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Considering the Interplay of Cultural Context and Service Provision in Intimate Partner Violence

The Case of Haitian Immigrant Women

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This qualitative study explored how the cultural context of intimate partner violence affected accessibility to mainstream services for one immigrant group: Haitian women. Analysis of the data revealed two major themes. First, the nature and context of intimate partner violence in the Haitian immigrant community contribute to Haitian women’s reluctance to seek services as well as their overall vulnerability to intimate partner violence. Second, mainstream services are largely inaccessible to Haitian women. The authors conclude with suggestions for overcoming cultural barriers through education, increasing cultural competency of mainstream services, and creating alternative community-based services.

Keywords: context of violence; Haitians; immigrants; intimate partner violence; service provision

Immigrant women in the United States are at great risk for intimate partner violence (IPV). Recent statistics show considerably higher rates of physical and sexual assault among immigrants compared to general community samples (Dutton, Orloff, & Hass, 2000; Raj & Silverman, 2002b; Song, 1996; Tjaden & Thoennes, 2000).

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Despite these startling statistics and growing concern for these women by domestic violence service providers and advocates, little research has explored the nature, consequences, or meaning of domestic violence among immigrant populations (Raj & Silverman, 2002a). Although a few studies have begun to address the needs of immigrant women (see, e.g., Applewhite, Wong, & Daley, 1991; Dutton et al., 2000; Shetty & Kaguyutan, 2002; Yearwood, 2002), most of these offer general recommendations for service delivery to immigrant groups without attending to the specific needs of distinct immigrant populations from different parts of the world (Jang, Lee, & Morello-Frosch, 1990; Le-Doux & Stephens, 1992; Loue & Faust, 1998; Sherraden & Martin, 1994).

In this article, we describe a qualitative study we conducted to explore how one immigrant group, Haitian women, understand domestic violence within their own community, and how they themselves articulate their service needs.

SETTING THE STAGE

We conducted this research in a medium-sized city in the northeastern corridor of the United States. The city has a long history of activism against domestic violence and has pioneered a range of services for battered women. However, a growing consensus among domestic violence service providers in the city holds that immigrant and other non-English-speaking women may be marginalized by mainstream services. The Violence Prevention Office in the city asked us to help them identify obstacles to domestic violence services utilization among new immigrants and other non-English-speaking residents, and we began our evaluation by exploring the needs of Haitian women.

According to the 2000 census, the number of Haitians living in the United States is more than 800,000 and is increasing (Stepick, Stepick, & Kretsedemas, 2001). Many of these men and women are likely to have experienced direct or secondary acts of violence in their home country, including political torture and physical violence, in the course of political unrest and extreme human rights violations (McFadyen, LaRamee, Fried, & Rosen, 1995). This group may be at particularly high risk for IPV as societal violence can directly affect violence in the home (Bacigalupe, 2000; Wessel & Campbell, 1997). To compound this, many Haitian
immigrants are poor or unemployed and living in small spaces with many family members. Poverty, unemployment, and overcrowding are all risk factors for domestic violence (Abbott, Johnson, Koziol-McLain, & Lowenstein, 1995; Byrne, Resnick, Kilpatrick, Best, & Saunders, 1999; Jasinski & Williams, 1998; Kantor & Jasinski, 1998; Raphael, 2001; Tolman & Rosen, 2001). Finally, Haitian women’s immigration status may render mainstream services inaccessible. The National Immigration, Refugee, and Citizenship Forum reports that at least 50% of Haitians living in the United States are undocumented (Respect Action Collaborative, 1999). Undocumented women must contend with disintegration of extended family networks, lack of English-speaking ability, illiteracy, isolation, economic insecurity, legal vulnerability, and lack of knowledge about services (Governor’s Commission on Domestic Violence, 1998; Jang et al., 1990; Raj & Silverman, 2002a; Respect Action Coalition, 1999; Stepick et al., 2001; Yoshihama, 2001). To date, virtually no research exists on the nature of domestic violence or culturally appropriate domestic violence services among Haitian immigrants.

WHY QUALITATIVE RESEARCH?

Our rationale for choosing qualitative inquiry for this study was fourfold. First, qualitative inquiry is often used to explore areas about which little is known (Stern, 1980; Strauss & Corbin, 1998). Second, our research aimed to generate ideas through the process rather than beginning with an a priori conceptual framework. Furthermore, as opposed to quantitative analysis, in which preexisting categories are imposed on data, qualitative methodology uses categories that are derived directly from the data (Creswell, 1998; Sandelowski, 2000; Strauss & Corbin, 1998). Third, quantitative research traditions make certain assumptions that we did not share in this context, such as the researcher is an objective, unbiased, and neutral observer. Ensuring that we were representing the voices of the Haitian community accurately was something that was crucial to us from the inception of this research. Yet we are both White women and have been U.S. citizens since birth. Immigration and acculturation in this country are not experiences with which either of us has had to contend. We wanted to address this gap explicitly rather than pretend that
it did not exist, and we did not feel we could do so using a quanti-
tative methodology. Qualitative research traditions, by contrast,
assume active, subjective researchers who engage in cocreation of
the research narrative with research participants (Creswell, 1998;
LeCompte, 1995; Thorne, 1997; Weis & Fine, 2000). In qualitative
methods, participants’ voices are primary, not filtered through
the lens of an empirical survey or questionnaire. Moreover, in
qualitative research, researchers are required to be self-reflective
and to not only disclose what shapes their interpretation of the
data but to seek ways to address any biases they may encounter.
We developed a Haitian advisory board of community leaders
and service providers to work with us. Fourth, we wanted to gain
a 360-degree view of service provision by including multiple
voices and asking different kinds of questions of different partici-
pants, adjusting each interview to address the questions appro-
priate to that participant (Denzin & Lincoln, 2000).

METHODS

PARTICIPANTS

Fifteen qualitative interviews were conducted with three
groups of service providers in the city and surrounding area. These
groups included mainstream domestic violence service
providers (DV; e.g., shelters, rape crisis centers), service providers
that provide some domestic violence–related services without
focusing on them exclusively (SP; e.g., mental health centers, hos-
pitals, court, police department), and Haitian agencies and Hai-
tian community leaders (HC) that do not provide domestic vio-
lence services (e.g., community centers, culture-specific clinics at
the local hospitals, churches, and other agencies). In addition to
these three groups, some participants were Haitian service pro-
viders who were interviewed both about the provision of services
at their agency as well as their knowledge of the Haitian culture.
To ensure that these participants were not double-counted, they
are included in the Haitian community group. However, when
identifying particular quotes where their dual role as Haitian
community member and service provider provides useful infor-
mation, these participants are identified as “HC service pro-
vider.” We began with a few contacts and then used a snowballing technique, meaning that participants were asked to recommend other individuals who fit into one of the three categories. For the purposes of this study, intimate partner violence was defined broadly to include both physical and sexual abuse that occurred after the age of 18.

PROCEDURES

Tape-recorded interviews were conducted in person by the first author, and most lasted from 45 to 90 min. The initial set of questions was developed based on a review of the literature, informal conversations with domestic violence service providers, and pilot interviews. Consistent with qualitative methods of interviewing (Patton, 1990; Weiss, 1994), questions were direct enough to elicit relevant material but broad enough to encourage participants to elaborate based on their own unique experiences. We did not rigidly adhere to the protocol but revised it based on emerging themes from data analysis. This method of simultaneous data collection and analysis is known as constant comparison. Using this method, we allowed subsequent interviews to inform the knowledge gained from previous interviews. For example, we took emerging findings back to the field for verification. When further interviewing refuted the emerging ideas, we developed new concepts and began the process again (Strauss & Corbin, 1998).

We decided on a sample size based on the number of interviews needed to reach data saturation—the point when new interviews failed to add new information or categories to the data—which is known as theoretical sampling (Charmaz, 2000). In all, we conducted 15 interviews: 5 with DV participants, 4 with SP participants, and 6 with HC participants. Either the first author or a professional transcription service transcribed each interview; the first author checked those interviews that were transcribed professionally.

ANALYSIS

We coded data following the procedures for content analysis outlined by Downe-Wamboldt (1992) and Sandelowski (2000). We conducted the analysis with a team of researchers, including
the first and second authors, two doctoral students in counseling psychology, and a master’s student in counseling psychology.

Because of the different types of data collected, we conducted two separate sets of coding analyses, each of which followed a similar process, separating data into two categories. The first category was information gained about existing services from DV and SP participants. This included data about staff and client demographics, training, outreach, and services and referrals offered. The second category was based primarily on interviews with the HC. This category included information regarding the cultural context of violence and service provision. It also included information about these participants’ perceptions of existing services and recommendations for improvement or transformation.

Through careful examination of the text, data (words, phrases, or ideas) were then divided into subcategories or perspectives about the category, which are known as properties. The language of the participants guided the development of categories and properties; the researchers did not impose new terms or language on these categories and properties. Data were continually compared and contrasted as new transcripts were coded. This process continued until saturation was reached—that is, until no new information was gained through new transcripts.

During the process of coding, we wrote memos to record the questions and thoughts that arose for us as we coded. We sought to make the implicit or intuitive parts of coding explicit so that we could go back and revisit the connections and processes we had used to categorize the data (Charmaz, 2000). We recorded our subjective experiences, feelings, and thoughts so that we could go back to search for bias and prejudice as the research progressed.

To ensure the credibility and interpretations of the findings, we presented the Haitian advisory board with our analyses, interpretations, and conclusions. These advisors served as sounding boards for us, allowing us to reflect on the ways that our own biases might have shaped our questions, interpretations, and conclusions. Furthermore, we gave all participants a detailed summary of the findings, interpretations, and conclusions of the research before it was publicly disseminated. This step is considered by some qualitative researchers to be “the most critical technique for establishing credibility” (Lincoln & Guba, 1985).
FINDINGS

Through coding, two broad categories emerged from the data: the nature and context of violence for Haitian immigrant women and perceptions of the strengths and weaknesses of existing services.

THE NATURE AND CONTEXT OF VIOLENCE

HC participants listed a range of contextual variables that influence Haitian immigrant women’s understanding of and responses to IPV. These had to do with their experiences of violence, the police, and social services in Haiti; cultural values; experiences as immigrants; and struggles with basic survival needs. Most of these factors seemed to contribute to women’s reluctance to expose the violence to outsiders. They also contributed to an overall perception of domestic violence as something to endure rather than escape. Many HC participants emphasized that violence was a common, everyday occurrence in Haiti, both inside and outside the home. It was “very accepted” or “just what happens,” often with little or no intervention.

I grew up in my neighborhood and I saw husbands beating up their wives, literally out in the daylight. This is something common. It’s as natural as going to sleep, eating, dressing up. Sometimes people will interfere and say, “Enough is enough.” But many times, it’s normal for a husband or a boyfriend to beat their girlfriend or their wives. So it’s widespread, and it continues to be so even in this country.

One of the reasons this violence went unchecked, according to HC participants, was that the police in Haiti were unwilling to respond to domestic violence situations. For example, one HC service provider stated,

There is no way to deal with it in Haiti because you cannot call the police and say, “My husband is beating me up.” They will laugh at you. If you see a guy beating up his wife on the street, there is nothing you can do. Actually people will clap—she deserved the beating. There is no such thing as calling the police to get a restraining order. That order doesn’t even exist in Haiti—to have a restraining
order against your husband—they would laugh at you. Like a woman would not want to have sex with her husband? The guy would laugh, “It’s my wife. I can have sex with her whenever I want.”

Police unwillingness to intervene in domestic violence was bolstered, according to HC participants, by an absence of legal structures with which to do so. For example, several participants mentioned that civil restraining orders do not exist in Haiti. As with the police, the social service system in Haiti did not have structures in place to intervene with domestic violence. Indeed, many HC participants’ described social services in Haiti as virtually nonexistent. Consequently, services such as counseling or advocacy are foreign to many Haitian immigrant women. One participant told us,

It’s not part of our culture. They were not raised in a country where you have services in place and things like that . . . They are used to surviving on their own, finding their own ways to make things happen . . . [In the United States], you don’t see too many Haitians going into counseling. Counseling back home is done with moms and dads and brothers and sisters and your best friends and the pastor of your church. You don’t go to a mental health center to see a therapist and believe that therapist is going to be able to help you.

Women in Haiti were in a double bind. Family and friends took the place of traditional counseling services. Yet the advice of family and community members could be complicated, at times implicitly supportive of violence.

In addition to these structural reasons for violence in Haiti, HC participants described a set of community or cultural values, pervasive both in Haiti and in the immigrant community in the United States, that simultaneously provides structure, comfort, and meaning for Haitian women immigrants as well as obstacles to help-seeking. For example, all HC participants said that extended family is very important in Haiti and in U.S. Haitian communities. Family and friends can provide a safe haven for victims of domestic violence and their children, even if they are physically distant from each other. As one HC service provider explained,
Most of the time if they have family in another state, we try to find them money and send them to the other state. . . . Last week, I sent a woman to Florida to her family. That was the only place that she had family.

Family connections are strong within the Haitian community. Family is the center of life. Western notions of social services, such as counseling, are provided by family members.

But family loyalty can be a double-edged sword. Some HC participants described situations in which family and friends become angry with the victim for exposing the perpetrator to people outside the community. Thus, family members can be supportive but can also act as cultural agents, pressuring the victim to stay with her abuser to protect his interests or simply to keep the family together.

Many HC participants also discussed the critical role of religion in women’s lives. Religion, like family and friends, was identified as both a source of support and an agent of harmful norms. As one HC service provider observed, “It’s a huge part of people’s lives. Because here they are isolated. [Religion] keeps them together—it’s their community.” For new immigrants, religious communities often take the place of families left behind in Haiti. Support goes beyond Sunday services to providing emotional and sometimes financial support.

But many HC participants discussed the negative impact of religion on women in abusive marriages. Some HC participants stated that some Haitian women do not believe in divorce for any reason, including violence. Community insularity and the belief that domestic violence should not be discussed outside of the church discourage Haitian women from seeking services:

Because some Haitians, even though you can see their blood dripping from domestic violence abuse, they still don’t feel comfortable to come forward. They tell you, “Oh, God is good. God will take care of that. My priest said I should not take my brother to court, my husband to court.”

Many HC participants discussed the difficulties some women faced when they turned to their pastors for support. Most churches do not have structured services in place, and the help they offer women ranges from inadequate to destructive. One HC
participant stated that the churches “still will not denounce the ugly side of domestic violence or sexual violence. Even if they are providing a temporary haven for women, it’s also the same place that is supporting the oppression of women.” Another HC service provider explained: “The church always encourages women to obey their husbands.”

HC participants discussed immigration status as another key influence on Haitian women’s responses to domestic violence. Women who are undocumented in the United States face a host of fears regarding deportation, including fear that the abuser will be deported or that she and her children will be deported. The effects of deportation are many, as one HC service provider explained,

If you are illegal or have a green card here, if you commit a crime and get arrested, you can be reported to INS and get deported. Word got around very quickly about that law, so a lot of women who may be in an abusive relationship are very reluctant to report those crimes to the police for fear that this person will get arrested, be sent to jail, and may get deported. So although that law has its merit, I can’t tell you the nightmare it is causing in the lives of many of these women. Because if that man gets deported, you can imagine how much more angry this man becomes.

As this quote reflects, a woman deals not only with fear of her own deportation, but the imagined and real effects should the abuser be detained or deported. Both his and her families may be angry—so angry, in fact, that she will not be able to return to Haiti. These fears were echoed by many of the HC participants. Lack of information about the immigration process and likelihood of deportation were also reflected in many participants’ responses.

But being documented in the United States does not necessarily dissolve these fears. Many women come to the United States through sponsorship by their abuser and do not know how seeking services will affect their status in the United States. Immigration to the United States often means leaving behind extended family and friends. Many HC participants talked about the impact of isolation for women who grew up with an extensive support network:

She had been here for two months when the guy left her in the house with no food. . . . By the time the woman got here, she was
just skin and bones after two months. She didn’t even know where she lived.

Immigration also brings issues of adjustment and acculturation to a new country—a new language, a new way of living. As one HC service provider said,

When it comes to domestic violence and sexual violence for Haitian immigrant women, it’s really, really difficult for many reasons. . . . There’s this new culture and . . . they have a new language. They have so many issues to deal with just leaving family and friends behind and having to acculturate or assimilate into this new culture.

The impact of immigration status and the related issues of isolation and acculturation on Haitian women who experience domestic violence should not be underestimated. Basic survival issues, such as economic stability, food, and housing, are often primary issues for Haitian women in abusive relationships. One HC service provider related a case in which a woman refused to seek services because it might disrupt her husband’s employment. Losing the financial support from her husband, and food, shelter, and economic survival for her children, created a more dire situation than enduring the violence.

PERSPECTIVES ON EXISTING SERVICES: STRENGTHS AND SUGGESTIONS FOR IMPROVEMENT

Participants described domestic violence and related services that appear to be more culturally competent than those described in nationally reported data (e.g., Applewhite et al., 1991; Le-Doux & Stephens, 1992; Yearwood, 2002; Zweig, Schlichter, & Burt, 2002). All DV and SP participants, for example, reported making a concerted effort to hire diverse staff. The police department reported that, whenever possible, an officer who speaks the language of the victim is sent on any call where English may be a second language. All DV and SP participants also reported having at least one Haitian Creole speaker on staff at least part-time and, when that staff member is not available, using a telephone translation service. However, none of the agencies reported availability of Haitian Creole speakers during all operating hours.
Although most did not report systematic cultural competency or diversity training, some reported that staff are encouraged to go to outside trainings and that there was an awareness of diversity issues. All DV and SP participants also reported engagement in some form of community outreach, and some described their efforts to provide flexible or nontraditional services. For example, several DV and HC participants said that for some Haitian women, leaving the house may be impossible or dangerous. In these situations, therapists or other service providers have gone to women’s homes. All DV participants provided free counseling services and one center offered groups specifically focused on Haitian women. The local hospital has even set up a small community mental health center for the city’s Haitian population.

HC participants agreed that some aspects of existing services were effective for Haitian immigrant women. In particular, they pointed to flexibility in service provision, the availability of staff who spoke Haitian Creole or French, and a “client-centered approach” in which domestic violence agency staff provide whatever services their clients request even if those services do not immediately address the violence itself.

Despite the perception of participating DV and SP that their agencies provided competent services for Haitian immigrant women, HC participants overwhelmingly felt that these services fell short. Given the many cultural barriers that Haitian immigrant women face in accessing services initially, encountering additional barriers once they finally seek services can mean the end of their attempts to seek help.

HC participants described a range of contributors to Haitian immigrant women’s negative experiences, including confusion about the role of police and social services, perceived discrimination, perceived cultural insensitivity and language barriers, Haitian women’s confusion about the role of service providers, and the absence of educational outreach to clarify those roles. One HC service provider described this confusion with regard to the police in particular:

A lot of people . . . don’t understand the role of the police. . . . I hear this all the time, “I didn’t want him arrested, I just wanted him removed,” or “I just wanted the police to talk to him.” . . . [S]o, when somebody calls the police and their goal is just for him to be spoken to . . . and that’s not what happens, it’s almost like a
betrayal. . . They don’t understand that the police are mandated to arrest.

Other HC participants mentioned Haitian women’s reluctance to use the shelter system, based on their perceptions that the shelters are not safe, and that many women in shelters are dangerous, use drugs, and are violent toward each other.

HC participants also described a sense within the Haitian community that some of the agencies discriminate against Haitian people. HC participants relayed accounts of perceived racism in many different agencies ranging from social service agencies to the courts. Some HC participants also described perceived classism:

They used to complain how sometimes if they went to a health center, they weren’t well received. They felt like it was because they were poor people. . . . As a result many of them said: “We don’t have the time and the energy to keep going and not receiving what we need and being regarded as if we are not 100% humans.”

Perhaps the most common difficulty with service provision HV participants mentioned was the lack of culturally sensitive services. For example, participants highlighted the alienating experience for Haitian women of not having Haitian Creole speakers available and the lack of Haitian food in shelters. Although food may seem a minor issue in the face of escaping a violent relationship, it can be indicative of a welcoming environment for these women. One HC service provider said,

Probably, if you have a Haitian advocate that can speak Haitian Creole that could help with the food. . . . You cannot just take a woman who has just come over from Haiti and give her McDonald’s for breakfast. They don’t eat that stuff. . . . I know women that starved themselves in the shelter.

It appears then that most Haitian immigrant women who are victims of domestic violence do not even attempt to use mainstream services. When they do, they often have negative experiences, despite attempts by service providers to become culturally competent. Therefore, gaining information directly from the Haitian community about what additional services are needed is
imperative to providing more accessible services for Haitian women.

PROPOSALS FOR CHANGE

For the most part, DV and SP participants were pleased with the level of cultural competence of current service provision, especially given the limited resources with which they had to work. Given greater funding, they would have liked to provide more in-depth services, but they did not feel that their agencies were lacking in breadth of services. HC participants offered their feedback on effective ways to increase access for Haitian immigrant women who have experienced IPV. They highlighted the importance of addressing language barriers in medical, legal, and housing services, while recognizing the financial realities involved. They mentioned the importance of community-based education and outreach, targeting not just women, but also children and men. Furthermore, they emphasized the importance of educating and extending outreach services to service providers, religious leaders, and police officers.

Many HC participants discussed the importance of education and outreach to members of the Haitian community. Some proposed that the targets of such outreach should include people of all ages—children, teenagers, parents, and grandparents. Others noted the importance of educating Haitian men, stating that responsibility for ending violence should not lie solely with the victims.

Given that confusion about the role of police and social service providers was a significant barrier to accessing services, some HC participants also suggested having workshops on the nature of services offered in the community, and the laws regarding IPV and immigration issues, among other things. Additionally, some pointed out that changing community values regarding violence against women requires altering the messages that young boys and girls receive about relationships and gender roles.

All HC participants said that the most effective route to educating the Haitian community about IPV is through community-based education and outreach. Some recommended implementing open discussions, workshops, and programming aimed at
training women within the Haitian community to work with other women in the community: “Train a group of women and then dispatch them to people’s homes to train them right there in their homes and educate them. That would be wonderful.” Another forum for outreach to the community suggested by some HC participants is English as a Second Language classes. Instructors could provide women with information about services and the effects of violence in these classes.

Churches and religious communities could provide outreach services. Religious communities often take the place of extended family for immigrants. Informed religious leaders could provide valuable information about IPV services, in addition to working toward changing community norms around IPV. One HC service provider said, “The Haitian community needs to become savvy enough to lessen the shame around getting out of abusive relationships. This message needs to come from the pulpit. The priests and ministers have a great deal of power.”

Finally, radio programming could be effective in reaching the Haitian community, according to some HC participants. The Haitian radio station is a means to stay connected to current events in Haiti and thus is an efficient and potentially powerful way to reach people.

Many HC participants also underscored the need to educate service providers, religious leaders, and police. With respect to service providers and the police, HC participants stressed the importance of offering culturally specific information. For example, one noted that providers generally don’t ask questions about a woman’s immigration status because it doesn’t affect their interaction. However, given the host of fears and stressors that immigration status causes in Haitian women’s lives, not discussing immigration status in effect silences an important concern. Most Haitian women are too frightened to bring it up themselves, because of misinformation in the community about deportation.

Several HC participants pointed out that it was critical to provide training and outreach specifically to religious leaders. Ensuring they understand and acknowledge IPV, as well as educating them about available resources for victims, are crucial steps to increasing access.
DISCUSSION

Standpoint theory served as a guiding orientation for us as we developed and conducted this study. Feminist standpoint theory as articulated by Smith (1979, 1987, 1990, 1991) and Collins (1986, 1989, 1990) holds that all knowledge reflects the social position of the knower. From the beginning, we recognized that along multiple dimensions (race, ethnicity, religion, class, education, and experiences with intimate partner violence) our standpoints differed from those of our participants. We, therefore, tried to be vigilant in recognizing the ways in which our own perspectives and life experiences might influence our questions, formulations, and emphases. We also tried to take concrete steps to check ourselves, both by creating the Haitian Advisory Board and consulting with a Haitian colleague.

As we explored Haitian immigrant women’s access to mainstream domestic violence services, two major themes emerged from the interviews. First, the nature and context of IPV in the Haitian immigrant community contribute to Haitian women’s reluctance to seek services as well as their overall vulnerability to IPV. Second, mainstream services are largely inaccessible to Haitian women. The participants in this study articulated a number of directions that program development might go to address these broad themes.

Standpoint theory holds that feminist research should be for women, not just about women (Smith, 1979). Research should be practical and useful to the participants and their communities, going beyond just describing women’s lives to challenging patriarchal norms and creating new opportunities for women (Cook & Fonow, 1986; Gorelick, 1991). To that end, we have provided suggestions for program development and ways to increase access to services not only for Haitian immigrant women but marginalized women more broadly.

Helping Haitian immigrant women overcome cultural and contextual barriers to accessing services is a complicated task. Simply approaching this problem through basic education about IPV and its effects is not enough. When violence has become so normative in a community’s country of origin that people don’t even intervene when a woman is being beaten on the street, working to help victims access services is not just a matter of basic edu-
cation. It requires a cultural shift, supported by many different facets of the community.

Providing all community members with information about IPV and models of nonviolent relationships is imperative. However, it is essential to recognize that cultural beliefs are not only barriers to accessibility, but also provide resources and sources of strength for community members (Hamby, 2000; Trickett, 1996). Identifying and building on cultural beliefs that provide support for nonviolence may be fruitful (Jenkins, 2002). For instance, family and children are of utmost importance in the Haitian culture. Educating families and community members about the impact of IPV on children’s psychological, emotional, and cognitive development may be one way to help women understand the importance of taking steps to end the violence in their relationships. Like women in many cultures, Haitian immigrant women are unlikely to act to protect themselves, but understanding how even witnessing IPV can negatively affect their children may be a great motivator.

The roles of law enforcement and social service agencies need clarification and myths about shelters must be dispelled. Offering information about immigration law and how a legal status can or cannot be used against her may help her be more comfortable accessing services.

However, a cultural shift cannot occur if only those whose lives have been directly affected by IPV change their viewpoints. As many other researchers have noted, we must shift from an understanding of IPV as an individual problem to understanding it as a community problem (Bloom & Reichert, 1998; West, 2002; White, 2001). The larger community needs to begin thinking differently about IPV victims and perpetrators as well. Understanding not only the effects of IPV but also the dynamics of violent relationships and the negative impact of shaming or silencing victims are tasks for community members. Using education to break the silence around IPV allows victims’ stories to be told and heard.

Creating a supportive community that does not implicitly or explicitly condone IPV requires attention to the messenger. That is, just as we must consider what kinds of education might help women shift away from believing that violence should be tolerated, we must consider from whom community members are most likely to hear this message. Researchers within the domestic
violence movement have noted the difficulties faced by main-
stream educators trying to bring awareness about IPV into differ-
ent communities (Richie, 1996; Timmins, 1995). Therefore, any
kind of educational or outreach effort must be based within the
Haitian community itself. This means outside organizers—
whether service providers or domestic violence advocates—must
collaborate with Haitian community leaders from the very begin-
ning of the planning process. Ultimately, the role of any outside
organizer should be that of consultant, supporting community
members to organize and develop programs within their own
communities.

CULTURALLY COMPETENT SERVICE PROVISION

Developing community-based education and outreach to help
women overcome cultural and contextual barriers can only go so
far in increasing access to services. Once women overcome the
many hurdles on the path to seeking services, these services must
be able to provide adequate responses to their needs, and places
where they can feel safe. Existing services must provide truly cul-
turally competent services. Approaching domestic violence ser-
vice from a “one-size-fits-all” cultural competence model does
not address the many different cultural and contextual factors
that uniquely affect the experiences of different ethnic groups. As
this research has demonstrated, Haitian immigrant women un-
derstand and make meaning of their experiences with IPV within
a unique cultural context. Service providers must do their part to
increase accessibility for these women.

Cultural competency training should be mandated and sys-
tematic. Encouraging employees to seek out additional training is
not sufficient. Cultural competency goes beyond simply under-
standing that culture can change the context of IPV in women’s
lives. True cultural competency requires that agencies learn and
understand how particular cultural traditions and beliefs change
that context. As Hamby (2000) noted, understandings of gender,
class, and power will vary across cultural groups. For some Hai-
tian immigrant women, leaving the violent relationship may not
be a viable option, for cultural, financial, or legal reasons. Histori-
cally, domestic violence advocates have held the belief that leav-
ing is a prerequisite for service. Although many service providers
in this study stated that their agencies’ philosophical framework
did not require that women leave to receive services, they were
unable to articulate ways in which services had been adapted to
reflect this shift.

Some might argue that attention to the unique aspects of many
different ethnic or cultural groups is too costly and ambitious a
goal. However, there are costs of not engaging in culturally com-
petent practice. The statistics are clear: IPV occurs at higher rates
among immigrant communities in the United States than among
nonimmigrant communities (Dutton et al., 2000; Raj & Silverman,
2002b; Song, 1996; Tjaden & Thoennes, 2000). When one immi-
grant woman finds her way to a domestic violence agency and is
met with culturally insensitive services, this interaction affects
not only her own perceptions but those of her community.
Although thoroughly understanding every culture represented
in a metropolitan or even suburban area is not possible, agencies
should aim to have solid understandings of the largest immigrant
communities and at least cursory knowledge of smaller commu-
nities in their service area. Such knowledge would create a more
welcoming environment for victims. This can be communicated
through familiarity with cultural beliefs and practices, under-
standing cultural and contextual factors that shape women’s
experiences of violence, and having providers who speak their
native language.

CREATING ALTERNATIVE SERVICES

Even if mainstream services are improved along the lines
described above, it is clear that they will not work for a large
swath of Haitian community members. HC participants empha-
sized the importance of creating alternative, community-based
services. The anti–domestic violence movement has only recently
begun to recognize the need for such alternative services, so few
models exist (Bennett & Burt, 1999). Although some alternatives
have been suggested, such as using research as empowerment
(Taylor, 2002), becoming involved in activism (White, 2001), using
gospel music and media campaigns within the church (Nichols,
2002; Oliver, 2000), and documentary filmmaking (Simmons,
2002), we have focused on two intriguing program models: Safety
Net Parties and the Safe Havens Family Violence Prevention Project.

Safety Net Parties were developed by Action for Boston Community Development to provide a safe and supportive environment for underserved women to learn about their bodies and their sexuality. Women host parties in their own homes, and structured activities provide the basis for thought-provoking discussions around safety for women and their families. Safety Net Parties focus on community building through shared dialogues, creating a safe space for difficult conversations to happen, empowering members to bring about change in their own lives and education in a nonhierarchical environment (Action for Boston Community Development, 2003).

This model could be adapted for Haitian immigrant women who have experienced IPV. As discussed above, for the model to be effective, it must build on existing cultural practices and beliefs. For example, it could draw upon cultural beliefs involving protecting children and prioritizing family values. Framing intervention within a discussion of family difficulties and initially focusing on the impact of IPV on children are likely to make it accessible to Haitian women. The very notion of discussing IPV in a public meeting place breaks down harmful community norms around silencing and shaming IPV victims. Inviting women who are survivors of IPV and women who have not experienced IPV directly will allow survivors to share their stories and find commonalities with others in addition to helping nonsurvivors develop a deeper understanding of IPV. Group members could become leaders of future groups. Similar groups might be developed around nonviolent relationships for Haitian men.

Intervention involving religious communities is also crucial as it can bolster support for survivors as well as transform messages that condone and, in some cases, perpetuate violence against women. One interesting example of this kind of program is the Safe Havens Family Violence Prevention Project, an interfaith program based in Boston that trains congregations in intervention and prevention strategies against family violence (Safe Havens Interfaith Partnership Against Domestic Violence, 2002). Because both clergy and lay leaders are involved, the information is disseminated through various channels in the congregation.
This model is already being implemented in a few churches in the Haitian community.

LIMITATIONS AND DIRECTIONS FOR FUTURE RESEARCH

Although qualitative inquiry provides an in-depth, narrative examination of a particular group living within a particular context, emergent themes do not necessarily apply across contexts. Future research might build on these themes in the design of a broader-scale empirical study of the needs of Haitian immigrants. Another limitation of this study is the absence of the voices of survivors themselves, a critical perspective for understanding service accessibility.

Finally, given that the field has failed to develop any consensus on standards for cultural competence or ways to measure it in domestic violence agencies, it was difficult to evaluate the cultural competence of the agencies whose staff members we interviewed. Clearer standards and assessment tools are needed. Immigrant women are at great risk for intimate partner violence, yet research has only begun to examine the ways in which cultural and contextual factors shape the experience of IPV for immigrant women and their access to services. In an era of deep cuts in services and finances, developing both alternative community-based services and education that address cultural and contextual factors and build on indigenous support networks is one important step toward preventing and intervening in IPV in immigrant communities.

REFERENCES


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