefore, a Black woman who has experienced abuse finds herself in a racist bind that White women do not experience (Taft et al., 2009).

Fear of American stereotypes of Black peoples as barriers to help-seeking. BIW’s desire to separate themselves from American stereotypes of Black racialization discourages BIW

from seeking help (Ting & Panchanadeswaran, 2009). African immigrant victims of IPV in particular are afraid of the stigma towards African immigrant men. They do not want law enforcement to think that African immigrant men are violent or abusive like the “stereotypical African American man.” For survival, many African immigrants cling to the image of being the “model Black minority”, separating themselves from American Blacks. Black immigrants may then attempt to propel themselves forward in American society at the expense of separating from and demeaning other groups (Ting & Panchanadeswaran, 2009). This fear of stereotyping is further complicated with a greater influx of marginalized identities, such as the intersections of race and religion. A Black Muslim immigrant woman may feel doubly afraid to report for fear of perpetuating notions of Muslim men as inherently violent as well as Black men as inherently violent.

There are a variety of barriers to help seeking among women from all backgrounds. However, BIW face additional institutional, structural, and personal barriers to help seeking such as racial stereotypes, cultural and community stigma, language barriers, and specific cultural practices such as polygamy. In order to effectively break down barriers for help seeking, especially in the formal sector, service providers must first gain an understanding of the unique risk factors for abuse BIW face as well as the cultural and societal barriers to help seeking for BIW. In addressing these unique risk factors and barriers, service providers must examine the ways in which they intersect and exacerbate one another.

Implications of Intimate Partner Violence in Black Immigrant Communities for Social Work Practice

Social workers have an extremely important and influential role in the prevention and treatment of IPV at a micro, mezzo, and macro level. The literature has indicated that social

workers have been regarded as judgmental and uncaring by women who have experienced IPV (Danis, 2003). For many BIW, dealing with IPV and adjusting socially and culturally within a new society can be extremely isolating and terrifying. The necessity to engage and empower survivors of IPV within a culturally relevant intersectional framework is vital. IPV not only affects individuals experiencing abuse, but negatively impacts entire communities at large. Thus, it is essential for social workers to not only empower individual clients, or BIW who have experienced abuse, but to empower entire Black immigrant communities. The most effective means of partnerships and empowerment involves centering the client's perspective by attempting to engage and understand the client's worldview. This includes an assessment of the multifaceted layers of oppression and experiences that are unique to BIW as well as an understanding of the ways in which these implications intersect at the micro, mezzo, and macro level. To address IPV within an intersectional framework at the micro level for service providers, there must first be an understanding of the implications at the macro and mezzo scale. For that reason, this section will address social work implications to IPV within Black immigrant communities at the macro level first.

Addressing IPV at the macro level includes an examination of the failures of Western society in addressing IPV in Black immigrant communities and the necessity for service providers to fight against layers of oppression that impact their clients. Secondly, outreach and prevention must be targeted to the community at large. Therefore, engaging Black immigrant leaders, community members, children, women, and men through culturally specific methodologies ensures the most successful prevention efforts. Addressing IPV in Black immigrant communities at the mezzo level involves gaining an understanding of the established informal response to IPV within Black immigrant communities and the ways in which formal

service providers can work in conjunction with the informal DV help sector. At the micro level, service providers must attempt to understand their client's cultural backgrounds and provide culturally relevant services, working with clients within a trauma informed framework, and utilizing spiritual interventions.

The Failure of Addressing Intimate Partner Violence within a Multicultural Framework

Within Black immigrant community contexts, difficult topics such as racism and IPV must be addressed. In marginalized communities, tensions arise between protecting men in the community from racism and negative media perceptions and the need to protect women's rights and address gender based violence (Crenshaw, 2005). We must take a step back however and take a global perspective on IPV. IPV, femicide, and honor killings are not exclusive to one religious group or ethnic community. The tendency towards multiculturalism in Western society has failed immigrant women as it tends not to recognize gendered power divisions within groups and privileges race issues over gender issues (Meeto & Mirza, 2007). By erasing the ways in which immigrant women's gender affects their day to day life, society as a whole is erasing gendered issues for immigrant women.

Women from immigrant communities might lack protection because organizations are afraid of being perceived as racist for taking a stand against culturally specific issues like honor killings. Male community leaders act as gatekeepers between immigrant communities and the host society. This can prove to be detrimental as some of these gatekeepers are responsible for the prolongation of abuse within communities (Narayan, 2005). The power struggles between women's groups and community leaders need to be reassessed. We must ask ourselves who is speaking out on behalf of whom and why and center those who bear the greatest burden of IPV and other issues in immigrant communities; women.

At a macro level, practitioners must fight against misogyny, racism, classism, and xenophobia among other inequalities as they exist in society. By addressing the sources of these inequalities, service providers can better serve BIW among others (Taft et al., 2009). The concept of intersectionality must be taken into account when working with clients from diverse backgrounds who have experienced abuse. Women from cultural or ethnic backgrounds do not experience IPV in an isolated manner from social and cultural factors. Trauma from experiencing abuse is amplified by outside forces such as racism, classism, and sexism (Fisher, 2013).

Outreach and Prevention Efforts to End Intimate Partner Violence in Black Immigrant Communities

At the macro level, there needs to be a greater push in disseminating information to immigrant communities regarding IPV, particularly to dispel myths used to isolate and marginalize women experiencing abuse. Broad public awareness campaigns should emphasize the negative impact of IPV on women and children and on the community and overall quality of life (Fugate et al., 2005). Prevention plays an extremely integral role in the process of reducing IPV and empowering women in communities of all ethnic backgrounds. Because women of color do not typically seek help from service providers until violence escalates, it is imperative for service providers to intervene before potentially detrimental actions occurs, such as femicide. There is also a dire need to reach out to those experiencing less recognizable forms of abuse such as emotional, financial, or sexual (Bent-Goodley, 2007). These campaigns should encourage women who have experienced abuse to understand that their experiences are serious enough to reach out for help. They should also empower others who have not experienced abuse to better support those in the community who have (Fugate et al., 2005).

Reaching out to immigrant communities can be made more effective by identifying where cultural hubs lie in the community. Ethnic grocery stores, beauty salons, mosques, and churches are places where outreach could be very efficient (Sharma, 2001). Successful outreach programs to immigrant communities are contingent on agencies and providers who are willing to create agendas that mold into the community they are attempting to reach but not forced upon it (Kasturirangan et al., 2004). Prevention and outreach is most efficient when it is culturally relevant. Utilizing African American popular culture to disseminate information has proven to be an effective means of prevention in the African American community. By using Black popular culture movie references, celebrities, and music, IPV interventions were more relevant and relatable to the African American community (Campbell et al., 1994).

In immigrant communities, outreach and prevention measures cannot merely be translated into different languages, but must provide cultural context to the community being targeted. In regards to Black immigrant communities, prevention and outreach would be most effective in agendas that emphasize community strength and rapport rather than individual actions (Kasturirangan et al., 2004). Because a primary barrier to reporting abuse includes welfare of the children, outreach and prevention that emphasizes the detrimental effects IPV has on children and the ways IPV negatively impact families may be more effective in getting immigrant women to reach out for help (Acevedo, 2000). Service providers should consult and collaborate with community members and leaders to produce nontraditional methods of outreach that reflect community values and practices. Additionally, service providers must be constantly educating themselves regarding changing immigration laws and policies and passing information along to clients and members of the community at large (Sharma, 2001).

Prevention and outreach efforts should include messages that challenge the justification and normality of IPV while counteracting the attitudes, beliefs, and values that propagate abuse. These messages should be based on research and consultation with the effected community rather than on stereotypes or hearsay. Messages should also serve to reduce the stigma, shame, and silence regarding IPV (Pyles & Kim, 2006). Special efforts should be made to reach men in communities as well as powerful leaders. It is especially effective to utilize men who are against violence against women to actively speak out against IPV within the community and challenge its acceptability. This will challenge the notion that all men are abusing their wives (WHO, 2005). Education of the community is imperative in order to dispel myths regarding IPV and service providers. Many perpetrators manipulate victims into believing there is no way out of an abusive situation by taking advantage of a lack of knowledge of resources and laws within the new host society (Bent-Goodley, 2007).

Black Immigrant's Intra-Community Resolution to Intimate Partner Violence

In order to recognize the ways in which IPV may be resolved in Black immigrant communities, one must gain an understanding of African immigrant's cultural backgrounds including their place in community structures, social hierarchies, respect values, and spirituality (Akinslure-Smith et al., 2009). Typically, African cultures are collectivist and place a higher value on social support and social responsibility than individual liberty and expression. This is made evident by the practice of child fostering and chains of command that extend throughout entire communities. Religious leaders, community elders, extended family and traditional healers are pursued to provide advice and support (Rasmussen et al, 2013).

According to a study that explored intimate partner violence among African immigrants, there is a step-by-step process for resolution of IPV within African immigrant communities

(Akinslure-Smith et al., 2009). Male and female respondents noted that when issues between themselves and their partners become too problematic to handle alone, their first step was to approach immediate family for advice. If this did not bring about a satisfactory resolution, couples would embark on the second step, which involves approaching elders and religious leaders in the community. This step brought various feelings from the male and female participants as the use of community conflict resolution can favor men. A husband may visit community leaders and present his case before his wife, so that by the time his spouse has presented her case there is already a bias against her. The male participants expressed a sense of satisfaction for the most part regarding interventions by elders and religious leaders in the community (Akinslure-Smith et al., 2009).

Women participants on the other hand did not feel supported by elders and religious leaders. In fact, many felt the elders blamed them or did nothing to help their situations, making matters worse by spreading their family conflicts to the rest of the community. Other times, religious leaders have blamed incidences of abuse on a lack of spirituality. Because individuals in respected roles, such as elders or religious leaders, play such an integral part in and have the power to shape community response to IPV, it is absolutely essential to educate and collaborate with these members of the community in order to produce the most successful outcomes. If an elder or religious leader takes a stand against abuse in prevention efforts as well as within the established community resolution effort, IPV may begin to be perceived as maladaptive behavior. Men that abuse their spouses will not have the backing or justification to abuse in the same way. Research has demonstrated that organized grassroots resistance engaging leaders in the community provide the most effective interventions (Campbell, Miller, Cardwell, & Belknap, 1994).

Combining Formal and Informal Services and Utilizing Community Empowerment Models to Address Intimate Partner Violence in Black Immigrant Communities

Most organizing efforts against violence in immigrant communities have been borne out of efforts of immigrant women in the community. In fact, past attempts to organize against violence in ethnic communities have resulted in culturally specific domestic violence shelters (Campbell et al., 1994). These shelters provide women who have experienced IPV a place to receive services in their native language from members of their ethnic community. Akinslure-Smith et al. (2009) demonstrated that if no satisfactory resolution came to fruition after approaching immediate family and community leaders for advice, African immigrant women experiencing IPV will then attempt to utilize formal services for help-seeking. These resources include law enforcement, shelters, and service providers (Akinslure-Smith et al., 2009). As noted, Black immigrant women have indicated prior dissatisfaction with formal help seeking services. It is imperative therefore for service providers to support culturally relevant grassroots organizing by working with leaders in the community, sharing resources, and empowering those within the community that are working to end IPV (Campbell et al., 1994).

Women's experiences with culturally relevant formal services have proven to be the most positive (McDonald, 1999). Combining efforts from formal and informal services will ultimately help remove many of the barriers that keep BIW from reporting and reduce IPV as a whole in the community. African people's identities are normally found within the community's identity. The self is perceived in relation to others. Differentiation, or individualism, may be of less importance for an African immigrant than a Western service provider for whom individualism is an important clinical or practice goal (Taft et al., 2009). Many BIW favor community empowerment models over the mainstream Western individualistic empowerment

model. A community empowerment model involves an emphasis on mutual community, power, and strength through the family. Because happiness is tied to the community as a whole, a Western individual model which offers a client support without offering support for the client's family or children may seem inefficient (Acevedo, 2000; Fugate et al., 2005). BIW may be more receptive to psycho-educational groups, such as support groups, in which women who have experienced IPV can share and listen to the experiences of others who have gone through similar situations (Acevedo, 2000). Additionally, there is a need for long-term approaches as opposed to services that focus on one crisis (Fugate et al., 2005).

Implications for Service Providers at the Micro Level

Hiring staff in shelters that share similar backgrounds to clients can make clients feel more comfortable and safe (Kasturirangan et al., 2004). Although hiring diverse staff members is extremely important, staff members of all backgrounds can attempt to gain knowledge and a greater understanding of their client's cultural backgrounds. Service providers should make efforts to learn the history, cultural practices, and values of the communities they are serving and use this information to effectively serve their client to the best of their abilities (Kasturirangan et al., 2004). Social workers should constantly be looking out for gaps in service delivery options. Additionally, they should use their knowledge of these gaps to find ways to respond to clients from diverse backgrounds (Bent-Goodley, 2007). Finally, shelter staff or service providers must be mindful of the client's specific cultural needs such as dietary guidelines or clothing preferences. It is not assumed that every staff should know these needs immediately, but that they keep an open mind, utilize outreach services, and receive feedback on how to make shelters more accessible and safe (Ho, 1990). Service providers who are not members of the community

should respect the needs and wants of the community and take a learning approach when working with them (Ho, 1990).

Spiritual Interventions for IPV within Black Immigrant Communities

Religion plays an important role in Black immigrant communities. African immigrants utilize religion and spirituality as a major coping mechanism. Their spiritual identity lies with that of the community's identity. Immigrants who reported high scores on a scale measuring spiritual well-being also reported higher scores on a scale measuring coping mechanisms (Padilla, Cervantes, Maldonado, & Garcia, 1988). Therefore a perceived threat to one's religious or cultural beliefs may also pose a threat to an individual's coping mechanisms. Spiritual well-being and religion in immigrant's lives enhance feelings of community and loyalty their culture of origin. Religion, therefore, offers hope and stability in a foreign land and culture (Kamya, 1997). Thus, practitioners should be curious, respectful, and open to situations where immigrant clients present issues involving their spirituality. Many African immigrant clients prefer professionals who show respect and interest in their spiritual well-being. Creating a space that allows clients to explore these issues is an important task for service providers. Attending to these concerns should be an interactive process in which clients and practitioners co-create meaningful relationships while exploring feelings of stress, coping resources, self-esteem, and overall well-being (Taft et al., 2009). Practitioners should be creative in examining their client's worldview and explore aspects of their spirituality and cultural practices as well as continually examine their implicit and explicit biases while practice mindfulness and self-awareness (Kamya, 1997).

Service within a Trauma Informed Framework

Trauma informed care is defined as “a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment” (Hopper et al., 2010, pp. 81-82). Ethnic communities are targets of systematic racism and oppression as well as everyday discriminatory actions and practices. Black women experience a double marginalization of sexism and patriarchal practices from their community as well as racism from the host society in which they are living. BIW are further marginalized by various immigration stressors and barriers. Service providers must acknowledge the multifaceted layers of oppression as well as the intersections of BIW’s identities (Sharma, 2001).

Black women from refugee backgrounds are navigating a new system with experiences shaped by trauma, loss, and violence. Refugee women often endured a variety of conflicts in the process of becoming a refugee including violence while crossing borders and in refugee camps and detention (Pittaway & Rees, 2006). The United Nations High Commissioner for Refugees has identified refugee women and children as one of the most vulnerable groups in the world, with an estimated 80 % of all refugee women experiencing sexual abuse (UNHCR, 2015). Resettlement into a new society does not provide immunity from such violence and can in fact be further intensified. Black refugee women often experience abuse in their host society against a backdrop of trauma and violence. Service providers must be aware of the complexities of this violence and respond accordingly (Mason & Pulvirenti, 2013). This includes an administrative commitment to change, universal screening for clients, staff training and education in trauma informed care, and more rigorous hiring practices.

IPV interventions in Black immigrant communities must occur in conjunction at the macro, mezzo, and micro scales in order to be as effective as possible. This process involves a greater awareness of BIW's cultural backgrounds and life experiences as well as the intersections of their race, gender, and status as immigrants in society. Successful interventions consider the intersections of the social context of immigrant communities, which include low-socioeconomic status, unemployment, and acculturation stressors (Bent-Goodley, 2007). At the macro level, social workers have a responsibility to promote social justice and work to break down societal barriers such as institutional racism. This involves providing support for grassroots organizing efforts in order to truly empower communities from the inside out. At the mezzo level, service providers must work hand in hand with community leaders and elders in order to provide the most culturally relevant and impactful interventions, especially due to the impact elders and religious leaders have in influencing perceptions of IPV. At the micro level, service providers must cater their services to the client's perspective and worldview. This includes utilizing a trauma informed framework as well as spiritual interventions. The ultimate goal of client safety and empowerment should be central to any intervention or response (Fugate et al., 2005). In order to gauge the prevalence and severity of abuse in Black immigrant communities and form interventions, there has to be a greater emphasis on research on IPV within Black immigrant communities.

Implications for Social Work Research and Education

As noted previously, there is a dearth of research on the prevalence of IPV among immigrant women and an even more significant shortage on research regarding IPV and BIW. Research is essential to help inform the design and delivery of culturally appropriate interventions as well as to help gauge the overall severity and prevalence of IPV in Black

immigrant communities (WHO, 2005). This section demonstrates effective means of conducting research within Black immigrant communities such as enlisting the aid of community informants, utilizing a survivor centered analysis, and making language more accessible to the target community while arguing for greater accountability among researchers and use of culturally sensitive practices. Because so many social workers interact with or serve women who have experienced IPV, it is essential to address social work education and practice. By providing an education built within a framework of intersectionality and social justice, social workers will better be able to service their clients.

Enlisting the aid of community informants. Researchers who study IPV in immigrant groups should enlist the aid of community informants to learn about cultural practices, experiences, and values of community members. Doing so can help researchers better identify and form relationships with key players in the community such as religious leaders and elders. Researchers who are not members of the community need to spend time immersed in the community they are studying to gain first-hand knowledge of community life (Birman, 2005).

A survivor-centered analysis. A survivor centered analysis is crucial to research by helping to broaden formal and informal interventions and expanding the definition of IPV assistance (Fugate et al., 2005). It is essential to engage in research that works to resolve IPV utilizing nontraditional methodologies. Therefore, researchers should attempt to identify practices that have proven to be helpful within the communities themselves (Bent-Goodley, 2007). For instance, storytelling is a common practice in many African communities. Utilizing the effectiveness of storytelling is important in that it helps break down barriers with clients. Respondents may feel more comfortable sharing stories and anecdotes with a researcher if they are familiar with the method of sharing (Birman, 2005).

Language in research. When gathering information, it is vital to use language familiar to the respondents as simple translations of questionnaires and surveys can prove to be inadequate (Lopez-Gonzales, Aravena, & Hummer, 2005). Even if translations have been completed, it is necessary to use language that has the same meaning for the target community as colloquial euphemisms may not have the same meaning once translated (Lopez et al., 2005). It is also necessary to explicitly explain IPV as there may not be a word for it in the respondent's native language (Kacen, 2006).

Culturally competent research practice. Researchers should be able to adequately demonstrate evidence of culturally competent procedures and practices that represent an understanding and respect for their target population. Cultural competency and relevancy is vital in practice, but should also be utilized within research designs, policies, and measuring tools (Pyles & Kim, 2006). If a researcher is attempting to gauge the relationship between IPV and culture, it is necessary to identify specific and relevant aspects of culture such as acculturation, community and family structure, spiritual beliefs and so forth and address them appropriately. Otherwise, findings should not be attributed to cultural factors as this perpetuates a common stereotype of ethnic immigrant communities as inherently violent (Kasturirangan et al., 2004).

Accountability in research practice. There must be some accountability to participants in studies that goes beyond a researcher's publications and presentations (Bent-Goodley, 2007). Researchers should allow communities to see the collective benefits of their participation, creating more of a mutualistic partnership in which communities are not left without sustainable efforts following a study's completion. Too often, respondents are never made aware of the results of publications they have participated in. Research findings should be shared with the

community at large, followed by sustainable efforts borne out of results and conversations with community members (Pyles & Kim, 2006).

Implications for Social Work Education

In a study conducted by Danis & Lockhart (2003) that examining BSW and MSW social workers responses towards domestic violence, 92% of respondents reported having worked with women who have experienced IPV (Danis & Lockhart, 2003). More than half of those who worked with a woman experiencing IPV indicated that their social work education did not prepare them for IPV work and interventions (Danis & Lockhart, 2003). Because BIW who utilize formal services may perceive them to be stigmatizing, social workers should attempt to ensure that clients work through their initial resistance, such as denial or rationalization of abuse. Collaborative engagement from clients as well as empowerment are tools needed for this purpose (Cheng & Robinson, 2013) Additionally, teaching students to embrace IPV as a social justice issue helps them conceptualize IPV and its effect on society in a more productive way (Danis & Lockhart, 2003). This involves teaching IPV to social work students within an intersectional framework as women from all backgrounds have different life experiences and worldviews, impacting the ways in which they react to IPV services.

References

- Abu-Ras, W. M. (2003). Barriers to services for Arab immigrant battered women in a Detroit suburb. *Journal of Social Work Research and Evaluation, 4*, 49–66.
- Acevedo, M. J. (2000). Battered immigrant Mexican women's perspectives regarding abuse and help-seeking. *Journal of Multicultural Social Work, 8*(3-4), 243-282.
- Akinsulure-Smith, A. M., Chu, T., Keatley, E., & Rasmussen, A. (2013). Intimate partner violence among West African immigrants. *Journal of Aggression, Maltreatment & Trauma, 22*(2), 109-126.
- Akpinar, A. (2003). The honour/shame complex revisited: Violence against women in the migration context. *Women's Studies International Forum, 26*, 425-442.
- Allen, M. (2012). Domestic violence within the Irish travelling community: The challenge for social work. *British Journal of Social Work, 42*(5), 870-886.
- Anderson, M., Lopez, M. H., & Rohal, M. (2015). *A rising share of the U.S. Black population is foreign born*. Retrieved from <http://www.pewsocialtrends.org/2015/04/09/a-rising-share-of-the-u-s-black-population-is-foreign-born/>
- Arthur, J. A. (2000). *Invisible sojourners: African immigrant diaspora in the United States*. Westport, Connecticut: Praeger.
- Barrick, K., Krebs, C. P., & Lindquist, C. H. (2013). Intimate partner violence victimization among undergraduate women at historically black colleges and universities (HBCUs). *Violence Against Women, 19*(8), 1014-1033.
- Bell, C. C., & Mattis, J. (2000). The importance of cultural competence in ministering to African American victims of domestic violence. *Violence Against Women, 6*(5), 515-532.

- Benson, J. E. (2006). Exploring the racial identities of Black immigrants in the United States. *Sociological Forum, 21*, 219-247).
- Bent-Goodley, T. B. (2007). Health disparities and violence against women: Why and how cultural and societal influences matter. *Trauma, Violence, & Abuse, 8*(2), 90-104.
- Bent-Goodley, T. B. (2009). A black experience-based approach to gender-based violence. *Social work, 54*(3), 262-269.
- Bhuyan, R., & Senturia, K. (2005). Understanding domestic violence resource utilization and survivor solutions among immigrant and refugee women. Introduction to the special Issue. *Journal of interpersonal Violence, 20*(8), 895-901.
- Birman D. (2005). Ethical issues in research with immigrants and refugees. *In Handbook of Ethical Research with Ethno cultural populations and communities* (155-177). Thousand Oaks, CA: Sage Publications.
- Bledsoe, C. (1990). Transformations in sub-Saharan African marriage and fertility. *The Annals of the American Academy of Political and Social Science, 510*(1), 115-125.
- Bowleg, L. (2012). The problem with the phrase women and minorities: Intersectionality—an important theoretical framework for public health. *American Journal of Public Health, 102*(7), 1267-1273.
- Boyd, M., & Grieco, E. (2003). Women and migration: incorporating gender into international migration theory. *Migration Information Source, 1*, 1-7.
- Bradley, R., Schwartz, A. C., & Kaslow, N. J. (2005). Posttraumatic stress disorder symptoms among low-income, African American women with a history of intimate partner violence and suicidal behaviors: Self-esteem, social support, and religious coping. *Journal of Traumatic Stress, 18*(6), 685-696.

- Breiding, M. J., Basile, K. C., Smith, S. G., Black, M. C., & Mahendra, R. R. (2015). *Intimate partner violence surveillance: Uniform definitions and recommended data elements, version 2.0*. Retrieved from <https://www.cdc.gov/violenceprevention/pdf/intimatepartnerviolence.pdf>
- Brice-Baker, J. R. (1994). Domestic violence in African-American and African-Caribbean Families. *Journal of Social Distress and the Homeless*, 3(1), 23-38.
- Brown, K. (2012). *Analysis of Structural Causes of Mass Rape in the Democratic Republic of Congo: An Integrated Perspective* (Unpublished doctoral dissertation). Ohio State University, Columbus, Ohio.
- Bui, H. N. (2003). Help-seeking behavior among abused immigrant women: A case of Vietnamese American women. *Violence Against Women*, 9(2), 207-239.
- Butcher, K. F. (1994). Black immigrants in the United States: A comparison with native blacks and other immigrants. *Industrial & Labor Relations Review*, 47(2), 265-284.
- Caesar, P. L. (1988). Exposure to violence in the families-of-origin among wife-abusers and maritally nonviolent men. *Violence and Victims*, 3(1), 49.
- Campbell, J. C., Miller, P., Cardwell, M. M., & Belknap, R. A. (1994). Relationship status of battered women over time. *Journal of Family Violence*, 9(2), 99-111.
- Campbell, J. C., & Lewandowski, L. A. (1997). Mental and physical health effects of intimate partner violence on women and children. *Psychiatric Clinics of North America*, 20(2), 353-374.
- Campbell, J. C. (2002). Health consequences of intimate partner violence. *The Lancet*, 359(9314), 1331-1336.

- Campbell, D. W., Sharps, P. W., Gary, F., Campbell, J. C., & Lopez, L. M. (2002). Intimate partner violence in African American women. *Online Journal of Issues in Nursing*, 7(1), 1-20.
- Cheng, T. C., & Robinson, M. A. (2013). Factors leading African Americans and Black Caribbeans to use social work services for treating mental and substance use disorders. *Health & Social Work*, 38(2), 99-109.
- Christy-McMullin, K. (2006). An evidenced-based approach to a theoretical understanding of the relationship between economic resources, race/ethnicity, and woman abuse. *Journal of Evidence-Based Social Work*, 3(2), 1-30.
- Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of Color. *Stanford Law Review*, 1241-1299.
- Crenshaw, K. W., & Bonis, O. (2005). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Cahiers du Genre*, (2), 51-82.
- Danis, F. S., & Lockhart, L. (2003). Guest editorial: Domestic violence and social work education: What do we know, what do we need to know?. *Journal of Social Work Education*, 39(2), 215-224.
- Fanslow, J. L., & Robinson, E. M. (2010). Help-seeking behaviors and reasons for help seeking reported by a representative sample of women victims of intimate partner violence in New Zealand. *Journal of Interpersonal Violence*, 25(5), 929-951.
- Fisher, C., Hunt, L., Adamsam, R., & Thurston, W. E. (2007). 'Health's a difficult beast': The interrelationships between domestic violence, women's health and the health sector: An Australian case study. *Social Science & Medicine*, 65(8), 1742-1750.

- Fisher, C. (2013). Changed and changing gender and family roles and domestic violence in African refugee background communities' post-settlement in Perth, Australia. *Violence Against Women, 19*(7), 833-847.
- Foley, E. E. (2005). HIV/AIDS and African immigrant women in Philadelphia: Structural and cultural barriers to care. *AIDS care, 17*(8), 1030-1043.
- Fugate, M., Landis, L., Riordan, K., Naureckas, S., & Engel, B. (2005). Barriers to domestic violence help seeking: Implications for intervention. *Violence Against Women, 11*(3), 290- 310.
- Gill, Aisha, & Rehman, Gulshun (2004, May). Empowerment through activism: Responding to domestic violence in the South Asian Community in London. *Gender and Development, 12*(1), 75–82
- Gillum T. L. (2008). Community response and needs of African American female survivors of domestic violence. *Journal of Interpersonal Violence, 23*(1), 39–57.
- Hampton, R. L., & Gelles, R. (1994). Violence toward Black women in a nationally representative sample of Black families. *Journal of Comparative Family Studies, 25*, 105-119.
- Hayes, B. E., & Boyd, K. A. (2016). Influence of individual-and national-level factors on attitudes toward intimate partner violence. *Sociological Perspectives, 60*(4), 685–701.
- Hassouneh-Phillips D. (2001b). Polygamy and wife abuse: A qualitative study of Muslim women in America. *Health Care for Women International, 22*, 735–748.
- Ho, C. K. (1990). An analysis of domestic violence in Asian American communities: A multicultural approach to counseling. *Women & Therapy, 9*(1-2), 129-150.

- Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. *The Open Health Services and Policy Journal*, 3(2), 80-100.
- Jejeebhoy, S. J. (1998). Wife-beating in rural India: a husband's right? Evidence from survey data. *Economic and Political Weekly*, 33(15) 855-862.
- Jewkes, R., Levin, J., & Penn-Kekana, L. (2002). Risk factors for domestic violence: Findings from a South African cross-sectional study. *Social Science & Medicine*, 55(9), 1603-1617.
- Jones, S. (2012). Working with immigrant clients: Perils and possibilities for social workers. *Families in Society: The Journal of Contemporary Social Services*, 93(1), 47-53.
- Kacen, L. (2006). Spousal abuse among immigrants from Ethiopia in Israel. *Journal of Marriage and Family*, 68, 1276-1290.
- Kalunta-Crumpton, A. (2017). Attitudes and solutions toward intimate partner violence: Immigrant Nigerian women speak. *Criminology & Criminal Justice*, 17(1), 3-21.
- Kamya, H. A. (1997). African immigrants in the United States: The challenge for research and practice. *Social Work*, 42(2), 154-165.
- Kasturirangan, A., Krishnan, S., & Riger, S. (2004). The impact of culture and minority status on women's experience of domestic violence. *Trauma, Violence, & Abuse*, 5(4), 318-332.
- Koenig, M. A., Ahmed, S., Hossain, M. B., & Mozumder, A. K. A. (2003). Women's status and domestic violence in rural Bangladesh: Individual-and community-level effects. *Demography*, 40(2), 269-288.

- Lacey, K. K., West, C. M., Matusko, N., & Jackson, J. S. (2016). Prevalence and factors associated with severe physical intimate partner violence among US Black women: A comparison of African American and Caribbean Blacks. *Violence Against Women, 22*(6), 651-670.
- Lopez-Gonzalez, L., Aravena, V. C., & Hummer, R. A. (2005). Immigrant acculturation, gender and health behavior: A research note. *Social Forces, 84*(1), 581-593.
- Lown, E. A., & Vega, W. A. (2001). Intimate partner violence and health: Self-assessed health, chronic health, and somatic symptoms among Mexican American women. *Psychosomatic Medicine, 63*(3), 352-360.
- Lucea, M. B., Francis, L., Sabri, B., Campbell, J. C., & Campbell, D. W. (2012). Disordered eating among African American and African Caribbean women: The influence of intimate partner violence, depression, and PTSD. *Issues in Mental Health Nursing, 33*(8), 513-521.
- McDonald, S. (1999). Not in the numbers: Domestic violence and immigrant women. *Canadian Woman Studies, 19*(3), 163.
- Meetoo, V., & Mirza, H. S. (2007, June). "There is nothing 'honourable' about honour killings": Gender, violence and the limits of multiculturalism. *Women's Studies International Forum, 30*, 187-200.
- Menjívar, C., & Salcido, O. (2002). Immigrant women and domestic violence: Common experiences in different countries. *Gender & Society, 16*(6), 898-920.
- Midgley, C. (1992). *Women against slavery: The British campaigns, 1780-1870*. New York: Routledge.

- Milani, A. (2016). *Service providers' perspectives on Muslim women's experiences of intimate partner violence* (Unpublished doctoral dissertation). The University of Western Ontario, Ontario, Canada.
- Mittal, M., Stockman, J. K., Seplaki, C. L., Thevenet-Morrison, K., Guido, J., & Carey, M. P. (2013). HIV risk among women from domestic violence agencies: Prevalence and correlates. *Journal of the Association of Nurses in AIDS Care, 24*(4), 322-330.
- Morash, M., Bui, H. N., & Santiago, A. M. (2000). Cultural-specific gender ideology and wife abuse in Mexican-descent families. *International Review of Victimology, 7*(1-3), 67-91.
- Narayan, U. (1995). "Male-order" brides: Immigrant women, domestic violence and immigration law. *Hypatia, 10*(1), 104-119.
- Olk, N. (2015). *Intimate partner violence: Contextual vulnerability, risks and resilience of South Asian immigrant women* (Unpublished doctoral dissertation). University of Seattle, Seattle, Washington.
- Oyewuwo-Gassikia, O. B. (2016). American Muslim women and domestic violence service seeking: A literature review. *Affilia, 31*(4), 450-462.
- Padilla, A. M., Cervantes, R. C., Maldonado, M., & Garcia, R. E. (1988). Coping responses to psychosocial stressors among Mexican and Central American immigrants. *Journal of Community Psychology, 16*(4), 418-427.
- Pan, A., Daley, S., Rivera, L. M., Williams, K., Lingle, D., & Reznik, V. (2006). Understanding the role of culture in domestic violence: The Ahimsa Project for Safe Families. *Journal of Immigrant and Minority Health, 8*(1), 35-43.
- Paat, Y. F. (2014). Risk and resilience of immigrant women in intimate partner violence. *Journal of Human Behavior in the Social Environment, 24*(7), 725-740.

- Pittaway, E., & Rees, S. (2006). Multiple jeopardy: Domestic violence and the notion of cumulative risk for women in refugee camps. *Women Against Violence: An Australian Feminist Journal*, 18, 18-25.
- Postmus, J. L., Severson, M., Berry, M., & Yoo, J. A. (2009). Women's experiences of violence and seeking help. *Violence Against Women*, 15(7), 852-868.
- Pyles, L., & Kim, K. M. (2006). A multilevel approach to cultural competence: A study of the community response to underserved domestic violence victims. *Families in Society: The Journal of Contemporary Social Services*, 87(2), 221-229.
- Raj, A., & Silverman, J. (2002). Violence against immigrant women: The roles of culture, context, and legal immigrant status on intimate partner violence. *Violence Against Women*, 8(3), 367-398.
- Raphael, J. (2001). Public housing and domestic violence. *Violence Against Women*, 7(6), 699-706.
- Rasmussen, A., Chu, T., Akinsulure-Smith, A. M., & Keatley, E. (2013). The social ecology of resolving family conflict among West African immigrants in New York: A grounded theory approach. *American Journal of Community Psychology*, 52(1-2), 185-196.
- Rees, S., & Pease, B. (2007). Domestic violence in refugee families in Australia: Rethinking settlement policy and practice. *Journal of Immigrant & Refugee Studies*, 5(2), 1-19.
- Rogers, R. (2000). Afro-Caribbean immigrants, African Americans, and the politics of group identity. *Black and Multiracial Politics in America*, 15-59.
- Runner, M., Yoshihama, M., & Novick, S. (2009). *Intimate partner violence in immigrant and refugee communities: Challenges, promising practices and recommendations*. Princeton, New Jersey: Robert Wood Johnson Foundation.

- Sharma, A. (2001). Healing the wounds of domestic abuse: Improving the effectiveness of feminist therapeutic interventions with immigrant and racially visible women who have been abused. *Violence Against Women*, 7(12), 1405-1428.
- Shaw-Taylor, Y., & Tuch, S. A. (2007). *The other African-Americans: Contemporary African and Caribbean immigrants in the United States*. New York: Rowman & Littlefield.
- Shaw, K. (2008). Barriers to freedom: Continued failure of US immigration laws to offer equal protection to immigrant battered women. *Cardozo JL & Gender*, 15, 663-689.
- Smith, S.G., Chen, J., Basile, K.C., Gilbert, L.K., Merrick, M.T., Patel, N., Walling, M., & Jain, A. (2017). *The National intimate partner and sexual violence survey (NISVS): 2010-2012 state report*. Retrieved from <https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf>
- Sokoloff, N. J. (2008). Expanding the intersectional paradigm to better understand domestic violence in immigrant communities. *Critical Criminology*, 16(4), 229.
- Taft, C. T., Bryant-Davis, T., Woodward, H. E., Tillman, S., & Torres, S. E. (2009). Intimate partner violence against African American women: An examination of the socio-cultural context. *Aggression and Violent Behavior*, 14(1), 50-58.
- Takougang, J. (2003). Contemporary African immigration to the United States. *Journal of African Migration*, 2, 1-15.
- Ting, L., & Panchanadeswaran, S. (2009). Barriers to help-seeking among immigrant African women survivors of partner abuse: Listening to women's own voices. *Journal of Aggression, Maltreatment & Trauma*, 18(8), 817-838.
- Ting, L. (2010). Out of Africa: Coping strategies of African immigrant women survivors of intimate partner violence. *Healthcare for Women International*, 31(4), 345-364.

UNHCR (2015). *Global trends: Forced displacement in 2014*. Retrieved from

<http://www.unhcr.org/556725e69.pdf>

WHO (2005). *WHO multi-country study on women's health and domestic violence against women: Summary report of initial results on prevalence, health outcomes and women's responses*. Retrieved from

http://www.who.int/gender/violence/who_multicountry_study/summary_report/summary_report_English2.pdf

Yoshihama, M., Ramakrishnan, A., Hammock, A. C., & Khaliq, M. (2012). Intimate partner violence prevention program in an Asian immigrant community: Integrating theories, data, and community. *Violence Against Women, 18*(7), 763-783.

Yoshihama, M., Blazeovski, J., & Bybee, D. (2014). Enculturation and attitudes toward intimate partner violence and gender roles in an Asian Indian population: Implications for community-based prevention. *American Journal of Community Psychology, 53*(3-4), 249-260.

Zong, J., & Batalova, J., (2017). *Frequently requested statistics on immigrants and immigration in the United States*. Retrieved from <http://www.migrationpolicy.org/article/frequently-requested-statistics-immigrants-and-immigration-united-states#Demographic>