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Laura Ting & Subadra Panchanadeswaran

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Barriers to Help-Seeking Among Immigrant African Women Survivors of Partner Abuse: Listening to Women's Own Voices

LAURA TING

University of Maryland, Baltimore County, Baltimore, Maryland, USA

SUBADRA PANCHANADESWARAN

Adelphi University, Garden City, New York, USA

Most studies in the United States documenting immigrant women's experiences of intimate partner violence (IPV) have not included the perspectives of abused immigrant African women. This study utilized a phenomenological approach to explore help-seeking barriers and factors impacting decisions to leave an abusive relationship among 15 immigrant African women. Results from the qualitative analysis indicated that the culture of gender inequality and acceptance of gender violence were primary barriers. Self-blame, loyalty, concern for children, and lack of knowledge regarding abuse, services, and legal rights were additional barriers, along with structural factors such as finances, underemployment, and housing. Muslim African women also feared the additional stigma of being in polygamous relationships. Implications for practice and future research are discussed.

KEYWORDS *African immigrant women, survivor, intimate partner violence, abuse, barriers*

Intimate partner violence (IPV) continues to be a problem in society. Research estimates that one in four U.S. women have experienced abuse in their lifetime (Tjaden & Thoennes, 1998), while global estimates show that

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Address correspondence to Laura Ting, University of Maryland, Baltimore County, Social Work Program, 1000 Hilltop Circle, Academic IVB 364, Baltimore, MD 21250. E-mail: LTING@umbc.edu

physical abuse by a partner has been reported in 10% to 69% of women (World Health Organization, 2002). Past research on immigrant women has highlighted this group's heightened vulnerability due to immigration-related stressors. Up to 60% of U.S. immigrant women in various studies have reported abuse (Brownridge & Halli, 2002; Field & Caetano, 2003; Hassouneh-Philips, 2001a; Kim & Sung, 2000; Loun & Vega, 2001; Raj & Silverman, 2003; Tran & Des Jardins, 2000; Yick, 2000; Yoshihama, 1999; Yoshioka & Dang, 2000). Findings from many of these studies have also underscored the lower likelihood of immigrant survivors of abuse accessing appropriate services due to cultural and language barriers.

Specific personal and cultural barriers to help-seeking have been documented among South Asian and Southeast Asian immigrants. These barriers include a sense of shame, fear, and ignorance regarding available resources and personal rights (Raj & Silverman, 2002; Yoshioka, DiNoia, & Ullah, 2001). Situational barriers include lack of economic independence, lack of legal immigration status, and the ability to communicate in English, as well as the scarcity of bicultural and bilingual services (Raj & Silverman, 2002). Other significant factors affecting help-seeking and decision making among abused immigrant women in prior research samples have included specific norms reflecting the importance of intact marriages and family among immigrant Chinese women (Midlarsky, Venkataramani-Kothari, & Plante, 2006) and the stigma of divorce. The fear of being ostracized by community members in South Asian (Abraham, 2000) and Vietnamese immigrant women (Bui & Morash, 1999), as well as among American Muslim women (Hassouneh-Philips, 2001a), has also been noted.

Among certain immigrant populations, such as women from Africa, there is limited information about experiences of abuse, barriers to help-seeking, and decision-making processes. Due to the small numbers of African women in the U.S. population, and because of their similarity in race to African Americans, they have often been relegated by default to the same group as African American women in research and practice. However, according to the U.S. Census, although immigrants from Africa represent only 3% of the foreign-born in the United States, their population has more than doubled between 1990 and 2000 to more than 1 million (Grieco, 2004), thus making them a small but growing minority. While research has been increasing with African women, studies on IPV have mainly focused on South African women in their native country (Abrahams, Jewkes, Hoffman, & Laubscher, 2004; Abrahams, Jewkes, Laubscher, & Hoffman, 2006; Dunkle et al., 2004; Fox et al., 2007; Jewkes, Levin, & Penn-Kekana, 2002; Managa, Pengpid, & Peltzer, 2007; Onyejekwe, 2004). Results from these studies have indicated that gender inequality and gender violence are common in South Africa and have complex cultural and historical roots. This makes interventions a challenge to implement.

In the United States, due to the scarcity of research regarding immigrant women from Africa, it is unclear whether African immigrant women survivors of IPV face similar or different barriers and whether their patterns of decision making differ from other abused women. It is vital to understand these issues in the context of planning appropriate outreach and intervention strategies for this underserved group. The goal of this study is to gain insights into African immigrant survivors' experiences of IPV and their decision making. Specifically, the research questions for the current study are as follows: (a) what are barriers to help-seeking experienced by immigrant African women survivors of IPV, and (b) how do African survivors of IPV make the decision to leave abusive relationships?

METHOD

Participants

Fifteen African immigrant women who were survivors of IPV voluntarily participated in the study. All of the respondents hailed from sub-Saharan countries. More than 75% were from West Africa; the remaining women were from Central, East, and South Africa, from both rural and urban areas. There were huge variations in their times of emigration to the United States, ranging from 1 to 17 years ago. Respondents' ages ranged from 28 to 52 years; all were married but separated from their husbands at the time of the interview. The length of marriages ranged from less than 6 months to 33 years. All participants indicated that they had a choice in selecting their husbands; however, love was not usually cited as the reason for marrying. The majority of their husbands were African men who the respondents had married in Africa; only two women (13%) had met and married African American men in the United States. The partners tended to be older, more educated, employed, and with legal immigration status. Specific sociodemographics of the sample, including educational level, employment status, mean age, number of children, and religion are presented in Table 1.

Participant Recruitment and Procedure

After receiving approval from the university's Institutional Review Board, a purposive sample was recruited through several victim empowerment groups in a northeast suburban agency serving victims of partner abuse. Initially, five women responded to an agency survey evaluating the group services they had received and indicated an interest in participating in the additional qualitative interview. However, only three women met the criteria of being immigrants and from Africa. Subsequently, women from an African women's support group were recruited by the researchers in person, then women started referring their friends and acquaintances. Out of the 18

TABLE 1 Sociodemographics of Respondents and Their Partners

	Women (<i>n</i> = 15) <i>M</i> (<i>SD</i>)	Men (<i>n</i> = 15) <i>M</i> (<i>SD</i>)
Age	39.81 (6.82)	46.83 (8.54)
Years in U.S.	7.30 (4.66)	
Number of children	3.05 (1.51)	
Highest education		
High school	20.00% (<i>n</i> = 3)	
High school graduate	6.67% (<i>n</i> = 1)	20.00% (<i>n</i> = 3)
Some college	40.00% (<i>n</i> = 6)	13.34% (<i>n</i> = 2)
College graduate	26.66% (<i>n</i> = 4)	33.33% (<i>n</i> = 5)
Graduate school	6.67% (<i>n</i> = 1)	33.33% (<i>n</i> = 5)
Employment status		
Unemployed	46.67% (<i>n</i> = 7)	13.34% (<i>n</i> = 2)
Employed (legal)	26.66% (<i>n</i> = 4)	86.66% (<i>n</i> = 13)
Employed (undocumented)	26.66% (<i>n</i> = 4)	
Religion		
Christian	60.00% (<i>n</i> = 9)	
Muslim	40.00% (<i>n</i> = 6)	
Age at marriage	22.26 (4.18)	
Length of marriage	12.30 (9.34)	
Courting time until marriage		
6 months	40% (<i>n</i> = 6)	
6 months < 1 year	40% (<i>n</i> = 6)	
>1 year	20% (<i>n</i> = 3)	

women interviewed, the findings reflect the 15 African women who were abused by an intimate partner. Respondents abused by another family member, such as a sister-in-law, nephew, or uncle, were not included in the analysis.

After an informed consent process explaining the potential risks, compensation, and voluntary nature of the study, respondents completed a one-time, in-depth interview. The interviews were conducted at either the agency or at the women's homes, depending upon their preference, and each participant was compensated \$30. The interviews took 1.5 to 3 hours, were audio taped with consent, and were later transcribed verbatim for analysis. Probes were utilized for follow-up in the semistructured interview format. Notes were taken during and after the interview as part of an audit trail to maintain and ensure trustworthiness and dependability (Guba, 1981). While no one was formally interviewed a second time, several respondents voluntarily provided additional bits of information after the initial interview when they saw the researcher (first author) while waiting for their support group. They indicated that they had forgotten to mention certain things during the initial interview.

This study utilized a phenomenological approach, attempting to describe and understand the perceptions and experiences of women using their own voices (Creswell, 2007). Data were analyzed throughout the study

period, concurrent to the interviews, and this continued until saturation was perceived to have been reached and no new information was forthcoming (Padgett, 2008; Sherman & Reid, 1994). Line-by-line coding and the constant comparison method were used to explore emerging themes by the two authors separately, before consensus was reached. Once the final themes were determined, a therapist working predominantly with African women survivors of IPV provided an additional objective check of the identified themes to help ascertain the trustworthiness of the findings.

RESULTS

Barriers to Help-Seeking

Respondents in the current study identified many barriers, some that were systemic and others that were intrinsic, but all of which posed formidable challenges in their efforts to seek help. Several culture-specific norms emerged as important barriers to help-seeking for the respondents.

THE IMPORTANCE OF MARRIAGE

One of the main barriers was the cultural norm and traditional value placed on marriage for African women and, consequently, the desire to keep their marital relationships intact. Respondents in the current study highlighted the importance of marriage for women in African society, and specifically the importance of early marriage and early childbearing. One woman gave the following account:

Women are to be married. Maybe when you get to be older, like 50s or if your children are grown, but otherwise, you need to get married again. Single women are not seen as good women. Men think if you don't want to get married, you are not good, like, you like many men, like you are a prostitute.

The high premium on women being inside the marital institution seemed to be a key factor in many respondents' early or quick marriages. One woman explained, "You don't want to wait to get married. Men will think you don't like men." It appeared that women who turned down men were often accused of promiscuity, lesbianism, or both, labels that the respondents actively sought to avoid. Despite being educated, having careers, and being financially independent, many respondents in the study repeatedly underscored the importance of society's expectations. As one woman put it, "If you are not married, people will say to your family, what is wrong with your daughter? So your parents will push you to get married."

Moreover, several respondents reported terminating their education to get married because of pregnancy. Women highlighted fecundity as an important demonstration of their social worth and a way to escape the negative stigmas associated with being single. Even after being divorced by a first husband, respondents still placed a high premium on being a “married woman,” often remarrying quickly even after an abusive first marriage. This was evidenced by the testimony of one respondent:

Back home, when a man divorces a woman, even if he is the bad one, everyone blames the woman. Because he will tell his side of the story and no one will believe her. She is just a woman; she has brought shame to the family. Other women are warned by their husbands not to be like her. The women, they don't take her side. They're afraid that she will try to get their husbands, you know, to take them away from them. No one will want to be with her. She will be alone [unless she remarries]. Yes, alone.

Respondents narrated instances where they, along with other divorced and single women, were excluded from social activities that normally involved couples or families or communal situations involving other women. A woman explained, “You don't get invited to parties for other women, like what do you call it here? Bridal showers or women's ceremonies. The women don't want you as a bad example to the bride.” Respondents also stressed the fact that as married women, it was considered inappropriate to complain about the hardships of marriage in front of single women, weaving an intense conspiracy of silence regarding actual male behaviors. One woman said, “My mother, she didn't tell me before I got married. Then she tell me that ‘marriage is suffering for women,’ and I suffered.” Thus societal pressure to marry early and remain married was a consistent theme in many respondents' narrations.

THE SHAME OF A FAILED MARRIAGE

Shame was another barrier to help-seeking. Women reported feeling shame at being a victim. Many were too ashamed or too proud to let family or others know of the abuse in their marriage. One respondent said the following:

I didn't want my family, my mother and father, to know that I had made a mistake; they didn't want me to marry him and I did; he is not of my class. In my country, I would not have even dated someone like him, no, no, no! But my mother, she didn't want to say anything to me because she thought I must be pregnant already.

The two women who married American men felt others in their community would blame them for their choice or say “I told you so,” because

African American men are not seen as reliable, responsible, or upstanding in their home countries. According to the respondents, the negative stereotypes that exist among African communities are that African American men are lazy, criminals, use drugs, and beat their wives. One woman said, "My pride would not let me say I was wrong about him and they were right."

BLAMING OF SELF

Self-blame was another important factor preventing women from seeking timely help. Regardless of the nationality of their partners, most respondents' initial reaction to abuse was to accept their own role in triggering it. Even though they knew abuse was common in their culture, they still accepted the blame. One woman reported, "I thought if I act nicer to him, he wouldn't get so angry." For respondents who were the second or third wives, knowledge of the earlier wives' abusive experiences perpetuated feelings of self-blame and isolation. Said one respondent:

When I first found out about his other wives, he always told me they were no good; I thought they must not be nice, like a wife should be nice. I said I was going to be different; he will not have reason to abuse me.

Therefore, when the abuse occurred for them, women reported feeling like failures and assuming other women would blame them and judge them for being lacking.

LOYALTY TOWARD HUSBAND, FAMILY, AND COMMUNITY

At another level, loyalty and concern for their husbands was a barrier that kept women in abusive relationships and resulted in respondents rationalizing and attributing their husband's abusive behaviors to prior trauma, childhood abuse, the presence of substance abuse, or external stressors. One woman said, "My husband lost his job and he started drinking. We didn't have so many problems before his drinking." Another woman reported, "He did not get love as a child. His mother used drugs and his father was in jail. My husband lived with many, many relatives and they did not treat him right. He was beaten and abused." Another woman explained the following:

I feel like maybe I should help him, that maybe somebody did something to him that is bothering him or hurting him, and this is his way of expressing it. So I will feel sad for him [*laughs derisively at herself*]. After he hurts me, after beating me, then I'll be feeling sorry for him, that maybe that's not his real self; he told me that his senior brother who is 19 years older, that he used to live with, used to knock his head, used to beat the hell out of him. And I was trying to see if I can heal him with love, being tender.

War trauma was also expressed as a reason for the men's behaviors. One woman said, "My husband, he was taken away by the army, they make him a soldier. We had the civil war; he had to fight. Everyone said he changed after that. Before that, he was a good man."

Respondents also reported feeling a strong sense of loyalty to their husband and obligation to the family, which translated into keeping the matter of abuse private and not involving the police in "family matters." Many women reported that they experienced pressure from both their in-laws and their own families to drop legal charges or to reconcile with their husbands, something that was hard to resist. "They tell me to give him another chance, even though I have given him many chances already," said one woman. For some women, leaving had implications for their family of origin as well; the need to maintain peace between families was a barrier to help-seeking. Explained one respondent, "My mother said, if you leave him, it will start a fight [here in Africa], so I stayed." Other family members used religion to pressure women to remain loyal to their marriage vows, reminding them of their promises before God. The following woman's account illustrates this:

My mother said to me that divorce is not Christian; God will not accept it. She asks why I insist on doing this. I explained to her how he treats me, but she does not believe it; she only knows him as a nice man.

Both culturally and on a personal level, the women were concerned with family loyalty and preserving the ideal image of African immigrants, particularly African males in the American community. They did not want U.S. police or judges to think that immigrant African men are abusive like the stereotypical African American men, despite their own clear acknowledgement that abuse of women is commonplace and accepted in African cultures. One woman described the typical reactions of family, saying, "So he takes you to America, and you take him to the police? You want to ruin his life? Give him a record, like he is an American criminal?" Another woman reported speaking with her pastor who told her, "Don't take it any further, don't go public. We can work this out. We [Africans] don't want any publicity."

BEING FEARFUL OF REPERCUSSIONS

An additional and important barrier that the majority of respondents cited was fear. Fear manifested itself in many forms; the fear of not being believed by others and fear of the consequent isolation were common. One woman said, "My husband, he speaks English, good English. I don't speak, in the beginning. He can tell the police anything, any story, and I can't tell my story. Who will believe me?" Another woman stated that her husband threatened to say that she was crazy if she told anyone, and then no one would

believe her if she tried to get help. She said, "My mother-in-law, she tell me she will tell the police I am the troublemaker, that I am the crazy one."

Women feared being ostracized by the family and being alone without support in this country. A respondent described, "Since I called the police, no one from his family has called me to see how I am or how the children are, except his sister, and she asked, 'why do you tell all these lies about my brother?'" Without adequate language skills, these women had a hard time expressing their needs or comprehending that help was available. They also feared that the abuse would worsen if they "told" on their partners or disclosed the situation, since this was a threat used by the men. In some cases, the abuse did worsen.

Another barrier was the fear of deportation that the men used as a means of controlling the women. Threats also included losing or being separated from their children. As one woman reported, "My husband, he threatened me, yes, to deport me. He said, 'I will tell the police you are illegal and they will send you away. They will not let you take the children.'"

IGNORANCE ABOUT INDIVIDUAL RIGHTS AS A WOMAN AND WIFE

Linked to the women's sense of fear was their significant lack of knowledge about their legal status and rights or information on services available to survivors in the United States. In the case of all respondents, men used this ignorance as a strategy to keep the women in abusive relationships and to isolate them. Oftentimes, partners' rigid rules and controlling tactics instilled not only a deep sense of fear, but depleted women's confidence in themselves and reinforced their cultural belief that women are second-class citizens and that being a good wife means obeying their husband. Respondents' testimonies highlighted their abusive husbands' efforts to deliberately isolate them from American culture and, in many instances, to deliberately limit their contact with African communities in the area. One woman said, "He didn't want me to go to church or make friends with other African ladies; he said they'd gossip about us. I didn't have any of my own friends."

Without a driver's licenses or the ability to easily access public transportation in suburbia, women were totally dependent upon their husbands for survival, including going grocery shopping and seeking medical aid. Said one woman, "My husband, he bring home to me three other children for babysitting, with my own baby, so I stay at home all day in the apartment. He told me that was all I could do to make money." Another woman noted, "If he got angry, he would take away the car keys so I could not get to work. Then he would blame me for losing my job."

In all cases, the women did not initially recognize that they were being abused. Even the women with prior positive relationships or male role models just assumed that their nonabusive first husbands or fathers were unusual. Within the context of their own limited frame of reference (since

there are few services for abused women in their countries of origin), they did not realize that services were available in the United States. They also did not realize that domestic violence is a criminal act in the United States. The following reflects the isolation, lack of support, and lack of knowledge felt by the women, as they believed neither the police nor family would or could intervene:

In my country, if you go to police, they will laugh at you and tell you to go home. No one takes the woman's side. It is a family issue, not for police. If I go to my family, maybe they help me, if my father was alive, or I have uncle or brother, but my husband, he paid my family five cows, so I cannot go back home to my family.

The Dynamics of Immigrant African Survivors' Decisions to Leave Abusive Relationships

At the time of the interview, all the respondents reported being separated and not cohabiting with their partners. Women's narrations revealed that the process of leaving was a long, drawn out, iterative, and arduous one, beset with many challenges including their own desire to stay in the marital relationship. At the outset, the very thought of leaving brought to the forefront the issue of immigrant African women's acute lack of resources in terms of social support, finances, and most importantly, housing choices. The concerns about leaving were further intensified when mingled with their cultural norms and stigma about leaving a marriage, becoming single again, and concerns for their children. The majority of women in the current study did not perceive themselves as having a choice to leave the abusive relationship initially.

FINANCIAL DEPENDENCY

One of the major hurdles identified by respondents was the lack of financial resources. For many, their husband had paid a bride price to their families, had paid for the wedding, and had paid for the plane tickets to the United States. This left the women with a sense of financial obligation to their husbands that they could not pay back, compounded by their loyalty to their families back in Africa. A respondent indicated that when she attempted to leave, her husband demanded that she pay back her financial debt to him. "He made a list of everything it cost him to bring me here and told me to give him the money," she said. Thus the current rigid economic arrangement and financial dependency limited the women's choices. While some were aware of government aid, the stigma of becoming a "welfare recipient" prevented many from taking advantage of available resources. Misinformation about the eligibility of such aid to illegal immigrants and the

long-term effect of receiving aid on their quest for ultimate citizenship also made many wary of seeking resources. One respondent clearly articulated this, saying, "I thought if I went to the police and had a record, we would not be able to get citizenship . . . if I got money from the government, I would not be eligible to get a green card."

Finances continued to be an issue that played a significant role in the women's decisions to leave or return to an abusive relationship. Oftentimes, women were forced to work without legal documentation. One woman described the following:

I had no working permit; my husband, he arranged it for me to go work at a hair salon, but the owner gave to him the money I earned; he told me the owner could only pay him since I was not legal. I could get arrested. I could not open a bank account.

Others worked as undocumented workers for low wages but were not able to save anything. While some were college educated or had professional careers in Africa, their training did not transfer to the United States. For example, one woman said, "I was a teacher of elementary school, but I didn't qualify to teach here without going back to college." The majority, however, lacked comparable education or training to work in the U.S. labor force. They could not earn enough to be financially independent so they remained in or returned to the abusive relationship. One respondent stated:

My husband, he is the one working, so I want him to come back. I have no way to pay the rent or buy food for the babies. If I had work, I would not need him. I would not want him to come back.

In addition, some women believed that without money, they could not seek help. Another woman said the following:

In [country of origin], it is very bad, the bribes. If you want anything done, you have to bribe the right people, like the police or the judge. Then they can make a case for you, what you want. My husband had all the money for bribes. I had nothing, nothing for bribes . . . [no] money, no bribes to get help or pay for the lawyer.

LACK OF HOUSING

The lack of housing options was another major issue identified by respondents that affected their decision making regarding leaving. Many women refused to consider going to a shelter because they did not initially differentiate between homeless shelters and women's safe houses. One woman's perception was that "shelters are places where people are on drugs, stole things, or were crazy or

dirty.” As a result of being an immigrant and being isolated, most respondents also lacked significant social support and friends willing to help them and their children with housing. In addition, one woman pointed out, “Some of my friends who knew, their husbands would not take me in because it would cause problems between the men. Their husbands did not want to get involved in another man’s family business.”

Even for those respondents with some income to pay rent, their status as undocumented residents in the United States was problematic with landlords. Those willing to rent to women illegally often demanded exorbitant rents, refused to provide a lease, or were in crime-ridden neighborhoods. Women reported choosing to stay in an abusive relationship rather than put their children in what they considered to be dangerous environments. One woman reported, “It was only last night; there was a shooting in my apartment complex. My daughter is afraid of going outside; it is not safe to live here.”

FEAR OF STIGMATIZATION

The women’s decision-making process was also impacted by their fear of being stigmatized by American society as a victim. In particular, Muslim women worried about being stereotyped as an immoral woman from an uncivilized, undeveloped culture who deserved what she got. One specific fear expressed by the Muslim women was that they would be judged for being involved in a polygamist relationship if they sought help. One woman articulated this view by stating, “Look at what is happening in Texas [the Fundamentalist Latter Day Saints’ child abuse case]. They are taking away the children because of polygamy.” Another woman said, “I am Muslim. In Africa, Muslim men can marry four wives.” But in the United States, they learned that polygamous wives did not have any legal rights or status in terms of immigration, medical insurance, or property ownership. They reported fearing that Americans did not accept their religion and culture, as in the following account:

I was his third wife. We were properly married in [country of origin]. When I came here, he was going to file papers for me as his wife, but I now know, he cannot. He knew too, but he didn’t tell me. I’m not a legal wife. In America, you cannot marry more than one wife; he is not divorced here; I am illegally in this country, and illegally married. People don’t understand how I can marry a man with other wives but I didn’t know this was wrong.

Many women reported being involved with the police and justice system several times before leaving. Respondents reported that their final decision was based on several factors, such as their increased knowledge about abuse

and their rights, increased concern for themselves and their children, and the level of support and services they realized were available to them.

CONCERNS FOR THE SAFETY AND WELL-BEING OF CHILDREN

Children played a significant role in women's decision-making process. In this study, respondents reported that children were both a barrier and incentive to help-seeking. Some women left for their children's safety in order to keep them away from harm. One respondent said, "I was scared, not for me, no, but when he beat the children. It was for no reason; what kind of father is that?" Other women left because their children's knowledge of the abuse made them realize this was not a way to live. One woman gave the following account:

My daughter, she said, "Mommy, why do you let him hurt you? Mommy, you are good, a good mommy; you didn't do nothing bad, why is daddy punishing you?" I thought, God, she is only 6 and she already knows. I cannot let her grow up to see this.

One woman reported that she finally left because, "My daughter is only 4 but she is becoming like him, and he is encouraging her to be disrespectful to me. She hits me. Her teacher in preschool said she is afraid of men, the daddies, and afraid to play with boys." Another woman with older children said, "I thought I was staying for the children so they will have a father, but they don't want him for a father. They ask me, 'Why do you stay with him?'" Having the children's support to leave tipped the decisional balance for these respondents. Said one woman, "I was fooling no one; my children, they knew, and they were not respecting him or me for staying."

For many women, however, staying for the children's sake was worth the abuse. In the case of Muslim families, women did not want their children brought up or abused by another wife or to lose their rightful place in the family. This is illustrated in the following account:

If I left him, I will not have my children, they are no longer mine. The new wife, his next wife, she will abuse them, maltreat them. Why she should take care of my children? She has to feed her own. So I stay for them [her children].

One woman reported repeatedly trying to leave, but her husband knew she would give in to the children's demand to stay. She explained, "He bribed them with computer games, presents. My 10-year-old last year said he would kill himself if I left his father. What can I do?" Although she finally decided to leave, it was with great trepidation and guilt, and her son continued to be angry at her.

RECOGNIZING THE DANGER OF THE ABUSE

In some cases, fear of lethal violence precipitated women's decisions to leave. One woman said, "He will kill me, he said. I believe him. He's done everything else already." Another woman reported, "He said he will kill me if I called the police, and I thought, he will kill me anyway, so I have nothing left to lose, so I called 911." For a number of women who had endured prolonged abuse, simply wanting to end the abuse was the determinant of their decisions to leave. They finally realized that the abuse was unlikely to ever stop. "I realized that it will not end, no matter what I do. No matter what I don't do, or what he promised. I know now, nothing will change him," said one woman. Others found out that their husbands had abused other women and began to see the abusive behavior as a pattern. One respondent reported, "He has other women, and I found out he abused them too. One woman, she called police on him, so now I see, this is just the man he is. No good."

For some of the respondents, positive triggers facilitating their decision to leave were the identification and recognition early on that their relationship was abusive. Based on their prior experiences/observations of positive relationships from childhood, they sought help more readily and were consequently able to leave sooner. While there was less self-blame, it was still a difficult decision to leave for these women because they still wanted and hoped to make their relationship work the way their parents' marriages did. One woman explained, "When you grow up with so much, there is so much love [in her family of origin], it is hard to see such wickedness or believe it exists."

INCREASED KNOWLEDGE ABOUT SERVICES AND RIGHTS

Increased knowledge definitely played a role in the women's decision to leave. Becoming more educated with sufficient knowledge about available services for both immigrants as well as abused women empowered the respondents. As they received support, free legal services, shelter, and counseling, they gained confidence and a sense of their rights. The following woman's statement demonstrated her increased sense of empowerment through acquired knowledge:

I was kept prisoner in my bedroom. One day he started abusing me. I called the police. When they came, my husband said I was a tenant, I did not pay my rent, I was illegally in the country and should be deported. I was so upset. I told the police, "I am his wife, not tenant." They told him to leave the house, that deportation was not their concern. Then, I realized he was not right, he's lying, that he was threatening to get me deported all the time, but the police wouldn't deport me . . . that I had rights. The police believed me.

AVAILABILITY OF SUPPORT

A final and key prerequisite for women's decisions to leave was the availability of reliable, solid social support and the knowledge that others were willing to help them. One woman shared the following:

The man next door, he was not afraid of my husband, he told him once to stop beating me. He called police when he heard me screaming. My husband told police I was lying, but I told them to go speak to my neighbor. The police no longer believe my husband, they believe me. [My neighbor] told me that he and his wife would go to court to testify for me.

Finally, after women made the decision to leave, continual links to formal organizations, services, and ongoing support was vital in helping them to remain independent and abuse-free. The following woman's account illustrates this:

I left three times. Each time I file papers for protection, then I come back because he promises to change. I did not have anyone to tell me men like him don't change; I didn't know about this "cycle of abuse," this honeymoon period. Each time it would be better for awhile, then start again. Now I know, I have people, my counselor, my women's group, I can call when I need to talk. It is hard in the beginning, but I have some new friends. They all believe me, that I do the right thing.

DISCUSSION

This is among the first studies to document immigrant African women's experiences of IPV, the barriers to help-seeking, and the complex decision-making processes of staying and leaving abusive relationships. Results clearly demonstrated that many barriers for the immigrant African population are similar to those experienced by other immigrant women, with some exceptions. Specifically, similar barriers include cultural norms of gender inequality and the acceptance of women's roles as secondary in society. Like many survivors, regardless of their immigrant status, men's behaviors were not initially recognized as abusive. Yet due to the fact that historically, within African cultures, there has been no acknowledgement of women's individual human rights and rights to equality within male/female relationships, African immigrant women may have been less likely to identify abuse than their counterparts from immigrant cultures with more gender equality.

An African woman has traditionally been a man's property after he has paid or put a down payment on the *lobola* or bride price. Her body is then his to do with as he wishes. Many African women are subjected to marital

rape and sexual violence, as well as infected with HIV through their husbands' promiscuity without the ability to object or to seek help (Dunkle et al., 2004; Fox et al., 2007; Onyejekwe, 2004). Therefore it is not surprising that the immigrant women in this sample reported believing that such abusive male behaviors were normal in marriages and acceptable culturally in traditional patriarchal African communities. Men believed it was their right to use violence, and women accepted it as their due. These findings support prior research where some African women believed abuse was justified, while men supported and perceived abuse as a legitimate means of control in relationships (Abrahams et al., 2006; Boonzaier & de La Rey, 2003; Jewkes, Penn-Kekana, Levin, Ratsaka & Schreiber, 1999; Kim & Motsei, 2002).

In this study, further delays in help-seeking also resulted from not wishing to expose this "family problem" to outsiders, which was rooted in the women's desire to protect their abuser, their children, their extended families, and themselves from stigma and to not reinforce the negative stereotype of immigrants. These feelings of loyalty and hesitancy to step outside the boundaries of traditional family and cultural norms are similar to those experienced by other immigrant survivors, and they are a continual barrier to help-seeking (Bui & Morash, 1999; Dasgupta & Warriar, 1996; Yoshioka et al., 2001).

In addition, feelings of self-blame and shame were experienced by the women in this study because they felt that they should have been able to change their abuser's behaviors by altering their own behaviors and being more submissive, compliant, or loving. Their belief was that being abused was their fault for not being a good enough wife. These findings of self-blame and shame are similar to results from studies with other survivors, regardless of immigration status, education, race, ethnicity, and cultural background (Bui & Morash, 1999; Dasgupta & Warriar, 1996).

One difference that was observed between these immigrant African women and other immigrant survivors, however, was the pervasive belief that the abuse was a trade-off for not being single. While other immigrant survivors have also wished to keep their marriages and family intact (Midlarsky et al., 2006), recent economic and societal changes in Asia and other more patriarchal cultures have made it more acceptable for women now to delay marriage and motherhood and remain single longer. Among African survivors, the fear and stigma of being single was probably the most often cited reason for getting married and the most often cited barrier to seeking help and leaving the relationship. African women are brought up in a culture of early marriage and early childrearing. Traditionally, a woman's value and self-worth are measured in terms of being married to a man and bearing his children. Being a single woman with children is culturally and socially stigmatizing for these women, regardless of their socioeconomic status, age, or educational level. Despite the fact that some of the study

respondents had spent years living in the United States, where there is less of a cultural stigma against being unmarried or being a single parent, this remained a significant barrier for them to overcome.

In addition to cultural barriers, situational barriers also existed for the women in this study. The lack of legal immigration status, employment opportunities, education, and safe housing all resulted in financial dependence on the abusive husbands and affected the women's decision-making processes. Similar to other immigrant populations (Kim & Sung, 2000; Lee, 2000; Raj & Silverman, 2002), lack of knowledge of available services also prevented African women from seeking help. In contrast to other immigrant women, however, language barriers were not as severe, since most came from countries where English is spoken and thus were able to communicate and find work. They were willing to work even in menial jobs in order to be financially independent; however, their primary situational barrier was lacking legal working papers, which prevented them from gaining suitable employment with health insurance for themselves and their children. The findings indicated that women who were resolved to remain abuse-free were those who had legal immigration status, while those without legal status were less sure of their ability to remain independent. Not surprisingly, this supports other research that has found that having legal status plays a role in whether women stay in abusive relationships or not (Erez & Bach, 2003).

Prior research examining the role of acculturation, risk of victimization, and help-seeking in immigrant women have not been consistent; some results have found an increased risk of abuse, while others have not (Raj & Silverman, 2002; Yick, 2000; Yoshioka, Gilbert, El-Bassel, & Baig-Amin, 2003). No effects of acculturation or time spent in the United States seemed to affect these African women's help-seeking or decision-making process in the current study. Instead, having social support appeared to make a difference in encouraging their help-seeking behaviors. Social support has been found to be a positive factor in decreasing the risk of suicide in IPV victims and plays a mediating role in IPV and psychological distress (Lee, Pomeroy, & Bohman, 2007; Reviere et al., 2007). Meanwhile, less social support, less acculturation, and nonlegal immigration status among certain ethnic groups have been associated with not disclosing abuse to the formal authorities (Yoshioka et al., 2003).

The majority of the women in this study reported that their abuse began before they immigrated and was not caused by immigration stressors. Many respondents, however, did indicate that they felt that the abuse worsened when they were in the United States because of the lack of family present to provide protection or intervention. Abusive husbands could easily ignore and avoid any long-distance attempts to intercede on the woman's behalf. If the couple did not immigrate together to the United States, the man usually came first. In spite of being educated in the United

States or becoming acculturated, these husbands did not become more accepting of gender equality or women's rights. Instead, the opposite happened. Women reported that once the men realized how much freedom women have in the United States, their husbands became more controlling and demanding of them. In order to maintain the traditional male dominance and patriarchal privilege that they enjoyed in Africa, the men became more psychologically and physically abusive, oppressive, and paranoid, constantly accusing the women of infidelity. Instead of newfound freedoms, African women reported being less free in the United States upon immigration. This is consistent with prior research; other immigrant survivors have also reported that upon exposure to Western cultures and subsequent changes in gender roles, the risk of male-to-female violence increased (Bui & Morash, 1999). Studies have shown that abuse intensifies from the lack of available family and social support and less opportunity for informal help-seeking among immigrant survivors (Abraham, 2000).

Unlike other immigrant survivors of IPV, one of the main differences for the African women in this study was that being Muslim appeared to be an additional barrier to help-seeking. Being aware of the negative image American society has of the Muslim culture, especially after terrorist incidences like 9/11, women who were second or third wives feared being judged by the dominant American society for being in a socially unacceptable and illegal polygamous relationship. They feared losing their children if their polygamous status was discovered by government authorities. If they left without their children, they believed their children would suffer at the hands of the other wives; if they left with their children, they believed their husbands would cast their children off, leaving them without future support. These fears are not uncommon or unfounded. According to a study by Hassouneh-Philips (2001b), American Muslim women indicated that their husbands often favored their new, younger wives and children over their first wives and older children. New, younger wives also did not intervene to help in abusive situations. African women in this study, regardless of their religion, felt ambivalence about leaving their abusive husbands. They both wanted and did not want to leave because of their children. Other research has also found that children are both a barrier and an incentive to help-seeking (Acevedo, 2000), which is consistent with this study's findings.

Strengths and Limitations

The findings of the current study need to be viewed in light of some of its limitations. It is important to note that all the data are based on self-reports, and social desirability bias may be an issue. The small self-selected sample also limits the ability to generalize the findings to the larger population of African immigrant survivors in the United States. Despite these methodological constraints, this study's strengths lie in the rich, holistic insights gained from

listening to the women's voices and narratives, which allowed the researchers to represent the findings as the "lived experiences" of the respondents. Padgett (2008) indicated that the use of detailed personal narratives makes the qualitative data more trustworthy and credible. Having women ranging in age, education, and geographic regions from Africa also provided diversity to the voices. Finally, this is also the first known qualitative study on the experiences of African immigrant women in the United States and IPV, an important topic that has received little attention in the past.

Implications

The implications for future research, policy, and practice are many. IPV continues to be a significant problem with disproportionate rates among immigrant populations in the United States. While IPV can be criminally prosecuted and help exists for survivors, the cultural barriers against help-seeking significantly hinder the ability to identify African and other immigrant survivors in order to provide them with services. Due to the fact that IPV is often hidden and unrecognized, it is recommended that outreach and information be provided as a matter of course in venues where African women immigrants may congregate, such as in community churches, social halls, hair salons, and ethnic supermarkets. Radio stations, newspapers, and Internet Web sites providing news to the African community could also disseminate information. Health care providers must routinely evaluate for IPV within the context of screening patients' physical and mental health, since women will seek medical care for themselves and their children.

Providers must also have referral information on hand to specific local agencies and shelters providing services to IPV survivors, as well as be aware of their own personal feelings toward polygamy, in order to be able to work professionally with culturally and religiously diverse survivors. It is important to note that women's immediate safety from harm must remain a top priority, thus assessment and safety planning are important when screening and within the coordinated response efforts.

The cultural acceptance of gender inequality and gender violence will be difficult to overcome for both men and women. Initial steps involve coordinated efforts on the part of first responders (criminal justice, medical personnel, etc.), as well as educators, family law practitioners, and child welfare advocates who come in contact with survivors in contexts other than abuse. Screening and educating women on the definitions, risks, and types of abuse, as well as their rights both as individuals and as immigrants are imperative to combating women's lack of knowledge and fear. Legal advocates and mental health professionals working in school systems must provide information for both male and female children on the inappropriateness of dating and gender violence, while providing outreach to survivors. Ongoing and culturally competent services and support to help survivors

negotiate the legal system and to address mental and physical health issues is also necessary to help women make the best long-term decisions regarding their future.

Concrete support in terms of housing, finances, and employment opportunities are further necessary to maintain women's decisions for independence from abuse. The model of mutual aid can be applied to help immigrant survivors overcome the shame and stigma. As one African survivor eloquently said, "If telling my story can help just one woman, it will be worthwhile."

Future research should explore the coping mechanisms used by immigrant African survivors of IPV to develop an understanding of resiliency in this population. Further research to explore and identify services deemed helpful by immigrant women would allow for advocates and clinicians to better respond to as yet unmet needs. After interventions, it is important to use longitudinal follow-ups to examine long-term effects and explore factors that are associated with positive outcomes.

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