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Intimate Partner Violence among West African Immigrants

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Abstract

Although the number of African immigrants arriving to the United States has increased significantly, there has been little investigation regarding their experiences of intimate partner violence or coping strategies. This study used focus groups and individual interviews to explore intimate partner violence among 32 heterosexual West African immigrants. Results suggest that although cultural expectations influence their coping strategies, West African–born men and women face different realities, with women reporting multiple instances of abuse and a sense of frustration with the existing options for assistance. Although participants discussed multilevel support structures within the immediate West African community to address intimate partner violence, all of these options maintained a gender hierarchy, leaving women dissatisfied. Challenges and barriers to partner violence resolution and coping strategies are identified. Results are examined in terms of their implications for addressing the needs of this underserved population. Implications for future research and services are discussed and highlighted.

Keywords

African immigrants; *conflict resolution*; *domestic violence*; *family conflict*; *intimate partner violence*; *marital conflict*

Migrants from sub-Saharan Africa are among the fastest growing immigrant groups in many urban areas in the United States (Capps, McCabe, & Fix, 2011; Kent, 2007; Thomas, 2011). African immigration to the United States increased from 35,355 in 1996 to 1.4 million in 2007 (Terrazas, 2009). This occurred because of economic, social, and political instability throughout the continent (Gordon, 1998; Kamya, 1997; Kent, 2007; Takougang, 2003; Takougang & Tidjani, 2009; Takyi, 2002; Terrazas, 2009; Thomas, 2011).

There is a growing need to evaluate the health care needs and practices of African immigrants in the United States (Venters et al., 2011; Venters & Gany, 2011). An emerging body of work has explored and documented the diverse experiences of African immigrants

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and developed culturally informed therapeutic interventions (Akinsulure-Smith, 2012; Akinsulure-Smith, Ghiglione, & Wollmershauser, 2009; Charlés, 2009; Loewy, Williams, & Keleta, 2002; Smith, 2003). Whether they are voluntary or forced, alone or with family, these immigrants face a variety of challenges and stressors, including learning new languages, acquiring new job skills, and adjusting to new sociocultural environments, all while navigating changing family dynamics and negotiating new gender roles (Drachman, 1995; Fazel, Wheeler, & Danesh, 2005; Gong-Guy, Cravens, & Patterson, 1991; Thomas & Thomas, 2004).

Changes in traditional family structures, gender roles, and responsibilities are among the most stressful postmigration challenges for non-Western immigrant families (Akinsulure-Smith et al., 2009; Brownridge & Halli, 2002; Darvishpour, 2002; Gong-Guy et al., 1991; Min, 2001). Although there has been a significant amount of research in the area of domestic violence and intimate partner violence (IPV) in Western countries (Rees et al., 2011), the exploration of this issue among immigrants has been limited (Menjívar & Salcido, 2002). Studies by researchers such as Darvishpour (2002) and Min (2001) on immigrants from Iran and Korea, respectively, suggested that while many women gained an increased sense of power and independence, their male partners experienced a loss of power and status, creating a greater likelihood of family conflicts and psychological and physical abuse.

The few studies that have explored issues regarding IPV among African immigrants (Nilsson, Brown, Russell, & Khamphakdy-Brown, 2008; Pan et al., 2006) indicated that similar dynamics might be present. In a study designed to increase the awareness of domestic violence within the Latino, Somali, and Vietnamese immigrant communities in San Diego, Pan et al. (2006) found that changes in gender roles and responsibilities since immigrating to the United States were a major source of family conflict. Their findings suggested that within the Somali community, as the women became financially independent, the men sought to decrease their own mounting sense of financial impotence and regain control through violence. Similarly, a study by Nilsson et al. (2008) noted that the more independent refugee Somali women were, the more likely they were to experience both psychological and physical abuse from their partners.

More recent findings by Ting and Panchanadeswaran (2009) and Ting (2010) documented barriers to help-seeking and coping strategies as perceived by 15 immigrant African women who were survivors of IPV. Ting and Panchanadeswaran (2009) found that among immigrant African women, the culture of gender inequality and acceptance of gender violence were the primary barriers to help-seeking, and additional barriers included self-blame, loyalty, concerns for children, and lack of knowledge about abuse, available services, and legal rights. Ting (2010) noted that to cope with IPV, African immigrant women employed a variety of strategies, such as beliefs in spirituality and divine retribution, and minimization of the abuse. Ting also found that, for these women, informal and formal supports and knowledge of available services and resources were a source of empowerment.

Violence between spouses is an ongoing concern among recent immigrants to Western countries (Brownridge & Halli, 2002; Darvishpour, 2002; Min, 2001). In 2009, West Africans[1] made up 36.3% of all African migrants to the United States (Capps et al., 2011; McCabe, 2011). Despite the growing number of African immigrants, there has been limited exploration of IPV within West African immigrant populations, particularly regarding coping strategies, community responses, and resources. The primary goal of this study was

[1]West Africa consists of 16 countries bounded by the Atlantic Ocean on the west and south, the Sahara Desert on the north, and the Benue Trough on the east. These countries are Benin, Burkina-Faso, Cape Verde, Cote d'Ivoire, The Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, and Togo.

to explore IPV and coping strategies among West African immigrants. Data were collected in focus groups and individual interviews, and analyzed using a grounded theory approach.

METHOD

Design, Setting, and Sample

After institutional review board approval, the authors met with three groups of 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. The purpose of these meetings was to discuss challenges facing West African families from a service provider perspective. These groups consisted of community members as well as non-African service providers. Salient topics concerning families included the clash of traditional and American culture, fear of child welfare systems, problems between male and female partners, poverty, and immigration status. This advisory network was an important component of this research process, as it provided the researchers with invaluable cultural and ethical insight. We kept this network apprised of our progress throughout the course of the research, and solicited research questions from network members.

Purposive recruitment of the participants was conducted with the help of the advisory network established during study preparation. Network members were asked to refer one parent and one adolescent who they thought would be vocal about family conflict and who lived near the locations where focus groups were held (data from adolescents are not included in this analysis). Network members were not compensated for their referrals. Focus groups and individual interviews took place at several locations throughout the Northeast region to increase the opportunity for members of different West African communities to attend. Thirty-two adult West African immigrants participated in seven focus group sessions, which ranged in size from two to 12 people, and eight individual interviews. Demographic characteristics are displayed in Table 1.

Procedure

All focus groups and interviews were conducted in English or French by one of the authors. Some of the focus groups were mixed gender; others were all male or all female. On arrival, potential participants were welcomed, informed of the purpose and content of the project, and advised of their right to refuse participation. After being asked for their consent, participants completed a demographic questionnaire. Focus groups and interviews began by asking participants to describe a recent problem or conflict they had experienced in their family. From that point on, they were allowed to converse freely, with the moderator occasionally interjecting probes to steer the conversation to reflect theoretically relevant factors (e.g., gender roles). After 20 minutes, the moderator shifted the conversation by asking, “Where do you go for help with these problems?” After another 20 minutes, the moderator rephrased the first question to refer more generally to “things that give you bad days or stress,” and again asked about help-seeking behavior.

Each focus group was attended by two members of the research team: the moderator and a note-taker. Note-takers collected three types of data: the order of speakers, notable behaviors, and quotes that illustrated the primary themes of discussion. Two digital audio recorders with external table microphones were set up at different places in the room to ensure that all voices were recorded clearly. Moderators took notes only to track conversation and steer discussion back to research topics as necessary. To make individual interviews more comfortable for participants, note-takers did not attend individual interviews; instead, moderators took detailed notes. Participants received $40 per focus

group or interview. We followed up on initial focus groups and individual interviews with a second round of focus groups and interviews within two weeks. The purpose of the follow-up meetings was to see whether participants had any additional experiences to share.

Note-takers transcribed the first drafts of the focus groups. For interviews, data were transcribed either by interviewers or research assistants with practice taking notes in focus groups. To ensure that content was transcribed correctly, transcribers listened to both audio recordings. In addition to transcribing content, tone, and emphasis, the lengths of pauses longer than three seconds were recorded. Transcribers included notable behaviors in transcripts. The drafts were then forwarded to the moderators. Moderators read the transcriptions while listening to the audio recordings, editing where necessary. Any inconsistencies between what transcribers recorded and what moderators heard were noted. Following the moderators' review of the draft transcriptions, transcribers and moderators met to discuss inconsistencies and finalize transcriptions.

Data Analysis

Data were analyzed using a grounded theory approach (Charmaz, 2006; Glaser, 1992; Strauss & Corbin, 1998). Throughout data collection and analysis, the research team met twice monthly to discuss experiences and develop theoretical frameworks. Analysis began immediately following the first focus group meeting, with the three primary researchers “audiocoding” the data (listening to recordings and identifying potential codes). Similar efforts followed the next three focus groups and interviews. This initial analysis was used to identify sensitizing concepts for later groups and interviews, and served as the initial basis for open codes.

Transcriptions were entered into the ATLAS.ti Qualitative Research Software for coding and analysis. Researchers coded the transcript of the first focus group and then met to examine overlap in their open codes. Following consensus on these codes, the team applied these codes to the transcripts of the second and third focus groups and suggested additional open codes. This process was followed by a research meeting in which the final set of codes to be used for all transcripts was determined. The codes are presented in Table 2.

The coding procedure established for each transcript followed a step-by-step procedure to increase coding reliability. Two coders, one of whom was the interviewer or group moderator, independently coded their assigned transcripts. The coders merged their coded documents, using the “same Primary Documents same codes” merge procedure of separate, single-document “hermeneutic units” in ATLAS.ti. Coders then discussed each portion of coded text to come to consensus. Consensus documents were merged with documents that had been coded along theoretically relevant demographic axes: gender, religion, and forced or voluntary migration. All documents were merged into a single hermeneutic unit for thematic analysis. Using adjacency operators “within,” “encloses,” “overlapped by,” “overlaps,” “follows,” “precedes,” and “co-occurs,” the intersection of the codes “interpersonal conflict,” “spouse/significant others,” and “violence” (only when actual experiences of violence were discussed) with other codes listed in Table 2 presented relevant data for this study.

RESULTS

Women's and Men's Reports of IPV

In their discussion of the types of IPV they encountered within their relationships, male and female participants reported different experiences. The two men who reported instances of IPV described situations in which they felt that their partners tried to take advantage of them or set them up for “trouble” with authorities outside their community (e.g., police,

Administration for Children's Services, or U.S. Immigration and Customs Enforcement). A 35-year-old man from Liberia who has resided in the United States for 10 years reported:

> I been with this lady for straight nine years. No problem, everything smooth. … Now, my-my baby ma told me, sh-she went to the court to the family court, and told the family court I wanted to rape her in the crib. I took knife, I put you know, knife at her throat [gestures to indicate putting a knife to his throat], just to uh, get rid of me from the crib. (35-year-old Liberian man, in United States 10 years)

Another male participant referred to a similar experience, stating:

> I was married. I had my woman in my home. Okay, I work a lot. I work at times 16 hour, 12 hours. I leave her home. At times when I go to work, I have to work like, you know, over. When I working over, at times when I come home, she say "Why you come home late?" We're always fighting … I go home, the lock change. At times I'd be *outside* [italics added] in the street. For like, two months I—I still working I was still paying all the bills but the door lock on me. (34-year-old Liberian man, in United States 11 years)

Both of these participants captured a sentiment about IPV's root cause that was more subtly expressed by other male participants. Participants often attributed IPV to burdensome economic and financial stressors and expectations. These stressors were further compounded by the lack of appreciation they felt their women showed for their hard work and sacrifices.

> When I go to work, 12 hours … even when I come home I'm on call, they call me all the time. And then, I still got family issue … now, my baby mom in Ohio, when she call me, "Oh, you're not sending money." I try to explain the problem, "Because now not working baby," hold on, you know when I'm working, every month I send you money. She ask me for money. … And it just stress me out. And then, at times, I try to eat, to sleep: I don't. You know what I try to do? The next thing I try to do, I keep 800 [Olde English 800 malt liquor], I try to drink and just get it over with. So I really got some problem. At times I be stressed out. (34-year-old Liberian man, in United States 11 years)

Female participants who spoke of IPV described situations involving multiple instances of abuse. Female participants described physical acts of violence directed toward them:

> He take his feet and punch it in my stomach. And they say, bon, and they say something exploded in my stomach, they put me in the CAT scan, and I live in the hospital five days. (22-year-old Ivorian woman, in United States 5 years)

Other forms of abuse were psychological:

> During the month of Ramadan he took the *toothpaste* [italics added] and hide it from me and my kids, *toothpaste* [italics added]! (33-year-old Sierra Leonean woman, in United States 7 years)

Female participants also reported sexual abuse:

> 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, they just use, like the way they want you—you don't complain. … You complain, they're like, "I'm your husband and I married you." (33-year-old Sierra Leonean woman, in United States 7 years)

All of the women reported that their abusive partners had used the power of their immigration status (e.g., having U.S. citizenship) to keep the women in a subordinate position.

> When he say sometimes like, “I'm American citizen!” He can do whatever he want to do. “I'm American citizen.” (33-year-old Sierra Leonean woman, in United States 7 years)

Whereas many male participants viewed their economic stressors as the root cause of IPV, most female participants felt that long-standing, traditional cultural expectations contributed to these conflicts. Despite the fact that they were in a new cultural environment with new nontraditional expectations that these women would work outside the home, their partners still expected them to carry on traditional roles in the home. These demands created severe role strain on both sides.

> Well um … like … for instance, some of the things he would, get mad about is, if he comes home, I'm sleeping, he wants me to get up, and go get his dinner, and, you know. Things like *that* [italics added]. Which didn't make no sense to me. … If you worked all day *long* [italics added] and I worked all day *long* [italics added] I come home, I cook, I leave the food there, and when you come, you could serve yourself and eat. You know? But, obviously, he still wanted like the, like we living back home. I have to get up and put the food to the table and then, you know, when he finish eating, you know, wash the dishes whatever. And he was very demanding. Like, it's not like he'll tell me, okay, give me my food and that's it. But he wants me to sit there until he's finish eating and wash the dishes. It don't matter if I am sick or whatever. So, you know, it was, there was a lot of things that I thought would have been different, but, it wasn't. It was, basically the same. (34-year-old Guinean woman, in United States 12 years)

Options for the Resolution of IPV within the Community

Both male and female participants described the same options within the community for reporting grievances and obtaining resolution of IPV. However, there were striking differences between male and female participants in their sense of satisfaction with the way IPV was handled. Both men and women reported that when the problems between themselves and their partners became bigger than they were able to handle themselves, the first step was to seek advice or solutions within the immediate family.

Step 1: Go to the family

> What I did for help was this: After two months I still—I still came back home. After it happened for the next time the lock was change on me for four months, you know what I did? I don't like explaining my problem to my family. I got my mother, I got older people. But you see my age group say “Oh look, you working, making all the money? Why you can't just leave the home. You can get another place and live.” No, by respect my family come first. My woman, what she would do for me if I come all there no one will do it for me. And she was my wife [emphasis with hands]. So for that reason I listened to them. So things only started getting on, only started going like four months and she can't open the door. I went to older people. I took the problem to my mom. I took it to older people. (34-year-old Liberian man, in United States 11 years)

Although this option appeared to offer a sense of satisfaction to male participants, women reported feeling unsupported by the family; in fact, the type of advice offered was not viewed as helpful:

> The first incident was like in 1999, and I called like my cousins, and they came and spoke to him, because he had *hit* [italics added] me, and I thought that would help so he won't hit me again. But, after they left he told me what—he asked me what I was trying to accomplish if I thought that they were going to get me out of there, or

> … What exactly did I think that they were able to do for me? And, from there I guess he figured that I didn't have anywhere else to go, or anything else to do so … (33-year-old Sierra Leonean woman, in United States 7 years)

At other times, the extended family in the home country used shame tactics to pressure the woman to remain in the abusive situation:

> And my mother over there, they will come every day and talk to her, cause her, tell her like, “Your daughter is a prostitute, she went to America and put the guy in the, in jail” [raises voice]. All type of things [gestures to indicate many things]! So my mother falling sick. So when I call and try to explain to her, she don't listen. She like, “Why you do it?” I said, “Because, he want to kill me. His brother beat me up, I have all the pictures, everything.” Nobody said nothing. (33-year-old Sierra Leonean woman, in United States 7 years)

Step 2: Go to the elders or religious leaders (cultural/social community)—For both male and female participants, when the first step did not bring about a satisfactory resolution, the next step was to go to the “elders” or “religious leaders” within the community for direction. Again, male and female participants expressed differences in their sense of satisfaction with how their IPV was handled at this level.

> In African community we have elders, we have people who come talk to the guy. Yeah, we can say, first step, go to them, tell them what's happen, and you living in your life. They gonna give you a right, to correct it. If not, they all gonna fight against him. That's—that's the problem here. (40-year-old Mauritanian man, in United States 15 years)

He went on to reiterate that when the community did not respond satisfactorily, the religious leaders would always step in:

> But we have, the mosques, I know, these uh Guinean people, Sierra Leone people, they got a lot of people, the Imam or the people of organization, community organization, they have, they can say to the guy, “You wrong.” (40-year-old Mauritanian man, in United States 15 years)

In general, those male participants who spoke about intervention by elders and religious leaders expressed a sense of satisfaction with the ways in which these family and community structures resolved their IPV situations.

Although female participants also availed themselves of these options, once again, they did not feel supported by the type of advice offered. They felt the elders blamed them, did nothing to assist them, and made matters worse by spreading their stories back to their home countries:

> Called the *whole* [italics added] Africa. … I met with an African woman. Oh, they just like “Shooo, this is the lady that called police for her husband.” (33-year-old Sierra Leonean woman, in United States seven years)

Another female participant described a deep sense of disappointment in the limited support she got from her religious leader:

> In my case, like, mmm, maybe since 2006 I tried to reach out to, like. … Where we used to live there was a mosque right there, and I try to talk to the Imam, and explain my situation to them and tell them you know, basically I cannot *live* [italics added] with this man, I cannot continue to live like *this* [italics added]. You know, because it was not healthy for me anymore. But, it's just the same thing, you know, they tell you to pray to God and that, he changes, you know, nobody wants to be

> the one to … you know to tell you to leave, because they think that's a very big responsibility, and … religious-wise, they see that as a very bad thing to do because they could get punished by God or something. I—exactly I do not know what some of these people might be exactly thinking [italics added], but that's the, the *saying* [italics added] that I'm hearing. You know? And several times I called people to come in and talk to him and we talk, we discuss, you know, try to, to … (34-year-old Guinean woman, in United States 12 years)

Step 3: Go to resources outside of the community—In this study, the "outside resources" most commonly referenced were in the context of actual instances of IPV and thus consisted of calling the police, seeking an order of protection, or reluctantly entering a domestic violence shelter. None of the participants mentioned any other options or intermediary steps (e.g., seeking couples counseling). The use of criminal justice resources was viewed as a last resort and the least acceptable means of resolving intimate partner conflict, possibly because of a fear that it would open the door to other types of problems (e.g., legal or child protective services). Because intimate partner conflict seemed to be resolved in their favor within the family or community, male participants did not appear to need these outside resources. Only one male participant suggested seeking resources outside the community when none of the resources within the community seemed to work:

> When you get abused, go tell that to the police. I agree [points at 33-year-old Sierra Leonean woman] go one time to the elders, to whatever, the Imam, tell him what's going to happen. And tell him, "Next time, I'm going to the police. I can't take it anymore." They gonna take action. If not, go to the police. You don't have to wait to uh, to be tortured or something like that. That's not—that's not right. That's not—that's not good. Eh, here in America, when somebody, he's a father, he don't wanna, uh, give the money, you go to the judge, they gonna give you cash support. (40-year-old Mauritanian man, in United States 15 years)

Few female participants knew how to directly access such resources; others had been warned by their partners or others in the community that seeking outside resources could lead to separation from their children and/or deportation. These women often did nothing out of fear.

> He said that he has the money to take a lawyer, I have no money and he has his papers. I can't do anything, he can do whatever he wants. So when he talk like that, me too, I was scared … he went to the Family courts, said that I was the one who left, leaving him with children. (46-year-old woman from Burkina Faso, in United States 12 years)

Those women who eventually sought assistance outside the community did so out of desperation:

> So, I went to the cops and, complained, like, [raising voice] because I been complaining to family members every time he hits me, they would come at night. … They would just say "You the wife, you have to be patient, blah blah blah blah. … So my uncle from the Bronx took me, go up to the shelter and pick me up. I stay with him for some month. They, [raises voice] get together, family talk, they give me, they say I'm [laughs] wrong, because why I do it. … So they get together like, "You the wife, you wrong. You don't have to go to the police, you have to come to us." [indicates two groups with hands, police vs. us] (33-year-old Sierra Leonean woman, in United States 7 years)

Community-Based Organizations' Reactions

We shared our findings with local community-based social and legal service organizations working with this population. In turn, these service providers shared professional and personal experiences that echoed the gender-nuanced reports of intimate partner conflict and resolution described by the participants. Organizations providing domestic violence services for this population described the ways in which community conflict resolution favored men. For example, a husband would get to community leaders and present his case first, so that by the time his partner arrived, there was already a bias against her. A service provider recounted a case in which a woman and her children were banned from their religious institution after the woman left her abusive husband. The religious leader based his decision to ban them on what the husband reported, and did not hear the woman's story. With another organization, after sharing our female participants' experience of being told to pray as a means of conflict resolution, a case worker stated, “I hear that all the time, `Just pray, pray.'” Although service providers in domestic violence service organizations recognized the importance of building trust with community and religious leaders in their work, they all reported reluctance on the part of these leaders to become involved. One case worker at a domestic violence agency stated, “Few [of the leaders] get it.”

An attorney at a legal advocacy group pointed out that in the case of domestic violence situations involving children, there are legal tensions between protecting the mother from the husband and, in the process, cutting her off from the community. For example, in cases involving orders of protection, the extended family might bring the couple together in an attempt to resolve the conflict, inadvertently violating the order of protection. In other situations, due to limited social networks, such an order of protection might mean that the woman cannot interact freely in the community without coming into contact with her abusive spouse. Thus, the act of reaching outside the community can become a double-edged sword.

Finally, numerous professionals in these settings shared their observations of the ways in which “role strain” (i.e., traditional gender role expectations) created stress for both genders as men and women struggled to maintain traditional roles within a new sociocultural setting, with new financial expectations and obligations. During a stakeholder feedback session, one professional observed, “When people come here they think about making money, about sending money back home, so they work and work and they forget to live and this brings about a lot of stress.” Another professional at the meeting stated, “Back home, people worked, but they also took time to be together in groups. Where are you going to do that here? There is no space, nobody can afford to do that.”

DISCUSSION

In this exploration of IPV among West African immigrants, we noted a hierarchy to coping: First, go to family. If family does not solve the problem, go next to elders or religious leaders in the community. If neither of these resources works, then go to resources outside the community. However, this multilevel approach to dealing with IPV left women feeling dissatisfied with their options within their communities, whereas men experienced these same options as helpful. Once outside the immediate West African community, attempts at resolution meant going straight to the police. On rare occasions, women took the intermediary step of going to the hospital. Participants seemed unaware of or uninformed about other options (e.g., local resources that offered IPV assistance or counseling services). Those women who did contact police paid a high price: isolation and loss of extended family networks and community.

The findings reported here provide some nuance to the limited literature on spousal conflict within African immigrant communities. Unlike the participants in the study by Ting (2010), these women did not find informal and formal support systems helpful, nor did they possess knowledge of services available to individuals who experience IPV. However, the barriers to help-seeking reported in these findings are consistent with those faced by African immigrant women as noted by Ting and Panchanadeswaran (2009). These barriers included a culture of gender inequality, concern for children, and a lack of knowledge about IPV, services, and legal rights. For some of the female participants in this study, their status as illegal immigrants and their fear of deportation kept them trapped in their abusive relationships.

The perceived hierarchy for resolving intimate partner conflict described by participants reflected pan-African cultural practices, where conflicts are resolved through networks led by immediate and extended family, community elders, and religious and spiritual leaders, described elsewhere (Akinsulure-Smith et al., 2009; Charlés, 2009; Guerin, Guerin, Diiriye, & Yates, 2004; Loewy et al., 2002; Madu, 1997; McMichael & Manderson, 2004; Nwadiora, 1996; Robertson et al., 2006). When these traditional avenues for help were diminished or nonexistent in the host country, it was difficult to find alternatives. It appears that, due to ignorance and fear, many community members were afraid to venture outside their community for additional resources.

Implications

For many West African immigrant women, dealing with IPV and managing new roles within a new sociocultural setting can be very challenging. This reality means that it is vital that service providers ally themselves with progressive religious leaders and engage women leaders within the community. It is clear that there is a need for active outreach within the community to both men and women to provide information, education, and culturally informed resources through different types of media and in different languages. Additionally, given the cultural emphasis on collective problem solving, potential interventions should draw on collective, group, and family-oriented perspectives.

Limitations

This study benefited from a number of strengths, including a relatively broad sample for a qualitative study, multiple strategies for rigor, and the involvement of community-based service providers in participant recruitment and interpretation. An ongoing challenge that the researchers faced was finding a convenient time and location for all participants to attend the focus groups. In an effort to increase the number of focus group participants, focus groups were held at different times, days, and locations. However, the self-selected sample limits the ability to generalize the findings to the larger population of African immigrants in the United States.

To increase generalizability, future research should consider further outreach to the extensive network of African immigrant communities, religious institutions, and refugee resettlement agencies across the country. In addition, due to the stigma surrounding IPV, participants in mixed-gender groups might have been reluctant to share their experiences openly. Future focus group studies exploring IPV within the African immigrant community should consider separate groups for men and women.

CONCLUSION

Multilevel support structures to address IPV exist within the West African community; however, these support structures often maintain a strict gender hierarchy, leaving many women feeling unheard and dissatisfied. There is a need to disseminate to the community

culturally informed materials and information about IPV (e.g., the impact on individuals and families, and the laws against it), along with information regarding viable options and appropriate services—for both women and men—outside the community. These disseminations of information and services might build trust and sensitivity, and capitalize on collective values, leading to the development of culturally informed interventions that will effectively encourage protective processes and reduce IPV within the West African immigrant community.

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TABLE 1

Participant Demographics

Variable	*n*
Sex	
Female	19 (59%)
Male	13 (41%)
Religion	
Muslim	19 (59%)
Christian	13 (41%)
Ethnicity	
Bassa	4
Fulani	8
Mandingo	4
Mende	2
Mouride	2
Other	12
Immigration status	
Forced	20
Voluntary	12
Country of origin	
Burkina Faso	1
Chad	1
Côte d'Ivoire	2
The Gambia	3
Guinea	3
Liberia	11
Mali	1
Mauritania	2
Sierra Leone	8
Mean age	42.9

Note. $n = 32$.

TABLE 2

Selected Codes Used for Analysis

Code	Definition
Africa	References to “Africa,” home country or region, own ethnicity, “back home”
America	References to America, Americans, the United States, “here” when referring to things in the United States or New York, American culture
Coping strategies	Efforts to deal with a problem; for example, “patience,” working out, social comparison (includes talking about problem or talking to object of problem)
Talking	Explicit references to talking or communicating, one-to-one or in a group (could be coping strategy as well)
Emotional and physical responses	References to emotional or physical reactions
Extended family	References to other family members
Financing	References to obtaining and giving money, including money, jobs, work, bills, remittances, insurance
Friends	References to friendships
Gender roles	References to the roles of males and females; could be in family or outside of family, children or parents
God talk	Explicit reference to God
Immigrating	References to immigration, immigration authorities, means of migration, immigration documents
Interpersonal conflict	References to arguments, fighting, or general tension between people
Medical	References to hospital, medical problems, treatments
Parent/child	References to parents, children, and interactions between them
Sex and physical maturation	References to sexual contact, puberty, menses, etc.
Spouses	References to husbands, wives, romantic partners, and relations between them
U.S. secular or institutional authorities	Police (including 911), Administration of Children's Services, school personnel, counselors, public benefits, hospitals, immigration officials, etc.
Violence	References to the use of violence, hitting, kicking, weapons, etc.