

Culture and Interpersonal Violence Research

Paradigm Shift to Create a Full Continuum of Domestic Violence Services

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This article addresses the importance of culture within the context of domestic violence. It takes the position that to work more effectively with diverse cultural groups, the development of a full continuum of services that includes eliminating the violence and keeping families together is required. The authors believe that intervention models developed in the fields of HIV/AIDS may provide important examples for future work.

Keywords: *domestic violence; intimate partner violence; intervention; services; cultural competency; diversity*

One of the most significant advancements in the field of interpersonal violence (IPV) has been the acknowledgment of the role played by cultural factors in shaping a woman's experience of violence and abuse. In the past decade, numerous reports have documented culturally unique forms of abuse and how a woman's real and perceived options to address the IPV differ based on her sense of self as a member of a family and community.

One of the most salient mechanisms by which culture exerts this influence is the worldview, individualism or collectivism, to which a woman subscribes. This fundamental belief system has been shown to affect a range of intra- and interpersonal processes including sense of self-concept (Markus & Kitayama, 1991), conflict resolution (Tjosvold & Sun, 2002), and motivation (Chen, Meindl, & Hui, 1998; Platow & Shave, 1995). One's worldview is a deep-seated cultural value about the relative priority of one's own goals and desires and those of the collective to which one belongs. As a result, an individual's relationship to the collective to which he or she belongs is strongly shaped by worldview. Overall, collectivist cultures emphasize obedience to

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and harmony within the group (Nibler & Harris, 2003). Consequently, in the face of conflict, collectivists tend to use collaborative strategies even if there is a risk of a personal cost to maintain relationships and save face with others (Ohbuchi, Fukushima, & Tedeschi, 1999). In contrast, individualist cultures emphasize personal pleasure, achievement, and autonomy (Nibler & Harris, 2003). In the face of conflict, individualists tend to use more confrontation and, if deemed necessary, adversarial strategies with the aim of saving their own sense of face (Ting-Toomey, 1988). A high personal cost justifies the breaking of a personal relationship (Kim, 1994).

Related to worldview is the relative looseness or tightness of a culture, that is, the level of tolerance for diverse behavior (Triandis & Suh, 2002). Individualist cultures tend to be looser (Diener & Suh, 2000), as there is more acceptance of individual choice. For women in loose individualist cultures, a range of work and lifestyle options is available to them. In contrast, tight collectivist cultures are characterized by specific norms that regulate social interaction and strong negative social consequences (i.e., shame, loss of face) for those who deviate from the prescribed role behavior.

What this means for a woman living with IPV is that her perception of accessible gender and marital roles and her real and perceived options for addressing the IPV are deeply influenced by the relative priority she places on her own needs and goals over those of the family and/or community to which she belongs. A woman socialized with tight collectivist values does not have the same level of access to divorce, independent living, or single parenthood as a woman from a loose individualist culture because there are real costs to her grounded in the meaning of the collective. Hassouneh-Phillips's (2001) descriptions of IPV among American Muslim women illustrate this concept well. She argues that Muslim culture in America is more than the beliefs of Islam, although it is shaped by it. She presents a conceptualization of marriage within Muslim culture not as a woman's choice of a romantic partner but a reflection of her religious faith and practice. It is such an integral part of a woman's life and the social structure that there is no role for unmarried women. In this tight collectivist culture, American Muslim women must weigh the extraordinary personal and family costs of relinquishing the role of wife and taking on the stigmatized role of a divorced or unmarried woman.

A second important cultural factor shaping a woman's experience of IPV pertains to her relationship to the host society. This refers to her colonization, immigration, or acculturation status. These statuses affect the relationship between a woman and the host society in terms of her legal standing (i.e., eligibility for assistance programs, employment opportunities), the size of the cultural community in terms of geography and population with which she identifies, her familiarity with social, political, and cultural systems, and the

real and perceived receptiveness of these systems to the woman. How a woman came to the United States is an important dimension to understanding her experience of IPV. Her experience of violence and the options available to her are different if she is a highly acculturated citizen from a noncolonized group, if she is an immigrant of 20 years into a large cultural community, if she is a recent refugee who has relocated to a small cultural community, or if she's a member of a community that has been subjugated across generations. There is a range of individual- and community-level factors that vary across these dimensions. The individual factors involve her fluency with social services, her perceptions of mobility within the environment, and her ability to speak the language of the majority. These factors also include her experiences of the receptivity of formal support systems to her concerns and the number of family members available to her in the local area and in the United States. The community factors include the availability of social services in her first language, the level of privacy within the community that she can expect when seeking assistance, the types of services that she can receive, and the historical relationship between her community and the helping professions, including law enforcement and faith-based organizations.

In the past two decades, there has been an increased awareness of the effect of culture on IPV across researchers and practitioners. Although there has been more interest in the ways that a woman's cultural practices and beliefs may place her at risk, there has been a decided lack of discussion about how culture can facilitate unique solutions. It is in this area that we see an important new direction.

IMPORTANT NEW DIRECTIONS

In the past decade, the U.S. population has become increasingly diverse. The 2000 U.S. Census found that the population of racial minorities in the United States increased 12 times more than that of Whites (Frey, 2002). Despite the growing diversity of the U.S. population, there has been relatively little change in our approaches to working with women living with IPV. Our current service response is geared toward helping a woman to leave an abusive relationship and live independently from the abusive partner. This response provides women with options by giving them the power to have the abuser arrested and to use the law to stop the abuse, and provides assistance to start a separate household. These are critical developments that have undoubtedly saved the lives of thousands of women.

This system of services rests on an essentialist position that (a) adult women have the right to live as single women independent from families of

origin, and (b) it is better to be divorced than to live in an abusive marriage. These assumptions are a reflection of the range of gender and marital roles available to women in the United States, a loose individualist society. When a woman approaches a domestic violence agency ready to leave or consider leaving the relationship, there is a well-developed system of services that can help her accomplish this.

Practitioners, however, are well aware of the misfit of these assumptions and those held by women who identify with tight, collectivist cultural values. The difficulty lies in the gap between the woman's perception of desirable gender and marital roles and those that are implicit within the service options available to her from a loose, individualist, dominant group service system. Western, feminist values of women's rights and appropriate roles have formed the development of these service options that help women to leave abusive relationships. For many women, leaving comes at a great cost. For these women, few options are presented. If we are committed to the self-determination of the woman, we must begin to understand the ways that our ideology precludes us from considering certain kinds of help for which women ask. If all we can offer a woman committed to staying with her family are ways to leave, then at what point are we engaging in paternalism?

To provide meaningful options to all women, we must be willing to look at alternative frameworks that will allow the development of a full continuum of services. We have not seriously considered alternative outcomes that involve staying in the relationship and eliminating the violence, although this is the outcome most desired by many women. It is not that we are incapable of developing a service response that communicates unequivocally that the violence is unacceptable and that the family value of staying together is important. It is that there is no place for it in the current service framework. We must continue to educate clients and their communities about their options to address IPV that include leaving abusive relationships but also honor their decisions by giving them the type of help they are asking for, which may include helping them to stay.

PROMISING METHODOLOGICAL INNOVATIONS

Some promising methodological innovative interventions come from HIV/AIDS work where, similar to IPV work, researchers and practitioners have had to grapple with both individual behavior change and change within the surrounding social context. In the face of the HIV/AIDS epidemic, researchers and practitioners have been required to understand and accept the

complex realities of high-risk behavior and to examine the intersections of science and personal and political agendas (Bourgois, 2002; Lenaghan, 2003). For example, the evidence suggests that needle and syringe exchange programs are effective in reducing HIV transmission (Gibson, 2001; Yoast, Williams, Deitchman, & Champion, 2001), yet they are not widely embraced in the United States because of sociopolitical concerns (Page, 1997). Other work has shown that for many Latina women, it is preferable to engage in high-risk behavior rather than risk losing a relationship by requiring condom usage or requiring changes in their sexual lives (Pulerwitz, Amaro, De Jong, Gortmaker, & Rudd, 2002).

HIV researchers have embraced these realities within their interventions. As a result, many HIV-prevention interventions use peers or opinion leaders within the targeted community to deliver intervention components and tailor the intervention message to the individual's specific behaviors and his or her readiness to change (Kegeles, Hays, & Coates, 1996; Rietmeijer, 2003). Following the principles of Experimental Social Intervention and Dissemination, intervention researchers participate actively with community members to ensure that intervention components reflect the values and circumstances of the targeted communities (Fernández et al., 2003). This collaboration means that the research team must be receptive to the ideas of the community members rather than dogmatically adhering to their own agenda.

HIV research has focused on developing harm reduction models to provide nonjudgmental options to individuals to lower their risk level. Intervention strategies reported by Lauby, Smith, Stark, Person, and Adams (2000) illustrate such an approach. They developed a series of role-model stories from in-depth interviews with women with relevant HIV-related experiences to depict the process of overcoming barriers and imparting knowledge based on their experience about using condoms. The stories described changes women made, moving to different levels of behavior change readiness. These role-model stories were distributed to community members in different formats (e.g., fliers, brochures, safer sex parties, workshops) along with condoms. The results of the study indicated that women in the intervention communities were more likely to use condoms with main partners, compared with those who were not in the intervention communities.

Applying these lessons to IPV, what will be required is to develop a full range of nonjudgmental options to lower a woman's risk for violence that includes those women who are not likely to leave the relationship. This requires us to reconceptualize the fundamentally dichotomous service paradigm, "Stay in unsafe circumstances—Leave the abusive relationship," to be a continuum ranging from "Stay in unsafe circumstances—Safety" regard-

less of whether this involves leaving. By adopting safety rather than leaving as the desired outcome, we as a society are taking more responsibility for keeping women safe.

Developing a full continuum of services will require a serious and creative collaboration of domestic violence and medical service providers, law enforcement, community members, and researchers. It will require us to reconsider how we think about the cultural factors. Rather than see cultural values or norms as barriers to the dominant model, we must view them in terms of their resources. The experiences from the HIV/AIDS intervention research field have much to teach us about innovative ways of working within communities to address serious public health problems.

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