Chapter One: Overview of Intimate Partner Violence

The Ultimate Betrayal

A Renewed Look at Intimate Partner Violence

Domestic violence is a serious problem that affects countless people, families, and communities across this nation and around the world. No specific visual representation of a survivor or perpetrator of abuse exists, which makes this issue challenging to address. The idea of the ultimate betrayal speaks to the multiple violations of trust that often occur in domestic violence situations. These levels of trust are at the individual, familial, communal, and societal levels. At the individual level, the woman may feel that she has betrayed herself by not recognizing the signs, being in the situation, rationalizing the violence, or not leaving the abuser. In many ways, the woman has to learn how to trust herself again, and so domestic violence goes beyond the violent incident and speaks largely to being able to trust oneself and others again. Also, she may be in denial of the abuse and overlook the violence because she values the relationship she thought she had or because she is afraid to leave the relationship. Betrayal occurs at the relationship level because the perpetrator presents himself as a partner, which should mean that love, care, and respect are present. When the woman finds that these are missing, she feels a sense of betrayal because the perpetrator is not who he portrayed himself to be. This sense of betrayal also occurs at the community level because community members often choose not to get involved or promote staying in the relationship at the woman's expense. These actions condone the abuse. Betrayal at the societal level occurs because systems continue to be unresponsive and ineffective and lack understanding of domestic violence. Therefore, multiple violations of the layers of trust occur that can become lethal for far too many women.

This book is written not just for professional social workers, but also for people who are trying to find answers related to domestic violence and how they can better respond to this problem. In this book, I present current knowledge and information about intimate partner violence and provide a safe place to examine yourself, your thoughts, and your experiences and how they have affected your perceptions, your attitudes, and your actions or inaction. Consider this book a conversation between the two of us that will allow you to develop an action plan to strengthen your response to this issue. I integrate discussion of cultural context into the book because issues of diversity cannot be separated from the realities of domestic violence. An opportunity for reflection on each issue is presented at the end of each chapter. I understand that people can know the definition of "domestic violence," understand the cycle of abuse, and even know the theories of what causes domestic violence but still have attitudes and beliefs that render them ineffective at being helpful. I have also found that even when the survivor is no longer in the relationship, she still experiences the impact of the abuse. At community trainings and professional workshops, someone will have the courage to say, "I went through this," "I survived," "I'm healing," or "I'm still on the journey of trying to heal." Being able to understand this issue and explore its relevance to you is vital. The Reflecting Pool is an opportunity for you to explore your thinking and identify where your attitude comes from and how you can further your thinking and perspective in a safe, nonthreatening place. Understanding domestic violence requires continual learning. The more you feel you know, the more you realize that there is more to learn and that your understanding of this issue can grow and evolve. At the end of each chapter, I provide resources relevant to that chapter that you can use to further your understanding, self-exploration, and knowledge.

Scope of the Problem

Domestic violence is a serious problem that affects people regardless of gender, race, ethnicity, religion, geographic location, income, class, education, age, or sexual orientation (Tjaden &

Thoennes, 2000). No group is exempt from domestic violence. The challenges that face women globally with respect to violence are daunting. One-third of women across the globe have experienced some form of physical or sexual abuse over the course of their lifetime, and in most cases the perpetrator is someone in their own family (United Nations Development Fund for Women, 2003). Annually, between 40 percent and 70 percent of murdered women around the globe are killed by their partner (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2005). One-third of women in the global community have experienced sexual, physical, or emotional abuse by an intimate partner over the course of their lifetime. Between 10 percent and nearly 70 percent of women have experienced some form of physical violence at the hands of an intimate partner, based on country-to-country comparisons. Women around the world continue to not be allowed to own property, possess money, dress as they choose, participate in decision making, or choose not to have sexual relations with their partner despite the risks of sexually transmitted infections and HIV (Chesler, 2009; Fontes & McCloskey, 2011; Garcia-Moreno et al., 2005). Understanding the global context of women's lives is important to understanding the prevalence of violence that they experience in their homes and the institutional structures that support women's disenfranchisement. One cannot separate violence experienced outside of the home from the risk of violence that women experience in their intimate relationships. So, although this book is specific to understanding violence as it relates to women in the United States, it is also important to understand the violence that women experience across the globe because they are connected.

In the United States, a woman is physically abused by her intimate partner every nine seconds. Nearly one-quarter of all U.S. women have experienced some form of abuse by an intimate partner (Centers for Disease Control and Prevention [CDC], 2008), with nearly one-third (31 percent) having been physically or sexually assaulted over the course of their lifetime (Commonwealth Fund, 1999). According to the National Crime Victimization Survey, 691,710 nonfatal violent victimizations were committed by current or former spouses, boyfriends, or girlfriends of victims during 2000 (Rennison, 2003), most of which involved male perpetrators and female victims (Rennison, 2003; Smith & Farole, 2009). Yet, according to a CDC study on health care and domestic violence, an estimated 5 million women experience domestic violence each year (National Center for Injury Prevention and Control, 2003). Providers serve more than 65,000 women and children, with more than 9,000 calls to emergency hotlines daily going unanswered because of limited funding (National Network to End Domestic Violence, 2009). Young women between the ages of 16 and 24 are at the greatest risk for experiencing physical and sexual abuse (Rennison & Welchans, 2002). In a survey of 16,000 participants, 25 percent of women and nearly 8 percent of men were raped or physically abused by an intimate partner (Tjaden & Thoennes, 2000). Women are more likely to be stalked over the course of their lifetime and are more likely to know the stalker than are men. One in 12 women is estimated to experience stalking over the course of her lifetime compared with one in 45 men (Tjaden & Thoennes, 2000). Women are also more likely to be sexually assaulted over the course of their lifetime, with 78 percent of rape and sexual assault victims being women (Tjaden & Thoennes, 2000). Most victims (86 percent) of dating violence are female, and more than three women a day are murdered by an intimate partner (Catalano, 2007).

Income and employment play a factor; those in severe poverty and those who are unemployed are at the greatest risk of experiencing domestic violence (Goodwin, Chandler, & Meisel, 2003). Poor women are often more socially isolated, lack structural supports, have fewer viable networks to support them, and are geographically located in areas with limited resources (Levendosky et al., 2004; Trotter & Allen, 2009; Williams & Mickelson, 2004). In fact, domestic violence has been identified as the primary cause of homelessness for 44 percent of domestic violence survivors, and 33 percent of survivors have been homeless at least once as the result of trying to escape abuse (Baker, Cook, & Norris, 2003; U.S. Conference of Mayors, 2003).

Death by an Intimate Partner

Death by an intimate partner accounts for one-third (33 percent) of murdered women (Rennison, 2003). On average, more than three women are murdered by an intimate partner each day in the United States. Half of men in state prisons for a domestic violence offense killed their partner (Durose et al., 2005). In 2005, 1,510 people were killed by an intimate partner, with 78 percent of victims being women and 22 percent of victims being men (U. S. Department of Justice, 2009). Even among those men killed by an intimate partner, between 70 percent and 80 percent had a history of committing domestic violence against their partner before being killed (Campbell et al., 2003). One-fifth of women killed by an intimate partner had no initial sign of the abuse and were killed in the first physical incident of violence (Block, 2003). Most women are at greatest risk when they leave the relationship, with nearly one-half of murdered victims of intimate partner violence having just left the abuser (Block, 2003). Gun violence increases the risk of femicide by five times and is a major risk factor (Campbell et al., 2003). Of all women killed by a firearm, two-thirds were killed by an intimate partner (Violence Policy Center, 2004). In cases of murder-suicide or familicide (when the perpetrator also kills the children), a life-changing event such as job loss usually precedes the violence. The media often highlight these cases; however, murder–suicides are very rare and are typically committed by white, non-Hispanic men (Logan, Shannon, Walker, & Faragher, 2006). Regardless of how often familicide occurs, it is important to note that most of the men have been reported to law enforcement for domestic violence, so a prior history of abuse exists; having access to a gun increases the risk of lethality; the men often forecast what they are going to do by making very specific threats; and the use of drugs and alcohol, particularly alcohol, furthers the risk of abuse (Adams, 2007; Campbell, Glass, Sharps, Laughon, & Bloom, 2007; Rand & Saltzman, 2003; Smith & Farole, 2009).

Men as Victims of Intimate Partner Violence

Although discussion of men as victims of domestic violence by female perpetrators has been increasing, most incidents of intimate partner violence occur between a female survivor and a male perpetrator (Rennison, 2003). This fact does not devalue the experiences of men who experience abuse. All violence is wrong, whether the perpetrator is male or female, and systems need to be strengthened to serve all survivors and hold all perpetrators accountable, regardless of gender. To keep this issue in context, in 2003 intimate partner violence was identified in 20 percent of crimes committed against women and 3 percent of crimes committed against men. Women are the survivors of male-perpetrated intimate partner violence in 85 percent or more of cases of intimate partner violence (Rennison, 2003). Women are more likely than men to experience a physical injury as a result of a violent incident with an intimate partner, and women are more likely than men to sustain a physical injury as a result of domestic violence—nearly 40 percent of cases for women compared with 25 percent of cases for men. In terms of lifetime prevalence of violence, 25 percent of women older than age 18 have experienced some form of intimate partner victimization over the course of their lives compared with 7.6 percent of men. These numbers also have to be viewed in context. Much of the data that have been collected to examine the perpetration of violence among intimate partners does not identify cases in which the victim is reacting to long-term abuse or protecting himself or herself from ongoing violence. This lack of information does not allow researchers to capture these dynamics, and so although they have knowledge that men who are survivors of female-perpetrated intimate partner violence exist, they also recognize the importance of further inquiry with more specialized tools that identify the context in which the violence is being experienced. I still stress that violence is wrong regardless of the gender of the survivor, and we must ensure that systems are in place to respond to both men and women.

Older Adults and Intimate Partner Violence

A study conducted for the National Center on Elder Abuse (Otto & Quinn, 2007) found that 20 percent of reports of abuse of people older than age 60 were the result of domestic violence. The Administration on Aging (2007) has estimated that a half-million older adults experience some

form of domestic violence. Although being 16 to 24 years old is a risk factor for domestic violence, older women are also at grave risk. Older women often report more experiences of emotional abuse by partners and fewer experiences of physical abuse even when it occurs (Grossman & Lundy, 2003; Lundy & Grossman, 2009; Wilke & Vinton, 2005). Domestic violence is experienced in both long-term relationships and new relationships (Leisey, Kupstas, & Cooper, 2009; Lundy & Grossman, 2004; Straka & Montminy, 2006). Older women are faced with the complex issue of potentially dealing with 25, 30, or more years of marriage, which makes an important difference in their perceived options (Leisey et al., 2009). Older women also experience ageism; providers may not identify the risk of domestic violence or view incidents as domestic violence in older couples' relationships as readily as in younger couples' relationships. Older women are also more likely to have a disability and to be isolated as a result of the death of relatives and friends. One study found that older women were reluctant to seek help from formal providers and more likely to turn to family and the church for support (Beaulaurier, Seff, Newman, & Dunlop, 2007). More training is needed to learn how to better engage and support this population and explore policies and practices that can best assist them (Kilbane & Spira, 2010; Otto & Quinn, 2007). Intimate partner violence can no longer be viewed as an issue only for younger people.

Disabilities and Domestic Violence

The connection between disabilities and domestic violence has received increased attention. Women with disabilities tend to have a longer duration of abuse, which has been attributed, in part, to program inaccessibility and lack of structural supports such as interpreter services. This population experiences heightened risk because of the stigma associated with having a disability and potentially because they rely on the partner for personal and medical care, use of equipment, and transportation (Baladerian, 2009; Nixon, 2009). This imbalance of power is already present in the relationship, and so multiple layers of oppression need to be addressed. In fact, researchers are still trying to better identify the scope of this intersection, particularly among people of color and poor people, who are disproportionately more likely to struggle with this issue (Lightfoot & Williams, 2009; Mays, 2006). Women with disabilities are less likely to report verbal abuse and more likely to report physical abuse than they are other forms of violence (Slayter, 2009). More collaboration is needed among advocates working to end domestic violence, service providers, law enforcement, and court officers to better address this issue (Chang et al., 2003; Dulli et al., 2003).

Note to the Reader

Although this book specifically focuses on intimate partner violence in heterosexual relationships, understanding that different risks are associated for those in same-sex relationships is critical. Awareness of these issues and how they affect the care or lack of care received because of sexual orientation should be greater. No one should experience additional discrimination, barriers, ridicule, or oppression because of their sexual orientation, yet they often occur. Social workers must strengthen their knowledge and responses both individually and institutionally to better serve the lesbian, gay, bisexual, and transgendered (LGBT) population. These issues are further complicated by the intersection of race and sexual orientation, which includes multiple forms of oppression. Some basic facts to consider are as follows:

- Intimate partner violence does not occur more or less often in same-sex relationships.
- The perpetrator often uses threats to reveal the partner's sexual orientation to control or manipulate the survivor.
- Those becoming more secure in their sexual identity may interpret the violence as being a part of their sexual orientation, which is false. This false perception can create confusion when trying to obtain assistance.

- If the survivor has not revealed his or her sexual orientation, he or she could be further isolated from family and friends.
- Service systems for people who experience domestic violence in same-sex relationships are not well developed. Shelter programs, domestic violence providers, and social service systems are often not prepared to address this dynamic, which increases the risk to the survivor.

Ignorance and discriminatory treatment can prevent someone from the LGBT community from obtaining services, calling the police, or talking to others about the abuse. This type of intolerance is unacceptable. As providers develop and reinvigorate services, consideration of how best to respond to the unique needs of the LGBT community must be a part of the discussion. All discrimination is wrong, and we all share responsibility to end oppression in all its forms.

Definitions and the Language of Domestic Violence

To understand the scope and prevalence of this problem, practitioners also have to understand the role that language and definitions play in responding to domestic violence. The definition of "domestic violence" is critical because, depending on the community, the language associated with domestic violence can be different. If a client defines "domestic violence" differently from the practitioner, then the disconnect is immediate and the chance of miscommunication increases. All of these terms are necessary to understand because although the differences are subtle, ensuring that people are communicating the same thoughts and ideas is important. Therefore, understanding the language often used in the field is important so that practitioners can talk across and within the profession and because "domestic violence" must be defined within the population to maximize effectiveness. Language is very important to build connections, limit misunderstandings, and enhance effectiveness. Many women do not want to go to a group labeled a "domestic violence" group, and some do not want to be labeled as a "victim." Some see a negative connotation in being referred to as "victims" or "battered women" and instead prefer "survivors" to highlight their resilience and ability to transcend the abuse. I use these words deliberately throughout the book to acknowledge those who are farther in healing and have survived the abuse (survivors) and those who have lost their lives due to abuse or continue to be victimized (victims). A great stigma still exists for women who seek services related to domestic violence. Therefore, although someone may be receiving domestic violence services, service providers must remember that the language of domestic violence can differ by population and using the terms "victim" or "battered woman" could turn people away from vital services.

Thus, it is increasingly important that social workers monitor their language. At the same time, someone may be experiencing domestic violence but not know that a term for or body of information about what they are facing exists. For example, one study examining attitudes and beliefs about domestic violence in the African American community found that the women viewed domestic violence as an issue predominantly affecting white women (Bent-Goodley, 2004a). They did not view verbal, mental, or psychological abuse or different forms of physical abuse, such as pushing, shoving, or slapping, as domestic violence. However, the women identified getting "beat up," for example, being punched, stabbed, shot, burned, and choked, as a high level of violence. These behaviors were considered to be domestic violence, more serious and warranting outside intervention. However, other forms of violence, such as emotional, verbal, or psychological abuse, were not viewed as domestic violence. Consequently, social workers must understand different populations' language related to domestic violence so that they can more effectively serve them. If practitioners force their definition of domestic violence on a population, it limits their ability to best serve that population. Practitioners have to take the time to understand how the community understands domestic violence so that they can best support them and help them. Often, the very language of domestic violence can bring up stigmas or

negative perceptions. Therefore, ensuring that the language that practitioners use builds bridges as opposed to furthers a divide is that much more important.

The terminology used among professionals is also important to consider. "Domestic violence" has been used for a longer period of time and is more well known to those who may not follow the field. For others, the term "intimate partner violence" is more inclusive and provides an opportunity to better label emerging issues in the field. For still others, the term "gender-based violence" shows the connection between all forms of violence against women and connects violence experienced by women globally. These terms have important distinctions.

Terminology is also important from an interdisciplinary perspective because it determines how professionals respond to abuse. For example, most law enforcement officers do not arrest perpetrators for emotional, verbal, or psychological abuse. However, human service professionals view these dimensions as critical. Therefore, terminology is important in how professionals respond to domestic violence, and it guides how they interact with each other. It is important that social workers understand how terminology and language are used in the community and across professions to enhance communication and improve services to survivors, families, and communities.

Gender-based violence (GBV), as defined by Article 1 of the Declaration of the Elimination of Violence Against Women (UN General Assembly, 1993), is "physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life." GBV includes childhood sexual abuse, "prenatal sex selection in favor of boys, female infanticide, dowry deaths, honor killings, female genital mutilation, trafficking and forced prostitution, forced early marriage, sexual assault and intimate partner violence" (Bent-Goodley, 2009, p. 262). The term is often used by the global community and includes intimate partner violence, sexual violence, stalking, human trafficking, and other violent crimes committed against women because of their gender.

Wife abuse or *spousal abuse* is conceptualized as abuse that takes place between partners in a family system but excludes partners who are not married or are in same-sex relationships (Roberts, 2002). This term is dated and is less often used because it does not include people who are not married or are in same-sex relationships. However, it is important to acknowledge that it has been widely used in the literature.

Family violence is defined as the intentional intimidation or abuse of children, adults or elders by a family member, intimate partner or caretaker to gain power and control over the victim. Abuse has many forms including physical and sexual assault, emotional or psychological mistreatment, threats and intimidation, economic abuse and violation of individual rights. (Malley-Morrison & Hines, 2004, p. 5)

It has been used to describe violence within the family unit and includes intimate partner violence, sibling abuse, elder abuse, and child abuse and neglect. It is a broad term highlighting violence that takes place within the home.

Domestic violence is defined as "a pattern of assaultive and coercive behaviors including physical, sexual, and psychological attacks, as well as economic coercion that adults or adolescents use against their intimate partners" (Schechter & Ganley, 1995, p. 10). This definition highlights the patterns of behavior rooted in the concept of using power to control another person physically, sexually, economically, and psychologically.

Intimate partner violence has been defined as "physical, sexual, or psychological harm by a current or former intimate partner or spouse. This type of violence can occur among heterosexual or same-sex couples" (National Institute of Justice, 2010). Intimate partner

violence speaks to the idea that violence can take place between partners regardless of where they live. I use "domestic violence" and "intimate partner violence" interchangeably throughout the book.

Cultural Context

The cultural context of domestic violence is vital to being able to understand and appreciate how domestic violence uniquely affects different populations. Cultural context includes historical experiences of oppression; contemporary realities of discrimination; customs, traditions, and practices that can serve as barriers and strengths in the population; and intergenerational exchanges about culture that inform the knowledge, thinking, experiences, and perceived realities of communities of color. If social workers are to address domestic violence effectively across diverse populations, they must understand cultural context to connect and build trust with these communities (Bent-Goodley, 2004b, 2005; Burman, Smailes, & Chantler, 2004; Campbell et al., 2008). Culture has often been separated from how domestic violence is defined and understood, which is a major error because cultural context informs how a group understands and experiences domestic violence.

One must also understand how domestic violence affects diverse communities differently. African American and Native American women are at the highest risk for victimization compared with other groups of women. African American women experience victimization at a rate 35 percent higher than white women and 22 percent higher than other women of color (Rennison, 2003). Domestic violence rates among African Americans are essentially the same as rates among white women when controlling for income, with those ages 20 to 24 at the greatest risk of experiencing abuse (Rennison, 2003). Latinas also experience their highest risk of violence at ages 20 to 24. Nearly 13 percent of Asian and Pacific Islander women experience abuse. The lack of awareness of differential factors and impacts within communities of color can impede finding effective and lasting solutions. In fact, this book does not have a chapter on culture because I have integrated cultural context throughout the book, as it should be in social work practice and research. Domestic violence is not the same for every person. Although the physical injuries may be similar in nature, how women receive assistance, access support, and are perceived differs on the basis of their race or ethnicity. To serve diverse communities most effectively, it is critical that social workers understand their cultural experience and dynamics. A lack of knowledge or limited understanding of the cultural context can diminish the effectiveness of the services provided, which is counter to what practitioners are trying to do. If practitioners do not understand the group that they are working with, they will be less likely to serve them effectively. Therefore, understanding the cultural context should never be optional. It must be integrated into service provision as part of sound ethical practice so that practitioners can best serve diverse populations and meet their needs. Being culturally competent is about more than hiring direct service staff or paraprofessionals to work with clients, it is about making a commitment to ensuring that diversity ideologically and directly influences decision making and leadership across all levels of an institution. People from the community should be equal partners and participate proportionally as part of the institution's leadership, including the board of directors. Being culturally proficient is not a vague concept. Specific issues affect how diverse communities experience intimate partner violence, and important cultural contexts are associated with help-seeking behaviors, coping strategies, cultural values, fear of police, skepticism of the court system, the historical context, the intersectionality of oppression, and institutional racism and discrimination (Bent-Goodley, 2007; Sokoloff, 2005; C. M. West, 2003, 2005; T. C. West, 1999).

Delayed Help-Seeking Behaviors

Although women may endure violence in a relationship because they view it as a personal matter, do not know it is wrong, or are living in fear, they may be compelled to report domestic

violence when they feel their life is seriously threatened or if they feel that they could harm their partner as a result of the violence. As such, help seeking is often delayed and usually occurs when the violence could have serious physical consequences or is potentially lethal, particularly for women of color. Women of color often first reach out to family and friends to deal with violence in the home (Bent-Goodley, 2001; Fontes & McCloskey, 2011; Vidales, 2010; T. C. West, 1999). Their first attempt to resolve the violence is usually in the informal system. If they are met with indifference or resistance, they could be pushed further away from resolving the problem. Simultaneously, women may need formal supports to assist them but may not feel comfortable exposing the violence because of feelings of shame or embarrassment for themselves and their community. Delayed help seeking can place women at grave risk for further and more intense violence and victimization.

Coping Strategies

Coping strategies have also been found to be different among women. Women of color are more likely to use religious or spiritual coping factors than are white women in similar situations (Bent-Goodley & Fowler, 2006; Hassouneh-Phillips, 2003; Watlington & Murphy, 2006). Following friends and family members, African American women turn to their religious institutions before formal provider systems (Bent-Goodley, 2007; Ellison & Anderson, 2001; Ellison, Trinitapoli, Anderson, & Johnson, 2007; T. C. West, 1999). Some women seek spiritual guidance and support through prayer and meditation. However, some women seek the support of their religious community, including sacred scripture and ministry groups. Recognizing and validating this coping mechanism is key to assisting women of faith to create and identify safe solutions to address domestic violence. Faith also speaks to the hope and resilience of many women of faith. Harnessing this important coping mechanism is critical from the stance of providing effective services, particularly for women of color who are more likely to use these coping mechanisms.

Cultural Values

The importance of family and community is a traditional cultural value that has sustained people of color (Bent-Goodley, 2009; Carlton-LaNey, 2001; Hill, 1997; Kasturirangan, Krishnan, & Riger, 2004; Martin & Martin, 2002). Women of color often feel a particular responsibility to sustain the family and make necessary self-sacrifices not just for the family, but also to not bring shame to the community, as divulging domestic violence may be perceived as a source of collective shame (Richie, 1996). They are also charged with keeping the family together and advancing the community. This value of communalism, often cited as a strength, can make it difficult for women of color to share what they are experiencing despite safety and health risks associated with the silence. Formal systems, particularly law enforcement and court systems, are not viewed as being designed to protect them. As a result, many women of color feel unprotected and as though they should take their safety into their own hands. Issues of race may be viewed as more important than issues of gender, resulting in a deprioritization of gender (Potter, 2008). Therefore, family and community, roles, and expectations are key constructs to understand for this population.

Fear of Police

The police are often not viewed as a source of support among people of color (Bent-Goodley, 2004a; Bent-Goodley & Williams, 2005; Richie, 1996). Some women fear that their partner will be harmed or treated unfairly if the police are contacted. In addition, they may be uncomfortable with the way in which the police interact not only with the perpetrator, but also with the survivor. Some women have found that the police are often disrespectful, appear uninterested, and despite mandatory arrest laws, do not arrest the batterer. Police response has also been highlighted as poor, with police arriving too late after the incident, putting the woman at greater risk, particularly in high-poverty communities. These issues are important because in many

communities the police provide the first point of access to stopping the violence. Thus, to respond to domestic violence in communities of color, the poor relationship with law enforcement must be addressed.

Skepticism of the Court System

Women of color are more likely than white women to be skeptical of the court system's interest in and willingness to protect them (Bent- Goodley & Williams, 2005). Courts are often associated with disproportionate incarceration of people of color. For these reasons, many women do not view the court system as a place to get help. Disproportionate criminal justice responses and disproportionate minority contact converge to create a sense of mistrust between those affiliated with the criminal justice system and people of color who need help. Consequently, the criminal justice system is not seen as an ally but is instead viewed as more harmful than helpful.

Immigration and Intimate Partner Violence

Immigration status can be used by the perpetrator to control the survivor through manipulation of immigration laws, language barriers, social isolation, lack of financial resources, and inability to access public supports (Dutton, Orloff, & Hass, 2000; Kasturirangan et al., 2004). The complexity of the situation results in many survivors remaining hidden and unidentified (Engstrom & Okamura, 2007). Coupled with systems located outside of the community and the lack of cultural and linguistic competence, women of color often have great difficulty negotiating these issues at the institutional level (Ely, 2004; Vidales, 2010). However, the Violence Against Women Act as updated in 2000 with the Battered Immigrant Women Protection Act (P.L. 106-386) has offered some sanctuary for immigrant women experiencing domestic violence. Once the woman is determined to have experienced domestic violence, her immigration status can be adjusted under the law to keep her safe and not penalize her for experiencing the abuse (Bhuyan, 2008). Several provisions for immigrant women include filing a self-petition without the help or knowledge of the perpetrator, requesting a "cancellation of removal" to avoid deportation, and requesting a waiver. These provisions are critical to understand so that women can be better informed of the options available to them. However, immigration status continues to pose a major concern in communities of color, particularly if the person is undocumented.

Historical and Contemporary Context

Historical context has been identified as being critical to understanding how people of color have experienced domestic violence (Bent-Goodley, 2004a, 2005; Bent-Goodley & Williams, 2005; Grossman & Lundy, 2007; Martin & Martin, 2002; T. C. West, 1999). The historical experience of enslavement, Jim Crow laws, and ongoing intolerance and discrimination has affected the nature of black male–female relationships in terms of communication patterns, gender expectations, and gender socialization (Bent- Goodley, 2001; Potter, 2008). Although challenging enough by themselves, the issues are even more complex when considered in terms of how they intersect (Bent-Goodley, 2005; Sokoloff, 2005). Native American scholars have identified how historical trauma and the disenfranchisement of Native people have affected domestic violence in the Native American community and specifically how that trauma is linked to the inequity and discrimination experienced by the Native American population (Engstrom & Okamura, 2007; Hart & Lowther, 2008; Willmon-Haque & BigFoot, 2008). The Latino community has identified several critical institutional and systemic barriers to obtaining supports, including institutional racism and discrimination as they relate to immigration status, the lack of cultural and linguistic services, and limited providers who understand cultural issues specific to diverse Latino experiences, such as the challenge of acculturation and intergenerational transmission of culture (Ingram, 2007; Klevens, 2007; Sorenson, 2006). The Asian American community has also struggled with a system that does little to recognize its needs and unique struggles, particularly as related to cultural dynamics that may support domestic violence in their country of origin and the

challenges of being isolated in this country physically while practicing the traditions and customs of their country of origin (Cheung, Leung, & Tsui, 2009; Yick, 2007; Yick & Oomen-Early, 2008; Yoshioka, Gilbert, El- Bassel, & Baig-Amin, 2003). These cultural experiences must be acknowledged if social work is to best serve and support these diverse populations. Comprehensive services rooted in understanding the cultural context and being able to apply that knowledge using a biopsychosocial–spiritual framework are necessary to respond to these issues.

In 2001, the social work profession adopted standards for cultural competence in social work practice that include 10 essential components:

1. Social workers should be able to meet the needs of a diverse client base, which is viewed as part of ethical practice.
2. Practitioners must possess self-awareness and appreciate diversity.
3. Social workers should have an understanding of the history, traditions, and customs of the client population they serve.
4. Social workers should possess the skills needed to engage and work with diverse populations.
5. Social workers should be aware of services and service availability issues for diverse populations.
6. Social workers should be aware of how policies and practices affect diverse client populations and have a commitment to advocacy for and empowerment of those populations.
7. The social work workforce should include diversity at all levels of practice and administration.
8. Social workers should engage in continuing education that will strengthen their practice throughout their professional career with a focus on meeting the needs of diverse populations.
9. Social workers must be able to meet the needs of various linguistic populations, including obtaining interpreter services to support practice.
10. Social workers should be able to articulate the needs and experiences of cross-cultural groups to other professionals, in the community, and among colleagues (NASW, 2001).

The profession has used these standards to require a commitment to integrate cultural competence into practice and recognize the importance of this issue for all practitioners. Cultural competence requires that practitioners create solutions and recognize the person from a holistic stance. The cultural issues identified earlier provide a framework for understanding how to consider issues related to responding to domestic violence among communities of color. Table 1-1 illustrates the importance of using a mind– body–social–spiritual framework to working with people of color as related to domestic violence.

Table 1-1: Mind–Body–Social–Spiritual Domestic Violence Framework

Mind	Body	Social	Spiritual
• Cognitive well-being • Thought processes • Perception of options • Cultural awareness • Communication patterns • Identity	• Location of resources • Health disparities • Physical impact of abuse • Access to care	• Institutional barriers • Cultural traditions • Culturally competent practices • Value system • Traditions • Customs • Language • Social determinants	• Coping • Resilience • Hope • Religious practices • Prayer

• Neurocognitive functioning	• Quality of care	• Socioeconomic status • Education • Help-seeking • Myths and stereotypes • Family and community expectations • Impact of racism and discrimination • Immigration status	• Informal support systems

Reflecting Pool

In this chapter, I explored the terminology used in the area of domestic violence. I also examined the scope and prevalence of the problem. Recognizing the importance of being able to contextualize these terms, I sought to give you an understanding of how many women experience and struggle with this issue, so that you can contextualize what you will learn in the rest of the book. In this part of the Reflecting Pool, think about your terminology and your perception of domestic violence. I challenge you to consider where your definition comes from. Think about and consider how your definition shapes your thinking, action, and perceptions of people who experience and perpetrate abuse. As I challenge you in the Reflecting Pool, I also hope to provide you with insight into how I have challenged myself in my own evolution.

My Reflection

As a newly graduated social worker, I knew that one day I would be confronted with a client experiencing domestic violence. What I did not understand was the complexity of the issue. I certainly did not understand the prevalence, scope, and magnitude of domestic violence, and so as a new practitioner I did not expect to find domestic violence in so many of my cases. Being able to challenge myself to understand how pervasive this issue was gave me a better appreciation of why I needed to develop my knowledge and skills in this area. Understanding the sheer magnitude of the problem made me realize that to best serve children and families, I had to better equip myself to address domestic violence. I began to search for opportunities to learn more, going above and beyond continuing education requirements to a fuller understanding of the complexity of intimate partner violence and how it differentially affects the populations I served. I attended conferences and trainings, read books, and contacted experts and providers to ensure that I fully understood the issue and how I could best respond as a practitioner.

Your Reflection

Here are some questions I want you to explore before you move on to the next chapter. This is the place for you to safely examine your thinking about the scope of the problem and what you have learned. In addition, consider the cultural implications of the work you do and how domestic violence crosses many different population groups.

- What do you think about the statistics and what they tell us about the prevalence of domestic violence?
- How do you think domestic violence may reveal itself among your clients?
- How do you perceive domestic violence?
- What language or terms do you use to identify domestic violence?
- Explore what you believe intimate partner violence looks like. Who do you believe are the victims?

- What are your perceptions of domestic violence across diverse populations?
- How would you go about strengthening your knowledge and skills to practice in this area or include a focus on this issue in your practice?
- What role do you believe income plays with regard to domestic violence?

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Select Resources

- *An Abuse, Race, and Domestic Violence Aid and Resource Collection:* http://www.aardvarc.org/dv/gay.shtml
- *Alianza: National Latino Alliance for the Elimination of Domestic Violence:* http://www.dvalianza.org/
- *Asian and Pacific Islander Institute on Domestic Violence:* http://www.apiahf.org/index.php/programs/domestic-violence.html
- *Centers for Disease Control and Prevention:* http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/index.html
- *Family Violence Prevention Fund:* http://endabuse.org/
- *Institute on Domestic Violence in the African American Community:* http://www.idvaac.org/
- *National Center for Victims of Crime:* http://www.ncvc.org/ncvc/main.aspx?dbName=DocumentViewer&DocumentID=32347
- *National Resource Center on Domestic Violence:* http://www.nrcdv.org/
- *Tribal Court Clearinghouse:* http://www.tribal-institute.org/lists/domestic.htm
- *Women of Color Network:* http://womenofcolornetwork.org/