

Ethnic Minority Women's Experiences with Intimate Partner Violence: Using Community-Based Participatory Research to Ask the Right Questions

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Abstract:

Current definitions, instruments, and processes for measuring intimate partner violence, including sexual assault, are insufficient to detect the nature and scope of violence against all women. To remedy this problem, we recommend the use of community-based participatory research (CBPR) principles to develop culturally informed quantitative instruments that measure ethnic minority women's experiences of intimate partner violence (IPV). CBPR requires community members and researchers to work equitably together throughout the research process, sharing decision-making and ownership. This paper identifies problems with current measurement approaches and describes the strengths and challenges of the CBPR approach. We argue that this research orientation offers the potential for "flexible standardization" that can provide better estimates of the extent of IPV and sexual assault, and provide communities with the knowledge they need to address these problems in a culturally sensitive manner.

Keywords: Intimate partner violence | Sexual assault | Measurement | Ethnic minority women | Immigrant women | Cultural appropriateness | Community-based participatory research | Qualitative and quantitative research

Article:

Introduction

As scientific and popular understanding of social and behavioral phenomena evolve, we believe that scholars must continually refine definitions and measurement instruments. We also feel that researchers need to confirm that operational definitions are appropriate for all segments of an increasingly diverse society. We contend that current definitions and instruments measuring intimate partner violence (IPV) and sexual assault are unlikely to detect the full nature and scope of violence against all women (Perilla et al. 2011; Post et al. 2011). This is due, in part, to the use of traditional methods of translating and adapting instruments for cross-cultural research,

including back-translation and applications of the cultural equivalency model as documented by Chávez and Canino (2005). To remedy this problem, we recommend the use of community-based participatory research (CBPR) to develop culturally informed quantitative instruments that measure ethnic minority women's experiences of violence. Based on our collective research experience, our examples focus on ethnic minority women in the US, although we believe that some of our experiences and recommendations may apply to women in other countries. Our viewpoint is consistent with scholars who note that there are cultural traditions within ethnic minority populations that are shaped in part by those of their native countries as well as by the historical context of being a minority in the US (Aldarondo and Castro-Fernandez 2011; Perilla et al. 2011; West 2006).

CBPR is a partnership approach that equitably involves community members, organizational representatives, and researchers in all steps of the research process (Israel et al. 1998). All partners share decision-making and ownership. We argue that the CBPR framework may be used to balance the goals of standardization and cultural relevance in measurement. By strengthening academic-community research partnerships, the CBPR approach may also promote research in ethnic minority communities that continue to be underrepresented in the scientific literature. With increased community involvement and more accurate data on IPV, researchers, policy makers and service providers may move forward with locally and nationally relevant responses (Koss and White 2008; Perilla et al. 2011).

Statement of Purpose

The goals of this paper are to justify why CBPR approaches are needed and provide some general guidelines on how IPV and sexual assault researchers may utilize this framework. Throughout this paper, when the term IPV is used, we are also referring to sexual assault. Most sexual assaults occur among individuals who know each other, although many are casual relationships that would not fit the traditional definition of IPV (Abbey et al. 2010; Black et al. 2011). Based on our experiences, we want to advocate for instruments that assess a wide range of types of violence against women so that we can better understand how they interrelate (CDC 2010; Hamby 2009; White et al. 2011). In the following sections, we first critique current definitions and measurement of IPV among ethnic minority women. We highlight that ethnic minority groups are characterized by within group diversity and provide examples of prevalence data that emphasize the magnitude of the problem as well as disparities in estimates. Second, we discuss how cultural factors may affect women's definitions of what constitutes IPV, their encoding and labeling of their experiences, and the likelihood of reporting them. Third, we briefly critique current approaches to translating and adapting instruments for cross-cultural research and describe how CBPR may improve on those methods. Our fourth and final goal is to describe the benefits of CBPR and to provide recommendations to further its use in the IPV field. CBPR is a time and labor-intensive approach often characterized by challenges, tensions, and barriers (Israel et al. 1998). We suggest that our recommendations be used as "talking points" with community partners. Future IPV research should assess validity and reliability of newly constructed instruments to be used with ethnic minority populations.

Throughout this paper, we focus on violence experienced by women. Although men are victims of partner violence, IPV has a wider range of more serious short- and long-term consequences

for women than for men (Archer 2000; Campbell et al. 2011; Martin et al. 2011). Additionally, although there is increasing interest in studying female perpetration (Davies et al. 2006), we concur with Oliver's observation (2007) that there is confusion over what constitutes female offending, putting the exploration of the assessment of male victimization beyond the scope of this paper.

Current Definitions of IPV and Limitations

We believe that definitions are critical to every aspect of understanding the phenomenon of violence against women. We feel they serve as the cornerstone of measurement instruments and methods that are used to establish the prevalence and breadth of the problem. The recent decision of the Federal Bureau of Investigation (FBI) to broaden the legal definition of rape to include anal and oral penetration is a timely example of how definitions evolve as empirical evidence reveals the multiple dimensions of a problem (FBI 2012). For this paper, our conceptualization of violence against women, which is further described in later sections, is guided by the Centers for Disease Control and Prevention's definition of intimate partner violence (CDC 2010) and that of Amnesty International (1991), as well as Cook and Parrott's (2009) theoretical analysis of forms of aggression.

One of the main problems with respect to current IPV measurement practices is that definitions may not be sufficiently broad to capture the full range of ethnic minority women's experiences. Standard measures of IPV may omit other common forms of abuse experienced by women of some ethnic groups because the measures include only *active* and *direct* forms of aggression such as hitting, punching, or slapping in which perpetrators intend to harm their partners through the commission of a behavior directed at the victim (Cook and Parrott 2009). Although the field is beginning to delineate conceptual distinctions between emotional abuse and coercive control (Swan and Snow 2002), it largely ignores abuse delivered through postural means, such as making threatening faces or gestures, raising a fist without hitting, or leaving a weapon on a pillow. IPV research also rarely includes *passive* acts of aggression, in which perpetrators intend to harm by omission. A behavior that could fit this definition is failing to provide childcare when promised, causing loss of work and income (Riger et al. 2000). Research also ignores indirect forms of aggression which are committed by proxies, such as mothers-in-laws, a form of abuse in South Asian and Arabic cultures that may continue after immigration to the United States (Haj-Yahia 2000; Hunjan and Towson 2007; Venkataramani-Kothari 2007). Hunjan and Towson (2007) suggest that traditional patriarchal power imbalances that maintain "in-law abuse" may be emphasized in immigrant communities to ensure cultural continuity.

Instruments that assess sexual aggression also fail to capture sexual assaults that happen through spouses or other family members, such as rituals involving genital contact, arranged marriages of children, gynecological rape (e.g., genital mutilation), forced prostitution, and sexual slavery (Amnesty International 2007; Equality Now (n.d.); Adhikari and Salahi 2010). Some of these assaults are culturally sanctioned and practiced in the US after immigration; others occur during or result from the processes of voluntary and involuntary immigration, and come to light in news reporting (e.g., FoxNews.com 2012; Fox News Latino 2012; James 2012; Kelly 2010) As a result of these measurement limitations, studies risk underestimating the scope of IPV and fail to

understand the many ways it is manifested across various cultural groups in the US (Perilla et al. 2011).

Within Group Diversity in IPV Experiences

Another major challenge to IPV measurement is within group diversity. Many ethnic minority populations are diverse in country of origin, religion, language, patterns of immigration and migration (either forced or voluntary), colonization, historical trauma, and acculturation into dominant American culture. In this section, we briefly describe the diversity within certain ethnic groups in the US to demonstrate the variability masked by general incidence and prevalence data. We applaud the Centers for Disease Control and Prevention's (CDC) 2010 National Intimate Partner and Sexual Violence Survey (NISVS) for the breadth of its questions and use of state-of-the-art survey measurement techniques, including the use of landlines and cell phones (Black et al. 2011). However, despite its many strengths, NISVS relied on random digit dial (RDD) telephone methodology and included only non-institutionalized English and/or Spanish-speaking adults aged 18 or older in the US population. Thus, many ethnic minority women would be ineligible due to language barriers. Also, members of vulnerable groups, such as women who are homeless and those with disabilities, may also be underrepresented because it may be difficult to contact them by telephone.

One diverse ethnic minority group in the US is the American Indian and Alaskan Native (AIAN) population, consisting of 566 federally-recognized tribes across 33 states (US Department of the Interior 2012). Results from the 2010 NISVS, which combined all AIAN women in one group, indicated that 46 % experienced some type of IPV in their lifetime (Black et al. 2011). In contrast, surveys with individual tribes have found rates of up to 91 % (Robin et al. 1998).

The Latino/Hispanic population in the US represents over 20 countries of origin including Spain, Mexico, Cuba, Puerto Rico, as well as countries of Central and South America. The 2010 NISVS estimated a lifetime rate of IPV of 35 % among Hispanic women (Black et al. 2011), but rates vary dramatically in studies of women from different countries of origin (Hazen and Soriano 2007; Kantor et al. 1994).

The term African American is in contention (Berlin 2010). Although many believe the term refers strictly to descendants of Africans enslaved in the United States, the label has been embraced by several waves of immigrants from Africa and the Caribbean from 1965 to present. Researchers typically make no within group distinctions among women with African American heritage. The 2010 NISVS estimated a lifetime rate of IPV of 52 % among African American women, the highest for any ethnic minority group surveyed by CDC (Black et al. 2011).

The term Asian American includes East, Central and South Asian countries such as China, Japan, Korea, Mongolia, Vietnam, India, Pakistan, Bangladesh, and Sri Lanka. The 2010 NISVS estimated a lifetime rate of IPV of 20 % among Asian American women. There have been very few studies of Asian American women's IPV experiences, making it difficult to compare findings from different subgroups (Abbey et al. 2010; Lee and Hadeed 2009).

Arab Americans have immigrated to the US from Arab countries as diverse as Egypt, Lebanon, Morocco, Iraq, Palestine, Syria, Tunisia, and Yemen (Arab American National Museum n.d.; de la Cruz and Brittingham 2003; Schopmeyer 2000). They are not recognized as a separate ethnic group by the US Census and have been ignored in most IPV research. In an unpublished report, 25 % of the Arab American women surveyed reported physical abuse by their husbands and 20 % reported sexual abuse (reported in Kulwicki et al. 2010).

This diversity of cultural backgrounds may shape how women understand, describe, and report their experiences with violence. Also, many women are affected by more than one dimension of minority status, and various dimensions often intersect. For instance, country of origin intersects with religion (e.g., Arab Americans may be Muslims, Christians, or Druze), and immigration patterns (e.g., voluntary or involuntary). Thus, focusing on any one dimension of minority status provides an incomplete understanding of an individual's identity. Culturally-appropriate IPV instruments need to be sensitive to within group differences, yet suitable for use across subgroups of a population so that it is possible to make comparisons between groups. This simultaneous focus on uniqueness and comparability requires complex choices that are best made with input from community leaders and members.

Effects of Culture on Self-Reports of IPV

A separate but equally complex challenge to developing IPV instruments for use with ethnic minority groups is unacknowledged victimization. Women self report experiences of IPV through a process involving multiple steps (Cook et al. 2011), and each step may be affected by community and cultural factors. We believe that failure to pay attention to these processes and factors results in an incomplete picture of IPV experiences. Although these factors influence everyone, we feel that they may have larger effects on ethnic minority women because their experiences may be less likely to fit the prototype of violence depicted in mainstream culture. In the following sections, we briefly describe some of the key steps involved in self reports of IPV. Our goal is to be illustrative and to suggest domains where CBPR would help researchers use language that would reflect relevant experiences.

Encoding of Experience

In the first step, a woman must perceive an experience as problematic. Our concern is not whether she thinks of herself as a victim or what happened as a crime. But the experience must stand out as nonnormative in order for it to be encoded into her emotional, sensory, and narrative memories (Kilpatrick et al. 1992). Persistent stereotypes and myths of battered women and rape, acceptance of violence against women, and rigid adherence to narrowly defined gender roles may prevent women from identifying and thus, encoding their own experiences as problematic and unacceptable (Bowen 2011; Connor-Smith et al. 2011; Cue et al. 1996; Gidycz et al. 2006). Some ethnic minority women are stereotypically viewed as always sexually available and thus impossible to victimize (e.g., African American women; Taft et al. 2009). Internalization of culturally based stereotypes may make it difficult for a woman to label an experience as abusive (see Kahn et al. 2003 for an example of how acceptance of stereotypes about rape affects labeling and West 2006 for a discussion of how stereotypes of African American women affect acknowledgement). Equally problematic is the acceptance of violence against women apparent in

all cultures but manifested differently in each. For example, Islamic law supports husbands' right to use physical force against their wives (although the Koran emphasizes the importance of kindness and good treatment of wives; Douki et al. 2003). In Arab cultures, even a stereotypical rape may be viewed as an experience of promiscuity or infidelity, punishable by death (Shalhoub-Kevorkian 1999). With community involvement, IPV instruments may be developed that recognize barriers to encoding based on cultural stereotypes and acceptance of violence against women.

Cueing Recall

Assuming that a woman has encoded an experience as problematic, the content of a measurement tool, including the instructions, must cue recall. Language and literacy are paramount to accurate recollection. Even small phrasing differences can significantly alter prevalence rates (Abbey et al. 2005). The cues must also be culturally relevant. For example, the practice of inquiring about events within specific time frames may be unfamiliar and seem arbitrary to women from cultures with a fluid sense of time (Meerlo 1969). Community input may help researchers use language that will cue ethnic minority women's recall of experiences with violence.

Editing Responses

Even though a woman may recall that something inappropriate happened, she may decide not to disclose it in a research context, disclose only some of it, or alter key details as she does, with various motivations (see Post et al. 2011, for a review). Questions about intimate relationships are considered intrusive in most cultures, and IPV is rarely a topic of casual conversation. Even in the dominant culture, few women have the facility or confidence to speak about IPV (Elam and Fenton 2003). Disclosing experiences of IPV also raises the specter of social sanctions. Family reputation, honor, and harmony are important considerations for women in many ethnic groups. For example, a woman's virginity before marriage and faithfulness within marriage are essential in the patriarchal and patrilineal extended family structure of Arab culture (Douki et al. 2003; Haj-Yahia 2000; Kulwicksi et al. 2010; Shalhoub-Kevorkian 1999). Similar values are likely to deter reporting in women with Asian heritage where family harmony is the woman's responsibility (Gilligan and Akhtar 2006), as well as for Hispanic culture (Dreby 2006). Women may also be concerned about reporting on a family member's behavior when communities are small, and most individuals know each other. They may also be concerned that reporting on family members may stigmatize unfairly their community, particularly if the majority culture regards the cultural group with hostility or disapproval (Elam and Fenton 2003; West 2006). Therefore, community support and involvement in IPV research is crucial for recruitment and disclosure. Community partners may help identify the benefits of study participation and alleviate concerns about further stigmatization. Over time, the CBPR approach may lead to the development of local interventions that help women feel safe reporting IPV.

Translating and Adapting Instruments for Ethnic Minority Groups

Many violence researchers create their own instruments with little input from the target community. Alhabib et al. (2010) conducted a systematic review of evidence on violence against

women worldwide and found that 41 % of the authors of these studies developed their own instrument. In many cases, the researchers did not provide definitions of constructs, psychometric data, or describe what strategies were used to insure that participants felt comfortable disclosing IPV. We contend that such practices are also likely in the US. There is a need for systematic approaches for the development, translation, and adaptation of IPV instruments in the US and globally that result in good construct validity and strong reliability.

One of the most common approaches to adapting instruments into another language is translation and back translation, often accompanied by some psychometric data on the adapted version. However, most attempts to translate existing definitions into other languages fall short of the standards for developing culturally equivalent instruments. Rogler (1999) argues for abandoning the traditional, standard process of 1) using a “panel of experts” to determine adequacy of items; 2) standardizing an instrument across languages using a back-translation method; and 3) transferring concepts cross-culturally. Instead, he advocates for “decentering” various versions of an instrument, resulting in measures that are equal linguistically (i.e., they have shared meaning), a move supported by American Psychological Association (2002) as a best practice. The term “decentering” means that the process does not center around one culture or language; instead, the expectation is that the original instrument is likely to change based on what is learned.

The cultural equivalency model for translating and adapting instruments developed by Chávez and Canino (2005) addresses some of these critiques. They suggest that semantic, content, technical, criterion, and conceptual equivalence must be evaluated when developing cross-language and cross-cultural versions of an instrument. Content equivalence provides assurance that the content of an instrument is relevant to each cultural group. Some of the steps involve reviews of translated and back-translated versions of an instrument by committees of researchers, evaluators, and professionals who are knowledgeable about the field and fluent in both languages. The goal of the cultural equivalency model is to arrive at a decentered instrument.

Martinez et al. (2008), although focusing on physical activity, argued for a similar process for the creation of culturally appropriate measures that includes formative research (e.g., focus groups, interviews) with members of the target community to ensure that the context is culturally relevant. They suggested that a mixed methods approach (qualitative and quantitative) enhances the performance of measures in culturally diverse groups. They also argued that measures should include consideration of shared norms, beliefs, values, and expectations, as well as perceptions of socially acceptable behaviors within the community.

CBPR as an Alternative Approach

The CBPR framework may be used to expand and improve on the models described earlier (Chávez and Canino 2005; Martinez et al. 2008). With CBPR, instrument development becomes a collaborative project among community members, organizational representatives, and researchers. Community members and organizations are not just involved in focus group and key informant interviews. Instead, all partners contribute their unique strengths and share responsibilities to enhance understanding of IPV in that community, with the goal of improving the lives of community members. The key assumptions underlying CBPR include: 1) a genuine partnership means that academic and community partners learn from each other; 2) research

activities need to include community capacity building; 3) findings and knowledge gained must benefit all partners; and 4) CBPR involves long-term commitments to successfully reduce health disparities (Israel et al. 2003).

CBPR has been used successfully to explore perceptions, responses, and needs related to IPV among some groups of ethnic minority women, but it has not been used for the explicit purpose of developing quantitative measures of IPV (Magnussen et al. 2008; Nicolaidis et al. 2010). We encourage the use of CBPR to develop quantitative measures of IPV that better reflect the experiences of women from ethnic minority groups. This strategy will increase the likelihood of developing a coherent picture of the scope of IPV victimization (White et al. 2011), while respecting the need for cultural appropriateness of content and cultural sensitivity in methods.

One important benefit of the CBPR framework is that it seeks to overcome a history of distrust and prevent further exploitation of communities by researchers (Pittaway et al. 2010; Shoultz et al. 2006; Yick and Berthold 2005). Traditional research investigations often have been biased towards the needs and interests of the academic partners. This is evident in various research processes, such as failing to address health issues that are a priority to the community, conducting analyses without community input, and terminating relationships after the research project has ended (Magnussen et al. 2008). Other reasons that many ethnic communities are reluctant to participate in traditional research methodologies include distrust of the Western medical model, researchers' disrespect of cultural practices, failure to share results with the community, and promised study benefits that are rarely fulfilled (Burhansstipanov 1999; West 2006). CBPR can change the negative perceptions and experiences of ethnic minority populations with its emphasis on improving the lives of community members through research and education (Ferreira and Gendron 2011).

CBPR also has the potential to contribute to advocacy, activism, social change, and capacity building, outcomes that may have longer-lasting impacts on the reduction of IPV than the development of new measurement and intervention strategies. Including community leaders in the research process from the beginning may increase the likelihood that research data are used to inform policy changes (Wallerstein and Duran 2006). Community health organizations may also be able to foster capacity building by working with individuals and groups to increase the effectiveness and sustainability of violence prevention and treatment (Oneha et al. 2009). These benefits may be achieved, in part, by using the CBPR framework to promote a socio-ecological model of IPV that addresses individual, social, community, cultural, and societal determinants, which is consistent with current initiatives and trainings offered by the CDC (Fisher et al. 2010).

Recommendations for Applying CBPR to IPV Instrument Development

There are several good CBPR resources and toolkits available on the Internet, including those provided by the Community-Campus Partnerships for Health at the University of Washington (n.d.). In this section of the paper, we focus on key issues related to using CBPR to develop quantitative measures; however, some of our recommendations may apply to qualitative measures (i.e., individual and focus group interviews) as well. Given the lack of empirical research conducted in the IPV area using CBPR, we recommend that the following ideas be used

as “talking points” for dialogue among academic and community partners interested in conducting research to reduce IPV in ethnic minority communities.

Designing the Instrument

Traditionally, IPV instrument development has used a "top-down" etic approach, as opposed to a "bottom-up" emic approach (Stankov and Lee 2009). CBPR may be used to achieve a combined emic-etic approach to instrument development. The etic approach allows for comparisons across cultures, often relying on outside observers or experts to guide the work. For example, a top down approach is used in the translation and back-translation of already developed measures and assessing their reliability in another culture. The emic approach focuses on in-depth analyses in a specific cultural context, relying on indigenous voices within the cultural group (Cheung et al. 2011). The emic methods capture a wide range of daily life experiences, essentially applying a bottom-up approach. Given the inherent diversity that exists within ethnic minority populations, we also recommend the identification of “within-culture” aspects of IPV. For example, the experiences of Chinese-American survivors might not apply to Korean-Americans.

A team approach may increase the chances that an instrument contains both etic and emic perspectives, as long as the teams consist of researchers with expertise in scientific methods and analyses and community members with knowledge of the target population who can ensure that a cultural perspective is applied (Cheung et al. 2011). Community members may include interested community residents as well as IPV and sexual assault program directors, state coalition leaders, front line workers (e.g., prevention specialists, advocates, and crisis counselors), organization administrators, religious leaders, and public health and other officials (e.g., Tribal Councils; Ahrens et al. 2011). It is possible that some surveys and data collection methods may be perceived by community members as being invasive, disrespectful, intrusive, or irrelevant (Burhansstipanov et al. 2005). When that happens or before it happens, community members may educate researchers on which types of surveys and data collection methods may be inappropriate and make suggestions for possible alternatives (Burhansstipanov et al. 2005).

CBPR may be applied to the creation of new IPV instruments or adaptation of existing instruments for a specific cultural group. For example, much of IPV research has used the Conflict Tactics Scale (CTS; Straus 1979) or CTS-2 (Straus et al. 1996) to assess physical forms of partner violence and the Sexual Experiences Survey (SES; Koss et al. 1987) or SES-R (Koss et al. 2007) to assess a wide range of sexual victimization experiences. It would be a substantial contribution to the literature to determine how culturally appropriate these instruments are in their current form and how further adaptations might improve their performance. This process would focus on achieving *semantic equivalence*, followed by *content equivalence*. Semantic equivalence requires each item to be similar in the language of each cultural group and is accomplished through “decentering.” As described earlier, decentering means that the process does not center on one culture or language (Rogler 1999). In fact, the process entails changes to the original instrument as well as the development of another culturally equivalent instrument. The process is complex but increases construct validity (Chávez and Canino 2005). An initial step might be to translate the English version of the SES or CTS, for example, into different languages, and delete and/or add new questions deemed imperative for content equivalence, based on input from community partners, a step which is seldom reported by researchers. For

example, researchers reported on data from eight countries, including the US, using translated versions of the SES or CTS in two recent symposia at an international conference; none of the investigators had tested for content equivalence (White 2012a, b). One result is that some content relevant to one group may not be relevant to another. This could lead to a decision to create culture-specific modules to accompany the primary instrument. The process will also allow for determining whether a domain of IPV is offensive to a culture, and if so, identification of the best way to inquire about the domain if it is deemed important to do so. In all cases, determining the reliability and validity of each variant would be essential.

Assessing Reliability and Validating the Instrument

Reliability (i.e., stability) and validity (i.e., accuracy) of instruments are hallmarks of test development (Allen and Yen 2002). Thus, whatever form a culturally appropriate measure of women's IPV experience takes, it must be reliable and valid. Furthermore, *technical equivalence* across cultures should be a goal. Technical equivalence means that the original and translated versions yield comparable data across cultures, and can be assessed by evaluation of internal validity and test-retest reliability (Chávez and Canino 2005). To determine the validity of the content of the instrument, substantial efforts should be dedicated to pretesting the modified instrument, which may include conducting interviews to determine the accuracy and representativeness of new survey items. Best methods for pretesting should be decided by the community-academic team. Community members may have valuable insights regarding size and characteristics of a pilot sample, recruitment strategies, and incentives and benefits to individuals and their communities. Subsequent work should then focus on establishing the reliability of the instrument; this may involve test-retest methods and/or interviewing to ensure that participants interpreted the standardized questions as intended.

Recruiting Participants

After pilot testing has been completed and the team has made necessary changes in the IPV instrument, the tool is ready for administration with larger community samples. Continued community involvement is crucial because ethnic minority women may experience various barriers to participating in IPV research, especially if they believe that the results may produce a negative portrayal of their communities (Ahrens et al. 2011). Another barrier, particularly for Latina and Arab American women, may be the current anti-immigration climate, causing distrust towards any surveillance or data collection activities (Parra-Cardona et al. 2009). Community-based participatory recruitment strategies may help overcome such barriers. They include endorsements by respected community leaders and organizations that encourage participation in IPV research projects (Ahrens et al. 2011). Also, face-to-face recruitment strategies have been found to be more effective with Latinas than other less personal approaches, such as invitation letters or flyers (Ahrens et al. 2011). The same may be true for other groups of ethnic minority women. It is important to seek community input on the best recruitment strategies to use at the time that data collection is ready to begin. Some strategies may be time-specific, such as recruitment at particular community events or gatherings. If the response rate is low, it is likely that the community members may have the best insights about contributing factors and potential solutions. The researchers may play an important role in reducing potential biases and protecting participant confidentiality related to specific recruitment methods.

Administering Instrument

Many researchers recommend creating safe and comfortable environments for conducting qualitative interviews with ethnic minority groups (Ahrens et al. 2011), which might include considering whether all interviewers and staff should be women, as well as members of the target ethnic group. Consideration should also be given to whether quantitative assessment is better conducted in a group setting or one-on-one. Similarly, decisions about whether to use technology-assisted survey methods (e.g., having participants complete surveys on computers vs. paper vs. face to face interviews) may be informed by community partner input. In addition, careful consideration must be applied to the use of incentives and participation benefits (Ahrens et al. 2011). They must be culturally appropriate. For example, some cultures may prefer token gifts over cash payments. Many aspects of survey administration require community input and suggestions.

Analyzing, Interpreting, and Disseminating Results

The community-academic partnership should not end after development, testing and administration of the culturally-relevant IPV instrument. CBPR requires community participation in all stages of the research process. Community involvement in data analysis, interpretation, and dissemination is of great value. Advocates of CBPR recommend developing a process for obtaining input on manuscripts and presentations before they are submitted for publication or presented at conferences or meetings (Burhansstipanov et al. 2005). This ensures that interpretations and implications of the findings are culturally-appropriate, emphasize strengths, and reduce likelihood of harm to the participating communities (i.e., reinforcing a negative stereotype). A wide range of dissemination methods and activities helps increase the potential benefits of the knowledge gained and enhance a community's willingness to participate in subsequent research. Local dissemination may include the use of local newspapers, newsletters, radio, TV, and other media (Burhansstipanov et al. 2005). Dissemination of the instrument and findings to the local community, similar ethnic minority communities, and scientific communities should support the goal of enhancing the capacity of all audiences to reduce and prevent IPV.

Sustaining Partnerships Beyond Initial Project

The activities of academic-community partnerships must not be limited to assessments of the problem. As much as it is possible, researchers should assist ethnic minority communities with developing multi-level IPV initiatives, programs, and policies and enhancing resources and capabilities to sustain them over long periods of time. Assistance may take many forms, including but not limited to, work place trainings, identified funding opportunities, grant writing assistance, and professional networking. It is important to avoid conducting "helicopter research" that is time limited and results in the disappearance of the research team after grant funding has ended (Segen 2005). Instead researchers should make a commitment to activities that produce tangible benefits for individuals and their communities.

Challenges of CBPR and Potential Solutions

Before initiating a CBPR project, it is important to carefully consider some of the challenges and ethical dilemmas that may arise from this type of research (Israel et al. 1998; Shoultz et al. 2006; Wallerstein and Duran 2006). It is beyond the scope of this paper to provide an in-depth discussion of strategies to manage the dilemmas that are presented. There is a distinct body of literature on lessons learned in applications of CBPR (i.e., Burhansstipanov et al. 2005; Israel et al. 1998, 2003; Shoultz et al. 2006). Instead, we briefly highlight some potential solutions, most of which require relationship building, negotiation, and communication between the academic and community partners. For violence researchers who want to implement the CBPR framework, we recommend that they obtain CBPR training and work or consult with others who have expertise in this area. In light of the CBPR principle of shared ownership, we also suggest that researchers collaborate with community members to develop solutions to dilemmas that are mutually agreeable and appropriate to the specific characteristics and context of the project. Thinking ahead about potential ethical issues that may arise, such as how to handle the publication of unanticipated findings, may reduce the likelihood that the partnership will dissolve in conflict. Each application of CBPR is unique and dynamic, and must be tailored to the target community, project team, study aims and design, resources, and timeline.

One source of tension in conducting CBPR is the power and privilege traditionally held by White researchers who work with ethnic minority communities (Wallerstein and Duran 2006). Community members may be skeptical about whether they are actually “equal partners” in a project and whether shared ownership and control is a reality (Israel et al. 2003). With sensitive and stigmatizing topics such as IPV, researchers must engage in a constant process of humility and self-reflection in order to secure the trust of the community and elicit honest responses and active participation. Researchers must be genuinely willing to share control of the project's objectives, resources, methods, and findings.

Defining the community and identifying who represents them may also be a difficult and labor-intensive exercise (Israel et al. 1998). Researchers should include community members who are well integrated into their communities, as well as representatives of community-based organizations (Israel et al. 1998). Agreement on project goals may require additional relationship building and negotiation, and with sovereign nations (i.e., tribes) may require a Memorandum of Agreement. CBPR teams may develop mission statements to identify common goals and principles and define group expectations (Shoultz et al. 2006). Whereas researchers often focus on knowledge production, communities prioritize activities that result in improved programs and services (Wallerstein and Duran 2006). Research investigations of IPV among ethnic minority populations should include some practical, short term "products" that can be used by participating communities to create change and momentum.

Another challenge is presenting findings on IPV that do not result in further discrimination and oppression of the target population. Achieving a balance is best achieved by involving community partners in the writing and publishing process (Israel et al. 1998). They may be involved as coauthors on the writing team, reviewers of manuscript drafts, or respondents to preliminary data analysis and interpretations (Israel et al. 1998). Equally difficult is the extensive amount of time, staff, resources, training, and commitment required by all parties. CBPR often creates a burden on community members, especially in cases where there is an imbalance of

shared resources. The time factor is also a deterrent for faculty, particularly those who are junior, who are pressed to meet the traditional criteria for promotion and tenure (Wallerstein and Duran 2006). This is another reason why it is important to discuss the team's needs and expectations early in the collaboration and multiple time points during the project timeline. In addition, the team should identify benefits that may be obtained before the project is completed, such as providing community trainings on similar or related topics and writing a paper on the research process.

Conclusions

Although the challenges are significant, they must not serve as barriers to using CBPR in IPV research. CBPR is helping to advance several fields and is being supported by several federal funding sources, including CDC, National Institutes of Health, and Agency for Healthcare Research and Quality (Horowitz et al. 2009). CBPR has the potential to improve our knowledge of IPV within the context of specific communities and cultures in a manner that cannot be achieved with other frameworks (Shoultz et al. 2006). Benefits of academic-community partnerships extend beyond instrument development and can result in community empowerment and capacity to reduce IPV. The many steps involved in identifying and labeling common forms of IPV within a community, may foster an environment that is more supportive and protective of survivors. Violence researchers need to join efforts to advocate for policy changes and promote paradigm shifts in standard research practices, timelines, and reward systems to support greater use of CBPR.

This paper has raised many questions that cannot be fully answered until more CBPR research in the IPV field has been conducted. One important unanswered question concerns how much overlap measures developed for different ethnic minority groups will have. Based on our preliminary experience, we suggest that measures will be sufficiently similar to allow comparisons, but that each measure will also be flexible enough to assess forms of IPV that are unique to various ethnic minority groups. One approach would be to develop modules that could be selected as befits the community context. These recommendations may help the field balance the goal of uniformity in definitions and assessment with the goal of respect for cultural appropriateness of content and cultural sensitivity in methods (Saltzman et al. 2002; White et al. 2011). "Flexible standardization" may foster more effective communication within and across various entities concerned with IPV, including researchers, service providers, law enforcement, practitioners, advocates, and policy makers. Once there is broad consensus about the scope of the problem, resources can be better targeted to prevention and treatment programs likely to address ethnic minority women's needs.

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