

UNIVERSITY OF MINNESOTA IDVAAC ASSEMBLING THE PIECES

An African-American perspective on community and family violence

Fall 2016

‘TRAILBLAZER FOR CHANGE’

For nearly a quarter century, IDVAAC has blazed a path for service, activism, education and community outreach

As an undergraduate student at Michigan State University, Oliver Williams saw the effects of domestic violence up close and personal as he watched many of his fellow male students exhibit aggressive and abusive behavior toward female coeds.

It was not a portrait that inspired pride in the male gender.

“In undergraduate school, I began to challenge my male attitudes about women and domestic violence,” said Williams, who attended Michigan State in the early 1970s. “Back then, there were no batterer programs for men who batter and few battered women’s programs across the country.”

Before the 1970s, Williams said, much of society viewed male abuses of women as predictable by-products of relationship conflict rather than criminal acts of violence and reflections of patriarchy and misogyny.

Years later, while in graduate school at Western Michigan University, Williams would discover that the issue cut much closer to home than he realized: His own mother had repeatedly – and unbeknownst to him – been a victim of domestic violence by her first husband (not Williams’ father).

The revelation would inspire a life-long mission of fighting against domestic abuse and ultimately would persuade Williams to co-found the Institute on Domestic Violence in the African-American Community (IDVAAC) to inform public policy, further scholarship, raise awareness, and gather and distribute information about intimate partner violence among African Americans.

IDVAAC was formed in 1993 when Williams and a group of scholars and



FLASHBACK: the IDVAAC Steering Committee from 2009

practitioners met to discuss domestic violence in the African-American community. They ultimately agreed that the “one-size-fits-all” approach to services being provided by mainstream agencies was inadequate for African Americans, who disproportionately experience stressors that can create conditions that lead to violence.

Through funding provided by the Department of Health and Human Services’ federal project officer Bill Riley, the new organization established a mission to enhance society’s understanding of and ability to end violence in the African-American community.

With support from the Office on Violence Against Women and other government and corporate funders, IDVAAC has focused on such issues as: prisoner re-entry, elder abuse, fatherhood and domestic violence, substance abuse, faith and domestic violence, and the impact of intimate partner violence on families, children and communities.

It also has published several special-issue journals, created public education

projects, sponsored several educational programs, produced a weekly blog talk radio show and created dozens of training curriculums, webinars and award-winning documentaries.

Now, after nearly 25 years of service, activism and outreach, IDVAAC will no longer exist after October, Williams said, and the organization’s mission of reducing domestic abuse in the African-American community will soon be promoted by a new organization named Ujima. Karma Cottman, former steering committee member, will be the new director of Ujima.

During IDVAAC’s final steering committee meeting in August, members said they would seek financing to archive the vast trove of videos, DVDs, newsletters, webcasts, fact sheets, reports and other academic papers the group has accumulated over nearly 25 years of activism.

“The creation of IDVAAC was a critical moment in the history of the anti-violence movement and anyone trying to write that history or research that history should be

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able to find the archives of the steering committee somewhere,” said Dr. Beth Richie, director of the Institute for Research on Race and Public Policy at the University of Illinois in Chicago.

Dr. William Oliver, associate professor in the Department of Criminal Justice at Indiana University in Bloomington, agreed, adding that resources should be secured to “memorialize the footprint” IDVAAC has made in domestic violence scholarship, research, training, education, public policy and community consciousness.

“I think we should try to preserve everything – working agendas, publications, photos – everything,” Oliver said. “It’s a rich source of information.”

Dr. Esther Jenkins, a former steering committee member and an IDVAAC consultant, also agreed, adding: “The work of IDVAAC should be associated with domestic violence in the black community like Susan G. Komen is associated with breast cancer.”

Jenkins, also a retired professor of psychology at Chicago State University, said IDVAAC’s work on intimate partner violence planted a strong seed for future generations.

“We’ve held a number of well-attended and well-regarded national conferences on various topics of domestic violence among African Americans,” she said. “We’ve developed a fact sheet on domestic violence; we’ve conducted a number of studies on various aspects of domestic violence. Members of the steering committee have published many studies, and we’ve created a lot of [training] videos... that were available to people from the website.”

Over the years, IDVAAC expanded its work by partnering with faith-based communities and church leaders to address domestic violence in black communities. It also has also worked internationally, reaching out to people in Africa about the impact of domestic violence.

“IDVAAC was aware that issues African-Americans faced in this country are clearly linked to issues our sisters and brothers

in other parts of the world face,” Richie said. “It was just logical, but also quite forward thinking, to reach beyond artificial boundaries to people living in the diaspora, to reach all the communities of people of African descent.”

As Williams retires after October, he said his deepest desire is for peace – at all levels.

“I think we’ve provided a road map on some level. I hope that leading institutions like the Urban Leagues and our churches, families and community organizations find ways to find peace and sanctuaries for men, women and children within our African American communities – and within all communities,” he said. “That’s my hope.”

In early October, several IDVAAC steering committee members were surveyed about IDVAAC’s contributions to domestic violence prevention. Their responses appear below.

1. How has IDVAAC affected or contributed to the field of domestic violence?

DR. UJU OBI BERRY: IDVAAC has been a valuable resource to the field of domestic violence. The caliber of practitioners, researchers, clinicians and advocates is unparalleled and has brought a unique perspective that was sorely lacking to the field. IDVAAC’s ability to bring to the forefront the necessity of talking about race/ethnicity and how it can interfere, affect, ameliorate and hasten the issues around DV... has been instrumental in moving the field forward.

ANTONIA DREW VANN: IDVAAC was a game-changer in the field. First and foremost, IDVAAC was a vehicle that transmitted the authentic voices and realities of African American victims of domestic violence and practitioners. It gave prominence to culturally specific African American services. It was able to impact policy as it relates to the field and African Americans.

DR. WILLIAM OLIVER: IDVAAC through its national forums has placed the

voice of African American domestic violence advocates, service providers, policy makers and researchers in the larger conversation regarding domestic violence prevention policy and practice.

JOYCE N. THOMAS: Violence is ubiquitous, yet we know the trauma of violence does not occur at equal rates across all ethnic and cultural groups. IDVAAC has continuously documented through focus groups, conferences, research articles and webinars that exposure to violence is not randomly distributed but tends to accumulate for certain individuals and in certain environments, such as the African American community.

DR. ROBERT L. HAMPTON: With the birth of IDVAAC, a new era began in the study of domestic violence in the African American community. To some extent, we ushered in a period in which we moved from what some described as more or less colorblind to a race and culture sensitive perspective.

FATIMA PORGHO: IDVAAC contributed in framing the work around the issue of domestic violence in black communities.

DR. PAT DAVENPORT: IDVAAC brought the history of African Americans and domestic violence to the forefront by providing videos, radio interviews, blogs and webinars to focus specifically to our culture.

REV. J.R. THICKLIN: IDVAAC was the epicenter for both research and resource to thousands of us in the field. It brought people of color and others together to have collective conversation and provide information about the relevance and prevalence of domestic violence in African American communities.

2. What kind of impact has IDVAAC made on the African American community when it comes to domestic violence?

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‘Comprehensive prevention model’ needed to reduce domestic violence, conferees told

SAN DIEGO – Mainstream domestic violence advocates and policymakers must develop a more expansive and holistic approach to prevention if they expect to establish more effective strategies for reducing intimate partner violence in America’s black and brown communities.

That was the core message delivered by several IDVAAC steering committee members here this summer during the 21st International Summit on Violence, Abuse & Trauma.

During separate breakout sessions on domestic abuse in urban communities, members of the Institute on Domestic Violence in the African American Community said while the domestic violence field has progressed some in understanding violence in communities of color, it still has a long way to go.

Dr. Beth Richie, director of the Institute for Research on Race and Public Policy at the University of Illinois in Chicago, said “collateral problems” in black and brown communities need to be more fully analyzed and understood in order to develop more effective intervention and prevention strategies.

“We need a broader perspective so that we are not only talking about the intimate partner violence but also the structural violence, the poverty, the persistent ways that incarceration affects our families – all the collateral problems that impact violence in our communities,” she said.

Richie, a professor of criminology, law & justice and African American studies, said the mainstream anti-violence movement has failed to take a “contextual analysis” of domestic violence in urban communities, subsequently leaving more women vulnerable to intimate partner violence.

“We’re missing the understanding of structural racism, we’re missing poverty,



Top right : Uju Obi-Berry, M.D., Dr. Tameka Gillum, Dr. Beth Richie, Dr. William Oliver, Dr. Robert Hampton, Mr. Ron Lagrande, J.D., Bottom Right: Dr. Esther Jenkins, Dr. Oliver J. Williams, Ms. Joyce Thomas, R.N.

we’re missing black women’s disfigured images in social media, the stereotypes, the micro-aggressions, those kinds of things,” she said.

“We need to develop a more comprehensive model; a model that will incorporate attention to those things as factors that are about violence – and as much about violence as the domestic and sexual violence are,” she said.

IDVAAC director Dr. Oliver J. Williams agreed, adding that narrow analyses will only generate narrow solutions.

“As advocates collectively, we have these perspectives about how we look at the work – we talk about sexism and power and control, but that’s primarily it. We need to talk about other things that give the narratives of the populations that we’re serving,” said Williams, a professor in the School of Social Work at the University of Minnesota in St. Paul.

“We need to do a better job of talking about social context and considering different influences on people’s behavior and thought processes – whether someone grew up in poverty, whether they grew up in gangs or violence, or whether they grew up with these codes about how men are supposed to interact with other men or behave with women,” he said.

Awareness of – and respect for – such context is the only way to develop effective intervention and prevention strategies, Williams said.

“It’s true that some men may say, ‘I want to have power and control and I’m going to be abusive,’ but sometimes it’s also a reflection of environment. You’ve got to talk about the context of how a person lives their life,” he said. “So if they’ve been violent against their partner, but you don’t talk about the violence they’ve done or experienced in the community, then there’s an obvious disconnect.”

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Comprehensive prevention

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“So yes, it’s sexism and power and control, but it’s also something else,” he said. “So at the end of the day, there are different norms that people have been exposed to that we’ve got to get our heads around to be effective.”

Dr. William Oliver, associate professor in the Department of Criminal Justice at Indiana University in Bloomington, said mainstream advocates also need to do fuller and more compelling research on the “significant structural factors that are part of a historic legacy of racial oppression that contributes both to community violence and intimate partner violence.”

“We need to have a comprehensive violence prevention agenda that seriously recognizes that intergenerational exposure to structural inequality has a legacy that gets manifested in problematic behavior, including intimate partner violence,” said Oliver, who has written extensively about community violence, African American men and prisoner re-entry.

Oliver added, however, that black organizations, institutions, advocates and policymakers also have a duty to take charge of their own destiny as it relates to establishing more effective approaches to reducing domestic violence.

“The African-American community must organize to hold politicians and governmental agencies accountable for making sure that the right sort of resources – in terms of education, vocational training and mental health services – are easily accessible and available,” he said.

“I think it’s also important for the African-American community to organize community-based violence prevention taskforces in which they put forward their own agenda and hold politicians responsible for addressing that agenda.”

IDVAAC steering committee members delivered these messages – among others – at the international conference intended to advance the mission of creating a world free from violence, abuse and trauma.

Other IDVAAC presenters included: Dr. Obianuju “Uju” Obi, a psychiatry resident at

Columbia University Hospital in New York; Dr. Esther Jenkins, professor of psychology at Chicago State University (retired); Ms. Joyce N. Thomas, president and co-founder of the Center for Child Protection and Family Support in Washington, D.C.; Dr. Robert L. Hampton, a professor of Sociology at Tennessee State University; and Dr. Tameka L. Gillum, associate professor at the School of Public Health and Health Sciences at the University of Massachusetts in Amherst.

During a conference session on evidence-based practices, steering committee members urged mainstream advocates to research individualized and group treatment approaches that consider multiple individual and contextual factors.

“More research is needed to identify evidence-based practices most useful for African American survivors and batterers,” Gillum told conferees. “One way to facilitate this is for more funders to create funding mechanisms that allow for ‘novel’ approaches. This could be used to help design culturally specific approaches that have the potential to become evidence-based.”

“In addition, existing evidence-based practice/interventions could be modified to make them more culturally specific,” she added. “Likewise, we could modify existing evidence-based (non-IPV) interventions that target culturally specific communities to incorporate IPV.”

Jenkins agreed that EBPs should be “adapted in order to work in a particular setting or with particular populations,” but cautioned against making broad changes that threaten the integrity of the program.

“Such changes may be essential to the successful implementation of the project but need to be done in a way that preserves the core elements of the intervention,” Jenkins said.

Williams said IDVAAC’s role in the conference was to outline the work the organization has done over the years and to detail how IDVAAC has helped shape

dialogue, promote outreach initiatives, enrich mainstream literature and create approaches and strategies to reduce intimate partner violence in America.

IDVAAC steering committee members and other stakeholders will share their insights about intimate partner violence next year in a special issue of the *Journal of Aggression, Maltreatment and Trauma*, Williams said.

Williams also told conferees that IDVAAC – which was founded in 1993 – will no longer exist after September and that the organization’s mission of enhancing society’s ability to end violence in the African-American community would soon be embraced and promoted by a new organization called Ujima. The new organization will be headquartered in Washington, D.C., he said.

During a IDVAAC steering committee meeting, members said they would seek resources to archive the voluminous amount of videos, DVDs, newsletters, webcasts, fact sheets, reports and other initiatives and academic papers the organization has generated in nearly 25 years of activism in the field.

“The creation of IDVAAC was a critical moment in the history of the anti-violence movement and anyone trying to write that history or research that history should be able to find the archives of the steering committee somewhere,” Richie said. “It seems to me that [we ought to] try to locate them somewhere as a publicly accessible archive.”

Oliver and other steering committee members agreed, adding that resources should be secured to “memorialize the footprint” IDVAAC has made in domestic violence scholarship, research, training, education, public policy and community consciousness.

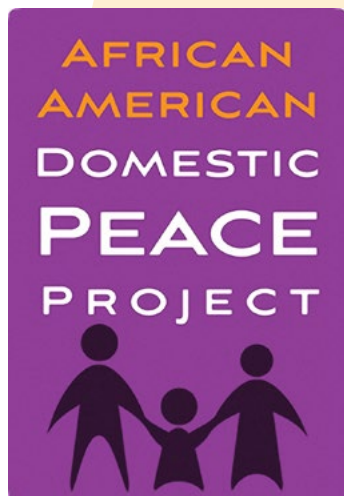
“I think we should try to preserve everything – working agendas, publications, photos – everything. It’s a rich source of information,” Oliver said. “There should be

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'Peace project' members share insights on EBPs

SAN DIEGO – Members of the African American Domestic Peace Project (AADPP) met in San Diego recently to discuss evidence-based practices and strategies they use to more effectively export their message of non-violence in their communities and throughout the U.S.

Attended by administrators of eight AADPP cities, the session was intended to establish ways to update information about evidence-based practices and to strengthen partnerships among domestic violence advocates across the U.S., said AADPP coordinator Dr. Oliver J. Williams, executive director of the Institute on Domestic Violence in the African American Community.



"Domestic violence advocates are doing outstanding work in addressing gender-based violence around the country, but much of the good work is limited to the geographical area in which it's performed," Williams said. "By comparing notes about what is working in various communities, we'll connect the dots among non-violence initiatives in America while helping to identify, strengthen and, ultimately, export the best of these initiatives throughout the nation."

Once the research is updated and finalized, AADPP will create a digest of effective

evidence-based domestic violence programs that can be exported to other locations around the country, Williams said.

During the San Diego session and in several subsequent surveys, group members shared information about evidence-based and trauma-informed practices around local programs – largely focused on battered women, youth & dating violence, faith-based initiatives, male batterers and imprisoned men and women – they said could strengthen outreach initiatives and reduce gender-based violence.

Specifically, the group sought to respond to four key questions:

I. What specific books, newsletters, magazines, trade publications, journal articles or other literature have you read or do you regularly read to keep you informed/empowered about the work that you do?

Advocates reported that they regularly survey academic, professional, spiritual, industry and culturally based literature to supplement their curriculums, stay refreshed on industry trends, issues and developments, and strengthen their practices, presentations or treatments. Among the literature they analyze and incorporate into their work included:

Hambleton, I. W. (2015). Cause-of-Death Disparities in the African Diaspora: Exploring Differences Among Shared Heritage Populations. *American Journal Of Public Health*.

Hook, J. L. (2009). Christian Couple Counseling by Professional, Pastoral, and Lay Counselors from a Protestant Perspective: A Nationwide Survey. *American Journal of Family Therapy*.

Brade, K. A., & Bent-Goodley, T. (2009). A refuge for my soul: Examining African American clergy's perceptions related to



AADPP member Rev. Traci Jackson Antoine (right) addresses audience members during a recent domestic violence conference in San Diego.

domestic violence awareness and engagement in faith community initiatives. *Social Work and Christianity*.

Kesslyn, B. S., Fischle, H., Tricia Bent-Goodley, Purnell, K., & Williams, H. (2015). The development of a culturally competent intimate partner violence intervention-S.T.A.R.T.©: Implications for competency-based social work practice. *Social Work and Christianity*.

Popescu, M., Drumm, R., Mayer, S., Cooper, L., Foster, T., Seifert, M., Dewan, S. (2009). "Because of my beliefs that I had acquired from the church...": Religious belief-based barriers for adventist women in domestic violence relationships. *Social Work and Christianity*.

Among these varied resources, Kesslyn & Goodley's work was reported as being particularly useful in that it is religious based and culturally sensitive to the growing need for domestic violence research and competent application for prevention resources in the church.

The scholarly article, "A refuge for my soul..." also was reported as useful as it helps to better train clergy on how to effectively interact with women who are in a crisis of faith regarding violence within their marriages, advocates reported.

II. How do you apply the knowledge you've gleaned from this literature to your work?
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Peace Project

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Respondents reported that the literature they read and the research they conducted reflecting evidence-based and trauma-informed practices helped to strengthen their programs, outreach and training in many practical ways.

“The literature and research provides sounding board information that prevents me from having to reinvent the wheel,” one advocate said. “It also helps me to refine a holistic approach to treatment and advocacy that includes clinical, diagnostic, cultural and spiritual/faith-based methods and procedures.”

“I read the stories and the research and I formulate these questions or state these facts to clients in a way that constitutes compassion, accountability, healing and wholeness,” another advocate said. “I utilize the information in a very deliberate manner. I use dialogue; I allow role-playing... I engage them in my lesson.”

Another respondent said the knowledge she gains from reading industry literature is most effectively applied in her support group counseling sessions, which she called “the most satisfying part of what I do.”

“The women come alive in group; they nurture, validate, support, laugh, cry, swear, scream, sing and pray. It is the most validating space I think I have ever been in for a black woman,” she said. “It is a closed Vegas type of environment. What happens there, stay there.”

Another respondent said the knowledge and information gained from various literature is adapted to the black experience to “provide culturally relevant and gender specific services to crime victims, survivors of gender based violence and other clients and survivors.”

Other respondents said the literature they read consistently informs their work in several practical ways, as well as in academic and theoretical ways. For example, they said, the literature has helped inform specific areas of organizational development, including staffing, board development,



AADPP member Dr. Patricia Davenport (center) makes a point during a recent domestic abuse conference in San Diego.

training, program development, outreach and education.

III. What specific strategies or formats do you use to evaluate programs and assess their effectiveness?

Respondents report using a variety of pre-program and post-program tests, surveys, evaluations and personality reviews to assess the effectiveness of their programs. Comparing pre- and post-program responses helps to measure comparative knowledge about the practices and consequences of domestic abuse and sexual assault, advocates reported, while also evaluating the learning experience and providing feedback about the effectiveness of program sessions.

Advocates reported that they also conduct follow-up interviews with abusers to determine the recidivism rate for clients and compare that rate to the mean recidivism rate for abusers. Some advocates said they critique the abuser’s self-endorsed “accountability plan” – which pledges a violence-free lifestyle – to assess whether the abuser has remained true to his/her stated convictions.

Other respondents said they consult with other service providers – the court system, social service agencies, health providers, churches, community-based organizations,

etc. – to assess whether clients have engaged in any criminal or anti-social behavior and to gather constructive data on how to strengthen services.

Advocates also reported conducting special outreach programs (one advocate created a “victim/offender dialogue”) to give victims an opportunity to tell their stories of survival. Evaluating survivor’s personal accounts – i.e., analyzing temperament, emotion, mood, “body language,” etc. – allows counselors to further evaluate the effectiveness of programs on the healing process, respondents said.

Another respondent reported that government, institutional or funder guidelines established to evaluate program effectiveness – consisting of compliance surveys, data collection, program monitoring and on-site compliance reviews – also help to ensure program effectiveness.

Overall, these program assessments, evaluations and reviews help to strengthen domestic violence programs, respondents said, ultimately helping to improve services and outcomes. The assessments also help to inform funding agencies about how they can enlarge their capacity to provide more culturally relevant services for victims and survivors, advocates said.

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IV. From where do you draw the basis of your understanding on how to best serve African American women who are battered?

Advocates said that while academic literature is instructive in informing the work that they do, their own experiences and interaction with clients also play a vital role. Many conduct their own community needs assessments, distribute and review victim questionnaires, and conduct pre- and post-service tests to supplement scholarly research and augment and enrich their approaches to client servicing.

Research is most useful and valuable when it validates and corroborates the anecdotal and experiential evidence gathered over years of work in the field, one advocate said.

"It is important to be able to draw upon relevant and current research to ensure that interventions are as effective as possible," one advocate said. "But I draw the basis of my knowledge from a combination of experience, research/resources and shared information from my colleagues in the field. The culmination of these resources informs my daily work."

"While information and research are necessary in guiding my work, ultimately, the voice of the victim or survivor determines the direction and outcome,"



AADPP member Sherina James (right) speaks to conferees during a recent domestic violence conference in San Diego.

another advocate added. "Research, literature, experience and shared knowledge guide and inform my work; but client interviews (goals/desires) produce the action plans that result in the client's/ community's desired outcome."

"It is vital that I am not only up-to-date with the latest research, but that I have (and provide for my students and trainees) the tools and understanding to successfully apply this to my/their work. I don't believe in a cookie-cutter approach. Every victim/survivor is an expert in his/her own life."

The experiences and shared insights from practitioners, stakeholders, advocates, victims and scholars all provide specific perspectives that help inform the work that domestic violence activists do, one advocate said. ♦

Some of the many IDVAAC Projects



'Tea Ceremonies' a potent outreach tool to immigrant communities, coalition says

MINNEAPOLIS – A coalition of international domestic violence experts met here recently to determine whether activists should create self-styled tea ceremonies to establish safe spaces for women from African immigrant communities to meet and explore issues of gender-based violence, sexual assault and other related issues.

Establishing culturally appropriate “tea ceremonies” for African immigrant women who are victims of domestic violence might prove instructive and valuable as a contemplated outreach, education, prevention and advocacy initiative against gender-based violence in the communities served by domestic violence activists, participants said.

Hosting such ceremonies also might help advance the mission of prevention throughout the DV community and potentially help coordinate fragmented prevention efforts within the domestic violence community.

The overwhelming conclusion: The creation of “tea ceremonies” for African immigrant women would be a potentially potent outreach tool because it would create a supportive place for women to discuss and dissect a topic that is virtually unrecognized in most African cultures: domestic violence.

Immigrant women who are victims of domestic violence in the U.S. are burdened with many additional challenges that complicate and aggravate their situation, the experts concluded – challenges like an unfamiliar environment, culture, language and tradition. Coupled with rampant domestic abuse, these challenges can make victims feel more isolated, depressed and alone, experts said.

The establishment of bi-weekly tea ceremonies for African immigrant women would create a network of like-minded women whose shared history, background and experiences would help them feel

NAME	COUNTRY	SERVICE AREA	ORGANIZATION
Farhyia Mohamed	Somalia	Seattle, WA	Somali Family Safety Task Force
Annamore Matambanadzo	Zimbabwe	Pittsburgh, PA	Advance African Development (AAD)
Lul Abdulle	Somalia	Portland, OR	Somali Women Association
Fatima Porgo	Burkina Faso	Clarkston, GA	African Institute for Community Advancement (AICA)
Manna Teclemariam	Eritrea	San Jose, CA	African Community Health Institute (ACHI)
Fatima Kourouma	Ivory Coast	Harlem, NY	Nerlow Afriki

less alone and more empowered to deal with their abuse and the topic of domestic violence, the experts agreed.

Patterned after traditional tea ceremonies in many African cultures, these ceremonies would create a serene and supportive environment for immigrant women of similar cultures to meet, share experiences, express mutual support, and seek insights and counsel on how to effectively manage their families and communities in a strange new land, the experts concluded.

The ceremonies also would educate African immigrant women about places they could go for assistance and help them confront and manage the various social, cultural and familial issues associated with domestic abuse and sexual assault in their homes and communities.

U.S.-born domestic violence activists also might attend, audit or facilitate these sessions, giving them a fuller understanding of the narrative, culture, tradition and experiences of African immigrant women, the experts said. Such insight would prove invaluable in helping domestic violence experts better serve African immigrant women who are victims of gender-based violence, the experts said.

Domestic violence activists who work with African immigrant communities were interviewed as part of the Minneapolis outreach initiative. Interviews were facilitated by Ms. Fatima Porgo, founder of the African Institute for Community Advancement (AICA), and Dr. Oliver Williams, executive director of the Institute on Domestic Violence in the African American Community (IDVAAC).

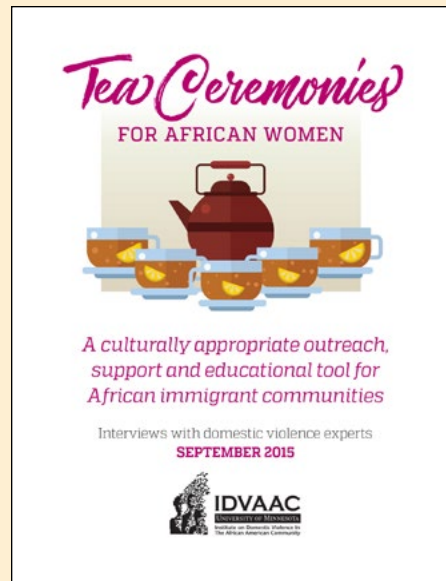
The interviewees represent organizations that serve immigrant women from several African nations, including: Somalia, Zimbabwe, Burkina Faso, Eritrea, Ivory Coast, Ethiopia, Sudan, Mali, Guinea, Liberia, Morocco, and many other nations located in East, Central and West Africa. Interview participants shown in chart on page 8.

Participants made several recommendations on how those ceremonies could and should be implemented. They included:

- Effective facilitators would be key to the success and viability of the tea ceremonies. Facilitators should have five key characteristics above all others: Compassion, empathy, compelling communication skills, past experience in working with domestic violence victims,

working with domestic violence victims, and an ability to engender trust and solicit confidentiality.

- Sessions should be close-ended, meaning that once a new group begins, no new person can join. Allowing women to come in and out of the group could compromise the feeling of trust and confidentiality so vital to encouraging women to share their feelings, fears and experiences. (New members could be directed to other support groups).
- Organizers should set a finite number of group sessions in advance to help honor issues of confidentiality, trust and fairness. Organizers also should maintain a strict attendance policy.
- Groups should contain no fewer than 10 and no more than 20 participants. About 10-15 participants would be most ideal, giving participants time to savor the ambiance, share their sentiments, and get the desired support and counsel they need.
- Meetings should be held in a place that is altogether comfortable, cost-effective, expedient and safe. Without a feeling of



safety and security, women simply will not attend.

- While program costs can be minimized through creative planning and visioning, securing adequate corporate or foundation dollars is critical. Budgets, while necessarily conservative, will need to include line items for: transportation, meeting space, child care, and – of course – tea and refreshments.

At the end of the day, the ultimate objective of the tea ceremony is to create a secure, loving and nurturing environment for African immigrant women who've been beaten, sexually assaulted and otherwise abused to find support, security, personal fulfillment and peace, interviewees agreed.

"We are not reinventing the wheel. We are just replicating a practice that was done back home," Matambanadzo said. "All we need is a reasonable budget to make it happen."

Mohamed agreed, adding that the personal crisis for many African immigrant women has reached eic proportions.

"The women we serve didn't come here for vacation," she said. "They came under difficult situations. Many come from war zones. Many were raped. Their husbands were killed. Their children African immigrant communities were raped in front of them."

"Being a refugee is very hard, and many come with several traumas. They really need us," she said. "These tea ceremonies are not for socializing, but are really a way for these women to build back their lives." ♦

Trailblazer

CONTINUED FROM PAGE 2

DR. UJU OBI BERRY: IDVAAC has opened the dialogue. It has made a topic that was once taboo no longer taboo. It has helped bridge the divide between clinicians/researchers with advocates and the community.

ANTONIA DREW VANN: The impact is African Americans writing the narrative of what works and what does not and what challenges are relevant and those that are not.

DR. WILLIAM OLIVER: IDVAAC has had a direct impact on the African American community by providing a context via its national forums to enhance the professionalism of domestic violence advocates and service providers.

JOYCE N. THOMAS: As a result of the work of IDVAAC, providers that serve African American families have been able to network, learn from one another and reduce the silos of working in isolation.

DR. ROBERT L. HAMPTON: IDVAAC legitimized discussions (research and practice) that focus on our communities within the requirement that we use non-African Americans as a comparison group. Over the last two decades, IDVAAC expanded the dialogue among constituents who have chosen to ignore interpersonal violence in our community.

FATIMA PORGHIO: For the African immigrant and refugee community, IDVAAC provided a great platform to inform and train service providers assisting African immigrant and refugee victims of domestic violence, and [to] organize community leaders in addressing domestic violence.

DR. PAT DAVENPORT: IDVAAC had a leading role in the African-American community as technical support. That, in itself, has an impact, because everybody needs to have a mentor guiding them in any organization.

REV. J.R. THICKLIN: IDVAAC gave us a voice and spoke to the narrative and our plight.

3. What has been your experience or connection to various projects of IDVAAC?

DR. UJU OBI BERRY: I joined when I was in college as I was concerned about domestic violence (DV) in African immigrants. Through Oliver [Williams], I was able to leverage my skills to help move IDVAAC into thinking more strategically about incorporating a holistic worldview on DV.

ANTONIA DREW VANN: My experience with IDVAAC was life changing and work validating. It was by God's design. I am one of the co-founding members.

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Trailblazer

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I worked on a significant number of projects spanning 20 years that took place in dozens of cities across the country. Some include: focus groups, community assessments, prisoner re-entry, culturally specific services for African American victims and batterers and much more.

DR. WILLIAM OLIVER: Some of my activities with IDVACC have included: Assisting in planning national conferences, presenting at national conferences, contributing to various publications reflecting the research of IDVAAC steering committee members and assisting in the implementation of various research products conducted by IDVAAC.

JOYCE N. THOMAS: As a steering committee member, I have participated in national conferences, produced professional publications and coordinated with other groups on behalf of IDVAAC.

DR. ROBERT L. HAMPTON: As a member of the steering committee since its inception and following the lead of our executive director, we have been trailblazers in a number of areas, including: Safe Return Initiative, community-based research, [African-American] Domestic Peace Project, national and regional conferences, and individual and co-authored publications that have had a demonstrable impact on research and practice. [We also have] expanded the conversation regarding violence among people of African ancestry to include trans-global issues.

FATIMA PORGHO: I was involved in working on the African Women Project and it has been a great learning experience for me.

DR. PAT DAVENPORT: My experience has been a relationship of being able to train others and to receive hands-on work experience. It boosted our credibility with funding agencies and empowered us in Mississippi and in other states. The connection with IDVAAC has enhanced everything we do at our shelter.

REV. J.R. THICKLIN: I have been part of several projects such as Speaking of Faith: Domestic Violence Programs in the African

American Church. I have attended and participated in several conferences over the last 10 years, and was part of The African American Domestic Peace Project.

4. Where does the work of domestic violence in African and African American communities need to go?

DR. UJU OBI BERRY: I think that there are still areas to expand on, including making DV more of a topic that people can talk about without fear. I think we need to do more about other forms of trauma and how it impacts intimate trauma. I also think understanding how to help communities and how to help abusers in expanded ways is a direction to go in, as well as prevention.

ANTONIA DREW VANN: The work needs to continue to fight for culturally specific services for African Americans within African American communities and give attention to the critical need for: mental health, substance abuse treatment, access to legal help, and longer term and staffed “communal” housing. We also should investigate why some culturally specific African American programs across the country serving African American populations are getting shut down. Black Agencies Matter.

We also need to develop strategies that are replicable and aimed toward self-sufficiency for programs serving victims that lessen the program’s dependence on and control by government and other funders. We should be increasing marketing campaigns, expanding social media use, going beyond shelter services and developing coalitions to lobby and challenge policies that negatively impact the African-American community.

DR. WILLIAM OLIVER: IDVAAC steering committee members will continue to promote best practices in addressing domestic violence in the African American community. They will also be in the forefront of the continued production of research and scholarship to uncover the causes and consequences of domestic violence, as well as best practices toward


the prevention of domestic violence among African Americans.

JOYCE N. THOMAS: Given the realities of today’s racial tension in the U.S., the work of IDVAAC is needed more than ever to clarify research, determine best practices and serve as experts to the public at large.

DR. ROBERT L. HAMPTON: The end of IDVAAC does not suggest “mission accomplished” on all fronts. As we pass the baton on to others, some of their work may build on the foundational work of the IDVAAC agenda. The work on domestic violence in the African and American-American communities will evolve into several directions based on priorities established and nurtured by many competent researchers and practitioners.

FATIMA PORGHO: The work needs to continue and expand. Communities need to have a greater stake in the fight against domestic violence and policy to support the effort needs to be in place.

REV. J.R. THICKLIN: We must go mainstream and get our message to more schools, colleges, universities, businesses and churches.

DR. PAT DAVENPORT: It grieves us that Dr. Oliver Williams is retiring. He was the forefront leader in this work of domestic violence in the African-American community. We need to keep moving up, staying informed and bonding together. Separating us pulls us back into the past. 

Original steering members included: Dr. Oliver Williams, Shelia Hankins, Antonia Vann, Dr. Beth Richie, Dr. Robert Hampton, Dr. Linner Griffin, Dr. William Oliver, Dr. Esther Jenkins, Kelly Mitchell-Clark and Joyce Thomas. Added later were: Dr. Uju Obi-Berry, Dr. Johnny Rice, Karma Cottman, Dr. Tameka Gillum, Dr. Grace Mose-Okongo, Fatima Porgo and Dr. Tricia Bent-Goodley.

'Coordinated strategy for success' needed to defeat DV, roundtable participants say

DETROIT – Domestic violence advocates, social workers, civic leaders and health professionals must collaborate to develop a “coordinated strategy for success” in order to effectively diagnose, treat and significantly reduce incidents of gender-based violence throughout the U.S.

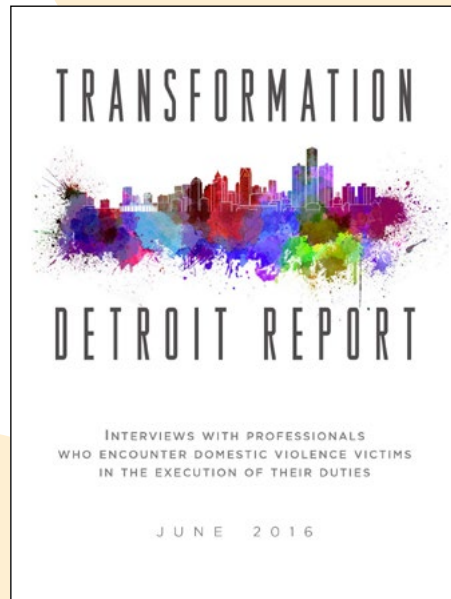
That was one of the conclusions that emerged from a roundtable discussion this summer convened by IDVAAC and Transformation Detroit, a collaborative of advocates, representatives from state agencies and other professional stakeholders.

While many activists and professionals do a good job of identifying and treating domestic violence independently, those efforts frequently are fragmented and, therefore, less effective, panelists said. By collaborating to compare notes, develop integrated approaches and review evidence-based “best practices,” those efforts could be much more effective, panelists said – ultimately leading to fewer victims of gender-based violence.

“The research shows that there are several professions within the black community that are doing good work in recognizing, diagnosing and addressing gender-based and intimate partner violence,” said IDVAAC director Dr. Oliver J. Williams. “The problem is that these organizations don’t engage or interact with one another around the issue, so everyone is effectively reinventing the wheel.”

“These organizations need to do a better job of collaborating with each other so they can develop an integrated approach that 1) identifies ways to recognize and treat abuse victims, 2) brings their own unique insights and expertise to bear, and 3) makes recommendations that can be applied to larger systems.”

The Transformation Detroit panel discussion was an outgrowth of IDVAAC’s



Domestic Peace Initiative, which aims to build the capacity of local communities to engage stakeholders in efforts to effectively address intimate partner violence and intersecting issues.

The Transformation Detroit panel consisted of a cross-section of health professionals, civic activists, educators and social workers who encounter domestic violence victims in their jobs, even though they are not directly involved in domestic violence work, per se. The session was designed to establish ways that such professionals could do a better job of recognizing abuse when they see it and develop more compelling ways to treat domestic violence victims.

The core question presented to the roundtable participants was: “Victims of domestic violence receive treatment services at different venues in different ways. If you’re a professional whose work is not specifically focused on domestic violence, how does this abuse come to your attention and how you respond to it?”

Convening at historic Greater Grace Temple in Detroit, the Transformation Detroit roundtable participants

recommended several “action steps” professionals can and should take to more efficiently and effectively recognize domestic abuse and/or respond to abuse victims. Those steps included:

- Develop and prioritize an action plan for mobilizing professionals who encounter abuse victims to address domestic violence.
- Create a community-based educational/promotional campaign that teaches average citizens about domestic violence and empowers them with practical action steps they can take when they experience or encounter domestic abuse.
- Undergo training on what to look for what interacting with clients who might be domestic violence victims. Once codified, export that knowledge to staff members who interact with potential domestic violence victims.
- Through research, education and training, develop a greater understanding of why many women stay in domestic violence situations.

Panelists also said that professionals who encounter domestic abuse survivors should stay alert, be sensitive, watch for signs of erratic or inexplicable behavior, and pay attention to what victims say – and don’t say.

In other words, they said, stop, look and listen.

“You have to have your antenna up in order to determine if they are victims of domestic violence,” said Dr. Vanessa Robinson, a senior staff physician and primary care physician at Henry Ford Hospital in Detroit. “If you don’t pay attention, you might miss it.”

Roundtable participants said that denial, fear of the unknown and fear of repercussions frequently are among the key reasons why domestic violence victims fail to report abuse.

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‘Listening sessions’ identify challenges, resources to addressing domestic abuse

MINNEAPOLIS – IDVAAC officials sponsored “listening sessions” in four specific communities this summer designed to identify challenges and resources to overcoming intimate partner violence homicides and near homicides in cities across America.

The Community Resource Mapping Project’s listening and validation sessions helped identify culturally specific resources, assets, challenges and strengths that are empowering to the black community and are recognized as supports or potential supports to high-risk victims of IPV, officials said in separate reports.

“It is imperative for black populations that experience high levels of community violence and IPV to support an approach in identifying community resources and assets that could decrease IPV homicides and near homicides within this community,” one report said.

The sessions – part of the Domestic Violence Homicide Prevention Demonstration Initiative – were held in four U.S. counties: Contra Costa County, CA; Cuyahoga County, OH; Kings County, NY; and Pitt County, NC.

The project’s mission was to: identify culturally specific services that are addressing community challenges; to strategically connect with communities to determine what resources high-risk victims turn to first for safety; and to ensure that prevention efforts are supported in ways that are culturally specific and relevant to the black community.

The specific challenges that must be overcome, the reports said, included:

- **Black and blue:** Strained relationships between the police and black communities – spawned by years of racism, institutional bias and mutual fear, bias and distrust – require that officers

and civic activists receive sensitivity training on policing in racially and ethnically diverse areas.

- **Access to services:** A dearth of service providers in lower-income areas – coupled with limited access to affordable public transit in outlining areas – were seen as huge barriers to black IPV victims seeking services. Many black IPV victims also were reluctant to seek services from outside providers who could not relate to their cultural experiences.

- **Non-specific approaches:** “You will never be able to address IPV in the context of the black experience until you address the complex issues of gender, ethnicity, economic oppression and the historical context of structural, systemic and intergenerational violence in the black community,” one report said.

- **Lifting the veil:** IPV is still a taboo topic that people continue to whisper about, but never discuss openly – almost as if it doesn’t exist. Some people believe that talking about IPV is akin to airing the community’s “dirty laundry,” putting the family or the community at-risk of public stigma, risk and embarrassment. This reality must change.

- **Lack of finances:** Limited or inconsistent funding puts black organizations doing culturally specific work in a position where they have insufficient resources to fulfill their mission. Black organizations may convene and confer, one report said, but little happens after the meeting because of lack of funding, cohesion and collaboration among organizations.

- **Know your rights:** Many IPV victims – especially undereducated citizens or recent immigrants – fail to report abuse because they don’t know their rights. Immigrants in particular may remain silent about abuse due to fear of deportation or of losing their


immigration status. Training modules that orient victims about the law can mitigate these challenges.

The reports collectively confirm the need to fund and support the leadership of the black community to help build a more diverse and inclusive domestic violence support team to end IPV homicides and near homicides.

Developing relationships and collaboration between law enforcement and community also was seen as necessary, since law enforcement was viewed as part of the community. Honest conversations about policing in the 21st century would help strengthen the relationships between police and the community, the reports said.

Supporting the involvement of faith-based organizations and community members in “movement building” around issues of violence in the black community also would result in community healing and hope.

Because domestic violence and IPV cannot be separated from racism, state violence and historic oppression, it is imperative that mainstream organizations not only provide services that are culturally specific, but also take a stand against injustices involving immigration, criminal sentencing, reproductive and mental health and child welfare.

Until society speaks out collectively against such injustices, mainstream organizations effectively are operating in denial that racism, sexism and gender oppression exist. Their silence or indifference about larger institutional issues that impact the black community tells at-risk victims that they do not matter, that their experiences are secondary to other issues and that the violence they experience is a personal issue for which society bears no passion, interest or responsibility. 

EBPs spark better insight, greater support for domestic abuse projects, experts say

Evidence-based practices (EBPs) and their conceptual framework were introduced to the medical industry nearly two decades ago, experts say, and within many fields, practices and disciplines, have quickly become the new gold standard.

Since the 1990s, EBPs have become more prominent in addressing patient needs they said, and are transitioning into other forms of social services, including treatment to survivors and perpetrators of intimate partner violence (IPV).

“Many federal and professional agencies are promoting the application of evidence-based practice due to its demonstrated effectiveness,” said Dr. Tameka L. Gillum, an associate professor at the School of Public Health and Health Sciences at the University of Massachusetts in Amherst.

“As such, it is important to become familiar with evidence-based practice to effectively become engaged in and help shape the discourse as well as increase chances of securing funding from those entities that promote its use.”

Dr. Robert L. Hampton, a professor of sociology at Tennessee State University, agreed, adding that greater understanding of how to apply evidence-based practices can mean greater success in addressing intimate partner violence and in securing funder dollars to subsidize prevention programs.

“Private and public organizations are beginning to insist more and more for evidence that support their funding requests,” he said in a joint report with Prof. Pamela Jenkins, a research professor of Sociology and faculty in the Women’s Studies Program at the University of New Orleans (emerita).

“Agencies, foundations, and a growing number of private donors want to know more about the extent to which a program or practice is having a positive impact or basically is meeting the outcomes it was



designed to achieve,” they said.

“For many, this is translated into a simple question: ‘Is there evidence that this program or approach has been successful?’ ”

‘PROGRAMS BASED IN TRUTH’

So the question for advocates is simple, says Dr. Oliver Williams, executive director of the Institute on Domestic Violence in the African American Community: “How can a greater understanding of evidence-based approaches help develop more effective intervention programs, thereby helping to better serve victims of IPV?”

“At its core, the principle of EBPs is simply this: Using literature, clinical research, client interviews and cultural analysis, how can we better understand the challenges of the populations we serve and, from that understanding, develop more effective prevention and treatment programs?” Williams said.

“Programs developed from that heightened understanding improve outcomes for the populations we serve,” he said, “therefore becoming the ‘best practices’ of our field

because they are, essentially, based in truth and reality.”

Dr. Lakeesha N. Woods, senior associate at Community Science, a Maryland-based research and development agency, agreed, adding that there’s a constant need among service providers to build the evidence base of the effectiveness and efficacy of domestic violence programs that serve African American women.

“Gathering and applying evidence can increase understanding of the availability of effective programs for African American women, enhance quality of care, and continually develop and improve domestic violence services for African American women and women more broadly,” she said.

“To best serve female and male survivors of domestic violence as well as educate and inform domestic violence programs for African American communities, effective application of evidence-based practices in a sociocultural context is vital,” she said.

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Detroit transformed

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"They have all the evidence that they're being abused, but they're in denial because they're afraid of loss of income, fear of losing children, fear of the unknown and a feeling that they don't have anywhere to turn to," said Augustina Frazier, a professional clinical chaplain at Botsford Hospital.

Roundtable panelist Anita Posey agreed, arguing that fear of the unknown is a prime element in why many women fail to report abuse or try to escape.

"The longer a person is tethered to somebody who is controlling you, it's like you've gotten so used to it that it's like an appendage," said Posey, president of B.W.A.R.E. (Battered Women's Awareness Reaching Everyone, Inc.). "It's like, 'How am I going to survive if I cut off this arm?'"

Posey and other panelists said many other women fail to report incidents of abuse – even to trained professionals – because their trust has been violated so many times by their abuser, that they no longer trust anyone.

"When the man that you have devoted yourself to and pledged your love to betrays you, then it's hard to trust a stranger," Posey said. "You start asking, 'Are you even capable of helping me? What can you do for me? Are you going to present another problem that I don't want to deal with? Are you going to open up another can of worms that I'm not ready to deal with? I can't handle this, and that too.'"

It is because of these fears and anxieties that professionals must be especially diligent in paying attention and in showing compassion, empathy, patience and understanding, panelists said. In the end, those traits will pay dividends, they said.

Establishing a friendly rapport, opening a comfortable line of communication, showing patience and building trust are key elements in getting victims to share their stories of abuse, Frazier and other panelists said.

"You have to have patience with victims [because] it takes time for that brain to calm

down," Frazier said. "It take a minute to say, 'I can do this. I can actually do this. I can tell this woman this and she's going to help me.'"

Ellece McKinley, a health education and dance instructor at the Detroit International Academy of Young Women, said showing vulnerability and sharing an intimate part of your own life encourages others to do the same.

"If you can't break down your walls and leak out something, then no one's going to want to talk to you," she said. "When I commit, I commit 100 percent – and people can see that. My willingness to give a part of me tells them, 'I can trust her.'"

Debra Miles, a counselor and director of preschool at Creative Montessori Academy, said she gets children to talk by asking open-ended questions while doing arts and crafts with children and young adults.

"I might just say, 'How're things at home?' and then we'll start talking. And over the course of days or hours, they'll start opening up. I become a voice to say, 'Your story is real; what happened to you is real.'"

Panelists said while denial is a key reason why many women fail to report domestic abuse, other women – especially black women – are haunted and silenced by a feeling of shame. That shame sometimes causes women to self-medicate with illegal drugs to anesthetize their pain, they said.

"The reason many women don't open up about [abuse] is because it's shameful," Posey said. "I'm supposed to be the strong black woman. And I'm going to let a man beat on me? I'm supposed to be able to deal with this – but I can't. And since I don't know how to deal with it, I'm going to escape."

Augustine agreed, adding: "What I've heard over the last 11 years is that doing drugs is their way of escaping. It takes you outside of yourself and (helps) you cope better with it."

At the end of the day, panelists said, professionals who encounter domestic violence victims must mobilize their efforts to develop and prioritize an action plan for

recognizing, treating and/or dealing with domestic abuse victims.

For example, a "steering committee" of professionals from various disciplines could be created that would convene regularly, compare notes on identifying abuse victims, share information about treatment services, and develop a plan to export knowledge among professionals and within the broader community, panelists said.

An educational campaign that defines domestic violence, identifies the signs of abuse and lists treatment services and options would be especially useful to professionals and to victims or potential victims, panelists said. Once that campaign is developed, it could be promoted within professions and advertised at various venues within the community – such as beauty shops, schools, churches, community centers, grocery stores, block clubs and public restrooms.

Professionals also could more assertively integrate questions about domestic abuse into their routine operations, panelists said.

"For example, I just went for my annual physical the other day, and while the nurse was taking my blood pressure and temperature and all that, she asked me questions: 'Do you feel safe in your home? Have you ever been abused?' They're making this a part of what they regularly do," Posey said. "Other professions could do the same type of thing."

Dr. Opal Murphy-Hicks, president and CEO of Murphy's Educational Center Inc., said the old adage is true – knowledge is power.

"For women, we have to get to that point where we're not going to take it anymore. And that starts with educating women about what abuse is before it happens or while it's happening," she said. "It's all about education and awareness."

"If you have enough knowledge and awareness, you can change the environment. You can change the culture." ♦

African roundtable takes on domestic violence

MINNEAPOLIS – African traditions and cultural norms involving gender roles in the family and community must be challenged, examined and transformed, when necessary, if incidents of domestic violence are to be reduced in the nation's African immigrant communities.

That was one of the conclusions drawn during an invitation-only roundtable discussion among African men and women held this summer at the Commons Hotel in Minneapolis.

Coordinated by the Institute on Domestic Violence in the African American Community, the session was convened to identify ways that advocates can better understand, treat and prevent intimate partner violence in African immigrant communities, said IDVAAC's executive director, Dr. Oliver J. Williams.

Many immigrants come to the U.S. from African nations rife with traditions of patriarchy, misogyny, polygamy and spousal abuse – traditions that travel to the U.S. with them, conferees said. Such customs extend a tradition of bias against women

Gender norms must be challenged – and, in some cases, changed – if domestic violence is to be reduced, participants say

and must be confronted and changed if exploitation and abuse of African immigrant women in the U.S. is to be understood and reduced, some said.

"The values within a country have a huge influence on how African immigrants and refugees come to this country," Williams said. "For example, the principles that men are in charge, that men are supposed to use violence to control the family, that men can have multiple wives, that women are supposed to be conservative... This is the reality for many immigrants."

"And in some countries, there are no laws against sexual assault and there is no word for domestic violence," he added. "Women are expected to just deal with it – and without much support. In many countries, there is no social support system to address the issue and no laws in place to confront perpetrators."

The two-day conference explored the confluence of such issues facing African immigrant populations and helped orient domestic abuse advocates about the ideas, values and culture that shape African immigrants' reality.

"Sometimes we say that culture is faith and religion combined to maintain the status quo of victims – but I got the sense that while [conferees] were willing to find the beauty in the culture, they also were willing to challenge it to the extent that it could be harmful and negatively affect women," Williams said. "But it didn't mean that they wanted to throw the baby out with the bath water."

One unifying sentiment at the conference was that most people – no matter their gender, ethnic background or social status – want healthy, happy and peaceful families. The question, conferees said, is: How do you define it and create it?

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Roundtable table participants pose for photographers this summer following a domestic abuse conference among African men and women in Minneapolis.

FIVE STEPS TO EBPS

Dr. Esther Jenkins, retired professor of psychology at Chicago State, said there are five steps towards effectively implementation of EBPs, according to industry experts: Ask, acquire, appraise, apply and analyze/adjust.

- **ASK** important questions about the care of individuals, communities, or populations. For example: "I wonder if African American clients would do better in a group with an African American facilitator?"
- **ACQUIRE** the best available evidence regarding this question, perhaps by comparing the successes of programs that use African American facilitators to the successes of program that do not.
- **APPRAISE** the evidence to determine if the information is valid, useful and applicable – i.e., "Would an African-American facilitator work for our clients, in our setting, in our community for our purposes?" Modify, as needed, accounting for clinical expertise and the circumstances of usage.
- **APPLY** the evidence by engaging in collaborative health decision-making with the affected individual(s) and/or group(s). Appropriate decision-making should integrate the context, values and preferences of the care recipient, as well as available resources, including professional expertise.
- **ANALYZE** the outcome and processes of the intervention and **ADJUST** the program, as needed. Jenkins said, however, that once these steps have been taken, agency executives must adequately prepare and motivate staff to implement EBP programs correctly, consistently and efficiently.

"Staff must understand the practice that they are being asked to implement, be it gathering data or applying evidence, to the point that they are genuinely comfortable with the task," Jenkins said. "Often times,

5 A's of Evidence Based Practice Process



- Ask
- Acquire
- Appraise
- Apply
- Analyze

new approaches fail simply because staff does not fully understand how to implement them."

Jenkins said preparation is key to the success and sustainability of the program because staff buy-in – and understanding – at every level is essential.

"Staff needs to appreciate how this new practice relates to the goals of the program or agency. They need to understand the intervention and why it is important," she said. "Understanding how to conduct the EBP, and the importance of operating according to design, are essential to maintain the integrity of the project."

In a recent survey conducted by the African American Domestic Peace Project, meanwhile, agency officials said research and literature are key elements in helping them develop evidence-based approaches to treatment.

Academic, professional, industry and culturally based literature help them supplement their curriculums, stay

refreshed on industry developments, and strengthen their practices, presentations or treatments, they said.

Survey respondents reported that research about evidence-based and trauma-informed practices helped to strengthen their programs in many practical, academic and theoretical ways.

For example, they said, the literature has helped inform specific areas of organizational development, including staffing, board development, training, program development, outreach and education. ♦

African roundtable

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In a session entitled “Gender Dynamics And Domestic Violence,” Williams joined advocates Fatima Porgho, Wondimu Yirga and Oni Richards in exploring several issues, including reviewing gender roles and engaging males in the struggle against domestic abuse. In her section of the presentation – entitled “What If?” – Porgho defined a happy and healthy family as one where:

- Husbands and wives perform household duties together, thereby strengthening their relationship and their love for one another.
- Husbands and wives are mutually available to one another and committed to fulfill each other intellectually, socially and physically.
- The husband encourages his wife to undertake any activity that could benefit the family and boost the household income.
- Health literacy is available for each family member and each one encourages others to take advantage of it and seek medical attention, as needed.
- Husbands and wives are satisfied with each other, show pride in having a confident and courageous spouse and strive to be faithful.

Presenters said encouraging men to advocate against domestic violence,

developing advocacy groups and creating more community awareness through roundtable sessions, town hall meetings and social media outreach would educate more people about the issue and, ultimately, help reduce domestic violence.

In a separate presentation entitled “Trauma Care Informed Practices for African Immigrant Women Victims of Domestic Violence,” domestic abuse advocate Dr. Obianuju Obi Berry explored the confluence of factors that impact intimate partner violence in African immigrant communities, including:

- A cultural acceptability of violence
- Social isolation
- Immigrant/refugee status and legal vulnerability
- Economic insecurity
- Ethnic identification/intersectionality

Berry made several recommendations she said would help address the challenges facing women from African immigrant populations. At the policy and systems level, she recommended that advocates:


- Promote social participation in the design of health policy
- Strengthen coordination between the health system and other sectors
- Promote evidence-based policy-making

- Identify objectives and indicators for monitoring and evaluation

At the practitioner/clinic/advocacy level, she recommended that advocates:

- Identify objectives and indicators for monitoring and evaluation
- Identify and address access barriers
- Address language and cultural barriers to health services
- Identify relevant program adaptations that respond to the health needs of migrant and ethnic minority women facing IPV
- Develop systems for organizational learning relating to IPV among migrant and ethnic minority women
- Create more prevention activities

She also called for more research into: the impact of IPV on children; the link between individual violence and community violence; the potential influence of incorporating males into the discussion of domestic abuse; the role of religion in prevention and healing; and the power of personal strengths and resiliency.

At the end of the day, connection to family, elders and faith leaders are key elements in supporting victims, educating men, changing the narrative and helping to prevent intimate partner violence, conferees said. 

Comprehensive prevention

CONTINUED FROM PAGE 4


a dedicated archive that is not dependent upon whether someone wants to be benevolent to preserve it [so that] it will be preserved in perpetuity.”

Williams said he would consult University of Minnesota officials – among other resources – to see how such an archive could be established, maintained and preserved. He also encouraged steering committee members to research the issue and share any recommendations.

In his parting message to mainstream advocates, Williams shared this simple message: Broaden your scope.

“For some people in the field, there’s been this plan to encourage sameness, a sort of dogma that people adhere to. And if anyone came along talking about something divergent, there frequently was an effort in the field to devalue what you’ve done by saying: ‘Well, that’s not connected to our message, therefore it can’t be true.’”

“Instead, we [in the field] should expand our approach. We should seek to better understand the voices and the experiences of the populations we’re trying to serve. If we don’t, there’s something inauthentic about what we’re doing. If we don’t, we’re telling people what they ought to think, rather than working with them in a genuine way to understand their reality.”

“At the end of the day, I hope the field will begin to more ardently hear the voices of the people that they serve and work harder to create peace – in all of our communities.” 

Just the Facts

- On average, nearly 20 people per minute are victims of physical violence by an intimate partner in the United States. During one year, this equates to more than 12 million women and men.
- 1 in 3 women and 1 in 4 men have experienced some form of physical violence by an intimate partner within their lifetime.
- 1 in 5 women and 1 in 7 men have experienced severe physical violence by an intimate partner in their lifetime.
- One in three adolescents in the U.S. is a victim of physical, sexual, emotional or verbal abuse from a dating partner, a figure that far exceeds rates of other types of youth violence.
- 1 in 7 women and 1 in 18 men have experienced stalking victimization during their lifetime in which they felt very fearful or believed that they or someone close to them would be harmed or killed.
- On a typical day, there are more than 20,000 phone calls placed to domestic violence hotlines nationwide.
- In domestic violence homicides, women are six times more likely to be killed when there is a gun in the house.
- Intimate partner violence accounts for 15% of all violent crime.
- For more information, contact IDVAAC co-director Dr. Oliver J. Williams at:

1-877 NIDVAAC (1-877-643-8222).

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