

Combating Intimate Partner Violence Against African American Women: An Analysis of the  
Problem and Program Recommendations

By

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A Program Evaluation  
Presented to the  
Faculty in the Department of Public Policy and Administration  
School of Business and Public Administration

CALIFORNIA STATE UNIVERSITY BAKERSFIELD

In Partial Fulfillment of the  
Requirement for the Degree of

MASTER IN PUBLIC ADMINISTRATION

2011

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2011

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## EXECUTIVE SUMMARY

Intimate Partner Violence (IPV) is infinite problem throughout the world. Women more so than men endure brutal assault by the men they love, trust and depend on. With regard to race in research of Intimate Partner Violence, African American women are under represented. Although findings suggest that African American women suffer higher rates of intimate partner violence over Caucasian women, African American women are more prone to the risk of violence than Caucasian Women due to many factors. Research fails to present the true extent of this serious threat and the leading factors such as poverty, unemployment, substance abuse, no education, no outreach programs and societal stress that allows IPV to run rampant in the African American Communities. Much more research is needed to reveal the depth of African American women experiences with intimate partner violence.

IPV is a threatening problem that passes down to generation to generation. Beating women is an acceptable practice in the African American community that is over looked by many. African American women believe that they are powerless and thus do not seek help do to many reasons; racism lack of trust, undeserving, have low self esteem, are feeble, come from poor communities, have low or no education, and intergenerational effect, and shame.

Although it is a crime to intentionally cause harm to another individual, African American women suffer needlessly by the hands of men they love. Society, the African American community, and the family fail to conceive that women of color are in danger from violent men by turning from the truth that IPV is a real threat. To remedy IPV, perpetrators ought to be accountable for their crimes against women by applying harsher punishment.

Much more research is indeed a need to address the indisputable factors in regards to the different factors in the African American Communities that cause IPV and to reveal the true extent of IPV against African American Women.

## ACKNOWLEDGEMENT

I would like to start by thanking God first. Through his grace and mercy, I was able to make it through times when goodness and joy filled my world and through the sad and tragic times. Next are my wonderful professors who did not give up on me nor refused to let me quit. Their guidance and belief in educating students inspired me to work hard and push beyond my limit and for that I truly thank you all.

To my late, husband Jerry Bradford who also pushed me over the edge of my boundaries. Always encouraging me, you were my hero. You made me strong, you loved me and help me overcome adversities in my life, thank you and I love you.

To my late mother-in-law Gloria Bradford, who was the best mother-in-law any woman could have. You loved me as your daughter. You encourage me, helped me see the way. You were tough but showed love for everyone. I miss you and love.

To my 11 children, thank you for being patient and understanding. I love you all. I did this for you all. I want to all to know anything is possible if you really want it.

To all my friends and classmates, thanks for having my back through midterms, presentations and all the work, you all made this journey bearable and fun at times. Thank you all for being my friends. I hope the best for you all. WELL DONE!

# CHAPTER 1

## INTRODUCTION

### *Brief History*

The abuse of women dates back for centuries. Men could beat their wives without any repercussion; the right of a husband to discipline his wife is deeply rooted in the Anglo-American culture, (Applebaum & Chambliss, 1995). British common law permitted a man to discipline his wife and children with a stick no bigger than the width of his finger, thus was the origination of the phrase rule of thumb” (Applebaum & Chambliss, 1995). Intimate Partner Violence (IPV) is acceptable in many cultures. Some countries even permit lawful murder, this is know as honor killings, of wives or any females who are accused of bringing shame to the family. According to Awwad, (2001), a women can be killed by male family (husband, brother or an uncle) who have the right to kill a female family member for simply committing adultery, being a victim of rape, refusing an arranged marriage, seeking a divorce (even if the husband is abusive) or fornication. Some countries permit sex selection abortion, “female infanticide killings” (Kottak, 1994, p.117) of a female fetus, whereby the value for males are greater. Kottak, (1994), discusses the senseless killings, female babies once it is known that are female before birth, are aborted or killed immediately after birth, (p. 117-118). This is condoned in China due to a strict policy that permits one-child per family. Another form of abuse committed on females is “female genital mutilation” the forced removal of part or all of the clitoris, and sewing most of the opening closed to ensure purity before marriage, (Crooks & Baur, 1996, p. 80) a practice that still exist today in some African cultures. These are just a few heinous types of abuse afflicted upon women across the world. Until laws change, women will continue to suffer

from intimate partner violence, many may die and some may decide to move on out of their abusive situation.

### ***Scope of the problem***

There is a substantial amount of documentation that IPV affects many racial, ethnic, and cultural groups (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). Intimate partner violence is a worldwide public and social health issue (Tjaden & Thoennes, 2000) for which there seems to be no remedy. It is a traumatizing, physical life-threatening act against people. More women than men are the victims or become victims of IPV (Field & Caetano, 2005). The family is usually a safe, loving social institution according to Olson and Defrain (1997) “it is in fact more violent than the military, except in the time of war” (p. 489). Each year an estimated 1.3 million women fall victim from physical abuse by an intimate partner (Centers for Disease Control and Prevention, National Centers for Injury Prevention and Control, Atlanta GA. Control, 2003). Eighty-five percent of IPV victims are women (Bureau of Justices and Statistics Crime Data Brief, 2003). The result of IPV is devastating and often deadly for some women (The Centers for Injury Prevention and Control, 2011). In 2007, IPV resulted in the death of 2,340, 70% were women and 30% were men. According to Olson and Defrain, (1997) more than a third of the women in this country are murdered by a husband or partner than any other attacker (p.490).

According to Mitchell, Hargrove, Collins, Thompson, Reddick, and Kaslow, (2006) IPV can cause “serious and long term impact on the emotional and physical health of women (p. 1054). IPV increase social problems of today by ways of breaking down relationships with family, friends and future intimate partners. Furthermore, children who witness violence, including threats of violence, between their parents are at risk for developing violent and delinquent behaviors during childhood (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards,

Koss, and Marks, 1998). There is also a risk for developing other forms of dependence such as alcohol, drugs or both thus increasing their risk of becoming perpetrators of violence themselves (Felitti, et al, 1998). IPV does not affect only relationships it also affects the external aspect of one's life. The external aspects are missing work, not attending school, medical visits and law enforcement involvement (National Centers for Disease Control and Prevention, 2003). The cost reaches beyond the family out into society by increasing cost to the economy (Max, Rice, Bardwell, & Leadbetter, 2004). It is life long recovery process that alters every aspect of all those who are victims or exposed to IP violence.

IPV continues to be a significant problem for African American women. Multiple studies suggest that African American women suffer more than other races of women except American Indian women (Lee, Sanders-Thompson & Mechanic, 2002) and are at higher risk form IPV. According Potter (2008), African American women suffer from multiple factors; poverty and chronic experiences with racism ( Asbury, 1999; Nash, 2005), lack of access to medical and mental health care, lack of educations and exposure to social stress which are precursors for IPV (Cazanave & Straus, 1979; Hampton, & Yung, 1996). To add to problem, most women have little or no knowledge that programs exist within their community. For African American Women the problem is exasperated due to social isolation and distrust of social service providers (Few, 2005, p. 489). African American Women are population of people who have endured torment, abuse and devaluation for centuries reaching back into slavery (Bent-Goodley, 2001, Franklin, 2000, pp.52-53).

It is pertinent that services be readily available and sensitive to the needs of women. Treatment programs are not compatible for all women. They lack the important components that include the culture, race, and structural background of the victims, thus adding to the problems

addressing IPV treatment for African American Women and other women of color. These components are extremely important aspects for the achievement of compatible and effective treatment for women of color. Until society deem these components as a necessary element in future development of treatment and preventive programs, African American women and other women of color will not receive efficient treatment for the lasting effects of IPV.

Another problem of IPV and African American Women is the lack of published literature focusing on the prevalence rate, the causes and the depth of this serious issue (Weisz, 2005).

Another potential problem with research is that it is not racially or culturally sensitive. There are different factors that researchers fail to take into account in regards to research. Most research findings are not “culturally and structurally” (Weisz, 2005, p. 93) sensitive and do not apply to all women equally. In order to get accurate measures of the prevalence of IPV towards African American women, research has to address the culture and structure differences. These two factors are very important to the outcomes of research. African American women face different issues from the Caucasian women and any other women of color. As a result of lacking evidence of the prevalence and causes of IPV in the African American community and to African American women the findings are irrelevant. In short, research must include cultural and structural specifications in order to get accurate or close results in regards to IPV towards African American Women and the African American Community.

### ***Definition of Intimate Partner Violence***

IPV is be defined as a pattern of abusive behaviors by one or both partners in an intimate relationship such as marriage, dating or cohabitation. The term "intimate partner violence" describes physical, sexual, or psychological harm by a current or former partner or spouse (Centers for Disease Control and Prevention, 2011). The use of the term intimate is unique and

different from the term domestic because it involves partners who have or had an intimate relationship and the term domestic could include the entire family or other relations without intimacy.

There are four main types of intimate partner violence, physical violence, sexual violence, threats, and emotional or psychological violence. Physical violence is intentionally “trying to hurt a person by hitting, punching, kicking” (CDC, 2011) ranging from one hit that may or may not affect the victim to chronic, severe battering such as breaking bones, rendering to unconsciousness (Field & Caetano, 2005) or any other forms of physical force that causes harm. Sexual violence is forcing a person to take part in a sexual act without consent (CDC, 2011). Threats includes words, gestures, weapons and others forms to communicate intent of harm and psychological / emotional violence is a person subjecting or exposing another to behavior that is psychologically harmful or willful infliction of mental or emotional anguish by threat, humiliation, or other verbal or nonverbal conduct (CDC, 2011). Intimate Partner Violence is usually perpetrated by men who are in positions of trust, intimacy and power, husbands, boyfriends, brother, uncles, step-fathers, father-in-laws.

### ***Statement of problem***

Research suggests that African American Women suffer more from intimate partner violence over any other race of women except “American Indian women” (Potter, 2008). IPV is abuse towards women whether it is physical, mental or sexual. The problem is that there are different causalities that researchers fail to address in regards to culture and structure of the population that they test. There is little or insufficient evidence to show the occurrences and causes are different due to culture and structure difference of the family. To obtain accurate

measures of intimate partner violence to African American women, more cultural and structural specific studies are necessary to obtain adequate information.

### ***Methods***

I will conduct a literature review concerning IPV towards African American Women. I will be using literature that specifically focuses on IPV and African American women. I will also be researching the causes of IPV in the African American Community looking at the leading factors as why African American men resort to violence against the African American woman and why do African American Women accept IPV. I want to compare the prevalence of IPV on African American Women to Caucasian Women. I want to show the psychological and physical effects of IPV, risk factors leading to victimization, barriers to adequate services, and the economical impact of IPV. I will utilize literature from multiple sources.

I will include my recommendation of my impending idea of a program description that is culturally and structurally specific for African American women and women of color. The perspectives I offer comes from research of programs already in practice and the areas that lack development. I want to bring to the forefront of the neglect from society to women especially African American women and other women of color in hopes that my suggestion will make a change in the lives of women across the world.

### ***Importance of study***

This study is important for many reasons. It dwells into the seriousness of the lacking research data of African American Women and IPV. The findings are inadequate and biased in relations to the prevalence of the IPV towards African American women and the issues surrounding African American women and IPV. Violence is in any form detrimental for anyone. It can be worse when it comes from the hands of an intimate partner. In this study, suggestions

towards the causes of IPV, the risks of IPV and, why IPV continues thrive in the African American Community will be reviewed. It is a serious issue and deserves swift tactical action to curtail this threat to a population of women who are invisible except to serve others. The result of this study will offer useful information for researchers, schools and organization who are interested in IPV and African American Women. This study is important because it sheds light on the aspect that people are different, and thus one approach is not effective for everyone. It will also bring to light the necessity to look further into peoples' cultural, racial, structural background, not highly scrutinized enough with the conduction of research.

This study will offer a new perspective on the development of programs for women of color. To show that cultural, racial and ethnicity are important factors in the development and implementation of such programs.

The information will be useful to researchers, analysts and students to compare data from this study and other studies. Also using this evaluation, researchers will have a starting point for future research allowing them to form their own hypothesis on the topic of Intimate Partner Violence and African American Women.

## Chapter 2

### LITERATURE REVIEW

#### *Theories on Intimate Partner Violence*

The perception of theories is that they operate at a societal level or individual / couple levels, (Loue 2001). There are many issues regarding human experience, no single theory has emerged as a dominant explanation for intimate partner violence. No one explanation can give a definite reason to the how and why IPV evolves. It cannot be explained why IPV continues to thrive in many societies. Although there are theories that try to explain why IPV exists, no single factor can justify the cause, thus making treatable methods ineffective or feasible.

To this day, the most notable theory is the feminist political theory, which maintains the patriarchal standards where men have authority over women and children (Taft, Davis, Woodward, Tillman, & Torres, 2009). There many views on domestic violence, based on the feminist theory, but all have four common strains-

- Men are the dominant class, have easier access to material and symbolic resources whereby women are secondary class, inferior and devalued.
- The common dimensions of Intimate partner violence is a facet of normal life and therefore predictable.
- Because male dominate all aspects of life, women often are defined as inferior and thus what they experience is irrelevant.
- Feminism is the advocacies for women (p. 25).

There are cultures that are extremely patriarchal in nature. They are large pluralist societies whereby some subcultures view the use of physical violence as a norm known as cultures of violence (p. 21). Levinson and Malone (1980) as cited in (Loue 2001, pp. 21-22),

postulate that family violence will occur more in violent societies. Loue (2001) states the myriad peer relationship that supports the patriarchal dominance of the family and the use of violence, may constitute a subculture of violence and the more a husband are immersed in the subculture, the more likely he will abuse his wife (p.21). According to Humphreys and Campbell (2011), IPV is “inextricably linked to violence in society which occurs between the powerful and the powerless and the dominant and the dominated” (p.55) and “the maintenance of the patriarchal view is the main contributor of IPV” (Walker, 1979; Taft et al., 2009).

Hampton et al. (2003) states that both African American men and Caucasian men through socialization, meaning it is accepted as a normality or customary way of life, believe they are superior over women and thus are to dominate women. According Taft et al. (2009) research supports the facts that African American men are similar to Caucasian men, and do follow the patriarchal views of male superiority over women by upholding the notion of gender roles classification men are dominant species. Being that manhood is based on superiority, power and control leads to “masculine gender roles stress for African American men to uphold which is associated with IPV perpetration” (Schmidt, 2003). In society “manhood is associated with wealth and power” which is a major problem for African American men who are accustomed to poverty, discrimination, “racism and classism,” (Majors & Billson, 1993). To elevate or improve their manhood in society, researchers agree that African American men often “adopt other alternative roles; the playa, the gangsta, the hustler” (Majors & Billson, 1993; Oliver 2006). The adopted roles are often are associated with illegal activity such as drug dealing or other means to compensate their life and social status. African American men face many disadvantages that hinder their ability to feel secure in their masculinity lead to violence and destruction not only to the partner but to the community.

Contrary to Hampton et al. (2003) and Taft et al (2009), Baker (1994) argues that although we live in a patriarchal society, African American men are not similar in status with Caucasian men and do not hold a position of superiority or dominance over African American women. Brice-Baker, (1994) postulates that African American men are not taught to be dominant or expected to be bearers of power (p. 25). This holds true based on history in the large gaps in wages and differences in socioeconomic status among African American men compared to Caucasian men. Furthermore, the lack of access to education, economics and political resources are suggested by Baker, (1994) to be contributing factors why African American men adhere to more of an egalitarian view of familial roles (p.25).

According to Loue, (2001) all aspects of human lives are impacted by ecological factors whether they are positive or negative. In regards to violence, the more exposure to violence, the more one may adhere to violence. Violence can result from social environment, the formal and informal social networks of the family, the inner family settings and conditions and family history (p. 22).

Socioeconomic status is a factor believed to correspond to high abuse among couples especially African American couple (Bent-Goodly, 2001; Hampton & Gelles, 1994; West & Rose, 2000). According to Wilson (1996), poor economic situations are adversarial enemies of African American men. The transforming economy has led to widespread worker dislocation (Wilson, 1996). African American men who once worked in “industrial low skilled, high paying positions” (Wilson, 1996) are unemployed and destitute. The great impact of jobs loss for African American men has led to direct negative effect for African American women and children” (Hampton, Oliver, & Magarian, 2003). Sampson (1987) states that African Americans are not highly violent, and that high rates of poverty (Asbury, 1999; Hacker, 1992), high

unemployment (Sampson, 1987), financial problems in the relationship (Walker, 1979) and inadequate education opportunities (Sullivan & Rumptz, 1994) are the leading cause of IPV in African American Communities. According to Hampton, Oliver, and Magarian, (2003), the economic underdevelopment for African American men has historically been a source for anger and frustration.

The term “frustrated masculinity syndrome” introduced in 1964 by Nathan Hare is a description for African American men responding to racial prejudice and various institutional barriers that blocks access for equal opportunity to achieve manhood status through traditional channels (Hampton, Oliver & Magarian, 2003). As mentioned previously manhood is power, wealth, “employment, economic independence and the ability to provide for the family” (Staple, 1982).

According to Taft et al. (2009), individual and personal characteristics are precursors for IPV. A study assessed African American and Caucasian male perpetrators that demonstrated evidence of personality disorders. Data from a 4-site evaluation of abusers intervention programs presented a greater percentage of African American men who suffered 25% from personality disorders over Caucasian men of 11% and for narcissistic tendencies 35% over Caucasian men who suffered 19%. The findings posit that African American men abuse their partners may display a greater degree of psychological disorders than Caucasian men (Taft et. al. 2009, p. 51). In contrary to the belief that African American men believe it is acceptable to abuse their partners when in fact the findings are in support of African American men, who abuse their partners, suffer from some form of mental illness (Taft et al. 2009).

Such mental illness can stem from witnessing their fathers or male role model abuse their mother or women or was a victim of abuse as a child. Smith (2008) state that when a child

experience abuse during childhood that it doubles the risk for one beating their intimate partner and witnessing violence as a child triples the risk for growing up to become a batterer (p. 160). Such traumatic exposures can be detrimental to the mental health of children and lead to chronic misconception of normal psychological perceptions.

Stereotypes are prominent in mainstream American culture and some stereotypes contribute to the fallacies about African American women. Bell and Mattis (2000) as cited in Taft et al. (2009) argue, that American mainstream culture posit that for women to be safe and respectable they must be feminine and frail in which African American women are seen as non-feminine, independent and overpowering (p. 51). African American women are often blamed for the social issues in the African American communities because they are portrayed as being unnaturally powerful in regards to relationship, sex, finances and physical prowess (Asbury, 1987; Bell & Mattis, 2000). According to Brice-Baker (1994) cited in (Taft et al. 2009), the notion of the domineering Black women may lead to victim blaming, as in the case of African American women who are believed by American mainstream, to provoke their abusers (black men) who are seen as a victim (p.51).

Another representation of African American women that may lead to IPV is the notion of the Black superwoman stereotype, (Asbury, 1987; Bell and Mattis, 2000; Brice-Baker, 1994, & Taft et al., 2009, p. 51). This can be viewed as a positive image for African American women as well as a negative image. For instance, it can present African American women as resilient and strong and are capable of over coming anything that can also increase the risk of IPV. This negative image of the strong superwoman notion as an insensitive, invulnerable, stoic, out of control and is in need of domestication lead to subjugation of African American Women (Bell &

Mattis, p. 520). It is in fact society's response or lack of response that result in the victimization of African American women because it does not allow the black women to be seen as victims.

In regards to African American men, stereotypes can be equally damaging (Taft et al. 2009). Not only do stereotypes subject Black men to increased discrimination and prejudice it also associates Black men with the portrayal of violent behavior, risk and bearers of social disorder (Bell & Mattis, 2000 & Brice-Baker; Taft et al. 2009, p 51). According to Taft et al. (2009), these distracting misrepresentation of African American men as violent and dangerous have diverted attention from the more serious societal causes of IPV in the African American communities (p.51).

*Mass media* is by way the greatest route for stereotypes of African Americans. According to Littlefield, (2008) it is by far a major form of negative portrayal of African Americans stereotypes. Most stereotypes are derogatory in nature about African Americans. Media sends insulting and dehumanizing images of African American women that portray them as hypersexual, welfare queens, and porno stars Richardson (2007). As a result of neglect from society, African American women are not only victims from IPV, but are victims of society its. The messages that Black women are sexual object unworthy of respect, or the black superwoman has lead to the acceptance of derogatory perceptions. Bryant-Davis, (2005) posits that negative perceptions has the ability to be internalized by young girls and women and can be unconsciously adopted by African American men and all races that are position to help African American women, such as police, judges and jurors, over come subjugation from IPV and other societal issues.

### *Perspective on the Causes of IPV in the African American Community*

It is a true that intimate partner violence occurs in all social classes (Cunradi, Caetano & Schafer, 2002; Cazanave & Straus, 1979) and is an eminent threat to women that cause “devastating and long term effects” (Hampton, Olive, & Magarian 2003). Research demonstrates a consistent link to low socioeconomic status and the occurrence of partner violence (Cunradi, Caetano, & Schafer 2002). Although the socioeconomic status is a major contributor to IPV, it is only part of many. Many believe that African Americans suffer a higher rate of IPV due to extenuating, unresolved circumstances such as substance abuse, (Cazanave & Straus 1979), learning “lower class values, norms, and role expectations and societal stress” from communal exposure (Oliver, 2000).

Research shows that African American women are victimized at a higher rate than Caucasian women and it is the leading cause of premature death for African American women between the ages of 15 and 44 (Campbell et al, 2002). Many explanations discuss why IPV is high in the African American community. However there is little to no intervention programs or policies designed that address the race, ethnicity, structure and culture of the victims and perpetrators living in the African American Communities.

#### *Racism, Enslavement & Historical Explanation*

Bent-Goodley (2001) describes IPV in the African America as a maladaptive behavior to societal oppression, racism and discrimination and exposure (p. 317). Campbell et al, (2002) report that African American women respond to violence and abusive behavior as an influence of racism and to the social context in which they live (p. 2). Racism accounts for the lack of accessible resources that African American women and other women of color receive for IPV. In addition, racism accounts for the kinds of treatment for both the victims and perpetrators and the

perception held by the criminal justice system. In the case of African American women, the problem stems back for centuries. There is argument that IPV did not exist in the African American culture and that it originated from the enslavement of Africans in America (Bent-Goodley 2001). Franklin (2000) states that relationships between African American men and women are results from learned behaviors of hopelessness, powerlessness, fear of attachment, distrust and anger that stems from residual effects of enslavement (pp. 25-26). It is further discussed by Franklin, (2000) emphasizing the patriarchal roles of African American men are directly influenced by white men (p.90). According to Franklin (2000), after the Emancipation Proclamation, that freed all slaves, was the beginning of erosion of gender relations in the African Americans community (pp. 52-53). Hardship inflicted the lives of African American families. This left little or no options except for African Americans to return to slave masters for work. This was demeaning and degraded for black men. Franklin (2000) uses the term the “Faustian Bargain” to describe a type of deal black men made with the white man, meaning a deal with the devil which “designated black men as head of the households, giving them higher pay, and giving authority over black women in exchange for labor in their field” (Franklin, 2000).

According to West (2004), IPV is multigenerational assault, in that even though African American women today never experienced the sexual violence (rape) during slavery, forced breeding, lynching and medical experiments such as the 40 year Tuskegee study by the government, which infected African American men with the syphilis virus and withheld treatment (p.1491). These historical events are the influential atrocities that lead to the potential responses of victims from IPV and why they are reluctant to report their abusers or seek help and lack trust in the criminal justice system.

### *Resistance & Lack of Trust*

According to West (2004) “images of violence” are rooted in history, they are imbedded in the minds of women who were abused, humiliated, raped, and tortured by men in the past, especially African American women during the time of slavery (p. 1491). It can have a profound effect of how women who suffer from IPV respond to this issue. African American women resist seeking help from institutional resources due to previous negative experiences (Campbell et al, 2002) or “chronic experiences” (Nash, 2005), because of the lack of empathy for the women in regards to their race which are extension of racism. In addition, African American women’s reluctance to seek help from the law was due to “corruption in the police departments” (Hampton, et al, 2003), whereby trust was an issue. Law enforcement response time were often slow, or they did not show up to calls when the parties involved were African American or they would “not arrest the suspected abusers” (Nash, 2005). The perceptions of the criminal justice system held a stereotypical depiction of African American women, and other women of color, as loose women not worthy of help, and more absurd, responsible their abuse or asked for violence to be perpetrated against them.

### *Why Women Stay*

African American women usually stay in a violent relationship due to loyalty to the family, and the black man. They customarily attribute IPV to the struggles of black men, who fight against adversity in trying to “maintain the roles expected by a man in this country” (Nash, 2005), thus making them not responsible for their behavior. According to Nash, (2005) the responses of African American women to the anger and violence from men are from the precepts on race, gender, and obligation from their community and society (p. 1422). During the rearing of African American girls, as they are growing up, learn from their mothers and other women in

their communities to endure disrespect, maltreatment, except hardship and violence for the sake of the family and people. Most live in poverty or come from stricken lives; have low or no education, have low self worth (Nash, 2005). They are taught to sustain the family no matter what befalls thus making IPV acceptable. Women take on the role as protector of their abuser where by the abuser becomes the victim and thus justifying his character for violence. Nash (2005) gives several reasons why Black men act violent they suffer police brutality, discrimination, unemployment, stereotypes (pp. 1431-1432). Another reason women stay is because the abuser physically prevents them from leaving. Leaving can be difficult even life threatening for some women (Campbell et al., 2002). They are often economically and financially dependant on the abuser and are unable to leave. Fear of retaliation, no family support, usually destitute and helpless traps women into staying when help is readily available (Taft, et al., 2009; Campbell, 2002). The problem is abused women are unaware that help is available, or it is usually out of reach.

### ***Risk Factors***

Intimate partner violence among African Americans has correlations with economic factors. The greatest risk for African American women to become victims of IPV is not having access to resources such as “transportation, employment opportunities, social and mental health services, health care, shelter, legal services and police protection” (Taft et, al., 2009, p. 54). Often times, they are solely dependant on their abusers. As mentioned previously, the issues of racism, discriminations and mistreatment from service providers also increase risk. According to Sullivan and Rumpitz 2004), African American women do not utilize shelters because they feel they demean and scrutinize and that such services cater to Caucasian women (Campbell et al, 2002; Nash, 2005; Taft et al, 2009). According to Marsh (2003), some African American women

lack adequate financial resources and find themselves returning to a violent environment. Often the women have children and are more reluctant to take the children out of the home, although violent, it provides the basic needs such as food and shelter.

Another issue is intimidation. Women are often intimidated from the perpetrator who may hold a powerful position in the eyes of the community such as a “pastor, police officer, or doctor” (Taft et al., 2009, p.54). Often women keep quiet and do not disclose the violence in order to protect the reputation of the partner. Another point that Taft, et al. (2009) talk about is that when a partner is a police officer, or pastor, certain protection and shelters sponsored by these agencies are not available to them (p.54).

### *Structural and Cultural Factors*

Several structural factors contribute to the high rates of intimate violence among African American couples (Hampton, Oliver, & Magarian, 2003). The term structural refers to the economical and social conditions that have “direct effect on ones access to opportunity and quality of life” (Hampton, Olive,r & Magairan, 2003, pp. 538 ). The term cultural refers to the values, norms, behaviors and the material objects that all intertwine in the development of ones life. The factors associated with African Americans is the effects from “extreme poverty” (Taft et al., 2009), “racial and gender oppression” (Hampton, Oliver, & Magairan, 2003) and “intergenerational exposure” (Hampton, Oliver, & Magairan, 2003) and economic deprivation. These aspects all contribute to intimate partner violence in the African American community. Poverty contributes to a vast amount of the problems for all races and ethnicities, but research shows that it is an extreme problem for African American communities (Gondolf & Williams, 2001; Bent-Goodley, 2001). African Americans have been fighting against poverty in its devastating effects for centuries. African Americans, mainly men, face racial indignations from

all including African American women. The results of oppression, discrimination, intergenerational exposure and economic deprivation, are believed to be the catalyst for African American men who seek other ways to establish themselves as men. The combination of factors may contribute to culmination of problems in the African American community. In defense of African American men who are faced with limited choices and society expects more from them, it is understandable why violence exists in the African American community. Pressure and humiliation is a powerful force that drives humans to react in unacceptable ways. Regarding African Americans' it is a generational upheaval that contributes to the break down of the cultures, communities, marriages and families.

### ***How Many Victims***

Violence between partners is difficult to measure with precision due to the following reasons, violence often occur in private, victims are too ashamed and afraid to come forward and they fear the possible reprisal and threat from the perpetrator (Olson & DeFrain, 1997). According to Olson and Defrain (1997) most incidences of IPV are not reported, this adds difficulty in the accuracy in measurement of the incidence and prevalence of IPV (p. 490). The following literature illustrates IPV significance of violence against women.

Each year an estimate of 4.8 million women become victims of physical or psychological assaults from intimate partners and 2.9 million men to become victims, (*Centers for Disease Control and Prevention* CDC, 2011). According to the American Medical Association 1 and 3 women will be beaten by a male partner in their adult life (Campbell, Sharps, Gary, Campbell & Lopez, 2002). In 2007, 2,340 deaths were associated with IPV, 70% were female victims, and 30% were male victims (CDC, 2011). According to The National Family Violence (NFVS) of 1985 and 1995, one in six couples experience one or more episodes of violence. The National

Longitudinal Couples Survey (NLCS) 1995 reports that one in five couples in the United States had experienced at least one episode of violence in the last 12 months, (Field & Caetano, 2005). IPV has no racial barriers. IPV is relatively higher in some ethnic groups. Field and Caetano, (2005) report that male- to-female partner violence and female-to-male partner violence is 2 to 2.7 times higher in African-Americans over Caucasian Americans. The 1995 NLCS report states that 17 % of Hispanic, 23% of African-Americans and 12% of Caucasians report at least one incidence of Male-to-Female Partner Violence (MFPV) in a passing month of the survey (Field & Caetano, 2005).

Several documented survey studies include rates of IPV among African American couples. One of the first surveys conducted in the United States, The National Family Violence Survey (NFVS) conducted in 1975 reported on the prevalence and incidence of IPV using a “subscale of the Conflict Tactic Scale” (Taft et al, 2009), a method used to identify intimate partner maltreatment. In the survey, the levels of IPV and the type of social network used indices to measure violence in a sample of 2143 American households (Taft et al., 2009). A random sample of 574 married couples were selected out of the group 147 African American couples participated. African American men rated “11% higher for severe IPV perpetration on their wives” (Taft et al., 2009) over “Caucasian men of 3%” (Taft et al., 2009). As income increased, IPV was less prevalent in all races, but as income decrease, a significant increase of violence of 40% in African American men occurred when income ranged from \$6000 to \$11999.

Ten years later, a second survey to show prevalence of IPV and trends that occurred during that ten-year time-period. The 1985 study consisted of “6,002 cases, “576 African American married couples” (Taft et al., 2009), using 567 variables to measure conflict, conflict resolution and violence in family. The topics consisted of family demographics, marital and

divorce history, marital behavior, employment, and satisfaction and attitudes about various aspects of life were included. The survey design measures the occurrence rate of violence family. The intent of the survey is to compare family violence by race, ethnicity and the estimation of prevalence for family violence by state. The findings were similar to the previous study, resulting in a higher prevalence of IPV among “African American families of 169 per 1000 families” over “Caucasian 107 per 1000 families” (Taft et al., 2009). The finding for severe IPV against African American women was higher, 64 per 1000 over Caucasian women 28 per 1000 (Taft et al., 2009). Hampton and Gelles, (1994) further examined the incidence of risk factors of IPV in African American couples and found that African women experienced a 1.23 times higher rate of minor IPV from a male partner and a 2.36 times higher rate of severe IPV from a male partner over Caucasian women.

The National Violence against Women Survey (NVAWS) is a telephone survey sponsored by The National Institute of Justice and the Centers for Disease Control and Prevention. “Eight thousand men and eight thousand women” (Tjaden & Thoennes, 2000 a,b) were assessed on IPV victimization, sexual assault from an intimate partner and psychological aggression from an intimate partner. The conduction of the survey started from November 1995 through May 1996. The NVAWS found similar rates of violence for “African American Women 18,8%, 52.1% and 6.5% to Caucasian Women 17.7 %, 52.1 and 8.2” (Tjaden & Thoennes, 2000 a) in the three categories. The National Crime Victimization Survey (NCVS), conducted between 1993 and 1998, had opposite findings from the NVAWS and that African American women experienced a “35% higher rate of IPV, 11.1 per 1000 to Caucasian women 8.2 per 1000” (Rennison & Welchans, 2000). Also within the findings, African American women experienced

higher rates of severe IPV, broken bones, hit with objects, injury caused by weapons over Caucasian women 4.0% per 1000 persons to 2.4% per 1000 persons (Rennison & Plantry, 2003).

In another survey, the National Survey on Family and Households, ethnic differences in relations to race and income showed that African American women reported higher rates of IPV victimization and perpetration than Caucasian women report and are more likely to experience severe IPV (Sorenson, Upchurch, & Shen, 1996). According to Taft et al (2009), race and income are links to IPV and living in persistent poverty may be precursors that may lead to IPV towards women.

### ***Costs of Intimate Partner Violence***

According to the 2011 CDC report, health related cost (from rape, physical assault, stalking, and homicide) of intimate partner violence exceeded 5.8 billion dollars a year in 1995. Of this total, 4.1 billion dollars was for medical and mental care. One point eight billion dollars was due to lost productivity and earnings (2003). This cost includes a combined cost of medical care, mental health services, and lost productivity from work. The Centers for Disease Control and Prevention estimates that the cost of IPV on the economy, updated in 2003, to be over 8.3 billion. The National Institute of Justice estimated aggregate cost of IPV is 8.8 billion, and if pain, suffering and loss quality of life is included to be 67 billion (Greenfield et al, 1998). Victims of IPV lose close to 8.0 million days of paid work each year - the equivalent of more than 32,000 full-time jobs and nearly 5.6 million days of household productivity (CDC, 2003).

Too many people are falling victims to IPV. The economic affects are expensive and strenuous. Swift action to alleviate IPV as an eminent threat to society, especially to women, is pertinent.

## CHAPTER 3

### DISCUSSION ON THE BEST PRACTICES AND ANALYSIS ON INTIMATE PARTNER VIOLENCE

#### *Best Practices*

Eighty-five percent of intimate partner violence (IPV) perpetration is by men against women (Hattery & Smith, 2007; Katz, 2006; Tjaden and Thoennes, 2000), it is understandable why treatment programs service more toward the male perpetrators. The issue that warrants attention is the lack of batterers intervention programs (BIP) that cater more to women. It is important to recognize men who have a perpetual problem with violence but at the same time recognize women as victims who endure traumatic experiences from an intimate partner. I want to discuss treatment intervention programs that focus heavily on men and the effectiveness of BIP programs and the lack of treatment programs for women, the “gaps in the services and the specific needs and interests of women” (Davies, Lyon, & Monti-Catania, 1998).

Programs to deter IPV can serve as an important service for men, only if the men are susceptible or willing to change. With any plan, success is not always a guarantee and it appears that BIPs are not effective. Research states, “programs can result in small to no reduction in intimate partner violence” (Eckhardt, Murphy, Black & Suhr, 2006). There are some areas where issues arise in the services for men. For instance, most programs design generalizes all into one group without the inclusion of important factors such as race, culture, ethnicity and socioeconomic status, which are indirect factors that affect lives (Gondolf & Williams, 2001). When factors such as culture, race, ethnicity and socioeconomic status are not included in the IPV treatment plan, the outcome may reduce the effectiveness of treatment especially in African American men (Gondolf & Williams, 2001, p. 3). Another problem with most intervention and

treatment approaches is that they are based on “one size fits all”, (Oliver, 2000). Program models “dismisses important factors such as cultural, racial and religious identity, substance abuse and childhood history of abuse that are relevant causes in the rehabilitation process” for IPV (Mills, Grauwiler, & Pezold, 2006).

Following is a list of laws, programs and techniques thought to eliminate or lessen IPV. *The Mandatory Arrest Law* required police officer to make an arrest of a person, whom they believe to be a threat to a spouse or partner, with or without the victim wishes. During the 1980’s several states adopted the law to lessen the accounts of IPV. The law provided that police take immediate action by taking the victim out of immediate danger by removing the perpetrator. The first study on the effectiveness of the Mandatory Arrest Law was The Minneapolis Experiment in the 1980s. In 1984, The United States National Institute of Justice released the first result on the effect of arrest on the incidence of domestic violence (Hector, 1997). The study included 314 cases of domestic violence, using three random responses, (1) arrest for probable cause, (2) counseled by officers, (3) separation if officer perceived the perpetrator to be a threat to victim. The results showed that mandatory arrest law had some residual effect in deterring re-arrest for domestic violence (Hector, 1997).

*Crisis Intervention* is available services for people who are in crisis. They come to aid people who are in need of help from some form of crisis that has left them helpless or in danger. It serves a great purpose for women who are or become victims of IPV. Crisis intervention services offer shelter, safety and mental health support to women, but serves as a problem for African American women due to the scarcity of crisis interventions programs in the African American community (Fraser, McNutt, Clark, Williams-Muhammed & Lee, 2002). Crisis intervention

services help victims to confront the reality of what has happened in the event of traumatic events or emotional pain.

The following are types of crisis intervention for women; police- based crisis intervention teams and victim assistance unit, assessment and detection in the emergency room, (Stith, Williams & Rosen, 1990). Here lies the problem for African American women. In most domestic situations, police are often the first on the scene, research shows that African American women are distrustful of law enforcement and are reluctant to involve them in their affairs (Hampton, et al, 2003). Due to a history of racism, African Americans are less likely to utilize domestic programs due to the perception that agencies lack cultural sensitivity, relativity and believed to cater to Caucasian Americans (Gary, 1985; Jenkins & Morrison, 1981). Although these programs are good, there are too many holes in them. Women who escape from a violent environment need help. The problem is the amount and type of help they receive. Women who have come from a life of violence need serious mental and physical care through counseling and support (Valente, 2002). Women usually attend group session normally with other women who have experienced similar situations, along with one on one session with a therapist.

Peterson (2008) states that advocates for women who have survived IPV try to empower them through shelters, education, job training, referrals, welfare and other services (p.541). This too has problem, funding is often inadequate and it is pushed aside by funding for criminal justice interventions (Peterson, 2008). Another problem with any type of intervention is that they are often not enough nor are they racially, structurally or culturally sensitive to all women's needs.

### *Batterers Intervention Programs (BIP)*

Batterer Intervention Programs (BIPs) provide intervention and treatment to men who use violence against women. Within the batterers intervention programs there is a host of techniques used to address the issue of IPV. The goal of these programs is to lower recidivism rates in domestic violence cases and protect victims from future abuse. Today's BIPs consist primarily of psycho educational groups for IPV perpetrators. The length of the program can range from 12 weeks up to 52 weeks depending on the severity of the crime. Treatment could include extensive evaluation, individual counseling, or case management (Saunders, 2001; Babcock, Green & Robie, 2004), also it depends on the state and the type of program conducted (Whitaker & Lutzker, 2009). BIPs programs work closely with the court system being that most perpetrators are court ordered offenders, which is an attempt to monitor progress of perpetrators attendance and completion of program. Format and content of most BIPs programs are state or county regulated (Whitaker & Lutzker, 2009).

According to Whitaker and Lutzker (2009), the dominant treatment model for BIPs is rooted in the feminist psycho educational approach. Men are educated on the potential root causes of the violence they inflict on women (.e, gender norms, and expectations, power, control) and hold them accountable for their behavior (Whitaker & Lutzker,2009).

*Psychotherapy* is a widely used approach in BIPs. The purpose of counseling is behavior change that enables a person to better help him/herself (Healy-Smith, 1998). Psychotherapy is personal counseling with a psychotherapist, it is an interpersonal relationship used by trained psychotherapists to aid a client or patient with problems of living, (Healy-Smith, 1998). The aim of psychotherapy is to increase the individual's sense of his or her own well-being (Healy-Smith, 1998). Psychotherapists employ a range of techniques based on experiential relationship

building, dialogue, communication and behavior change that are designed to improve the mental health of a client or patient, or to improve relationships (such as couples and the family). It is the most prominent type of clinical intervention for batterers, (Babcock, Green, & Robie, 2004). The treatment goals are to help men change behaviors that are “controlling and violent”, (Babcock, Green, & Robie, 2002) that are “two strong predictors of IPV” (Taft et al., 2009).

*Cognitive-behavioral therapy* is a form of psychotherapy that emphasizes the important role of thinking in how individuals feel and what individuals do. Cognitive-behavioral therapy (CBT) is usually combined with psychodynamic approach that focuses on the “proximal thought and emotions” (Whitaker & Lutzker, 2009) and violent tendencies. Violence is the main premise of treatment in cognitive behavioral batterers’ intervention programs. They contest that since violence is a learned behavior, nonviolence can be learned to counter violent behavior (Babcock et al, 2004). However, there are concerns for the combination of psychodynamic approach combination with cognitive behavior therapy. This approach can reinforce the sense of entitlement, self-righteousness and narcissism often associated with men who batter women. Advocacies for women see it as a collusion of sort for men, allowing room for them to complain and blame women for their problems (Babcock et al, 2004). The psychodynamic approach can interferes with the disruption of violent behavior thus postponing behavior change (Dunford, 2000).

*Group counseling* is a form of psychotherapy, which could employ one or more therapists designed to treat several clients simultaneously. Group therapies are good for people who have had some form of abuse or trauma in their lives. It gives a sense of comfort as well as support from others who have had similar experiences and share stories of how they are able to escape

the dilemmas of IPV. According to Cavanaugh and Gelles, (2005), group counseling is the most utilized approach for batterers.

*Couples therapy* is a psychological therapy used to treat couples in distress. As with any treatment, careful screening is important to make sure that “couples being seen pose the least minimal risk for recurrence of violence” (McCollum & Smith, 2007). The purpose is to restore a better level of functioning in couples who experience distress due to communication problems, psychological disorders, economical, social and violence by devising and implementing a treatment plan with the objective to alleviate the presenting symptoms in the relationship (Encyclopedia of Mental Disorders, 2010). According to Whitaker and Lutzker (2009), couples therapy intervention has some controversial issues (p. 44). Reasons behind the controversy are that the abuser poses a high level of control, coercion, and intimidation, and that victims could not participate in couples counseling for it puts the victim at risk (Whitaker & Lutzker, 2009). Couples therapy is not for couples when there is a potential risk of violence occurring to the victim (Cavanaugh & Gelles, 2005).

### ***Substance Abuse Treatment***

A numbers of women suffer abuse by their intimate partner often after the consumption of alcohol or some type of drug. A large body of research shows a strong consistent relationship between substance abuse and IPV (Whitaker & Lutzker, 2009). Studies show that men are more violent when alcohol was consumed prior to perpetrating IPV and more severe. Campbell et al. (2002) report that alcohol related problems are strong predictors of IPV across racial and ethnic groups, but remained the strongest predictor for IPV for African American couple (p. 7). Studies show that the rate of IPV decreases when behavioral therapy and men ceasing from substance abuse use is combined. One study shows men who abstained from substance abuse, decreased

the violence from 61% pretreatment to 23% at one- year post-treatment, 19% at 2-year post-treatment, (Whitaker & Lutzker, 2009) towards their partners. Treating men who suffer from some form of substance abuse may decrease the rate of abuse towards women.

The scope of problem of intimate partner violence is that it is a physical, sexual, psychological and sometimes fatal for women of color. IPV will continue to exist from physical cost, psychological cost, health care cost, lost wages and productivity until substantial changes are made.

### *Analysis of Best Practices*

The Mandatory Arrest Law encountered much criticism. There is research in agreement with the law and believes it to deter IPV, and some that are against it. In the Minneapolis, Minnesota study, 314 cases of minor offense of IPV. Three responses to the arrest were measured, “mandatory arrest of the perpetrator, mediation and separation from the victim for 8 hours” (Stover, Meadows, & Kaufman, (2009). The data was taken from 99 percent of the suspects arrested who were randomly selected for the study. A twelve-month follow up on data taken from police records, mandatory arrest resulted in 13% recidivism rate of arrest compared to 26% rate of separation from spouse for 8 hours (Stover, , & Kaufman, 2009). Mediation fell in between and “was statistically indistinguishable” (Stover, Meadows, & Kaufman, 2009) from the other two factors. During the twelve-month follow up, only 49% of the victims here reachable, with a report of a 19% rate of mandatory arrest and 37% for mediation and the recidivism rate for separation was statistically indistinguishable from the other two groups (Stover, Meadows, & Kaufman, 2009; Sherman & Beck, 1984). A larger scale replication of the study on mandatory arrest resulted in different outcomes. Data with basis from multi-sites and the Spousal Assault Replication Project (SARP) (Maxwell, Garner, & Fagan, 2001) (N = 4,032) showed no benefit

from the mandatory arrest law taken from police data. According to Tolman and Weisz (1995), deterrence of perpetrators behavior had no effect of successful prosecution (p.91). Davis et al. (1998) found that cases that resulted in nolle, dismissal, probation with batterer's treatment programs, and jail showed the likelihood of recidivism was indistinguishable (p.84). In agreement with (Davis et al, 1998; Tolma & Weisz, 1995, & Thistlewaite et al., 1998) failed to find significant deterrent effect of associated with prosecution.

The Mandatory Arrest Law has some effect but not enough to deter IPV. Laws and policies need revising to have an impact on the recidivism of perpetrators who continue to cause harm to others.

The first model of therapy for treating domestic violence is the Duluth Model. The model is national and internationally known as a tool to prevent and eliminate violence in the lives of women and children. Duluth, Minnesota is one of the first jurisdictions to adopt a mandatory domestic violence arrest protocol. The model was implemented without government involvement or development, (Whitaker & Lutzker, 2009). The model seeks to eliminate domestic violence through a series of "procedures and protocols" (Domestic Abuse Intervention Program, 2008) and set limits on discretion by prosecution of criminal domestic assault cases, no-drop prosecution (Whitaker & Lutzker, 2009) whereby the state prosecutor prosecutes a domestic violence perpetrator, regardless of the victim's wishes (p. 48). The Duluth Model was the first to outline multi-disciplinary procedures to protect and advocate for victims. An evaluation of the effectiveness of the Duluth Model reports a decrease in violence towards victims after treatment with statistical significance data from measures on "new investigation, charges, and convictions" on men after 3 years of post treatment (Whitaker & Lutzker, 2009). Whitaker and Lutzker (2009) contend that men who attend BIP treatment and complete are less likely to recidivate

whereas men who go to jail without treatment reoffend. There are however conflicting reports of the effectiveness of the Duluth Model. Babcock et al. (2004) contend that batterer intervention programs do not change a batterer's attitudes and only have minor effects (p. 1024). Dutton (1999) suggests that the Duluth Model is faulty and the development is from ideology not science. It blames and shames men verses giving insight and support to help change their violent behavior, Dutton (1999). It does not focus on the possibility of other preexisting problems such as substance abuse, or the psychological disorders, Dutton (1999, p. 126). They attest that BIPs do not address all the issue. It ignores female perpetrators, when in fact 2.9 million men endure assault by female partners each year, (Centers for Disease and Control Prevention, 2011). According to research, there is conflicting support for the effectiveness of The Duluth Model.

Most BIPs revolve around the diagram of the Duluth Model whose' primary aim is to bring about solution with degradation. BIPs effectiveness, vary from optimistic to pessimistic to somewhere in between (Whitaker & Lutzker, 2009). According to Bennett & Williams, (2001), BIPs are effective to some extent but the change is minimal, meaning that there is not enough to reduce or stop the violence that men perpetrate on women. In contrast, it is also true that BIPs are effective for some men but that it relies on men who accept that they have problems and want change. It is also true that batterers who do not complete their program are twice as likely to reoffend and to be re-arrested, (Bennett & Williams, 2001).

Another issue in regards to BIPs ineffectiveness is the failing support of communities to take initiatives to stop the violence towards women. The most effective reduction in partner violence will occur are in the communities with the strongest combination of coordinated, accountable elements in support for stopping IPV Bennett and Williams (2001). Bennett and Williams, 2001 state that BIPs are not effective enough to reduce the potential for violence in

some men and that one and four will reoffend while they are in a program. Are BIPs effective? Data show that in some cases that BIPs “had little or no effect” (National Institute of Justice, 2003) and other data show that it is ineffective due to reasons , also that BIPs had “no change in subjects' attitudes toward domestic abuse” (National Institute of Justice, 2003) . According to Eckhardt, Murphy, Black and Suhr (2006), research from previous studies concerning the effectiveness of BIPs results in small percentage of change (p. 369 & 373). Results from another study conducted by Rosenfield reported a “recidivism rate of 39% by men arrested for IPV but not referred” Eckhardt, Murphy, Black & Suhr, (2006) for treatment show a 3% difference, 36% for men arrested and treated for IPV. Results from five studies using quasi or true experimental designs obtained a small to moderate treatment effect size ( $h=0.41$ ), (Davis & Taylor (1999). Levesque and Gelles (1998) report a small effect size of (range:  $h=0.18-0.27$ ) from 17 studies on BIPs effectiveness. Recent reviews on meta-analysis on BIPs effectiveness show that BIPs attendance have a small effect on abuse recidivism (Eckhardt, Murphy, Black, & Suhr, 2006). A 22 study review by Babcock, Green and Robie (2004) found a small effect size on violence cessation range of  $d=0.09-d.34$  using quasi- or true experimental designs and police or partner reports.

Reports of BIPs effectiveness show that there is small to no change for men who are violent towards their partners. Studies show that men who have arrest histories for IPV and are court ordered to enter a BIP show a small difference in change over men who have arrest histories and receive no treatment from BIPs. Reports show that BIPs are not that effective and that a more effective form of treatment needs to be developed.

BIPs use psychotherapy techniques to change the attitudes of men who are violent. Psychotherapy counseling treat emotions, or behavior disorders channels with interpersonal

communications between the patient and a trained counselor or therapist. Group and individual treatment is the most common form of intervention with male abusers. The goal for therapy is to establish trust between clients in other people making way for the patient to open up and express their personal thoughts and emotions while gaining insight into his or her condition. Critics for the use of psychotherapy to treat IPV suggest that psychotherapy for men perpetrators of IPV is an inappropriate form of treatment, and that it does not change attitudes or behaviors of men. The reasons are it allows for a clinical diagnosis pathologies for the behavior (Lutzker & Williams, 2009). Psychotherapy usage provides excuses for why men are violent towards women giving justification for violence, thus taking away men's responsibility for their behavior. The argument against the use of psychotherapy for IPV treatment is based on this notion; perpetrators are violent towards their partner because they have been victims themselves of some form of trauma and for that, they "displace this anger onto their partners", (Lutzker & Williams, 2009).

Another leading problem for ineffective treatment programs is that many gaps exist in the understanding for why it continues to exist. According to the National Institute of Justice (NIJ), 2000 research report, despite decades of research, "many gaps exist in our understanding of violence against women". For example, gaps in reliable information" on minority women's experiences with intimate partner violence is still lacking (p. 13). According to the NIJ (2000) report, there is lacking empirical data on the different forms of violence against women and lacking empirical data on the consequences of violence against women, including their injury rates and use of medical services, are lacking (p. 13).

Batterers Intervention Programs are a good start, but they are not getting to the heart of the problem. Intimate Partner Violence is a very difficult issue to understand and if understanding is lacking than how can a solution be developed. Most IPV preventive and

intervention programs are not culturally or racially focused thus leaving no ample amount of data stemming from African Americans and IPV. Movement in the direction to end IPV in the Black community warrants attention. When issues such as the lack of trust, racism, discrimination, restricted socioeconomic opportunity and poverty dictate the lives of African Americans, issues of IPV will continue to thrive. Moreover, working with a population of people of different races, needs the necessary tool and methods that are key factors in eradicating these social issues. It is my theory that if intervention program are to be coherent and applicable, it is highly suggested that they include the factors that are coincide with a population's racial, ethnic and cultural background.

## CHAPTER 4

### RECOMMENDATIONS, SUMMARY & CONCLUSION

#### *Recommendations*

Intimate partner violence is a persistent problem in the African American community, in which African American families seem to be extremely vulnerable (Hampton & Gelles, 1994; Tjaden & Thoennes, 2000a, b), and the effect is deleterious mentally and physically” (Golding, 1999; Kaslow, et al., 2000) for African American women who suffer from abuse by a intimate partner. Programs cannot be based on a “one size fits all” (Oliver, 2000), all people are not the same just because of similar circumstances. Now, implementation of new ideas for eradicating IPV in the African American community is necessary. More research that focuses on race, ethnicity, culture and socioeconomic status is essential to get accurate data to justify the need of cultural and racially specific program implementation. It is my desire to conduct my own research in these areas that previous researchers failed to address. I want to focus on African American women whose age ranges from 15 to 65. I want to pay special attention to the demographics of the population that are essential aspects in this type of research. One’s culture, race, socioeconomic status, ethnicity, education, and environment are extremely important factors in gathering data pertaining to a population of people. It is especially important in the study of African Americans whereby previous findings confer that they are mitigating aspects for IPV in the African American community (Potter, 2008, Fagen & Brown, 1994, Cazanave & Straus, 1979). It is very apparent that African Americans are different people, and contrary to belief respond differently to many facets of life that are good and bad. It is my belief that traditional programs are not effective in all service areas nor accepted by most African Americans, (Campbell et al, 2002). It is well documented that “experiences from previous”,

Nash (2005), and negative encounters with law enforcement and social services (Campbell et al, 2002), societal oppression, racism and discrimination, Bent-Goddley (2001) have all contributed to the problems for African Americans. How can society eradicate the issues of IPV in the African American community? Programs need to be designed that adhere to the demographics of the people that are diverse, specific to cultures, including poverty, education socioeconomics and create financial opportunities. Bent-Goodley (2001) suggest that the use of African centered approach to address the issues of IPV encourages the empowerment of the community, family and the individual (p.325). First, countering the effects of intimate partner violence should involve the community because it addresses the issues of the internal barriers leading to IPV. Education and public awareness is the grounding tool for eradicating IPV for everyone. Not only is education on IPV a must for adults, it should start at the age when teenagers start to date. I agree with CDC Fact sheet (2011), that early teaching and promoting healthy dating relationships to younger people during the time they are learning skills of dating can help in the prevention of IPV. Second, Shelters and programs that offer services for intimate partner violence should be accessible in the community or near the community. Accessibility is one of the greatest deterrent for African American women seeking help. Fraser et al. (2002) state that the scarcity of shelters in African American communities creates a problem for abused women to seek care (p.364). Black women are less likely to seek help in shelters outside their communities due to racial differences and inhibiting factors of feeling “vulnerable, conspicuous and unprotected” (White, 1995). Programs are an essential element needed in the African American Communities. This means that the development and implementation of programs are to serve and cater to needs of the people in the community. Programs should cater to the demographics of the group that are racially, ethically and culturally specific.

Trust is a major issue for people of color (Few, 2005 p. 489). One's environment is very important, because it is the sense of identity or belonging and taking one from their comfort zone causes fear and rejection. Creating programs within the community gives a sense of protection and working with someone they can recognize, meaning staff of the same race can relieve tension, fear and distrust. Third, the general guidelines should be based on conventional programs and include important aspects such as a predominately African American staff that are culturally and racially competent, trained and knowledgeable in the areas of IPV which offer shelter, access to health care and financial resources. Fourth, they have to coincide with the treatment plan for self-help building initiatives, education, job training, employment counseling and follow-ups treatment.

Following is my idea of what a program and its components should consist of:

- Services that are to be community and home based. Clients will be able to come into the center and receive services or worker will go to the home of the client, but only if it is safe for the worker and client.
- The focus is on women, girls and young children to learn about intervention from abuse.
- The staff- A supervisor with a Masters Degree or higher preferably in the social sciences, practitioners with a Master Degrees in the social sciences, community members ( members living the neighborhood), a Nurse practitioner, to offer basic care until better care can be administered.
- Community housing (shelters) for emergency housing.
- Transportation
- Promote safe behavior in the home and environment.
- Promote self-love and self worth, self-esteem building, assertiveness and independence- skills that build women up.
- Relationships promote healthy and strong relationships that can help individuals recognize unhealthy relationships, work on building skills and communication
- Advocates: Are to be knowledgeable about available community resources and effective strategies for obtaining those ( i.e. housing services, childcare, education, job training).
- Work in unison with law enforcement and court systems for the clients to obtain protective orders etc.
- Case management
- Individual counseling, duration 6 months for 1 hour a week, longer duration if needed

- Following individual counseling, group class for another 6 months 1.5 hours a week
- And for community members training courses to work within the facility with a quarterly follow up training to keep skills they will have the most updated knowledge.

### ***Funding and Implementation***

The program will be funded essentially through grants, donors and sponsors. The next step is to develop my idea for a culturally focused intervention program and design a model. Next is to develop a strategic plan of action. It is very important to have a projection plan for future growth. The next step is to write a letter proposal describing my program plan and the purpose of the program and elaborate on benefits for the community. I will submit my proposal to donors who have vested their interest in similar programs. Promotion is very viable in order to get your idea recognized to the public. I will attempt to do this by presenting the issues to community leaders, churches and others public officials who have interest in this issue. I will develop a budget for starting and maintaining the program. Recruit a team of individuals who believe that this program is a need and will be beneficial for the African American community. Next is to seek a location for my program. Once the program is implemented, I will conduct fundraisers to help in maintenance of the program and hopes of future funding will come from endowments along with donors, grants and sponsors.

This is a program design that addresses many issues in regards to intimate partner violence in African American communities. Services are greatly needed to combat the social issues that plague and delay growth in the population of people. It is very important that African Americans come together as a people to help themselves. Creating programs with cultural and racial basis can be influential in negating the ongoing issues of IPV. The suggestions offered are just a few bases to start programs to help individuals understand IPV and seek help if they need

it. Much more research is necessary to address the causes of IPV and the factors that continue to enable this problem and create suitable, reliable treatment programs to eradicate IPV from the African American communities.

### ***Summary***

According to statistics every nine seconds a woman experience some form of abuse, some resulting in death. Intimate Partner Violence (IPV) is the single most nonlethal injury to women. To date there is no definitive reason or solution for this domestic issue. Women and men still suffer injury, rape, psychological and fatality from someone they have intimate relations. Early history denotes the once acceptance right for men to chastise their wives or children within reason using the “rule of thumb” recourse.

IPV has no barriers and crosses all cultures. Despite decades of research on IPV, many gaps exist in ample research in areas of the family ethnicity, culture, socio-economics and education statuses to try to gain some understanding for why it continues to exist.

IPV not only affect victims and perpetrators, it affects society as well. Based on statistics, IPV cost society millions of dollars due to low productivity, time lost from work, medical care and mental health services sustained by victims.

The Duluth Model is the first notable Batterers Intervention Program that has treated men who abuse women. Other states have built their programs around this design. Some are in support of this model used as a tool to treat people who abuse others, however, there are many who do not support the use of BIPs as a sustainable form of treatment. Most programs are for men, which overlooks women who too abuse their partners in that same sex couples have an IPV rate equal to heterosexual couples. The BIP model has little or no effect on behavior change on men who are violent towards women and that revision of this program is vital. It uses shame and blame which has no effect on behavior. It relies on mandatory arrest for perpetrators, which is

counter productive. Some feel it can do more harm than good by increasing the recidivism rate of abuse. Perpetrators can blame victims for involving law enforcement and thus causing their arrest, which put victims in jeopardy. Imprisonment should only be the last resort only when there is sign of no improvement or rehabilitation. Coordinating community response can divert money already designated for programs to much needed programs that include marriage and family counseling and other services. Combating intimate partner violence is a serious and threatening problem for society and must be addressed as such.

### ***Conclusion***

Approaching Intimate Partner Violence as a socio-economical problem rather than a private issue imbedded within the family and not just a domestic issue is a start. Approached from this standpoint makes it a serious threat to us all. Whether or not society and the world is willing to recognize it, it continues to be the single most form of death over automobiles accidents caused to women and men. It must receive appropriate attention from the various institutions within our society as an issue affecting the overall standard of living. It is not only a women's issue, but also a social issue that threatens the livelihoods within our communities.

As a society, we must develop more constructive and in-depth programs which includes ethnicity, cultural, religious, educational, social and economical backgrounds to accommodate those in need and for those who encounter IPV.

Programs already in existence need careful evaluation to measure their effectiveness and select the ones that warrants adoption and use them nation wide. The two major problems in human service are availability and eligibility. In a time when people are suffering and they are in need of help, acquiring service should not be a hassle. Victims deal with humiliation and feel helpless and vulnerable from the traumatizing effects of IPV. Battered women have a lot to deal

with in their fragile state of minds (abandoning their home, most have little or no money, no job, or no family) makes it hard to cope, and more asking for help. Most have children and fear retaliation from the perpetrator which often deters the victims from reaching out for help. Sheltering a victim and offering counseling is just not enough to help them overcome their dilemmas and the ones they are about to face. It is a deeper issue than what society perceives it to be. Repeatedly people the majority being women, are brutalized and killed at the hands of their spouse or significant other. Yet society rewards them with a slap on the hand, minimal jail time, counseling, or maybe a few classes. This is by no means a solution to the problems of offenders and repeat offender. Stricter requirements for perpetrator participation in BIP deterrents along with stiffer punishment for those that do not adhere to the programs can combat the psychological, physical, and economical destruction of IPV for women, men and children.

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**cc:** Paul Newberry, IRB Chair  
Chandra Commuri, Department of Public Policy and Administration  
**From:** Steve Suter, Research Ethics Review Coordinator  
**Subject: Protocol 10-105: Not Human Subjects Research**

Thank you for bringing your protocol, "**Combat: Intimate Partner Violence**" to the attention of the IRB/HSR. On the form "*Is My Project Human Subjects Research?*" you indicated the following:

I want to interview, survey, systematically observe, or collect other data from human subjects, for example, students in the educational setting. **NO**

I want to access data about specific persons that have already been collected by others [such as test scores or demographic information]. Those data can be linked to specific persons [regardless of whether I will link data and persons in my research or reveal anyone's identities]. **NO**

Given this, your proposed project will not constitute human subjects research. Therefore, it does not fall within the purview of the CSUB IRB/HSR. Good luck with your project.

If you have any questions, or there are any changes that might bring these activities within the purview of the IRB/HSR, please notify me immediately at 654-2373. Thank you.

Steve Suter, University Research Ethics Review Coordinator