

Research Article

The Impact of Education on Help-Seeking Behaviors for Intimate Partner Violence Among African-American Women

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Abstract

Despite statistics that show a decline in violence against women in the United States, African American women experience Intimate Partner Violence (IPV) at a higher rate than women of other races. A pilot study was conducted to investigate the influence of an evidenced based educational program about Intimate Partner Violence on help-seeking behaviors among African-American Women. The research was conducted in a faith based setting and included 22 African American women ages 18 years and older.

Introduction

Intimate Partner Violence (IPV), also called Domestic Violence (DV) is a prevalent, but preventable public health problem affecting millions of Americans [1]. Intimate partner violence can be explained as a pattern of abusive behavior used to gain power and control over another person through coercion and threats [2]. The term IPV describes physical, emotional, sexual, and economical abuse by a current or past intimate partner. Intimate partner violence happens among same-sex couples, heterosexual couples, women, men, adolescents and the people from various socioeconomic classes [3,4].

Significance

African Americans comprise 13% of the overall population of the United States (US), 29% of Maryland's total population, and 64% of Baltimore City's total population (US Census Bureau, 2014). In 2013, there were 27,785 reported domestic violence incidents in Maryland; females accounted for 19,310 and males accounted for 8,475; African-Americans accounted for 12,682 while Native Americans, Asians, Caucasians, and those who identify as other

accounted for the rest [5]. Annual healthcare costs related to IPV are in excess of \$6.2 billion [1]. Healthcare costs associated to IPV may continue for up to 15 years after the abuse ends [6]. Female victims of IPV visit health care settings more frequently than none IPV victims [7,8]. African American who experience IPV suffer from physical and mental health consequences such as sexually transmitted infections, unintended pregnancies, depression, psychological, and eating disorders and anxiety [9-11]. Intimate partner violence related health consequences among African American Women are complex.

Purpose

Despite recognition that IPV is a significant problem in the African American community, few studies focus on African American Women's use of community resources for IPV is lacking [12-14]. The purpose of this pilot study was to identify the impact of an I intervention about IPV and community resources, to increase help-seeking behaviors for IPV.

Educational Intervention (CARE)

The education program was titled Churches, Advocate, through Resources, and Education (CARE). McLeod et al., [15] identified the positive experiences of African American and European American women's experience with accessing IPV related information. CARE provided information aimed at increasing African American women's knowledge of IPV and services. The intent was to identify if CARE could be an effective model for women to assist help-seeking behaviors for IPV. The program included an educational discussion session with a video presentation about IPV and resources that are available. The resources identified in CARE included short-term and long-term housing, childcare,

food, clothing, employment, legal services, medical clinics, and employment possibilities. A faith-based organization was the site for the research. Stennis et al., [16] expressed the need for culturally and religiously competent intervention for intimate partner violence. Pastors and faith leaders are in positions of trust and respect in the community. Congregants report feeling safe enough to reveal their most intimate problems to their pastors, including the painful secret that they are experiencing IPV.

Help Seeking Behaviors

Barriers to seeking-help for IPV of African American women exists [13], particularly for formal resources [13], such as counseling and law enforcement services [17]. Limited studies have been conducted on this topic [18,19].

Prosman et al., [20] conducted a qualitative study to identify the help seeking process of women who experienced IPV. The barriers identified in the study were fear for their partner, previous negative experience with law enforcement and physicians, unaware that witnessing IPV affected their children, denial of IPV, fear of being labeled crazy if no physical signs [20]. Additional barriers to seeking help for IPV have been identified as a lack of trust in the judicial system, and being more comfortable seeking help from friends and family members [10,14,21,22]. It is important to identify help-seeking behaviors to minimize the incidence and consequences of IPV for women, some women have identified that informal and formal support are modalities that would aid them to seek help [20]. Informal support as reported included friends and family who would listen empathetically and provide moral support as well as assistance to find housing, fill out documents, and monetary assistance [20]. Formal support as reported would come from healthcare professionals especially those who specialized in mental health to ask questions specific to IPV and offer treatment for depression and other psychological problems if indicated [20]. Hodges and Cabanilla [13] conducted a study to investigate social support, spirituality, coping, education, and resilience as influences on whether African American women sought help formal help for IPV. Results revealed that higher resilience, education, and spirituality positively influenced help-seeking behaviors for African American women [13].

Impact of Faith-Based Organizations on Help Seeking Behaviors

Faith-Based Organizations (FBO) have the ability to reach a large group of individuals. Pastors' support is a vital part of successful FBO health promotions programs [23]. Traditionally, African American churches provide spiritual nurturing, leadership, and health promotion activities for its congregants and members of the community [12]. Studies have identified that successful implementation of faith-based health programs are linked to the support of pastors and key stakeholders in FBO [23-25]. African American Churches are a source of strength, leadership, and support for the community that often provides educational programs, which help individuals make lifestyle and health changes [12,23].

Theoretical/Conceptual Framework

The Trans-Theoretical Model (TTM) and stages of change was used in the pilot study. Prochaska and DiClemente [26] developed the TTM and stages of change in 1992 for use in psychology. However, it has been adapted by numerous other disciplines [27-29]. The TTM has been used as a theoretical framework in studies relating to addictive behaviors such as drinking, smoking, risky sex lifestyles and domestic violence [28,30]. The TTM propose that behavioral changes for health promotion and disease prevention occur over time [31] and that individuals adapt healthful behaviors subject to their stage of readiness [32]. The core constructs of the TTM are the stages of change: Precontemplation, Contemplation, Preparation, Action, and Maintenance. Individuals can fluctuate between stages. During the first stage, precontemplation, the individual may not recognize the need to change. When IPV is first experienced, individuals may feel that if they change their behavior, the abuse will end. Often times the perpetrator apologizes and a honeymoon phase ensue. The victim does not understand the magnitude of the problem. The contemplation stage begins when an individual believes there is a problem; it is at this time they start thinking about the need to make a change. The change may involve separating from the perpetrator [33]. Despite the shift in thinking, individuals are usually hesitant about making drastic changes [34]. During the preparation stage, individuals recognize the need to make significant changes and begin to formulate a plan. Preparing to move forward may involve deciding where to live or work. The preparation stage suggests impending change and may be accompanied by an array of emotions. During the action phase, individuals may experience a transformation with their identity, which may include dating again, moving to a different city or state, or starting a new job. The maintenance stage may imply that the change an individual make is permanent. For the most part this is true however, as emotions fluctuate, individuals may recycle and repeat the stages of change [31].

Methods and Procedures

A quantitative descriptive research design using a survey instrument was used to collect data for the research. The components of the educational intervention, Churches Advocate through Resources and Education (CARE), included a verbal discussion, supported by a Power Point presentation of a video entitled "Take a Stand against Domestic Violence". The video was written by members of the House of Ruth Maryland. A convenience sample of 22 African American women 18 years and older who received services at a local faith-based organization participated in the study. Participants provided demographic information, completed a Woman Abuse Screening Tool (WAST), and an exit survey. The exit survey sought to obtain participant responses for 3 items: The discussion increased my awareness about IPV and I will likely use community resources for IPV in the future for each item on the survey statements a Likert scale was used for responses ranging from 1=Strongly Disagree to 5=Strongly Agree. The WAST survey instrument is an 8-item, self-report questionnaire that assesses for physical, emotional, and sexual forms of IPV. The Cronbach

alpha for the WAST is 0.75. The construct for the WAST was a reported correlation with the Abuse of Risk Inventory (ARI) of 0.69 [1]. The data was analyzed using the Statistical Package in Social Science (SPSS).

Study Results

The purpose of this study was to assess whether education impacted the help seeking behaviors of African American women who experienced IPV. The participant’s ages ranged from 18 to 65 years of age. Marital status was reported as: 34.8% single; 13% currently in a relationship; 26.1% married; 8.7% separated; 13% divorced; and 4.3% widowed. The research participants’ income ranged from less than \$15,000 to greater than \$75,000. The level of education ranged from completion of high school/GED 17.4%, some college 21.7%, and Bachelor’s degree 21.7% Master’s degree 17.4%. The results of this study indicated that IPV occurred most frequently among women between the age ranges of 55 to 64 years old or 43.5% of the research participants. Study results also reported a large majority 60.8% of the participants had at least some college, bachelors or master’s degree. Ninety-five percent of the research participants stated that the research presentation increased their awareness about IPV and community resources for IPV. Employment status, marital status, and income level from the demographics questionnaire were cross tabulated with the three types of abuse on the WAST. According to the CDC, the most common form of IPV is physical abuse [1]. However, research participants reported emotional abuse most frequently (N=10). Participants who were employed full-time reported the most forms of IPV. Married participants had the highest incidence physical, emotional, and sexual forms of IPV. Participants who earned \$15,000 to \$29,999 reported the most abuse for all categories. A confidence interval of 95% was achieved for the responses to the exit survey using SPSS to calculate a one-sample t-test. The tables below (Tables 1-3) report the responses to the three questions on the exit survey.

	Percent
Strongly disagree	4.3
Neither agree nor disagree	4.3
Agree Strongly agree	21.7
	69.6
Total	100

Table 1: The discussion increased my awareness about IPV. There was a 91 % increase in awareness about IPV as a result of the educational intervention.

	Percent
Strongly disagree	4.3
Neither agree nor disagree	0.0
Agree	26.1
Strongly agree	69.6
Total	100.0

Table 2: The discussion increased my awareness about community resources for IPV. 95% of the research participants stated that the research presentation increased their awareness about community resources for IPV.

	Percent
Strongly disagree	4.3
Neither agree nor disagree	0.0
Agree	26.1
Strongly agree	65.2
Total	100.0

Table 3: I will likely use community resources for IPV in the future. 91% of the research participants stated that as a result of the research presentation they will likely use community resources for IPV.

The study results identified IPV most frequently among women between the age ranges of 55 to 64 years old, (43.5%) of the participants. Study results also identified 60.8% had at least some college, education (Bachelor’s or Master’s degree). This correlates with data that women from all socioeconomic backgrounds may experience IPV [6,13,22,35,36]. Increasing awareness about IPV is crucial to help decrease and prevent the incidence of IPV for women. Of the twenty-three participants, 95.7% were women and 100% were African Americans. This finding correlate with findings that African American women are disproportionately affected by IPV [1,19,36,37]. Hodges and Cabanilla [13] reported that women who were unmarried, unemployed, salaries ranged from \$1,000 to \$10,000 and with a high school diploma or equivalent were most likely to seek help for IPV. However, this study results indicated women employed at least full-time, with salaries \$15,000 to \$29,999, and college educated was more likely to use IPV related resources.

Implications for Practice

The majority of research and funding for IPV address screening [1,35,38-40]. While screening for the identification of IPV is important, evidence reveal that African American women are less likely to reveal IPV experiences [14,21,36]. Therefore, it is important to identify strategies in addition to screening that will increase help seeking for IPV. Such strategies involve thinking outside the box, conducting presentations at faith-based locations

and local communities can help to increase awareness about IPV and resources for IPV. Use of validated tools like the WAST should be utilized in practice and community settings. This would help promote the likelihood of self-report of IPV. Using the WAST or other screening tools consistently at in applicable settings will increase identification of IPV. Interprofessional collaboration for improving patient and population health outcomes suggests combining experts to form multidisciplinary teams to provide patients with the best possible health outcomes. Individuals who experience IPV often with suffer from serious health problems. Nurses can conduct critical analysis and review of current evidence for incorporation into their practices. The reviewing of Clinical Practice Guidelines (CPGs) from agencies such as the CDC, the National Institutes of Health (NIH), and the World Health Organization (WHO), nurses and other health care providers can implement the most current recommendations, thus promoting optimal care. Information systems/technology and patient care technology is known to improve and transform healthcare when used in practice. Technology used to administer the educational intervention was aimed at increasing participants' awareness about IPV and resources in their community. An approved video, which was produced by the House of Ruth Maryland, "Take a Stand Against Domestic Violence", was presented to the participants. In addition to the video, a power point presentation, which discussed IPV and community resources for IPV was discussed. A video and public presentation IPV education and resources was produced about CARE and is available for public viewing on YouTube. Intimate partner violence is a sensitive topic and care must be taken to provide safety for victims. Traditionally, health promotion programs in faith-based settings do not include sensitive topics such as IPV, STIs, or sexual orientation. Intimate partner violence intervention programs have assisted faith-based organizations by providing services to congregants and members of the community [41]. Implementing programs such as CARE at a faith-based setting should be encouraged and promoted. Conducting this study supports the premise that collaboration with a faith-based organization, can lead to improved health outcomes and identification of IPV. Pastors have voiced concerns about funding and training to sustain IPV programs [23,34]. Faith-based organizations can meet with state legislators and domestic violence experts to introduce bills and access funding for sustainability. Although IPV is a sensitive topic, we cannot pretend that it does not exist. In addition to implementing routine screening for IPV in the practice setting, nurses and healthcare providers must be diligent in the commitment to decrease the incidence of IPV so that it becomes less of a threat to the safety and well-being of women. A collaborative approach that includes religious and community based organizations, law enforcement and legal services, research, and education using can have a substantial impact in reducing health disparities that are related to IPV [42]. A program such as CARE has the ability to reach a significant number of individuals and impact change in the identification and utilization of resources for IPV.

Implications for Future Research

This study was limited to African American women in an urban faith based setting and is limited in its generalizability. Further

research is needed to determine the usefulness of the impact of education on help-seeking behaviors. Globally, one in three women report having experienced IPV [36]. Immigrants, especially those who identify as Black from the Caribbean and Africa report barriers to self-seeking for IPV. African American women are disproportionately affected by IPV [38]. The evidence that was obtained from this pilot study should be replicated with other ethnicities to identify if there are similar findings. It is important that further research is conducted with larger samples of women from different religious denominations to identify the how educating women about IPV and community resources influences help-seeking behaviors for women who are affected by IPV.

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