

Intimate Partner Violence in the African American Community: Risk, Theory, and Interventions

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Abstract Intimate partner violence (IPV) is devastating to individuals, families, and communities. IPV is considered the most prevalent type of violence in families (Owen et al. in *Journal of Family Violence*, 24(7), 433–445. doi:10.1007/s10896-009-9239-2, 2009; Williams et al. in *Journal of Aggression, Maltreatment & Trauma*, 16(3), 296–310. doi:10.1080/10926770801925726, 2008a). Unfortunately, IPV occurs far too frequently within African American families. Research suggests that African Americans are more likely to report experiencing IPV than any other racial groups (Bent-Goodley in *Health & Social Work*, 29(4), 307–316, 2004; Hampton and Gelles in *Journal of Comparative Family Studies*, 25, 105–119, 1994; Rennison and Welchans 2000). Despite this, there is a paucity of research that highlights the specific factors that may contribute to the high rates of IPV within the African American community. This article will explore the risk factors associated with IPV in this, while highlighting the way in which psychoanalytic theory can be used to understand these rates. Treatment approaches that use a multicultural framework will also be discussed.

Keywords Intimate partner violence · Family/domestic violence · Cultural issues · African American/Black · Theoretical issues

The African American family began in the early history of America. Sadly, both America and the African American family grew within the institution of slavery. Thus, the consequences of slavery may occur systemically within the African American family. Wilkinson (1978) asserts that African American families' experiences of trauma range from physical and psychological abuse to social isolation and systematic oppression. "No other racial family unit in America has encountered the vast kaleidoscopic array of traumatizing experiences or has been described as deviant by social scientists as much as has the black American family" (Wilkinson 1978, p. 829). One way that the traumatizing effects of slavery may continue to play out in the African American family system is through the presence of interpersonal violence between family members. Acts of interpersonal violence are devastating, not only to the individual victims, but also to the family dynamics as a whole. All too often, African American families are forced to cope with the devastating impact of interpersonal violence.

One form of interpersonal violence between family members is intimate partner violence (IPV). IPV is considered the most prevalent type of violence in families (Owen et al. 2009; Williams et al. 2008a). Intimate partner violence is defined as a pattern of threats or behaviors encompassing physical, emotional, psychological, or sexual abuse or psychological coercion or degradation that occurs between domestic or intimate partners (Owen et al. 2009; Williams et al. 2008a, b). The National Violence Against Women Survey queried 8000 women and 8000 men and found that approximately 25 % of women participants were raped, and/or physically assaulted by a current or former intimate partner (Tjaden and Thoennes 2000). The study also asserted that most of the violence women experience occurs by an intimate partner (Tjaden and Thoennes 2000). Rates of victimization ranged from 25 % to 41 % in women (Williams et al. 2008a, b). Generally, women

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are 8 times more likely than men to be assaulted in some way by an intimate partner (Hampton et al. 2008). Tjaden and Thoennes (2000) stated that approximately 4.8 million intimate partner rapes and physical assaults are perpetrated against women in the United States annually; thus, intimate partner violence is a serious criminal justice and public health concern.

Rates of Experiencing Intimate Partner Violence

Intimate partner violence impacts persons from all walks of life (Bent-Goodley 2004); however, it has been estimated that African Americans experience a disproportionate amount of IPV when compared to other racial groups (Bent-Goodley 2004; Hampton and Gelles 1994; Rennison and Welchans 2000). The National Family Victim Survey found that married African American women were 2.36 times as likely as married White women to experience severe partner violence (Hampton and Gelles 1994; Benson et al. 2004). African American women who are victims of IPV are more likely to kill their partner and at the same time are more likely to be killed during an act of IPV (Bent-Goodley 2004; Plass 1993).

Intimate partner violence does not only impact women; men are also victimized. Analyzing criminal victimization surveys between 1993 and 1998, the Bureau of Justice Statistics found that both African American men and women were victimized by intimate partners at a rate 35 % higher than persons of any other race (Rennison and Welchans 2000; Williams et al. 2008b). During the same period, African American men reported alarmingly high rates of IPV victimization. They were 62 % more likely than white men, and about 2.5 times more likely than women of other races, to become victims of IPV (Rennison and Welchans 2000; Williams et al. 2008b). Moreover, 12 % of African American men reported experiencing at least one episode of IPV annually (Tjaden and Thoennes 2000; Williams et al. 2008b).

Impact of Intimate Partner Violence

Research suggests that once the costs of hospitalizations, emergency room visits, and doctor visits are summed the costs of IPV is close to \$44 million dollars annually (Bent-Goodley 2004; Stark 2001). The National Black Women's Health Project identified intimate partner violence as the number one health issue for African American women (Bent-Goodley 2004). Owen et al. (2009) highlight that intimate partner violence was identified as a leading public health issue for African Americans due to the multiple psychological and physiological outcomes associated with domestic violence.

The mental health risks associated with IPV are tremendous. African American women who experience IPV are likely to suffer from major depression and/or posttraumatic stress disorder (PTSD), anxiety disorders, and suicidal ideations and/or gestures (Owen et al. 2009; Williams et al. 2008a, b). African American women who experience IPV are at a greater risk than White women of contracting HIV (Bent-Goodley 2004; Kalichman et al. 1998; Wyatt et al. 2000). Intimate partner violence not only impacts the two individuals involved in an abusive episode, but it also impacts children.

Studies suggest that approximately 15.5 million children within the U.S. are raised in families in which one or more IPV incidents occurred in the prior year; of these, almost half are exposed to severe violence (McDonald et al. 2006; Owen et al. 2009). Researchers report that African American children encounter greater exposure to violent disagreements in their home environments than other ethnic/racial groups (Owen et al. 2009). Additionally, the severity of abuse toward the children often increases in direct proportion with the severity of abuse between the parents (Hughes and Huth-Bocks 2007; Owen et al. 2009). This in turn affects children's perceptions of the conflict; as a result, they often blame themselves (Owen et al. 2009).

Children exposed to IPV may be at risk for developing several negative behaviors. Research suggests that these children may acquire negative externalizing and internalizing behavior problems, which include depression, anxiety, and PTSD symptoms (Owen et al. 2009). Other psychological and behavioral concerns may consist of aggression, hostility, risk-taking behaviors, social withdrawal, and low self-esteem (Owen et al. 2009). IPV may also impact children's physical functioning, cognitive development, and social adjustment (Owen et al. 2009). Furthermore, research strongly suggests that, when IPV impacts parenting behaviors, children develop emotional and behavioral problems, and their social competence declines (Hughes and Huth-Bocks 2007). Given the vast impact of intimate partner violence, understanding its risk factors is essential to developing appropriate interventions.

Risk Factors for Intimate Partner Violence

Given the rate of IPV within the African American community, many researchers have focused on highlighting risk factors. For example, Powell (2008) highlighted that IPV is qualitatively different within the African American community when compared to the Caucasian community. He explored which factors may increase African American men's risk of engaging in IPV and noted the following: (1) concentrated poverty; (2) high levels of unemployment and inadequate education; (3) exposure to community and family violence; (4) internalized and institutional racism; and (5) sexist or misogynistic cultural attitudes (exemplified in hip-hop culture;

Powell 2008). Research also suggests several risk factors associated with African American women being victims of IPV, which include poverty, inadequate education, under- or unemployment, and substance abuse (Powell 2008; Williams et al. 2008a).

Because race has been shown as a strong correlate for increased exposure to IPV, researchers have attempted to explore how race may be associated with intimate partner violence. Benson et al. (2004) conducted an analysis of secondary data from the National Survey of Families and Households in order to explore the role of race in the experience of IPV. Their findings highlight the significance of poverty and residing in disadvantage neighborhoods as a predictor for experiencing acts IPV (Benson et al. 2004). The study highlighted that there was no significant difference between the rate of IPV for African Americans and Whites who resided in disadvantage neighborhoods. The authors performed a stepwise hierarchical regression to see what (if any) effect individual differences (e.g. educational attainment, age, drinking habits, and economic distress) and neighborhood context had on the relationship between race and IPV. Results indicated that the relationship between race and IPV did not change after controlling for individual differences. However, when the investigators added rates of neighborhood disadvantage, the relationship between race and IPV decreased from 2.4 to 1.5. Thus, neighborhood variables accounted for a large proportion of the covariance between race and IPV (Benson et al. 2004). Such findings highlight Hampton and Gelles (1994) assertions that African American couples are not inherently more violent than White American couples, but rather social factors may contribute to the rates of violence within African American relationships. While understanding the risk factors associated with IPV is important, it is also important to highlight the broader underpinnings that may create, perpetuate, and exacerbate IPV within the African American community.

Understanding Intimate Partner Violence in the African American Community

Research suggests that in order to fully understand the occurrence of violence, including intimate partner violence, within the African American community, a framework that includes current and historical systems must be utilized (Bell and Mattis 2000; Powell 2008). Historically, violence has been a way to assert power and control. Within the United States, violence is associated with aspects of masculinity and patriarchal dominance. “Mainstream American definitions of manhood have historically revolved around the belief that land, women, and children are legitimate and legitimizing property of men, and that men are entitled to use violence to maintain control over their property, that is, women” (Bell and Mattis 2000, p. 519). Literature suggests that spousal abuse may have

been a legacy of slavery that the African male learned through socialization practices while enslaved, as there is little evidence that ill treatment of women by male partners originated in the African tradition (Powell 2008). At the end of slavery, the African male, now an African American had learned that violence was an appropriate expression of power (Powell 2008). Such patriarchal beliefs that violence is a means to create, maintain, and exert power are further complicated by the negative stereotypes perpetuated about African American men and women.

The African American male is often stereotyped as violent, aggressive, and angry (Powell 2008). Bell and Mattis (2000) assert that these racialized stereotypes help to foster domestic violence within the African American community by blaming African American men solely for the complex phenomenon of IPV within the African American community and by increasing oppressive strategies that are aimed to control the African American man. Blaming African American men solely for the high rates of IPV in the African American community diminishes service providers’ willingness to counteract the larger societal factors that also contribute to IPV within the African American community, thereby maintaining such negative environments that perpetuates IPV (Bell and Mattis 2000). Moreover, the use of oppressive strategies may serve to increase African American males’ feelings of powerlessness that in turn contributes to IPV in the African American community (Bell and Mattis 2000). Powell (2008) argues that Whites distance themselves from African American males through the process of “othering” (i.e. racial aversion, economic exploitation and marginalization) in order to establish boundaries and assert their authority. Such distance “contributes to the alienation of Black men in society and contributes to the degradation and destruction of their self-worth” (Powell 2008, p. 318). These feelings of low self-worth may be amplified at home if a man is failing to meet the patriarchal standard of being a provider (Powell 2008). When an individual’s identity is devalued, it becomes easier for them to accept false or pseudo identities that serve to protect their sense of self.

Splitting, Projection, & Projective Identification

Three psychoanalytic concepts may be helpful in understanding the relationship of IPV within the African American community: splitting, projection, and projective identification. Splitting is a complex psychological phenomenon that can occur on two fronts (Pellegrini 2010). An individual may split other people by seeing them as either all bad or all good. An individual may also split off their own negative attitudes, feelings, or thoughts that are too threatening to tolerate (Pellegrini 2010). For example, Kendrick may feel inferior and suffer from low self-esteem because he earns considerably less money than his wife, but feeling inferior is a negative personality trait so he splits off

from his feelings of inferiority. Projection occurs when individuals attribute their own split off negative feelings onto someone else. Perhaps, Kendrick believes that his wife is inferior and treats her accordingly. If Kendrick's wife begins to see herself the way he sees her and begins to behave accordingly than projective identification has occurred.

In terms of IPV, splitting, projection, and projective identification may occur in several ways. The perpetrator may split the victim by seeing every action the victim does as all bad. For instance, "She is always disrespectful" or "He is always trying to start something" are examples of how a perpetrator may split a victim. The perpetrator may also split off their negative views about themselves onto victims. Thus, a perpetrator who really feels angry may split off these feelings and attribute feelings of rage and anger to the victim. "If you wouldn't provoke me then I wouldn't have to hit you." Such comments suggest that the victim has the problem with aggression, anger, or rage and the perpetrator is only acting in self-defense. A perpetrator may also split off feelings of powerlessness, shame, and low self-esteem onto a victim. Often in the acts of interpersonal violence, a perpetrator may shame the victim by yelling insults. These insults may be split off feelings that the perpetrator feels about his/her self. The perpetrator may then project all of these negative thoughts and feelings onto the victim. Victims may internalize such projections (projective identification) and begin to see themselves as and behave in ways congruent with being worthless, victimized, and helpless, or as angry, rageful, and aggressive. If a victim of IPV internalizes the split off projections of being angry, rageful, helpless, and aggressive, then they may act out in a similar fashion; thus, increasing a victim of IPV use of violence. These identifications may be a part of the complex process that explains how African American women who are victims of IPV are more likely to kill their assailants. The above examples display how splitting, projection, and projective identification may occur on the individual level; however, these defenses may also occur on a macro level.

The history of America is riddled with violence and the antebellum slavery period may be one the most violent times of all. Projection has been used to explain instances of racism (Rasmussen and Salhani 2010). For example, a racist might label as "bad" certain aspects of another culture that he subconsciously envies (Rasmussen 2013). Moreover, it can be theorized that the violence, aggression, and rage that White slave owners inflicted on their slaves occurred through the process of splitting and projection. Enslaved persons were objectified and viewed as people who were "all bad" and needed to be enslaved, beaten, maimed, or even killed in order to be controlled. Enslaved persons were also described as such violent, aggressive, and rageful people that extreme tactics were necessary to protect the pure, wholesome Masters and Mistresses. Such projections continue to have an impact on African Americans today.

The African American male is often stereotyped as aggressive, angry, and hostile while the African American female is often sexualized and masculinized. "...African American womanhood has been constructed as unnatural, grotesquely antifeminine, and destructively overpowering" (Bell and Mattis 2000, p. 519). The African American psyche has been bombarded with such projections for hundreds of years, which is why the projections have been so difficult to ward off. The phenomenon of projective identification within the African American community may have occurred as a result of these intense projections coupled with frequent stressful experiences (e.g. unemployment, trauma, community violence, discrimination, and racist microaggressions). Thus, some African Americans may have internalized these projections and inadvertently begun to behave in negative stereotypical ways, believing the negative stereotypes against Blacks to be true.

To truly understand the role of projective identification in racism, it is necessary to understand and appreciate the "deep interactional, intersubjective, and interpersonal process" that projective identification encompasses (Rasmussen and Salhani 2010, p. 497). Moreover, theorists assert that in terms of racism, projective identification provokes feelings of terror and self-hatred in victims (Rasmussen and Salhani 2010). Thus, African American men and women who succumb to the process of projective identification have deep feelings of self-hatred and fear of others. It is these feelings, as a result of the projective identification process, that may contribute to the alarming rates of IPV within the African American community. Thus, we argue that splitting and projective identification play a role, not only in racism on the macro level, but also in intimate partner violence between African Americans.

The issue of IPV in the African American community is large and complex. IPV is not attributable to one singular cause, but is a product of multiple factors. These factors include: residing in disadvantage neighborhoods, unemployment, low SES, experiences of racism, and the social, political, and historical remnants of racism that have resulted in a process of projective identification within the African American community. Slavery is directly responsible for the social, political, and historical remnants of racism that mediates the impact of environmental risk factors (e.g. disadvantage neighborhoods) and individual risk factors (e.g. Low SES and unemployment) contributing to IPV in the African American community. Given the complicated nature of IPV, effective prevention and intervention strategies must address the array of contributing factors.

Developing a Comprehensive Treatment Agenda

Treating African American couples and families who are experiencing domestic violence extends beyond traditional therapeutic methods (Hampton et al. 2008). Several factors

may impact the help-seeking behaviors of African American IPV survivors. For example, African American women may fear contributing to negative stereotypes about African American men, or they may feel that “snitching” is disloyal, not only to their partner but also to the rest of the community (Blitz and Illidge 2006). African American women may experience greater hesitance in seeking help or disclosing domestic violence due to concerns of being re-victimized (Hampton et al. 2008; Hughes and Huth-Bocks 2007). Thus, therapists may be required to use culturally congruent therapy approaches.

Therapists must assess their cultural competency in order to work more effectively with African American couples and families who are experiencing domestic violence. Therapists should be aware of the heterogeneity within the African American community, as well as some of the broader cultural underpinnings that may influence African American clients. Blitz and Illidge (2006) assert that therapists must be aware of their internalized racism. They further state that African American and White therapists may either harbor or internalize racist thoughts. African American clinicians may harbor feelings of distrust, anger, and disappointment toward other African Americans, and thus treat them harshly in clinical settings (Blitz and Illidge 2006). White clinicians may suffer from unconscious racist beliefs and hold African American clients to White cultural norms, morals, and ideals. Also, clinicians who are either harboring or internalizing racist attitudes may devalue people of color, blame them for their problems, and treat them harshly (Blitz and Illidge 2006).

Not all White clinicians hold conscious (or unconscious) racist beliefs. Rather, some deny the presence or influence of race entirely. Such clinicians, in a sincere effort to minimize the negative impact of race, may attempt to approach clients from a “color blind” perspective. However, the failure to recognize the impact of race on social systems only serves to allow racial injustices to persist unchecked (Blitz and Illidge 2006). Thus, ironically, a White clinician attempt to *minimize* the negative impact of race actually ends up *perpetuating* the problem. Therefore, clinicians must be self-aware and culturally competent in order to effectively treat African Americans who are experiencing IPV.

Evidence suggests that traditional interventions for domestic violence may be ineffective in meeting the needs of African American couples or families; studies indicate that culturally sensitive assessments and interventions are greatly needed (Gondolf and Williams 2001; Hampton et al. 2008). Treatment approaches for African American women should include parenting support and techniques to prevent maladjustments and deficits in the children (Hughes and Huth-Bocks 2007; Owen et al. 2009). Protection and safety planning are particularly important to include in treatment approaches for African American women (Hampton et al. 2008; Owen et al. 2009). Lastly, therapy should address the client’s desire to either remain in the relationship or leave in a

manner that respects and promotes her autonomy and sense of empowerment (Hampton et al. 2008; Hughes and Huth-Bocks 2007; Williams et al. 2008a, b). These principles may be incorporated into broader frameworks or therapists may use approaches that are grounded in multicultural theory.

Researchers and practitioners who work with urban African American male batterers have recommended “culturally focused counseling” specifically for this population (CFC; Gondolf and Williams 2001). CFC “refers to specialized counseling for racially homogeneous groups that explicitly identifies and addresses cultural issues that may reinforce violence or present barriers to stopping violence” (Gondolf and Williams 2001, p. 284). This type of intervention would incorporate the social, historical, political, and environmental factors related to IPV within the African American community. In addition, there is a promotion of positive aspects of culture that can strengthen a man’s effort to be nonviolent. This approach consists of a set curriculum that gradually leads men “to and through” cultural issues, such as institutionalized racism, stereotypes, and internalized or projected feelings of inferiority. Counselors are trained to shed light and expound upon such cultural issues, which typically emerge during group discussions. Culturally focused counseling positions violence against women within a cultural context and explicitly integrates cultural issues into the curriculum. Components of this approach include: “(a) only men who identify themselves as African American in the group, (b) an African American counselor trained to identify and elaborate cultural issues suggested in the participants’ comments, and (c) specific cultural topics that are introduced for discussion as part of the curriculum” (Gondolf and Williams 2001, p. 287). Group topics in the curriculum include African American men’s “perceptions of the police, relationships with women, sense of African American manhood, past and recent experiences of violence, reactions to discrimination and prejudice, and support in the African American community” (Gondolf and Williams 2001, p. 287). This approach is more structured with real examples, vignettes, and directive questions; which helps engage men of less education, greater resistance, and little counseling experiences. Using a “strength perspective” approach inspires men “to access the sense of brotherhood, communal spirit, initiative insight, poetic expression, spirituality, and ritual of the African American culture, as well as expose detrimental aspects it may hold” (Gondolf and Williams 2001; p. 287).

Gondolf and Williams (2001) asserted that there is a possibility that this approach will help decrease African American male dropout rates from batter treatment programs. However, there is only preliminary evidence that CFC is effective in reducing dropout and reassault rates beyond the current levels achieved in conventional counseling (Gondolf and Williams 2001). Additional research is necessary to further validate its effectiveness beyond that of conventional batterer counseling programs.

Restorative justice is an approach that includes aspects of cultural competency (Hampton et al. 2008). Within this framework, domestic violence is not considered a legal violation worthy of punitive responses against the offender, but as a problem affecting the victim, the abuser, and the community at large (Hampton et al. 2008). Intimate partner violence is considered a problem that can be only solved by addressing all individuals involved. This approach suggests that rather than handing over all decisions to law officials, the concerns of the victim, offender, and the community are brought together to determine the appropriate actions toward the domestic violence. A victim is allowed to pursue legal options if she/he desires. Hampton et al. (2008) asserted, “The advantage of a restorative approach is that it serves to empower Black women who are victims of domestic violence by actively encouraging them to voice their desires for ‘restoration’ and healing, to express how they would like their abuser held accountable for his behavior, and to incorporate their wishes in designing effective solutions to end violence. (p. 342)” Generally, the goal of the restorative approaches for the abusers is to help them accept responsibility for their behavior, help them stop being violent, and help them become a more responsive member of society. This approach also gives authority to Black communities to take responsibility in ending violence against intimate partners and facilitating community-wide change and healing from the effects of violence (Hampton et al. 2008).

Another approach, *Intimate abuse circles (IAC)*, “draw(s) on many restorative justice principles and involve(s) the victim, offender, and members of the community in attempt to address the underlying causes of domestic violence, create effective solutions, and reduce the violence” (Hampton et al. 2008, pp. 345). Intimate abuse circles are designed, specifically, for couples who desire to remain together and improve their relationship. Steering from blaming the victim, the process encourages empowerment by allowing both parties to own their concerns and take an active posture toward healing from the violence. Typically, separate circles are held for the victim and her abuser before combining both circles, which safeguards the victim’s comfort and safety. Circles are led by professionally trained domestic violence experts who guarantee everyone is given a voice, while safeguarding the process in order to avoid violence being reproduced in the circle (Hampton et al. 2008). While the restorative justice approach and IACs focus on the individuals involved in IPV, community based approaches involve individuals in their larger system as well.

A restorative justice approach, including IAC, takes into account the social, historical, and political risk factors associated with IPV in the African American communities by promoting empowerment and minimizing the racialized stereotypes explored earlier in this article. Currently, the implementation of restorative justice practices centers on juvenile

offenders (Hampton et al. 2008). One consistent finding regarding the effectiveness of restorative justice in juvenile offending is that participants believe they were treated fairly (Calhoun 2013). While the perception of fairness may seem minor in terms of a batterers’ recidivism, the perception of fairness may serve to decrease African Americans recidivism as it may decrease the feelings of powerlessness and disenfranchisement outlined earlier in this article. However, more research is necessary to explore the benefits of a restorative justice approach in IPV treatment for African Americans.

The community-based approach offers advantages in violence prevention and intervention (Hampton et al. 2008). A community-based approach requires the involvement of several persons and organizations. Adolescents, parents, couples, religious leaders, educators, law enforcement, health care professionals, and policymakers may all work together toward the one common goal of ending violence. A community-based approach attempts to incorporate violence prevention and intervention across several modalities within the community. This approach highlights the importance of eliminating violence within the entire community. It seeks to have a positive and long-standing impact on the strength and well-being of the community as a whole. “Such an approach has the ability to impact multiple aspects of the social environment in which African American couples and families reside, including community attitudes, norms, and policies regarding violence” (Hampton et al. 2008, p. 346). The community becomes a collective “active participant” in determining its response to domestic violence. The African American community becomes empowered to hold its own members accountable for their use of violence, to support its female members who are victims of abuse, and to convey a clear and consistent message that domestic violence will not be tolerated (Hampton et al. 2008). This approach may address the environmental risk factors embedded in the IPV of African Americans.

Hampton et al. (2008) suggest that community based approaches should develop a wide array of interventions to decrease IPV within the African American community. These interventions could work in conjunction with the legal system and include psychoeducation, support groups, and networks (Hampton et al. 2008). Psychoeducation programs could be conducted by community leaders and highlight the deleterious effects of IPV on victims, batterers, and their families (Hampton et al. 2008). Such programs may “challenge community attitudes, norms, and beliefs that may encourage the use and continuance of violence.” (Hampton et al. 2008, p. 347). Beyond the establishment of psychoeducation groups, the establishment of support groups and networks will increase victim’s ability gain access to treatment, escape violence, and monitor the victim and abuser (Hampton et al. 2008).

The above interventions are included because of their theorized cultural congruence with African Americans and their

focus on ameliorating the specific social, historical, political, and environmental risk factors that are unique to IPV within the African American community. These interventions are rather novel and more research is needed on their overall effectiveness. Evaluation of their effectiveness should be done in a culturally competent manner. Research suggests that culturally relevant process questions should be included (Pumariega 1996). Pumariega (1996) provides the following list of culturally relevant process questions:

- (a) How program philosophy directs staffing composition, including the distribution of professional disciplines and their ethnic composition, (e.g., should clients be matched with staff for their ethnicity?); (b) The availability and effectiveness of cultural competence training for staff and how it impacts on program philosophy; (c) How program philosophy compares and interacts with the cultural values of the target population (e.g., emphasis on spirituality; individual vs. group support vs. family orientation) and how clients are assigned to different therapeutic modalities (particularly any cultural rationales). This includes the utilization of traditional healing approaches (religious ceremonies, rituals, specific cultural interventions such as sweat lodges or community intervention), and which clients benefit from such interventions as opposed to Western approaches; and (d) Portals of referral/entry into the program, barriers to access to care, and how those relate to the clients' cultural and socioeconomic needs. (p. 391).

Beyond these process questions, Pumariega (1996) asserts that culturally congruent evaluation instruments should be used to adequately measure the effectiveness of an intervention.

Conclusion

Overall, intimate partner violence among African American families is qualitatively distinct from IPV within other racial or ethnic communities because of the unique social and cultural challenges that this population faces (Bell and Mattis 2000). Several factors contribute to the preponderance of IPV within the African American community. This article highlights the importance of including the long-term and deleterious impact of slavery on the African American family as a distal factor to IPV within the African American community. Slavery was a cruel and violent institution that promoted racial stereotypes. In order to understand the impact of slavery on current patterns of IPV, psychoanalytic concepts of projection, splitting, and projective identification were highlighted. During slavery, enslaved persons were subjected to negative projections that they were violent, hostile, inhumane, and hopeless. Enslaved persons may have internalized these

projections and began the complex process of projective identification. It is important to understand that this process did not just occur on an individual level but systemically within America and the African American community. Understanding the negative impact of slavery provides a context for the current environmental factors that research highlights impacts IPV within the African American community. Thus, while racial differences exist in the experience of IPV, researchers should utilize a culturally congruent framework that accounts for social, political, and historical factors when exploring the prevalence of IPV within racial/ethnic communities.

This article asserts that approaches to treatment should be culturally congruent. Several culturally congruent treatment approaches were presented. Utilizing culturally congruent practices may decrease the rates of IPV by addressing the multiple and complex social, political, and historical factors that impact IPV within the African American community. While these proposed interventions are novel and research concerning their effectiveness is limited, they utilize a theoretical framework that includes the complexities embedded in African American IPV. In addition to systemic interventions, therapists must be aware of their own racial attitudes and the broader systems of oppression that impact African Americans.

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