

Elizabeth Bellamy  
Editor

# Partner Violence

Risk Factors, Therapeutic  
Interventions and  
Psychological Impact



Bullying and Victimization

NOVA

**BULLYING AND VICTIMIZATION**

**PARTNER VIOLENCE**  
**RISK FACTORS, THERAPEUTIC**  
**INTERVENTIONS AND**  
**PSYCHOLOGICAL IMPACT**

**ELIZABETH BELLAMY**  
**EDITOR**



*New York*

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**BULLYING AND VICTIMIZATION**

**PARTNER VIOLENCE**

**RISK FACTORS, THERAPEUTIC  
INTERVENTIONS AND  
PSYCHOLOGICAL IMPACT**

# **BULLYING AND VICTIMIZATION**

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## PREFACE

Intimate Partner Violence (IPV) is a worldwide problem with many physical and psychological complications. In the U.S., about one-third of American women will have been physically and sexually abused by a significant other at some point in their lives. In relation to intimate partner homicide (IPH), females are at a higher risk of victimization than males. This book discusses the risk factors, therapeutic interventions and psychological impact of partner violence in relationships.

Chapter 1 - In comparison to the growing number of studies of intimate partner violence (IPV) against women in visible immigrant communities such as Asian and Hispanic communities, there is a dearth of research on IPV among immigrant African women. The sparse research in regard to this population not only limits our knowledge of violence, including its forms, frequency, causes and effects in immigrant African intimate partner relationships, but also, it hinders culturally-appropriate preventive and protective measures that might inform policy and practice in victim service provisions and delivery to immigrant African women. This chapter takes a review of the literature (including research-based studies) approach to showcase the location of immigrant African communities in IPV literature, and in doing so it will explore and integrate commonalities and discrepancies in experiences of partner violence among African immigrant women. Two key lines of data inquiry will inform the literature review approach. One, in order to gauge *what we know* about violence against immigrant African women in intimate partnerships, the chapter will draw on IPV literature specific or applicable to the United States (U.S.). And two, *what we need to know* in order to deepen our knowledge of IPV in immigrant African communities in the U.S. and to learn policy and practice lessons for tackling IPV among this immigrant group will draw from Africa-centered studies of women's encounters with IPV, notably in sub-Saharan Africa. In both standpoints, the chapter unveils the dominant role of patriarchal ideology and/or structure in the perpetration and victimization experiences of IPV. A statement of recommendations for advancing work on partner violence among this under-researched and underserved population of visible immigrants in the United States will conclude the chapter.

Chapter 2 - Child protective service agencies have been criticized for not responding to mothers who are experiencing intimate partner violence (IPV) in ways which are always supportive or responsive to their needs. Many agencies have begun collaborations with community IPV service providers but many mothers continue to experience child protection interventions negatively and some research has questioned how effective these collaborations have been at actually improving services for mothers. Finding effective ways to work with



these families is particularly important given the growing awareness of the negative consequences to children of witnessing domestic violence. Understanding the needs of this group and how these mothers experience child protection interventions is a key piece of continuing to improve services. This preliminary study (N =45) explored differences in four dimensions of engagement (buy-in, receptivity, working relationship and mistrust) and resistance for mothers who reported IPV versus those mothers who did not report IPV. Significant differences between the two groups were found on only one dimension of engagement; mistrust. Mistrust was significantly higher for mothers who were involved with child protective services because of IPV than for those where it was not. Although this difference in engagement was found between the two groups, there was no significant difference in resistance. The implications of these findings for child welfare practice with mothers who are victims of IPV are explored and discussed, with particular attention paid to women of color who are in or leaving violent relationships due to the fact that being non-white was also associated with higher levels of mistrust.

Chapter 3 - By and large the study of psychological trauma has been grounded in assumptions that we respond to tragedy with victimization, stress, and pathology over resilience and growth. Instead, a continuum between resiliency and pathology may be a more accurate view of the broad range of responses to traumatic events. Positive and strength based approaches to therapy can be particularly helpful when applied to clients who have experienced trauma, violence, or abuse. Therapeutic focus on helping trauma survivors to recognize their strengths and abilities allows self-reflection and personal learning, realization about resultant positive change, and recognition of personal resiliency through the trauma endured. In this chapter, the authors discuss the application of positive psychology to the treatment of trauma across a broad range of experiences, including intimate partner violence, domestic violence, child abuse/neglect, and youth violence. The authors begin by exploring the concept of posttraumatic growth within the context of positive psychology. Next, they focus on ways in which positive psychology is applied within specific types of trauma treatment from family violence to abuse survival. The authors conclude optimistically with discussion of positive psychology and its application toward promoting more peaceful communities. Ultimately, positive psychology applied in the aftermath of traumatic events promotes outcomes that allow individuals to move from a place of surviving victimization to thriving resiliency.

Chapter 4 - This chapter combines the strengths perspective in social work and the resiliency literature in developmental psychopathology to provide a new approach for assessing survival strengths in women who experience intimate partner violence (IPV). Although each of these trends has different origins, they share common assumptions regarding the positive aspects of the human condition, including growth from adversity. They recognize that people strive towards growth even under the most ominous conditions. In addition, they identify that people's ability to live well in the present depends upon recognizing and uncovering their strengths. Furthermore, they understand that people are doing the best that they can with the resources available to them. This chapter discusses these two conceptual frameworks more fully, as each credits individuals' abilities to triumph in the face of adversity, thus creating important assessment and practice implications for helping professionals and the survivors they serve.

Chapter 5 - Intimate Partner Violence (IPV) is a worldwide problem with many physical and psychological complications. Meanwhile, Sexually Transmitted Infections (STI) is another global health problem with numerous health and socio-economic consequences.

This chapter aims to assess the burden of women exposure to different types of IPV (emotional, physical, severe, or sexual) on their risk of having STI. The author conceptualized that women exposure to IPV would change their knowledge, attitude, & behaviors, and consequently mediate their risk of having STI. Analytical approach was conducted to data of Demographic & Health Survey (DHS) collected from 20 countries, all used the domestic violence module, and obtained information on different sexual Knowledge, Attitudes, and Behaviors (KAB).

Protective knowledge, positive attitudes were measured through women identification and approval of the protective role of using condoms and having one sex partner who has no other sex partners. Meanwhile, risky sexual behaviors among sexually active women included having multiple sex partners and non-use of condoms.

Burden of IPV on having STI was measured through multiple regression analysis after controlling for both of women sexual KAB and the socioeconomic characteristics as age, residence, economic level etc. Results of analysis from 216,262 women showed that IPV reached to 37% and it was the highest in Democratic Republic of Congo (67%), followed by Uganda and Cameroon (58%, 57% consequently). Physical violence was among (29%) of women, followed by emotional violence (22%), while severe and sexual types of violence were (11%, 9% respectively).

STI as self-identified by respondents reached 2% only, and was highest in Liberia (18%); followed by Uganda as 16%. The majority of the participant had protective knowledge (88%); however, exposure to IPV decreased it 87% (OR 0.87; 95%CI: 0.85-0.89). Positive attitude of supporting women' having one sex partner was decreased (OR 0.83; 95%CI: 0.80-0.85). Risky sexual behaviors of having multiple sex partners was among 1% only; however, it was three times more among women exposed IPV (3.33; 95%CI: 3.07-3.62).

Nonuse of condom was almost universal (95%) of women and it was slightly increased by exposure to IPV. The risk of having STI was doubled (OR 2.10; 95%CI: 1.98-2.22) to reach 3.5% among women exposed to IPV. Logistic regression analysis revealed that IPV did not lose its significant burden of increasing women risk of STI. Having multiple partners and unemployed partner were the strongest risk factors (3 times each) of STI; while both acknowledging and approving of having one-sex partners were protective factors.

Women from working class with low education were more at risk of having STI. KAB of condom use were all not statistically significant influencers. Based on the results, it is highly recommended to integrate screening & prevention of IPV in programs working on fighting STI.

Chapter 6 - The Kawa Model, created by Dr. Michael Iwama and occupational therapy colleagues, honors the integrated lives and personal perspectives of individuals as they describe current life circumstances. Specific information gleaned from completed metaphorical river drawings allows for greater understanding of client strengths, resources, and needs, all of which contribute to client-centered intervention. The Kawa Model was utilized as the framework for in-depth interviews with three cohorts of women receiving services in a three-month crisis intervention program. The Kawa Model provided an avenue for clients to identify challenges, strengths, barriers and hope in recovery from intimate partner violence (IPV). From the results of the study, the authors have identified how the



women made meaning of their recovery and what they anticipated for the future. The results of the comprehensive study highlight the supports and internal motivations that women rely on for recovery, their perspectives of motherhood, and their needs for the immediate future.

Chapter 7 - Intimate partner violence (IPV) is an intrinsically interpersonal form of violence that can be readily understood within the framework of interpersonal theory. In this chapter, the authors provide a brief introduction to interpersonal theory and apply it to understanding the interpersonal and affective dynamics of IPV. They also discuss and present new research on the role of interpersonal style in women's response to IPV and how certain aspects of interpersonal style (e.g., high interpersonal dominance) serve as protective factors within the context of IPV. Finally, the authors will propose directions for future interpersonally-oriented IPV research as well as clinical implications of this research.

Chapter 8 - The inconsistent results concerning batterers' intervention effectiveness lead the researchers to question the way how the intervention facilitates change. In fact, intervention programs for batterers emphasize mostly the results while the process underlying how changes actually take place remains less studied. Additionally, this kind of analysis leaves a short space for understanding the individuals' subjective experiences during the therapeutic process.

Based on these elements, a qualitative research was conducted in order to identify, describe and analyse the process of change underlying batterers' participation in an intervention group. The aim of this study was to deepen the knowledge about the meanings arising from the experience of participating in the intervention. The study consisted on the analysis of interviews conducted with 16 male batterers who had successfully completed an intervention program. The intervention program has a multimodal (e.g., motivational interviewing, cognitive-behavioural and psycho-educational strategies) and multilevel (individual and in group) approach.

Through the Grounded Analysis procedure three main categories emerged from the participants' discourse: (1) experience in therapy (pre-intervention expectations and reflections about the therapeutic process); (2) changes during therapy (reflection about the changes, acknowledgment of new abilities and alternative performances related to the problem, awareness of individual vulnerabilities post intervention); and (3) change facilitators (group as a support for changing, intervention and/or acquired learnings, personal involvement, and facilitator).

All these data were considered to produce an integrative theoretical model to deepen the knowledge about the process of change in individuals undergoing intervention related with intimate partner violence.

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*Chapter 1*

# **IMMIGRANT AFRICAN WOMEN AND INTIMATE PARTNER VIOLENCE: WHAT WE KNOW AND WHAT WE NEED TO KNOW**

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## **ABSTRACT**

In comparison to the growing number of studies of intimate partner violence (IPV) against women in visible immigrant communities such as Asian and Hispanic communities, there is a dearth of research on IPV among immigrant African women. The sparse research in regard to this population not only limits our knowledge of violence, including its forms, frequency, causes and effects in immigrant African intimate partner relationships, but also, it hinders culturally-appropriate preventive and protective measures that might inform policy and practice in victim service provisions and delivery to immigrant African women. This paper takes a review of the literature (including research-based studies) approach to showcase the location of immigrant African communities in IPV literature, and in doing so it will explore and integrate commonalities and discrepancies in experiences of partner violence among African immigrant women. Two key lines of data inquiry will inform the literature review approach. One, in other to gauge *what we know* about violence against immigrant African women in intimate partnerships, the paper will draw on IPV literature specific or applicable to the United States (U.S.). And two, *what we need to know* in order to deepen our knowledge of IPV in immigrant African communities in the U.S and to learn policy and practice lessons for tackling IPV among this immigrant group will draw from Africa-centered studies of women's encounters with IPV, notably in sub-Saharan Africa. In both standpoints, the paper unveils the dominant role of patriarchal ideology and/or structure in the perpetration and victimization experiences of IPV. A statement of recommendations for advancing work on partner violence among this under-researched and underserved population of visible immigrants in the United States will conclude the paper.

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## INTRODUCTION

The Family Violence Prevention Fund (2009, p.10) offers a reasonable definition of intimate partner violence (IPV):

“...a pattern of assaultive and coercive behaviors designed to establish control by a person who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent. Assaultive and coercive behaviors include physical assault, psychological or emotional abuse, sexual assault, progressive social isolation, stalking, deprivation, intimidation and threats. Intimate partners, of the same or opposite sex, include current or former spouses (including common-law spouses), dating partners, or boyfriends and girlfriends. Intimate partners may or may not be cohabiting”.

In the U.S. about one-third of American women will have been physically and sexually abused “by a husband or boyfriend at some point in their lives” (Family Violence Prevention Fund, 2009, p.10; also see Durose et al., 2005; Black et al., 2011). In relation to intimate partner homicide (IPH), females are at a higher risk of victimization than males (Family Violence Prevention Fund, 2009).

Whereas there are extensive studies of differing aspects of women’s experiences of IPV, research on IPV among minority groups is not comprehensive. Hines and colleagues (2013) have drawn attention to the severe dearth of studies of racial minority group perspectives of IPV. And the scarcity of IPV data is more telling for immigrant communities such as African immigrants whose experiences of IPV may not be made known to appropriate authorities and invariably lose visibility in official data. It is known that black women are at a higher risk of IPV than their white counterparts (Black et al., 2011); they are also at a higher risk of IPH than their counterparts from other racial groups (Gauthier and Brankston, 2004) and are twice as likely than their white counterparts to be victims of spousal IPH (Catalano et al., 2009). Recent years have seen growing interests in IPV among the U.S. black population, but with reference to African-American women who are non-immigrants. Such studies have ranged from experiences and impacts of IPV to issues of service provisions (Bent-Goodley, 2006; Paranjape et al., 2007; Gillum, 2009; Sullivan et al., 2010; Flicker et al., 2011; Lucea et al., 2012). However, IPV experiences specific to ethnic groups of the black population, specifically the immigrant groups, are hardly debated. Immigrants from Africa are particularly marginalized in research and scholarship. Raj and Silverman (2002, p.368) acknowledge this deficiency in IPV literature in their statement that “...the small body of research conducted in this area has failed to include major immigrant and refugee populations, in particular Europeans and Africans”. This paucity is also noted by the Family Violence Prevention Fund (2009, p.36) in its account that much of the studies of IPV in immigrant communities focus on Latinas/Hispanic and Asian/Pacific Islander groups with “a far smaller number of studies” addressing “other population groups, such as Arabs, Africans, Caribbeans, and Europeans”.

Although caution must be exercised in drawing conclusions from studies of IPV in which racial groups or even ethnic groups of immigrants are studied as a monolith (see Hines et al. 2013), there is no doubt that existing IPV literature on immigrants groups, specifically those with origins in patriarchal societies similar to countries in Africa, draw out commonalities in experiences. Findings from the limited research on African immigrant women’s experiences

of IPV have shown noteworthy resemblance to the experiences of immigrant women from patriarchal societies such as: in Asian communities (see Raj and Silverman, 2003; Bui, 2003; Bhuyan et al., 2005; Ahmed et al., 2004; Abraham, 2005; Bui and Morash, 2008; Chung et al., 2008; Lee and Hadeed, 2009), in Latino communities (see Dutton et al., 2000; Brabeck and Guzman, 2008; Hancock and Siu, 2009; Kyriakakis et al., 2012), and in Arab communities (see Abu-Ras, 2007). Based on these studies and others – drawn predominantly from experiences of IPV in Asian and Hispanic communities – it is known that visible immigrant women experience IPV in ways that may differ from the experiences of native-born women who, following a long haul of some patriarchal structural adjustments, are exposed to a less patriarchal cultural system. In general, accounts of visible immigrant women's experiences of IPV are commonly placed within the realm of certain interrelated factors specific to immigrant groups, which explicitly or implicitly underscore the intersection of IPV with gendered cultural beliefs and practices found in their country of origin. These include cultural differences and requirements, acculturation, gender role reversal, language problems, immigration issues, and isolation. Such overlapping factors arguably may cause or worsen IPV including the extreme case of intimate partner homicide where visible immigrant and refugee women are disproportionately represented as victims (Family Violence Prevention Fund, 2009). In the following two sections, the discussions will first examine literature on immigrant African women's encounters with IPV with emphasis on notable risk factors for IPV, and immigrant African women's responses to experiences of IPV. Second, for a deeper comprehension of why and how IPV exhibits itself in immigrant African communities, the author will briefly examine African-based narratives of IPV against women in Africa, drawing examples from parts of sub-Saharan Africa. These discussions centralize the core position of patriarchy – defined by Hunnicutt (2009, p.553) as “systems of male domination and female subordination” – in creating and perpetuating IPV against African women in Africa and in the U.S.

Worth noting at this point is that this paper refers to African/s or Africa in monolithic terms. This is not meant to undermine the fact that there are variations in cultures (including religion) across African societies and within African societies, and the variations are also reflected in the immigrant populations. Despite that specifics in cultural variations are beyond the interest of the author, this paper acknowledges the general consensus that Africa is one of the most patriarchal regions in the world. Intimate partner violence, according to Jewkes (2002), tends to be more evident in societies with stronger notions of male dominance, and in such societies, the potency of patriarchy is seen in its hold across institutions: family, education, politics, economy, religion, criminal justice etc., and through which the subordination and oppression of women are created, reproduced and sustained. Discrepancies in degrees of patriarchy introduce variations in risks of IPV “between countries and between otherwise similar settings within countries” (p.1424).

## **INTIMATE PARTNER VIOLENCE IN THE IMMIGRANT AFRICAN COMMUNITY**

As at 2007, the population of foreign-born black Africans resident in the U.S was estimated at 34%, with Nigerian, Ethiopian and Ghanaian immigrants comprising 6%, 4%

and 3% of the immigrant African population respectively (U.S. Census Bureau, 2010). A third of immigrant Africans in the U.S. are from West Africa, with the top sending countries being: Nigeria, Egypt, Ethiopia, Ghana, and Kenya (Migration Policy Institute, 2009). Immigration into a western society such as the U.S. brings with it a need for socio-cultural adjustment in order to adapt to the characteristics of the host society, and studies have shown that immigrant women's experiences of IPV correlate largely with cultural adjustment demands post-immigration. The few scholarship on IPV among immigrant African women (see Nilsson et al., 2008; Sullivan et al., 2005; Ting, 2010; Ting and Panchanadeswaran, 2009; Kalunta-Crumpton and Onyeozili, 2011; Kalunta-Crumpton, 2013; Akinsulure-Smith et al., 2013) are cognizant of the ramifications of culture conflicts for IPV. Herein, immigrant women's experiences and responses to IPV are captured in ways that represent conflicts between the less patriarchal U.S. culture and the dominant cultural system of patriarchy found in their country of origin. Although the idiom *patriarchy* is hardly mentioned or emphasized in such studies similar to IPV studies in general, the idea is typically cloaked within other immigrant-specific explanatory factors that nevertheless structure IPV along gender lines. Explicitly or implicitly, patriarchal influence is manifested in gender relations in intimate partner settings. In two interrelated broad categories – immigration/culture conflict, and acculturation/gender role reversal – the subsections below will integrate notable risk factors of IPV against immigrant African women and how these encounters mirror patriarchal ideologies.

## Immigration and Culture Conflict

Studies of visible immigrant women's experiences of IPV have highlighted the role of the victim's immigration status in compounding and exacerbating the perpetrator's abuse. Socio-economic marginalization, economic reliance on the abuser, isolation, language barrier, and a lack of awareness of victim services interact with fear of deportation to keep undocumented immigrant women (including those who are reliant on their spouses to legalize their immigration status) in abusive intimate relationships (see Dutton et al., 2000; Erez et al., 2009). Batterers have been known to use deportation to threaten the abused women whose fear of deportation and fear of losing custody of their children in the event of deportation presents a bigger threat than the abuse itself (see Clark, 2007). As Bhuyan and Velagapudi (2013) note, "nonimmigrant resident visa or permanent residence" does not protect against deportation given that violations of the conditions of these and other residence permits, including involvement in criminal activities may result in the deportation of non-U.S. citizens. The increased powers of immigration control accorded local law enforcement coupled with enhanced interagency cooperation between law enforcement and Immigration and Customs Enforcement pose a significant obstacle to intimate partner abuse reporting to the police by immigrant women who may not only fear for their likely deportation but also for the deportation of their abusers. Even access to victim service providers, while designed to protect the interests of victims of abuse, can present its own susceptibility to the deportation of IPV victims. For example, an undocumented victim may be brought to the attention of Immigration and Customs Enforcement in the process of seeking social assistance such as housing via a victim service provider (ibid).



Like other visible immigrant women, immigrant African women suffer immigration-related threats by their spouses who utilize the victims' vulnerable immigration status to exert male domination in words and deed. Many immigrant African women are undocumented, and according to Donahue (2010), this constitutes the major problem faced by this group of immigrant women. These women are forced to depend on their husbands for regularization of their immigration status (L'aigle, 2009). Akinsulure-Smith and colleagues' (2013) qualitative study of experiences of IPV in immigrant West African communities unveils accounts of physical, psychological, and sexual abuse of women among this group, and juxtaposed alongside is the use of immigration status and traditional patriarchal expectations to control the women. Having been brought to the U.S. by their husbands, already naturalized in the U.S., these women "endure some of the most severe and lethal types of abuse, as men attempt to assert and maintain control and dominance" (L'aigle, 2009, p.2). Situations of spousal abuse are compounded by language difficulties among immigrant African women from non-English-speaking African countries. And access to services, the labor force, and education are precluded consequent on language barriers (Donahue, 2010). Reliance on low-paid unskilled jobs becomes the norm for these women. In the absence of legitimate immigration status and a legal authorization to work, the women suffer "emotional abuse that includes threats of deportation or arrest, threats to reveal their immigration status to employers or respected community leaders, and threats to separate them from their America-born children" (L'aigle, 2009, p.3).

While it is known that under such overlapping immigration-related circumstances, many immigrant African women in abusive relationships will not seek criminal justice intervention or victim support services, the threat of immigration and its consequences are encompassed within the more sinister requirements of conforming to the cultural demands of patriarchy. Fear of losing unauthorized employment, deportation, facing arrest for illegal immigration, and losing child custody is no different to immigrant African women's fear of isolation from their African community in the U.S., and fear of attracting the cultural disgrace linked to a failed marriage (Donahue, 2010; L'aigle, 2009). Due to cultural shame, the violent types of abuse, including sexual assault and rape, both of which occur significantly in African immigrant marriages, are tolerated just as they are in Africa. Although many women might be unaware of the illegality of such acts in the U.S., those who are aware of this option are likely to succumb to the cultural pressure not to involve official agencies in family issues. Such cultural attitude extends to issues relating to divorce and child custody. As L'aigle (2009, p.5) states: "Accustomed to laws and practices that leave women economically deprived and often award custody to fathers when women choose to leave their marriages, African immigrant women are caught between American pressures and standards to procure legal documents and follow strict legal procedures, and cultural barriers to taking these very actions. As a result, many African women encounter road blocks when attempting to seek help from government and social service agencies that require documentation of divorce and custody proceedings".

Perceived or actual consequences of abuse reporting on immigrant African women's relations with families and the wider community form a notable barrier to reporting abuse. The patriarchal structure and ideology of African societies forbid the involvement of official or legal agencies in marital affairs, so that seeking the intervention and protection of the police or related services is bound to arouse indignation among family and community members in the U.S. and in Africa. According to L'aigle (*ibid.*, p.3), an immigrant African woman who takes this path is ostracized by her community, including by her fellow women,

for dishonoring her husband and his family. Women in this category “are barred from events such as engagement parties or weddings, called ‘prostitutes’, and seen as ungrateful and tainted” (ibid.). Extended families of the victims of spousal abuse, who are in Africa, are not exempt from this kind of reproach for they too “may receive threats, be disgraced within their communities, or even be subjected to physical harm” (ibid.) due to the victims’ official/legal actions in the U.S. Moreover, for economic reasons, the victim’s family in Africa is likely to ignore the IPV against the victim. This is because extended families in Africa rely on their Diaspora families for economic support which also means that relatives of the victim are less likely to condemn a husband’s abusive behavior towards his wife if they are dependent on his financial support. This situation is particularly relevant to young wives who enter “household where they have little bargaining power” (Donahue, 2010, p.2).

Fear of repercussions in the U.S. and in Africa has a deep hold on immigrant women in abusive relationships. The option of leaving an abusive husband is seemingly unimaginable among immigrant African women for cultural reasons, juxtaposed alongside the stringent legal procedures and processes associated with divorce and child custody negotiations (L’aigle, 2009). Therefore, the abuse continues and is endured by immigrant women in similar fashion as their counterparts in Africa, who would view spousal abuse including rape and other forms of sexual abuse as a marital dispute resolvable by informal means through the family or community such as extended family members, friends, community elders and church leaders. Reliance on these informal conflict resolution strategies in marriage is promoted in immigrant African communities, and similar to the approach in Africa, the outcomes are hardly favorable to women. According to L’aigle (ibid.), the husband might be rebuked for his abusive behavior, with no consequences for his actions, and further complaints by abused women are less likely to receive a response or further action. Instead, “community leaders may promise interventions, then ‘never show up’” (p.4). L’aigle also notes that immigrant African women have reported being “told by African clergy and others in the community that sexual intercourse is a duty of marriage and should be performed by a woman at her husband’s whim and request” (ibid.). Also reminiscent of abuse situations in Africa, are some of the reasons for which immigrant women are blamed for marital conflicts and for which they are asked to work on by informal community interventionists such as pastors and community leaders. These include “late dinners, burned food, poor parenting, or too much time spent away from the home” (ibid.).

## **Acculturation and Gender Role Reversal**

In several studies, the notion of acculturation has been used to describe the higher vulnerability of immigrant women to spousal abuse when the women, having spent sometime in the U.S., are more likely to lose track of the patriarchal culture of their country of origin, but instead embrace the cultural values and practices of the host society. Acculturative tensions and their implications for IPV is evident among immigrant Africans (see Nilsson et al., 2008; Sullivan et al., 2005) and other visible immigrant groups such as Hispanics (see Sorenson and Telles, 1991; Kantor et al., 1994; Lown and Vega, 2001; Sampson et al., 2005). Findings from a study of Somalian refugee women in the U.S. show that the more acculturated and independent the women became, the more likely they were to suffer psychological and physical abuse by their partners. The abuse was deeply linked to the

abusers' method of regaining patriarchal control over the women (Nilsson et al., 2008). A study of Ethiopian refugee and immigrant women somewhat replicate a similar scenario: immigration, acculturation, changes in family structure, and patriarchal conflicts intersect to fuel IPV in patterns dissimilar to situations in Ethiopia where patriarchal control is freely enjoyed in words and deed, and where the conventional response to IPV is to downplay the abuse while giving support to the abuser (Sullivan et al., 2005).

One noteworthy outcome of post-immigration acculturative process for immigrant women and men is the reversal of gender roles, particularly in the economic sphere. This transformation has implications for IPV for women in visible immigrant communities, who come from strong patriarchal societies and who are more likely than their male counterparts to acculturate into a society that is less patriarchal in principle and practice. For immigrant men, the resettlement process that accompanies immigration into a new society can pose a threat to their economic stability. Bui and Morash's (2008) study of Vietnamese immigrant women in the U.S. show that the process of resettlement can exacerbate immigrant men's economic standing, generates gender role reversal and engenders in the men a feeling of loss of patriarchal authority. In such a situation, the immigrant woman not only enters the labor force but may also earn more income than her male partner or may become the sole breadwinner in the domestic arena. In spite of the financial empowerment and independence that paid employment offers the woman, this change in socioeconomic arrangements presents an influential predictor of IPV. Other studies, with reference to immigrant Asian communities, have indicated the connections between gender role reversal, immigrant men's loss of social status and decision-making power and IPV (Chung et al., 2008; Han et al., 2010; Jin and Keat, 2010).

Among immigrant African communities, IPV resulting from gender role reversal has been noted. Many immigrant African women, particularly those from English-speaking countries such as Nigeria, are likely to enter the labor force and many are also more likely to occupy a higher status job, earn higher income, or are more educated than their husbands. For example, in Kalunta-Crumpton and Onyeozili (2011) and Kalunta-Crumpton (2013), immigrant Nigerian women are spotlighted as a group whose rapid infiltration into the nursing profession has offered them economic empowerment and the associated position of the sole or major breadwinner in marital relationships. In general, immigrant African women, according to Takougang (2003, p.7), are "at the forefront of economic opportunities in the United States". These women "who have traditionally been in the background of most traditional African family structure...are playing important economic roles in maintaining the family both for the family members who are still in Africa and those in the United States". In contrast, immigrant men from sub-Saharan African countries are more likely to be disadvantaged in the labor market notwithstanding their high educational qualifications, often obtained in their country of origin. They are more likely to be found in jobs beneath their qualifications (Kaba, 2007) or be unemployed.

The gender-based inconsistency in status whereby the immigrant African woman is economically well-situated than the man or is employed and the man is not has consequences in regard to marital conflicts and IPV (see Pan et al., 2006; L'aigle, 2009, Akinsulure-Smith et al., 2013). Under this familial economic structure, the man's masculine identity crisis might intensify and so is the vulnerability of the woman to IPV. Female success, educationally and economically, is likely to generate IPV and in particular by men who originate from societies with strong patriarchal beliefs and practices (Jewkes, 2002). In situations of male poverty,