Special Events

Informal Discussion: Culturally Specific Risk Assessments

Review of "Sister, I'm Sorry"

Domestic Violence Risk and Program Assessment:
Notes Concerning Black Communities

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Cultural, racial, gender, and socioeconomic status misperceptions, biases, and stereotypes easily influence and often obstruct accurate assessment of risk. These types of influences interfere with the assessment process of certain "types" of clients and may result in premature assumptions, inaccurate determinations of risk, and an inability to appreciate the actual needs of clients. Risk assessments that are not performed accurately and fully are unscientific and potentially unsafe for clients.

Today, some degree of risk assessment is commonly integrated into both domestic violence intervention/prevention and child welfare practice. Yet, much is still unknown about the use and effectiveness of current risk assessment instruments (RAIs), especially for women and children. The field of assessment needs more details about domestic violence and its contexts in order to build stronger, more comprehensive theories and instruments. Further, there are significant differences in the way child welfare and spouse/partner abuse professionals use such terms as "risk" and "risk assessment." There is a need for greater dialogue among disciplines, as well between professionals and members of Black communities. The development of this field for Blacks needs to occur with and within diverse Black communities, gender communities, child and family communities, and various socioeconomic status communities. Important, yet heretofore missing details, conceptualizations, and rationales for a better understanding of Black domestic violence exist in these arenas.

There are, and need to be, multiple ways to assess Black client risks for domestic violence, as well as for assessing the effectiveness of violence intervention/prevention programming for Blacks. The following are preliminary notes about these kinds of assessments. These notes are intended as a means to further open and stimulate dialogue on assessment and its various roles in the prevention of Black domestic violence.

1. Do not expect any one instrument or approach to do the assessment job fully. There are too many perspectives, angles, and areas to be assessed for any one instrument to yield a full, detailed, picture. Think multiple methods and multiple perspectives. The behavior of a cinematographer who is trying to film all aspects of a character on the set provides one interesting way to visualize what is required in an assessment task. The cameraperson positions himself/herself on all planes in order to get full, detailed photographic coverage of the character from all angles. When completed, the cinematographer's film will show views from top to bottom, side angles, close-ups, distance shots, front and back, and, most importantly, the relationship of the character to his/her surroundings.

   The cameraperson captures the physicality of the character. Assessing client risk, however, often involves measuring something not always presently visible—such things as the anticipation, dread, or prediction of a happening that will/may occur at some unspecified future time. The assessor needs to become as a cameraperson, detailing what clients and

others can and will tell and show about their worlds. Assessors are asked to enter cognitive and psychological spaces where people hold fears, intuitions, secrets, plans of action, loyalties, value systems about themselves and other family members, and even value systems about you as the current helping professional. Risk assessment and measures of intervention effectiveness involve very complex human behavior, thought, and emotions that link the past, present, and the future. Assessment must be continuous. It needs to routinely and systematically gather details in order to better conceptualize causes and dynamics of Black domestic violence across these human complexities and over time.

2. Collecting data on the following may help in exploring client risk:

a) What are the dynamics of both the healthy and the violent aspects of the client's relationships? How might healthy relationship dynamics work to inhibit and/or interfere with violent behavior in the family. This is in addition to collecting data surrounding specific or discrete violent events or units of violent behavior.

b) Are there any naturally, traditionally, or culturally occurring factors or behaviors within the individual, family, or community that serve to reduce specific violence? Are these being employed? And to what effect?

c) How are past histories of behavior in the family actively setting the stage/contributing to present violence? Are you collecting and analyzing data on timing among these events?

d) What is actively working well within this family?

e) What are the risks as defined and seen/experienced by the client? To what extent are these risks for violence closely related to risks for any other types of undesirable behavior?

f) What are the risks as defined and seen by others from the client's environment? By professionals? By others within your agency who come into contact with and interact with this particular client before and/or after the client's interaction with the "professionals?" The office receptionist, for instance, may see a client frequently looking over his/her shoulder, staring worriedly at the front door, or commenting about having to be very aware of his/her surroundings, etc., all of which may not come out during the time the client sees the "professional." Clients may tell office secretaries or intermediary staff details about their lives during normal chitchat. One ethnographic study in Los Angeles on Black pregnancy and health, Healthy African American Families (HAAF)(1992-present), for example, found that patients often spoke to the office staff about their attitudes, feelings, conflicts, health questions, culturally specific behavior around pregnancy, and the like. What patients discussed with office staff was different from what they discussed with doctors (the "professionals").

g) Is your program aware of the kinds of client data that exist outside of what the "professionals" normally gather?

3. What are short-term risks, as contrasted with long-term risks, for this client? The short- and long-term risks may be very different. What mechanisms are you using, what data are you collecting, to keep you informed about how well you are staying on course toward meeting the client's short- and long-term goals?

4. Is your program measuring client changes over time along the lines of the goals of your program? Many programs inadvertently fail to collect data on client progress as the data relate to program goals and objectives.

5. How has the client's family handled the violence all along? What strengths is this Black family showing? How are Black family strengths combined with weaknesses and the violence? What do these patterns of strengths and weaknesses look like? What insights do these patterns yield that can help explain some of the dynamics of Black domestic violence?

6. Violence may be evident to outsiders, but may not be recognized or labeled as such by victims, perpetrators, and family or community members. For example, the most immediately striking aspect in the transcripts of African American pregnant women participating in the HAAF study is the variety and amount of stress that is interlaced throughout the lives of these urban Black women. Yet, these pregnant Black women commonly answered "No" or "None" or had very little to say when asked about stresses in their lives. In fact, these women frequently indicated that they had very little stress! Yet stress permeated the data in these transcripts.

   How are you, the assessor of risks for violence, addressing these kinds of omissions concerning varieties and amounts of violence in the world of Black clients and communities? How are you collecting and analyzing data about violence even when your clients may not use the same concepts and terms about violence that you use? Are you expanding/clarifying definitions of violence as your Black clients and other Blacks experience or understand it?

Community/Societal Circumstances Play an Influence

7. How are different societal systems (institutions) functioning to reduce, or even perpetuate and support violence to Black families? For example, institutional racism and instances when helping institutions cause additional damage to victims are two ways in which society's institutions, themselves, do violence to families. What is your program's data collection along these lines, and how are these data figured into your understanding of Black clients?

8. In addition to societal systems, how does the larger environment put Black individuals, families, and communities at risk for violence? There need to be measures of the context of society. What does "Violence is the norm of American culture" mean, as some would claim? Should we address and conceptualize violence (and risk of violence, etc.) differently when it occurs within violent cultures as opposed to when it occurs within less-violent cultures? Will our approaches to reducing or eliminating the violence of individuals or families be the same for violent cultures and for less-violent cultures?

9. Black communities are very diverse: There is as much diversity within Black communities as between Black communities and any other cultural group. How are you gathering data that adequately address these individual, family, and community diversities? For instance, the Black communities in Los Angeles are not the same as Black communities in New York, or in Miami, or in Shreveport. These communities are not only geographically different, but have very different histories, politics, economics, environmental exposures, cultural make-ups (proportions and distributions of persons from Africa, the Caribbean, and other parts of the Diaspora), proportion of same sex relationships, etc. And within each locality, there is internal diversity, as well as cultural realities, concerning what people may think does or does not constitute cause or influence on family violence. What type of data is your program collecting about this diversity, and how are you using these data to help frame and advance your intervention/prevention programming for Black clients in your communities?

10. With confidentiality fully maintained, what feedback loops do you have in place for more comprehensively collecting program data and feeding back the aggregated results of these program data to clients and similar agencies in the community for their corrections and validity checks. There needs to be a Black community-involved process for developing culturally appropriate, meaningful, assessments. Members of Black communities need to be included in conceptualizing and defining family and other related types of violence, designing meaningful studies, collecting data, and interpreting and making meaning of the findings. Has your program remembered to feed back to similar programs and to the various Black communities for their comments and discussion of the de-identified, aggregated findings from these data?

Program Assessment/Evaluation

11. How thoroughly are intervention/prevention programs being evaluated? How are these evaluation findings being introduced into the field to further advance efforts? What do we truly know about what makes a positive difference in clients' lives? How do you know that your programming contributed to this positive change in a client's life? Many projects and programs are state-of-the-art, on the cutting edge, but have yet to be evaluated. What is working? What is not? And why? Do you know? Are you disseminating these evaluation findings?

12. Who are the experts on family violence from whom you have developed your measures? Are your experts only the researchers, or are you also finding ways to include the knowledge held by others? Do your sources of expert knowledge include batterers and other abusers, non-offending family members, witnesses of family violence, extended family members, and knowledgeable community members? And are data from these sources being integrated into prevention practice, program design, and the research literature?

13. What are the goals of the interventions/preventions? Is it violence reduction? Violence eradication? Health promotion? Where is it that programs want to go with their interventions? It is not enough for these goals to be implied or assumed; they need to be clearly stated and measured.

14. Are you regularly collecting data on the desired short- and long-term program goals and objectives? Are you collecting and analyzing outcome data and process data? Or, are you merely counting your program's activities? Are you routinely collecting the data which can tell you what is happening to your Black clients vis-a-vis intervention/prevention program goals? Also, is there follow-up data collection?

15. Time:

a) Give time for dialogue among different disciplines and between professionals and the community;

b) Get findings back into the community and to other similar programs sooner rather than later (6-12 months, for example, instead of 3-5 years) so the Black community can use these findings for further developing new programs and strengthening existing ones; and

c) Build additional time into program timelines for reports, etc., so that the input from dialogue can be incorporated into program reports.

Methodological Issues

16. Cultural factors can either facilitate or hinder the collection of meaningful and valid data from African Americans. These factors, as well, influence the interpretation of data. Without an active and conscientious understanding of how culture plays a role in your data collection and interpretation, cultural layering (the original data are overlaid with the cultural interpretations of others: e.g., grammar "corrections," changing the vocabulary and/or adding professional jargon, re-shaping ideas to fit how the data analyzer speaks, etc.) is likely to cloud the meaning behind the clients'/respondents' original words (Brooks, 1995).

There is a growing literature on conducting research/evaluations within African American communities. Works by Word (1992), Grace (1992), and Brooks (1996) provide guidelines for moving towards culturally appropriate data collection and analysis. This entails everything from ways to ask questions, what to ask, how to not prematurely end responses, and interpreting responses, to making cultural checks on findings. To what extent are domestic violence risk assessors and evaluators aware of and practicing these kinds of culturally specific guidelines for collecting and handling data on Black families?

Conclusion

Black, culturally appropriate RAIs and program assessment instruments require Black community involvement. This Black community involvement must include serious and broad discussion on how to reduce and eliminate negative relationship dynamics, including those of domestic violence (this should broaden to also include date rape, date battery, and any other abusive behavior in interpersonal relationships). Simultaneously, this community-involved discussion must also vigorously focus on how to reinforce and create the dynamics of stronger positive relationships.

Domestic violence occurs in a context, and it is that larger context that must also be included. For example, there needs to be discussion about such topics as "knowingly transmitting HIV" in relationships, not telling partners about being HIV+ and, yet, insisting on unprotected sex, etc. The definitions of violence need to become more inclusive of current realities.

Only a small amount of the existing domestic violence comes to the attention of helping professionals—a lot more people suffer situations of battery and other physical abuse, emotional abuse, sexual abuse, neglect and other forms of violence throughout our communities every day, in silence. It is these voices, too, that need to be heard in order for assessors and program designers to grasp a more complete understanding of this negative force in people's lives.

Information and discussion questions for this community-involved discussion can be both generated from and disseminated through community focus groups, community newsletters and newspapers, community-wide town meetings, specific interviews (in private or in community media), and on popular local radio and cable shows. Assessors need more details and cultural understanding from multiple perspectives: Assessors need to hear from children and youth; women; community people from lower-, middle-, and higher-income sectors of the community; a broad array of helping professionals from different disciplines; and from those who work with different facets of this problem. Success in this area is about collaboration and the openness to new ideas from a broader array of people.

References

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Review of "Sister, I'm Sorry"

Participants at the *Assembling the Pieces: Leadership in Addressing Domestic Violence in the African American Community* forum, held December 4-6, 1997, viewed the newly released domestic violence film, "Sister I'm Sorry." In this compelling film, several African American women describe their traumatic experiences with abuse at the hands of African American male family members, friends, and/or acquaintances. The types of abuse these women suffered include physical and emotional abuse, sexual assault and rape, incest, divorce, and abandonment. African American male actors, "standing in the gap for all the African American men who had ever been insensitive and abusive," offered apologies to the African American women in the film, as well as women in the viewing audience, for these abusive behaviors.

The film also depicts how a church group for single men and women addressed the issues of abuse and trauma among the parishioners. Women who had experienced abuse were asked to identify themselves, and the men in the congregation were asked to apologize to these women for abuses committed by other men. Many women were moved and accepted the apologies, but several others did not. Reverend Donald Bell, who facilitated this healing session, remarked that the inability of these women to accept the apologies demonstrates how deeply rooted the experience of abuse can be. He further noted the importance God's intervention in the healing process.

Tommy Morgan, an actor and one of the film's producers, developed many of the ideas for the film. He explained that his experiences as a member of a church singles group helped him develop ideas, as did the spirit and theme of the "Million Man March," which called for African American men to atone for their negative behaviors toward African American women.

The content of the video sparked a spirited discussion about its themes, with participants pointing out its strengths and weaknesses. Despite dissension regarding its content, forum participants—comprising researchers, practitioners, academicians, administrators, and other individuals working or interested in the field of domestic violence—acknowledged the video's potential use as a tool to encourage debate and inform the public. Participants further recognized the film as a needed addition to the limited material available regarding African Americans and domestic violence.