

Partnering With Community-Based Organizations to Reduce Intimate Partner Violence

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Latinas experiencing intimate partner violence (IPV) often avoid formal resources due to fear, distrust, and cultural and language barriers, yet little research addresses culturally appropriate interventions for abused Latinas. To develop effective interventions, we must include abused Latinas' voices in research and collaborate with the community-based organizations (CBOs) that serve them. This article's team of academics and CBOs used a community-based participatory research (CBPR) approach to inform development of a culturally and linguistically appropriate IPV intervention for Latinas. The authors were able to reach abused Latinas ($n = 114$) with a relatively low mean acculturation level in a state that is only 8% Latino. The authors share six recommendations from their successful experience to engage, enhance, and sustain research partnerships with CBOs, including strategies to share power and knowledge, and demonstrate accountability to the partnership and the community.

Keywords: *intimate partner violence; intervention; Latino; community-based participatory research (CBPR); collaborative*

This article describes successful strategies employed by a partnership of academic researchers and community-based organizations (CBOs) to develop a workplace intimate partner violence (IPV) intervention for Latinas. We share recommendations to build such partnerships for improved quality of research, including strategies for building a partnership plan, sharing leadership, challenging academic culture and infrastructure, partnering with the expertise of bicultural or bilingual researchers and community health workers, being accountable to CBOs and the target population, and engaging the larger community. Although our study focused on abused Latinas, we believe these recommendations are useful for researchers that are (a) planning research addressing sensitive issues, (b) strategizing to identify and locate immigrant and minority participants who have not traditionally taken part in research, and/or (c) developing approaches for building and maintaining research partnerships with CBOs.

Background

IPV against women is an important public health problem associated with injury, physical and mental health sequelae, disabilities, and death (Campbell, 2002; Garcia-Moreno et al., 2006; Glass, Dearwater, & Campbell, 2001; Grisso et al., 1999; Kyriacou et al., 1999; Lipsky, Caetano, Field, & Bazargan, 2004; Sutherland, Bybee, & Sullivan, 2002; Walton-Moss, Manganello, Frye, & Campbell, 2005). IPV is a significant concern among U.S. Latinas, with past-year incidence reports ranging from 10.5% to 18.7% (Hazen & Soriano, 2007; Ingram, 2007; Lown & Vega, 2000; Neff, Holaman, & Schluter, 1995; Office on Women's Health, 2001; Ratner, 1993; Sorenson, Upchurch, & Shen, 1996; Straus & Smith, 1990; Torres, 1991). In population-based data, 21% of Latinas report lifetime physical assault, and 7.9% report intimate partner rape (Tjaden & Thoennes, 2000).

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Most IPV intervention studies have not focused on abused minority women (Klevens, 2007; Lee, Thompson, & Mechanic, 2002; West, Kantor, & Jasinski, 1998) and have been tied to the use of formal services, such as health care clinics, law enforcement, criminal justice, community-based domestic violence programs, and welfare agencies (Crenshaw, 1994; Donnelly, Cook, van Ausdale, & Foley, 2005; Lee et al., 2002; Liang, Goodman, Tummala-Narra, & Weintraub, 2005; West et al., 1998). Abused Latinas typically underuse such formal resources (Bauer, Rodriguez, Quiroga, & Flores-Ortiz, 2000; Ingram, 2007), often due to fear, distrust, and/or cultural and language barriers (Crenshaw, 1994; Denham et al., 2007; Ingram, 2007; Rivera, 1994; West et al., 1998). To effectively develop resources for abused Latinas, we must include their voices in intervention research and engage and collaborate with CBOs that serve them.

Community-Based Participatory Research (CBPR) Approach

The CBPR approach is widely used for intervention research in public health, nursing, and medicine. This dialogic, collaborative approach intentionally blurs the line between “researcher” and “researched.” CBPR begins with a topic of importance to the community, such as violence against women, and combines scientific knowledge generation with actions to end the violence (Israel, Eng, Schulz, & Parker, 2005; Israel, Schulz, Parker, & Becker, 1998; Savage et al., 2006). In this approach, CBOs can have a meaningful influence on the design, implementation, and interpretation of research (Israel et al., 2005). CBPR benefits communities by increasing knowledge, skills, and credibility for CBO members; raises community awareness of health issues; and limits the possibility that research findings have unintended consequences for the community. Likewise, collaborating with CBOs helps academics reach wary and “invisible” communities (Israel et al., 2005). Notwithstanding these benefits of partnership, there are also challenges, discussed later in this article.

Method

Study Setting and Objectives

This Oregon-based CBPR project, “Community Partnered Response to Intimate Partner Violence,” is funded by NIH/National Institute for Nursing Research (NINR). It began in September 2004 and is currently in its fifth and

final year (estimated completion date of May 2009). The team includes researchers from the Johns Hopkins University (JHU) School of Nursing and Oregon Health & Sciences University (OHSU) School of Nursing and community partners from Volunteers of America Home Free (VOA) and Hacienda Community Development Corporation (CDC). These two CBOs provide services to Oregon's Latino population. VOA provides domestic violence advocacy services, with bilingual, bicultural outreach services in the Latino community. Hacienda CDC develops affordable supportive housing for Latino families and builds a *comunidad viva*, or "living" connected community with educational and social activities for residents.

Oregon has relatively few racial and ethnic minorities. However, the Latino population, which is primarily Mexican American (U.S. Census Bureau, 2000), grew by 144% between 1990 and 2000, compared to the national average of 57.9% (Cai, 2003). Since research has shown that Latinas underuse formal IPV-related services, our research partnership aimed to evaluate the impact of taking domestic violence interventions to Latinas in the workplace. The mission of the workplace intervention is to increase Latinas' access and use of IPV support services by incorporating the provision of culturally appropriate resources into their daily routines. Participation of abused Latinas was foundational to developing an effective intervention. Without our CBO partnerships, we would have had limited access to Latinas through traditional settings in a state where 8% of the population is Latino.

The Women's Health Survey

We conducted a Women's Health Survey (WHS) with Latina IPV survivors from September 2004 to May 2006 to inform intervention development. An informed consent process was undertaken with all participants. All study materials and protocols were reviewed and approved by the JHU and OHSU institutional review boards (IRBs).

CBO research staff conducted all components of the WHS, including recruitment, informed consent, and data collection. CBO research staff included Latina domestic violence advocates and *promotoras de salud* ("community health workers"; Swider, 2002). These staff provided health, wellness, and violence services in the community prior to study partnership, working as advocates, clinic outreach workers, batterer treatment program facilitator/outreach workers, parent trainers, and mental health workers. Promotoras are trusted in the Latino communities where they work or

volunteer (Larkey et al., 2002; McQuiston & Uribe, 2001; Ramos, May, & Ramos, 2001). As such, their involvement in our study helped convey that the research is of value to Latinas, that the researchers are trustworthy (Larkey et al., 2002), and that the overall study is *recomendado* (“recommended”) by the promotora.

CBO staff received training in research conduct and scientific methods and approaches. Promotoras and advocates discussed and helped refine guidelines for how to introduce the study, maintain privacy and safety, reduce nonresponse, and assist participants to access needed services. These important team members linked us to immigrant Latino communities, including rural communities and grassroots networks, and organized and facilitated 1-day interview sessions across the state, so that the voices of rural abused Latinas could be included. Participants were recruited from our partner CBOs and a network of other CBOs offering parenting classes, postpartum depression groups, women’s leadership program, and welfare and job-ready support groups.

Safety is a primary concern in IPV research, and we collaboratively developed safety protocols and trainings that included safety strategies for participants and interviewers and covered a variety of circumstances (e.g., if abusive partner showed up during the interview). Protocols were reviewed and amended as needed and provided an opportunity for interviewers to debrief and support each other. All participants were provided with resource referrals, safety planning, and connection to advocacy as needed. We also developed an algorithm to follow if a woman became distressed during the interview and needed ongoing support, and we provided ongoing training about child abuse reporting. In addition, our team included a bilingual/bicultural domestic violence advocate available to participants after interviews.

Participants

WHS participants were female, age 18 or older, spoke English or Spanish, had been physically or sexually abused by a partner in the past year, and had been employed and/or enrolled in school within the previous 6 months. Participants were compensated \$20, and the interviews typically lasted 1 to 2 hours. Interviews were conducted in safe and convenient locations determined by participants and assessed abusers’ interference with women’s employment, the type of workplace support for IPV she received, and the type of support she wanted.

Measures

After completing demographics (age, ethnicity, born in or immigrated to United States, income) and an acculturation measure (Marin SASH), we used the Work/School Abuse Scale to ask about violence experienced at work. The Work/School Abuse Scale has two subscales (abuser behaviors, which prevent the woman from getting to work or school, and those that interfere with her participation once she is there; Riger, Ahrens, & Blickenstaff, 2000). Each subscale is made up of six questions (e.g., “During your relationship in the past six months has your partner ever come to work to harass you?”) to which the respondent answers 0 (*no*) or 1 (*yes*). In addition, we used the Social Support Desired From Supervisor scale, developed and piloted in an earlier phase of this study, to examine workplace support desired and received by women. Eighteen items were based in part on qualitative interviews conducted with survivors, employees, and supervisors in Oregon. A sample item is, “Gave me paid time off to deal with my abusive relationship”; respondents were asked to indicate (*yes* or *no*) whether they (a) desired each type of support and (b) received each type of support in the workplace.

Results

Participants

Latina participants ($n = 114$, 54.5% of the total sample) were primarily Mexican American, ranging in age from 18 to 62 years ($M = 34.6$, $SD = 8.4$). Approximately half (46.8%) had not completed high school. Participants ranged from foreign-born, monolingual, and recently immigrated (0-10 years) women to U.S.-born bilingual second- and third-generation Mexican American women. The average Marin SASH score was 8.25 on a range of possible scores from 5 to 25, with higher scores indicating greater acculturation (Marin, Sabogal, Marin, Otero-Sabogal, & Perez-Stable, 1987). Many women reported significant interference with work due to abuser behaviors. For example, 27.4% of respondents reported that their abuser sabotaged the car so she could not go to work or threatened her to make her leave work (32.4%). Workplace support was typically low; while half (50.9%) reported they had told their supervisor about the abuse, they received less than half (45%) of the support they wanted, for example, confidentiality, flexibility in work schedule or hours, or information about company policy related to domestic violence.

The Workplace Intervention

Findings from the WHS informed the development of the intervention, particularly the degree to which abuser behaviors interfered with an abused woman's ability to get to work, do her job, and keep her job and the type of support women received and desired at work. The team, including both academic and CBO partners, met many times to share and interpret WHS findings and devise the intervention. In these meetings, the principal investigator presented findings and sought input from all team members regarding the meaning of the findings and implications for intervention until a consensus was reached regarding next steps. The perspectives and expertise of CBO partners were privileged in these discussions. Subsequently, a workplace-based IPV intervention for supervisors was collaboratively created, evaluated, and revised, using an interactive computer-based training approach.

Discussion

In this study, the partnership of academic researchers with CBOs using a CBPR approach was critical to successfully include the voices of vulnerable, abused Latinas of relatively low acculturation in the development of an IPV intervention. In the section to follow, we provide six recommendations for overcome the challenges to maintaining such partnerships.

Recommendation 1: Develop a Written Partnership Plan at the Outset of the Study

A clear and agreed-upon partnership plan outlines goals, rights, responsibilities, and roles and commits all partners to a long-term respectful collaboration where everyone benefits. Without such a plan, partnerships are prone to struggle with confusion about the purpose, goals, and strategies of the partnership; low levels of interpersonal trust and accountability; unclear benefits of partnership; and a lack of advance planning for returning findings to the community. We suggest the plan should specify that meetings be collaborative and co-led, have an agenda, observe rules of discussion, and be documented with minutes or recordings if appropriate.

Academic partners must be continually mindful of historical and inherent power imbalances between communities and academia, ensuring equal power for decision making and treating CBOs as full partners, with fair and full compensation. Benefits to CBOs described in the partnership

plan may include financially supporting and mentoring CBO staff to attend or present at conferences, providing adjunct faculty positions to CBO staff, and training to build research capacity at the CBO. Our plan pays CBOs for their time and expertise, including indirect administrative costs (approximately 10%-15% of the CBO's study budget).

This plan should acknowledge that conflict is inevitable, providing steps for resolution and rules of engagement that keep lines of communication open. In addition, as there is little program development and evaluation research conducted with marginalized populations such as abused minority women, CBOs typically have limited access to research findings. Thus, many CBOs struggle when competing for funding. The partnership plan should thus outline coauthorship plans and data access for CBO partners.

Recommendation 2: Share Leadership and Power

In our study, partner CBOs conducted all components of the WHS, including recruitment, informed consent, and data collection with abused women. A common pitfall in partnerships is unshared division of power and leadership, usually when academics are unwilling to relinquish control. Lack of leadership sharing impedes trust and prevents the development of deeper connections and research capacity within CBOs. Shared leadership and power with the CBO *and* continuous evaluation of the partnership for assessment of who is in the best position to lead is critical. As federal agencies increasingly recognize community expertise, partners may also consider using the multiple principal investigator (PI) option when submitting a CBPR application, with academic and CBO co-PIs to strengthen the application for funding.

When CBOs and their staff have the stability, experience, and capacity, it may be logical to position the CBO as the study lead, with the academic institution as a subcontractor.

This may be especially appropriate and cost-effective with recruitment and data collection strategies where the majority of work is conducted at the CBO. Academic institutions often have an off-campus project indirect rate approximately 20% lower than the on-campus rate. This also typically results in an increased percentage of grant funds going to the research activities and CBO partners. An investigator who is willing to negotiate with their institution for a reduced indirect rate for off-campus research activities is often viewed by the CBO as an advocate for respectful and equitable partnership.

Recommendation 3: Challenge Academic Culture and Regulations

Inherent power imbalances between large resource-rich academic institutions and resource-limited CBOs can inhibit partnership and research capacity. For example, processes (e.g., human subjects training, timing, and procedures for subcontracts) can lack transparency and are often created for the ease of the university, rather than what works best for community partners.

This challenge can be mitigated by prioritizing the values and needs of the community. Academics can mentor CBO staff in the language, culture, and politics of academia and be prepared to creatively revise or challenge academic culture and regulations to accommodate CBO needs. For example, we invited the university's sponsored projects staff to partnership meetings to discuss subcontract and invoice components required to receive timely payment, which had the added benefit of connecting university and CBO staff face to face. Further, we collaborated with the university IRB to develop an interactive group human subjects training program in Spanish to meet the needs of the IRB and the CBO, providing computers and translators for promotoras and advocates to access training.

Recommendation 4: Partner With Bilingual, Bicultural Researchers and Community Health Workers

We devoted a great deal of time and care to navigating language barriers, another challenge of academic-CBO partnerships involving English-speaking researchers and non-English-speaking target populations. Such barriers introduce recruitment bias (since they limit the ability to reach certain communities) and response bias (since respondents might not fully understand or might differentially interpret questions). It is imperative to involve bilingual and bicultural staff members who can assure that the study is culturally and linguistically appropriate, will be endorsed by the community, and avoids major mistakes in translation of sensitive issues, such as the language to define sexual violence.

Recommendation 5: Demonstrate Accountability to the CBO and Target Population

In any IPV project, it is important that interviews validate vulnerable women's experiences, provide information about IPV, and communicate

the message that women are not alone. Accountability to participants is a requirement of ethical research, and upholding such standards is crucial to maintaining the CBO's status and credibility within the community.

Borrowing from previous guidelines, we recommend that explicit attention be paid to women's needs for convenience, comfort, and advocacy; a supportive and nonjudgmental approach; and allowing time and space for participants to develop trust in the researchers before being asked sensitive questions (Clayson, Castaneda, Sanchez, & Brindis, 2002). We accommodated women's schedules and transportation difficulties, meeting anywhere women wished to meet that was safe (e.g., her home, a park, a friend's house) and providing transportation and child care if needed. Often, interview sessions were held at community settings where women were already comfortable such as churches, schools, and community program offices, where we provided a relaxed atmosphere with an opportunity to visit and obtain advocacy and resource referral.

Accountability also lies in the obligation to return research results to the community. The expertise of CBO partners guides the production of findings and dissemination in ways that are culturally competent, accessible, and useful to communities. We recommend (a) allowing CBOs to include interview questions to evaluate their existing services and client satisfaction and (b) inviting participants to voluntarily provide safe contact information to receive study findings. In our study, we also conducted community presentations of findings to varied audiences including parent groups, provider service groups, unions, employee assistance programs, and informal groups of women in the community.

Recommendation 6: Engage With the Larger Community to Raise Awareness and Support

In our study, we participated in community events, such as statewide Latino leadership and health conferences, and promoted the work of our partner organizations, providing brochures on IPV and community resources in Spanish and English. We also attended community fairs, fundraising events, community college classrooms, Head Start programs, English as a Second Language programs, and churches to share study information in English and Spanish. One research staff member participated in a fundraising 5K run to support supported the MDJ Foundation, a Latino men's foundation to prevent IPV. Academics must recognize that they cannot be detached from the community or simply "work through" partner CBOs. Successful partnership and addressing difficult issues such as IPV require supporting

the mission of partner CBOs *and* their collaborators through active involvement and actual representation. Academics should take advantage of every opportunity to support community partners and to be involved in the larger community.

Conclusion

In this article, we provide an overview of a CBPR project to develop and implement a culturally and linguistically appropriate intervention that takes services and resources for abused Latinas to the workplace. Our academic-CBO partnership was critical to locating and interviewing abused Latinas who have not been included in previous intervention research. Our team learned several lessons that we considered vital to building and maintaining effective partnerships, and the six recommendations we offer emerged from an engaged and ongoing process of CBPR. Through this collaborative work, we found that the strategies we recommend in this article allowed us to build a sustainable community of academics and CBOs working together.

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