African immigrant women and intimate partner violence: A systematic review

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African Immigrant Women and Intimate Partner Violence: A Systematic Review

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ABSTRACT

The purpose of this article is to systematically review and synthesize the available empirical research related to intimate partner violence (IPV) in the lives of African immigrant women. A comprehensive literature search for articles that were published between the years 2005 and 2015 was performed using the following databases: Academic Search Complete, Criminal Justice Abstracts, CINAHL Plus, Family Studies Abstract, JSOR, MEDline, PsycARTICLES, PsycINFO, Social Sciences Citation Index, and Social Services Abstract. Seven studies met the inclusion criteria. The literature on prevalence rates and types of violence, risk factors for IPV, mental health problems and coping strategies, and help-seeking behavior are discussed. Suggestions for future research are included.

ARTICLE HISTORY

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KEYWORDS

Africans; immigrants; intimate partner violence; refugees

It is imperative that researchers begin to investigate intimate partner violence (IPV) in the lives of African immigrant and refugee women. Due to migration patterns, more Western countries have seen an influx of African immigrants. According to the 2008 to 2012 American Community Survey (ACS), in the past four decades, the number of African-born immigrants grew rapidly, from 80,000 in 1970 to more than 1.6 million in the second decade of the 21st century (Gambino, Trevelyan, & Fitzwater, 2014). Other Western nations have seen a similar migration pattern. For example, the number of West African immigrants in Australia has doubled from 4,743 in 2001 to 9,705 in 2006 (Ogunsiji, Wilkes, Jackson, & Peters, 2012).

IPV has been documented in the lives of African women across the continent (Uthman, Lawoko, & Moradi, 2009). In cross-sectional household surveys conducted in eight southern African countries, 18% of women reported intimate partner victimization in the year prior to the survey (Andersson, Ho-Foster, Mitchell, Scheepers, & Goldstein, 2007). On relocation to their host countries, African immigrant women reported increasing levels of physical aggression perpetrated by their unemployed or underemployed husbands, who often felt displaced and
disempowered (Fisher, 2013; Kalunta-Crumpton, 2015; Zannettino, 2012). Premigration trauma and postmigration IPV has been associated with psychological distress among African refugee women (Nilsson, Brown, Russell, & Khamphakdy-Brown, 2008). Yet, African immigrant survivors reported that they were silenced and stigmatized when they revealed IPV to family and community members (Sullivan, Senturia, Negash, Shiu-Thornton, & Giday, 2005). In addition, African immigrant survivors faced barriers when they attempted to access mental health and domestic violence services (Keller & Brennan, 2007).

Despite the vulnerability of African immigrant women, research on this group is sparse. Due to their presumed similarity in race, researchers have combined African immigrant and U.S.-born African Americans in their samples. In other studies, African immigrant women have been included in samples with Asian and Latina immigrant women (Ting, 2010; Vaughn, Salas-Wright, Cooper-Sadlo, Maynard, & Larson, 2015). In both cases, the research practice of “ethnic lumping” has obscured the unique experiences of African immigrant battered women. Accordingly, the purpose of this article is to systematically review and synthesize the available empirical research related to IPV in the lives of African immigrant women.

Method

Search strategy

In July 2015, a comprehensive literature search for articles that were published between the years 2005 and 2015 was performed using the following databases: Academic Search Complete, Criminal Justice Abstracts, CINAHL Plus, Family Studies Abstract, JSOR, MEDline, PsycARTICLES, PsycINFO, Social Sciences Citation Index, and Social Services Abstract. The following key words were used in the search: African immigrant women and African refugee women. The search terms that were used to identify articles related to relationship violence included intimate partner violence, domestic violence, family violence, wife abuse, violence against women, spousal abuse, sexual abuse, sexual violence, and rape. Also, a search was conducted using Google and Google Scholar to identify studies that were not published in indexed journals. In addition, the reference list of each article was scrutinized to identify studies that might not have been listed in the searched databases.

Inclusion criteria

Any empirical study that investigated IPV among African immigrant or refugee populations in Western countries was considered for possible inclusion in this review. For inclusion, studies had to (a) include interviews or
surveys that were conducted with current or former victims of IPV, (b) be published in a peer-reviewed academic journal, and (c) include a definition or measure of IPV.

**Study selection and data extraction**

Fifteen potentially relevant studies were identified in the initial search. The full text of each article was retrieved and read to determine suitability for inclusion. A data extraction template was constructed to record relevant information, including the purpose of the study, research design, sampling methods, data collection method, method of data analysis, results of the study, and research limitations.

Eight studies were excluded because they did not include interviews or surveys that were conducted with current or former victims of IPV (Fisher, 2011, 2013; Kalunta-Crumpton, 2013, 2015; Kalunta-Crumpton & Onyeyozili, 2011; Keller & Brennan, 2007; Pan et al., 2006; Zannettino, 2012). A dissertation on help seeking and coping among African immigrant women (Sarpong, 2015) and a research report (Fisher, 2009) were excluded from the review because they were not published in peer-reviewed journals.

Seven studies met the inclusion criteria and were included in the review (Akinsulure-Smith, Chu, Keatley, & Rasmussen, 2013; Nilsson et al., 2008; Ogunsiji et al., 2012; Rasmussen, Chu, Akinsulure-Smith, & Keatley, 2013; Sullivan et al., 2005; Ting, 2010; Ting & Panchanadeswaran, 2009). Researchers investigated a variety of themes and topics, including prevalence rates and types of violence, risk factors for IPV, mental health problems that were associated with IPV and coping strategies, and help-seeking behavior (see Table 1). After a discussion of the methodology of these studies and demographic characteristics of participants, each of these areas is discussed later.

**Results**

**Study characteristics**

**Method**

Table 2 presents details of the seven studies that were included in the review. With the exception of one study (Nilsson et al., 2008) that used the revised Conflict Tactics Scale (CTS–2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996) to measure IPV, six studies used focus groups and individual interviews to gather information about the rates and types of IPV experienced by participants (Akinsulure-Smith et al., 2013; Ogunsiji et al., 2012; Rasmussen et al., 2013; Sullivan et al., 2005; Ting, 2010; Ting & Panchanadeswaran, 2009).
The study with the largest sample was a quantitative study that surveyed 62 Somali women (Nilsson et al., 2008). In contrast, the qualitative studies used smaller samples, which ranged from 15 participants (Ting, 2010; Ting & Panchanadeswaran, 2009) to 32 participants (Akinsulure-Smith et al., 2013). Although some interviews were conducted in French (Akinsulure-Smith et al., 2013) or Somali (Nilsson et al., 2008), most interviews and focus groups were conducted in English. Although unsuccessful, one team of researchers attempted to recruit Ethiopian women from various community settings using word of mouth and flyers that were written in Amharic (Sullivan et al., 2005). However, most of the participants were recruited through their contact with community-based organizations and referral sampling (e.g., Rasmussen et al., 2013).

### Demographic characteristics

Six studies were conducted using African immigrants who had relocated to the United States (Akinsulure-Smith et al., 2013; Nilsson et al., 2008; Rasmussen et al., 2013; Sullivan et al., 2005; Ting, 2010; Ting & Panchanadeswaran, 2009) and one study was conducted in Australia (Ogunsiji et al., 2012). Participants were voluntary immigrants (Akinsulure-Smith et al., 2013) and refugees who fled civil unrest in their countries of origin (Sullivan et al., 2005). Although a variety of countries, regions, and ethnicities were represented, the majority of participants migrated from West African countries (Akinsulure-Smith et al., 2013; Ogunsiji et al., 2012). In addition to English, participants spoke a variety of African languages, including Arabic, Amharic, Dinka, and French (Akinsulure-Smith et al., 2013).

In two studies, interviews and focus groups were conducted with both male and female participants (Akinsulure-Smith et al., 2013; Rasmussen et al., 2013);
### Table 2. Details of Each Study Included in the Review.

<table>
<thead>
<tr>
<th>Author</th>
<th>Data collection</th>
<th>Recruitment</th>
<th>Sample</th>
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</table>
| Akinsulure-Smith et al. (2013) | 7 focus groups (ranged in size from 2–12 participants). Some focus groups mixed gender; others female-only or male-only. 8 individual interviews conducted in English or French. Definition of violence: “Interpersonal conflict” was arguments, fighting, general tension; “violence” was hitting, kicking, weapons, etc. | Purposive recruitment. Staff members from community-based organizations (CBOs), health advocacy groups, and legal defense councils that serve West African communities in the Northeast region of the United States referred parents and adolescents. | Gender: 19 female, and 13 male  
Age: $M = 42.9$ years  
Religion: 19 Muslim, 13 Christian  
Country of origin: West African immigrants: 1 each from Burkina Faso, Chad, and Mali; 2 each from Côte d’Ivoire and Mauritania; 3 each from the Gambia and Guinea; 11 from Liberia; 8 from Sierra Leone  
Ethnicity: 2 each Mende or Mouride; 4 each Bassa or Mandingo; 8 Fulani; 12 “other”  
Immigration: 12 voluntary immigrants and 20 “forced” immigrants (e.g., war, refugee) |
| Nilsson et al. (2008)   | Survey given to participants in a group format (in English or Somali)  
Definition of violence: Conflict Tactics Scale-2 | Recruited through an organization that supports the adjustment of refugee and immigrant women. | Gender: 62 women  
Age: 20–68 years ($M = 37$)  
Marital status: Married  
Number of children: 78% had children, number of children ranged from 1–10  
Education: 15 reported 0–1 years of formal education; 14 reported 2–7 years of education, and 25 reported 8–12 years of education  
Religion: Muslim  
Country of origin: Somalia  
Host country: length of time in United States = 2–10 years ($M = 5$ years)  
Immigration status: 52% identified as refugees, 5% as U.S. citizens, and 3% as other |

(Continued)
Table 2. (Continued).

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| Ogunsiji et al. (2012) | Face-to-face semistructured interviews in English                                | First two participants from African women’s organization, then used referral sampling. | Gender: 21 women (18 described experience of IPV)  
Age: 18–40 years (71.4%); 41 years or older (28.6%)  
Marital status: 95% married  
Education: Pretertiary (23.8%), tertiary (9.5%), posttertiary (66.7%)  
County of origin: West African immigrants from Nigeria (71.4%) and Ghana (28.6%)  
Host country: Australia; length of time in Australia 0–5 years (n = 4), 6–10 years (n = 10), or 11 years or longer (n = 7)  
Immigration status: 20 Australian citizens, 1 permanent resident |
| Rasmussen et al. (2013) | 18 focus groups (ranged in size from 2–12 participants) and 8 individual interviews (one conducted in French)  
Definition of violence: 4 women self-identified as IPV survivors; “interpersonal conflict” was arguments, fighting, general tension; “violence” was hitting, kicking, weapons, etc. | Purposive recruitment. 9 locations in New York City and northern New Jersey. Staff members from CBOs, health advocacy groups, and legal defense councils that serve West Africans ask to refer participants | Gender: 13 male, 19 female  
Age: Range = 22–83 years (M age = 37)  
Religion: 34 Muslims, 21 Christians  
Country of origin: West African immigrants: 1 each from Burkina Faso, Chad, and Mali; 2 each from Côte d’Ivoire and Mauritania; 3 each from the Gambia and Guinea; 11 from Liberia; 8 from Sierra Leone.  
Host country: Arrived in United States between 3 months and 19 years prior to interview  
Immigration status: 12 voluntary immigrants, 20 “forced” immigrants (e.g., war, refugee) |
| Sullivan et al. (2005) | 3 focus groups  
Definition of violence: Survivors of IPV who were currently in or had left abusive relationships (55% reported that abuser was husband) | Domestic violence advocate from Refugee Women’s Alliance recruited participants from her caseload. | Gender: 18 women  
Age: M = 31  
Income: 95% had income less than $20,000 per year  
County of origin: Ethiopia (Amharic speaking)  
Host country: United States; average length of residence United States = 4 years |
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<td>Ting (2010)</td>
<td>In-depth interviews in a semistructured format</td>
<td>Purposive sample from 3 victim empowerment groups and 1 African women’s support group in a Northeast suburban agency serving victims of abuse. Participants also referred their friends and acquaintances.</td>
<td>Gender: 15 first-generation African immigrant women Age: 28–52 years ($M = 39$) Marital status: Married but separated from their husbands Education: 75% had attended college (some college, college graduate, graduate school). Employment: 53% employed Religion: 60% Christian, 40% Muslim County of origin: Sub-Saharan countries (75% West Africa, others from central, east, and South Africa) Host country: Time of emigration to the United States ranging from 1–17 years ago (average $= 7.3$ years)</td>
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whereas the other five studies in the review limited their samples to female participants. Across studies, the average age of participants was between 30 and 40 years old. Regarding religious affiliation, participants most often self-identified as either Christian or Muslim (e.g., Rasmussen et al., 2013; Ting, 2010). When marital status was reported, most often participants were married women (Nilsson et al., 2008; Ogunsiji et al., 2012). Both married women who were currently separated from their husbands (Ting, 2010) and survivors who had left abusive relationships were also interviewed (Sullivan et al., 2005). In three studies, women reported that there were multiple children in their household (Nilsson et al., 2008; Rasmussen et al., 2013; Sullivan et al., 2005). The range of educational and employment background varied across studies (Nilsson et al., 2008). Recently arrived Somali immigrants and refugees were less educated and unemployed (Sullivan et al., 2005), whereas West African immigrant women in two studies were college educated (Ting, 2010; Ting & Panchanadeswaran, 2009).

**Prevalence rates**

There was no consistent definition of IPV across studies in this review. Although Nilsson and associates (2008) used the widely administered CTS–2 (Straus et al., 1996) to measure IPV, other researchers asked participants to discuss “interpersonal conflict,” such as arguments, fighting, or general tension between family members (e.g., Rasmussen et al., 2013). Consistent with community norms, Ethiopian (Sullivan et al., 2005) and West African women (Ogunsiji et al., 2012) reported that domestic assault was considered a private matter that was seldom discussed in public settings. Therefore, IPV is unreported and underreported in their communities. As a result, the studies in this review do not offer prevalence rates of IPV.

**Types of violence**

Regardless of the definition used, African immigrant women reported multiple types of IPV. The level of acculturation, as measured by English language skills, determined the type of violence that was reported. More specifically, among Somali refugee women, higher rates of English fluency were associated with higher reported rates of physical and psychological abuse (Nilsson et al., 2008).

Physical aggression, which was often severe and potentially injurious, was most frequently mentioned: “He take his feet and punch it in my stomach” (Akinsulure-Smith et al., 2013, p. 116). Psychological and emotional abuse, threats, intimidation, and coercive control were less frequently mentioned in the narratives. Some victims used euphemisms, such as “humiliation” to describe verbal abuse (Sullivan et al., 2005). Other participants minimized the emotional violence in their relationships: “Several participants in this
study considered it a normal aspect of married life. Further, their perceptions of what constituted IPV did not extend beyond physical violence, meaning they did not consider their experiences of verbal and financial abuse as violent” (Ogunsiji et al., 2012, p. 1662).

Although sexual abuse was rarely mentioned in the narratives, a few women identified marital rape as a form of victimization: “Making love to you any time they want … Just come and hit you … They don’t want to know if you like it or not … you complain, they’re like, ‘I’m your husband and I married you’” (Akinsulure-Smith et al., 2013, p. 117).

According to the participants, perpetrators used government systems to abuse them. For example, West African immigrant women reported that their abusive partners used the power of their immigration status (e.g., husband’s U.S. citizenship) to keep the woman in a subordinate position: “When he say sometimes like, ‘I’m American citizen! ’ He can do whatever he want to do” (Akinsulure-Smith et al., 2013, p. 117).

Risk factors

Both perpetrators and victims identified various aspects of economic stress as risk factors for IPV. Men attributed their violent acts to the economic burden and financial stressors associated with providing money to their wives, children, and extended family members (Akinsulure-Smith et al., 2013). West African women reported that economic abuse and control of family finances contributed to IPV: “The first area of control that an African man will try to take charge is the finance, once they are in control of the finance, they believe that they can make every other person dance to their tunes” (Ogunsiji et al., 2012, p. 1662). Limited access to employment contributed to higher rates of IPV among Ethiopian immigrant and refugee battered women (Sullivan et al., 2005).

According to participants, male privilege and dominance increased the risk of IPV. For example, abusive men would not allow women to attend school, learn English, leave the house, or socialize with family and community members (Sullivan et al., 2005; Ting & Panchanadeswaran, 2009). In addition, even when the victim worked outside of the home, abusers insisted on strict adherence to traditional gender roles that required women to assume full responsibility for child care and household duties (Akinsulure-Smith et al., 2013; Ogunsiji et al., 2012; Sullivan et al., 2005).

Mental health and coping strategies

Victims described the deep despair associated with living with IPV as “living in the dark” or “living in hell” (Sullivan et al., 2005). In a sample of refugee women from Somalia, physical and psychological victimization were
associated with increased levels of psychological distress (Nilsson et al., 2008). “Suffering in silence” was used as a coping strategy: “For example, if your husband has just beaten you mercilessly and someone knocks at your door, you pretend as if you are the sweetest couple in the whole world” (Ogunsiji et al., 2012, p. 1661).

Two studies focused on coping strategies used by West African immigrant women survivors of IPV (Ting, 2010; Ting & Panchanadeswaran, 2009). Victims coped by (a) relying on their own sense of self-efficacy or internal strength; (b) using religion, faith, prayer, and spirituality; (c) focusing on the future, such as raising their children or excelling in school/work; (d) accepting their fate as abused women in a male-dominated patriarchal culture; and (e) using various cognitive framing techniques, such as avoiding, denying, or minimizing the abuse.

**Help-seeking behavior**

Ting and Panchanadeswaran (2009) investigated barriers to help-seeking among African immigrant women. The victims in their sample identified the following barriers to help seeking: (a) cultural acceptance of gender-based violence; (b) belief in the sanctity of marriage and the stigmatization of divorce; (c) feelings of shame and self-blame; and (d) a sense of loyalty to their husband, family, and community. Ethiopian refugee women identified structural barriers to help seeking, including unemployment, limited access to affordable housing, and lack of transportation (Sullivan et al., 2005). Victims reported that the fear prevented them from accessing services. In particular, they were afraid that they or their partners would be deported. Other victims expressed concerns about being the sole caretakers of their children or that their complaints of violence would be minimized by authorities (Ogunsiji et al., 2012; Ting & Panchanadeswaran, 2009).

Consistent with cultural norms, couples first sought assistance from family members and friends to help them resolve relationship conflict and IPV. If this conflict resolution strategy was unsuccessful, couples used community resources, such as elders and religious leaders. Generally, men were more satisfied with the help they received to resolve family conflicts, whereas women more often reported that they felt unsupported or blamed for the abuse (Rasmussen et al., 2013).

The use of formal services was the most notable difference in premigration coping as compared to postmigration strategies to address IPV. In particular, “There is nowhere [in Africa] for a woman to go” (Ting, 2010, p. 355). In contrast, African immigrant women in the United States were more likely to turn to the police and domestic violence services. In the absence of a social support network of family members and friends, West African immigrant women reluctantly used law enforcement and domestic violence services
(Ogunsiji et al., 2012). However, the use of the criminal justice system, in the form of police or protection orders, or the use of social services, such as battered women’s shelters, was the least culturally accepted means of resolving family conflict (Rasmussen et al., 2013). On the other hand, Ethiopian women reported positive experiences with culturally sensitive domestic violence services. As a result, they were more likely to use and recommend these services (Sullivan et al., 2005).

**Future research directions**

Based on the available research, there is an urgent need to conduct rigorous studies that investigate IPV in the lives of African immigrant and refugee women. Specific suggestions for future research follow.

**Conduct research with larger samples**

To increase generalizability, future researchers should seek to increase their sample sizes. This will enable researchers to better understand how the multiple intersecting identities shape the IPV experienced by this population. For example, there is a need for information on how partner violence varies based on gender or gender identity and immigration status (migrants who relocated for educational or employment opportunities compared to those who fled civil war). Much of the available research has used married women between the ages of 30 and 40 years old. It would be beneficial to learn more about dating violence among African immigrant youths and IPV among gay, lesbian, bisexual, and gender-nonconforming individuals. Battered immigrant women expressed concerns about how IPV adversely affected their children (Sullivan et al., 2005). Accordingly, there is a need to understand how women parent in the context of abuse.

**Expand the definition of intimate partner violence**

Although standardized scales, such as the Conflict Tactics Scale, have been translated into African languages (Nilsson et al., 2008), there is a need to understand how various African communities perceive and define IPV (Fisher, 2009). For example, in addition to partners, the husband’s parents and extended family members might physically and emotionally abuse victims (Kalunta-Crumpton, 2015). Scales and measures can then be modified to more accurately assess prevalence rates and the various types of violence that are experienced by these survivors (Messing, Amanor-Boadu, Cavanaugh, Glass, & Campbell, 2013).
Investigate risk factors

In interviews and focus groups, African immigrant women offered lengthy examples of how changes in gender and family roles, coupled with conflicts around money and financial problems, contributed to violence in their households. They perceived that IPV was triggered or exacerbated by men’s loss of their culturally ascribed powerful social status as authority figures and wage earners that they previously enjoyed in their country of origin. Meanwhile, some African women enjoyed increased access to jobs, education, and financial independence (Fisher, 2013; Kalunta-Crumpton, 2015). Future research should strive to understand the complex association between access to economic resources and gender role changes that African immigrant women experience postmigration.

Consider different research methodologies

It can be more challenging to recruit African immigrant women to participate in research studies on IPV. Universities and community-based organizations might need to collaborate with bicultural and bilingual community members to build trust and gain access to these populations. This can be accomplished through participatory action research that involves survivors and community members at every stage of the research process (Fisher, 2011; Sullivan et al., 2005).

To conclude, based on this systematic review, IPV is a serious concern for African immigrant and refugee women. The aim of this special issue of Journal of Aggression, Maltreatment, & Trauma is to expand the research in this area.

References


Zannettino, L. (2012). “...There is no war here; It is only the relationship that makes us scared”: Factors having an impact on domestic violence in Liberian refugee communities in South Australia. *Violence Against Women, 18*, 807–828. doi:10.1177/1077801212455162