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Intimate Partner Violence: A Narrative Analysis of the Jamaican Women Experience

Sonia M. Brown

Kutztown University of Pennsylvania

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DISSERTATION

INTIMATE PARTNER VIOLENCE:

A NARRATIVE ANALYSIS OF THE JAMAICAN WOMEN EXPERIENCE

Submitted by

Sonia M. Brown

In partial fulfillment of the requirements

For the degree in Doctor of Social Work

Kutztown University

Kutztown, Pennsylvania

May 2018

Doctoral Committee:

Dr. Yasoda Sharma, Chair

Dr. Barth Yeboah

Dr. FangHsun Wei

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DEDICATION

To my dearest son, Andrew your imagination is infinite in which creates perpetual spirit of love, peace, melody and promises.

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My deepest gratitude to my committee chair and mentor, Dr. Yasoda Sharma who invested her time and invaluable support, guidance and insights leading to the completion of this project. Her knowledge on the subject matter and the research process has conveyed the motivation to persevere, her persistent help paved the path and lit up my spirit to take on the challenges of this scholarship. I am extremely fortunate for her advising during each step of the way, making the final outcome of this process a success.

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ABSTRACT

The purpose of this study is to examine the nature and scope of Intimate Partner Violence (IPV) experience by Jamaican women. In Jamaica, IPV cases are not documented under appropriate indices and as a result there is a lack of studies with qualitative and quantitative data. Jamaica has serious safety concerns; the majority of murders occur due to domestic violence. Sexual assault is a significant predictor and contributor to IPV, and it is the second most common cause of injury for women on the island.

Women attending a religious institution located within the northeastern corridor of the United States were recruited to participate in this study through purposive sampling and snowballing methods. They were individually interviewed and they were asked five-open-ended questions about their experiences of physical, sexual and emotional violence, the perpetrator's reaction, the reaction of family and friends, and the women's help-seeking behavior. The principles of qualitative narrative theory and grounded theory were utilized to identify and configure themes.

Research participants were heterosexual Jamaican women with an average age of 40 years old. The participants had experienced three forms of abuse, however, the experience of sexual and physical abuse were more severe among eighty percent of the participants. Perpetrators reacted to being confronted over food, sex, money, how to parent their children, and refusal to pay the utility bills and buy groceries, by abusing the women and thereafter engaging in an extended period of silence—emotional isolation; and leaving the home—spatial isolation as a form of control. When the women shared their experiences with violence to their family and friends, they reacted as silent

witnesses and offered little or no support, encouraging them to leave their concerns to God. The women's help-seeking approaches focus on praying and fasting, at the urging of church pastors who often admonished the women to be more spiritually submissive to their partners. Findings indicates that there is a strong relationship between the women's religious beliefs and their decision to stay with the perpetrator; women's perception of their IPV experience is shaped by the tenets of Jamaican cultural values and norms; a lack of institutional support, gaps in governmental policy in the area of IPV, lack of intervention and prevention resources, education, and ongoing economic constraints that influence the participants' outlook and acts as barriers to their decision to leave the perpetrator. Equally, systems of shame—government, religion, media, family, and community—often left the women isolated and harboring feelings of humiliation and confusion, forcing them back into the shadow of the abuse.

It is imperative to teach social work students about the role of culture, religion and government in shaping women's perception about IPV; the risk to women from all forms of IPV increases due to lack of awareness, social support, and governmental policy protection. Social work researchers in Jamaica must forge ontologies that denote their culture's reality, versus relying on outsiders to coin or fabricate the meaning of what they believe Jamaica represents. Jamaican women's realities must also be documented offering their perspectives via research.

TABLE OF CONTENTS

DEDICATION	iii
ACKNOWLEDGEMENTS.....	iv
ABSTRACT	vi
Chapter	Page
I. INTRODUCTION	
Defining IPV	1
Statement of the Problem	2
Rationale of the Study	6
The Need for Global Awareness and Connection: Jamaica	6
Nature and Scope of the Problem: Jamaica	9
Purpose of the Study	15
II. REVIEW OF THE LITERATURE	
Approach to Finding Relevant Literature	17
Understanding the IPV Narratives	18
Population at Risk In Relation to IPV	19
Women.....	19
Immigrant Women.....	20
Fear of Disclosure of IPV among Immigrant Women	24
Violence Against Women Act.....	26
Gaps in Literature	28
Risk Factors.....	29

Age and IPV	30
Income and IPV	31
Education and IPV	32
Protective Factors	34
Micro-Level Factors	34
Mezzo-Level Factors.....	35
Macro-Level Factors	36
 III. THEORETICAL CONTEXT	
Feminist Theory.....	38
Limitations of the Feminist Theory	43
Application of the Feminist Theory to Jamaican Cultural Context	45
Social Learning Theory	46
Limitations of the Social Learning Theory	48
Application of the Social Learning to Jamaican Cultural Context	49
Intervention: Helping Victims to Help Themselves	50
Coordinated Community Response Model	51
Limitations of the Coordinated Community Response Model	54
Empowerment Model.....	56
Limitations of the Empowerment Model	59
Pitfalls of the Empowerment Model	62
Is the Model Congruent to the Realities of Participants?	63
Is the Empowerment Model a Disempowered Approach?	64

Are the Advocates Empowered to Empower Others?.....	65
Is There A Focus on Individualism Rather Than Collectivism?	66
Does the Empowerment Model Lead to Lonely Empowerment?.....	67
Is the Empowerment Model Dynamic?	67
Is There a Focus on Victim Blaming vs. System Accountability?	69
Critical Theory	69
Glocalization Theory	71
Cultural Competency	74
Paulo Freire’s Conscientization Approach.....	75
Strength Theory.....	76
IV. METHODOLOGY	
Research Questions	78
Setting	78
Sample and Data Collection	79
Data Analysis	81
Transcription	81
Narrative Qualitative Approach.....	82
Limitations of the Qualitative Research Methods.....	85
Ground Theory	87
Limitations of the Grounded Theory	87
V. FINDINGS	
Characteristics of the Population	89

Forms of Abuse	90
Physical Abuse	90
Emotional Abuse.....	94
Sexual Abuse	99
Perpetrator’s Reaction.....	103
Emotional Isolation: Use of silence	103
Spatial Isolation: Perpetrator Leave the Home	105
Participants’ Reaction	106
Help-Seeking Approach	106
Family and Friends’ Reaction.....	108
Leave It To God!.....	108
Social Isolation: Lack of Support	109
Leaving the Perpetrator	110
VI. DISCUSSION	
Barriers.....	113
Lack of Awareness	115
IPV and God.....	117
Cultural Dynamics.....	118
Systems of Shame	120
Credibility of the Study	122
Limitations of Research.....	124
Limited Studies on IPV among Jamaican Women.....	124

Lack of Availability of Jamaican Women	124
Bias of the Individual Stories	125
Generalizing Findings?.....	125
Location of the Study	126
Implications for Social Work Practice.....	126
Identifying Needs.....	128
Identify users and uses.....	128
Target Population and Services Needed	128
Identify Problems and Solutions	129
Eligibility Assessment	130
Public Awareness	130
Resource Inventory.....	130
Coordinated Community Response	131
Who, What, Where and How?	131
Implications for Social Work Policy.....	134
The Need for a Human Rights Framework in Jamaica	137
Social Justice.....	138
Political Justice	138
Economic Justice	139
Cultural Justice	140
Implications for Social Work Education	141

Implications for Social Work Research142
Conclusions.....144

CONCEPTUAL MAPS

Conceptual Model I: Empowerment Model in Action146
Conceptual Model II: Pattern of Behavior-Perpetrators147
Conceptual Model III: Pattern of Behavior-Perpetrators147
Conceptual Model IV: Pattern of Behavior-Participants.....148
Conceptual Model V: Three Stages of the Abuse Process148
Conceptual Model VI: Stages of the Cycle of Abuse.....149

REFERENCES

CHAPTER I: INTRODUCTION

This chapter provides a statement of the problem, by reporting the rate of the IPV across the globe, and provides a contextual analysis of Jamaica's experience with IPV, the country's difficulty in measuring IPV, the convolutions experienced by key stake holders in Jamaica to create a distinctive definition of the problem, and the way that Jamaican culture plays out into handling IPV. Several secondary sources confirm that IPV is prevalent throughout the world, and the magnitude of this phenomenon is striking. Data drawn from several global and international studies and reports, identifies several precipitating factors that contribute to the risk of participants being physically, sexually and emotionally abused. A rationale of the study is provided and the need to highlight the prevalence of IPV within the Jamaican culture and share the experiences of Jamaican women who escape the violence. Data presented highlight the scope and nature of the problem in Jamaica, indicating the frequency of IPV among women in the culture and the lack of institutional response to combatting the issue.

Defining Intimate Partner Violence

“Intimate Partner Violence (IPV) refers to behavior by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviors” (World Health Organization, (2016). Physical violence include slapping, kicking, and beating; sexual violence include forced sexual acts, and other forms of sexual coercion; and emotional abuse involves insults, belittling, humiliation, intimidation and threats to harm (World Health Organization, 2012).

Clark (2013) define IPV as actions taken by a current or former spouse, partner, boyfriend, or girlfriend to coerce and control which is sometimes called “domestic violence,” but it is not restricted to people living in the same home. This explanation may facilitate those individuals who may also engage in online relationships and experience cyberbullying from the partner.

Catalano (2014) delineates IPV to include rape, sexual assault, robbery, aggravated assault, and simple assault by a current or former spouse, boyfriend, or girlfriend. This report focuses on attributes of the victimization such as the type of crime, type of attack, whether the victim was threatened before the attack, use of a weapon by the offender, victim injury, and medical treatment received for injuries. Stealing money from the partner and/or taking their purse and/or wallet and leaving them stranded is considered assault, abuse and some form of violence within this concept.

IPV include physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner (Centers for Disease Control and Prevention, 2016). The partners may include spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner (Breiding, Basile, Smith, Black, & Mahendra, 2015).

Statement of the Problem

Globally, approximately 35% of women experience IPV; 30% of women in long-term relationship experience physical and sexual violence by their male partner; 38% of all murders of women are committed by their male partner; 42% of women experience injury as a result of physical abuse by their male partner; women who are abused have a

16% greater chance of having an underweight baby and also have a higher rate of risk and health problems as a result of IPV (World Health Organization, 2016).

IPV is difficult to detect and measure; this problem has no boundaries and has become a burden throughout many societies due to its complexity and range (Heru, 2008). The multifaceted dimensions of IPV falls within a variety of domains, making intervention and prevention appears substandard, unattainable, unreachable and unsolvable (Centers for Disease Control and Prevention, 2016). The typology of violence branches into elements of which factors contribute to the causes of IPV, as a result the definition varies (Bohall, Bautista, & Musson, 2016; Ali, Dhingra, & McGarry, 2016; Mennicke & Kulkarni, 2016).

On a continuum and through cultural lenses, the gravity of the issue can be classified: from mild to severe, despite the similarity in dimensions and culpabilities. Culture plays a large role in how IPV is viewed and handled. A screener's personal beliefs and lack of knowledge, awareness and training tend to pose barrier in detecting prevalence and to necessitate action towards prevention (Al-Natour, Qandil, & Gillespie, 2016).

While stakeholders globally, grapple with the intricacies of creating a distinctive definition to this issue, they are also at wits end in the ongoing struggle to develop effective programs to serve affected individuals and communities (Dobash & Dobash, 2004). The traditional one-size-fit-all intervention brings to the fore prevailing deficits when culture becomes an active component (Taft, Bryant-Davis, Woodward, Tillman, & Torres, 2009). Also, the question of what is or what should be considered violence among

partners, who should be categorized as an intimate partner, and the length and form of the abuse creates a discrepancy in the magnitude and scope of the issue and place women at a disadvantage by burdening them with the responsibility of proving to society that their abuse sits within the 'definition' of the IPV (Dobash & Dobash, 2004; Saunders, 2002; Morse, 1995).

IPV affects the fundamental rights of women globally (World Health Organization, 2013). The aftermath severely impacts the affected women's physical and mental wellbeing causing myriads of emotional and psychological issues (Mithani, Shaheen Premani, & Kurji, 2014) along with large financial costs. The overall impact on society in general furthers the damage. IPV decreases women's reproduction and impedes society's productivity (Houlihan & Henry-McQueen, 2016). Women who experience IPV are more susceptible to acute and chronic health issues. In the US, the *National Violence Against Women Survey, 1996* found that women lose approximately 8.0 million days of work annually because of intimate partner violence (Tjaden & Thoennes, 2006). Victimized women lost time from their daily activities, including work, household chores, and taking care of self and children (Centers for Disease Control and Prevention, 2003). Women who experience IPV are often left in a dilemma – having to choose between physical safety and financial security (Carey & Solomon, 2014).

IPV is a ferocious act committed during the course of an intimate relationship by a partner. Intentionally or unintentionally, it results in the inflicting of physical and or emotional pain (World Health Organization, 2016). IPV is rooted in gender-based power inequalities and is considered as the most common form of gender-based violence, in that

women are affected at a higher rate; the action involves any form of physical, sexual, emotional abuse and controlling behaviors by an intimate partner including threats, coercion, and deprivation of liberty whether in public or private life (Ayotunde, Akintoye, & Adefunke, 2014; World Health Organization, 2013; United Nations, 1993; Ministry of Health Jamaica, 2014). The most recent data indicated that, one in every three women experiences physical and sexual violence at the hand of their intimate partner; and 70% of women have experienced intimate partner violence in their lifetime (United Nations General Assembly, 1993). The matter is treated as urgent and is no longer viewed as a private trouble but a public issue (Harvey, Garcia-Moreno, Butchart, 2008).

Most forms of violence within an intimate relationship, are carried out by men toward women and children, due to society's male-controlled domain (Hearn, 2013). However, the cultural approval of violence has increased the tolerance of or the indifference toward IPV from both male and female (Joshi & Childress, 2017). A study to determine the association of acceptance of physical IPV and retaliation among males and females in rural midwestern, United States found that 4% of females report that it is acceptable for a male to hit his female partner and 20% of male and 12% of females found it is acceptable for females to hit her male partner (Schwab-Reese & Renner, 2017). These behaviors occur in the absence of knowledge of how to change, intervene and respond to the indoctrination that reinforces these negative values (Doku & Asante, 2015). It is most common for a male to victimize his female partner, blaming the woman for deviating from her traditional social roles (Spiring, 2014; Geary, Wedderburn, McCarraher, Cuthbertson & Pottinger, 2006; Fenton Stitt, 2014). Women are also more vulnerable to

IPV during pregnancy and the killing of women during period is an increasing global phenomenon (Campbell, Glass, Sharps, Laughon, & Bloom, 2007).

A regional committee investigating gender-equality in Jamaica observed that in instances where the male is the perpetrator of intimate partner violence behavior, there is an interconnection to the “macho” mentality which sees men as dispassionate creatures who have a feeling of discomfort with current life situations which subsequently results in acting out aggressively towards their partners (Bureau of Gender Affairs, 2011).

Rationale of the Study

It is important to explore the experience of Jamaican women who have escaped their violent partners and are now living in the United States. Their stories shed light on the fact that the country’s institutions are fractured in relation to human rights and justice and badly in need of repair, while lacking the appropriate resources to help women who are victims of IPV. Adding Jamaican women’s shared experiences about IPV to a research body of knowledge encourages Jamaican women locally and abroad to raise their voices and reject the culture of IPV.

The Need for Global Awareness and Connection: Jamaica

Jamaica has the highest number of immigrants to the United States (17.6%) out of all the English-speaking Caribbean countries (Department of Homeland Security, 2014; CIA World Fact Book, 2016).). Perpetrators of acts of IPV remained unpunished in Jamaica (Smith-Whyte, 2017); this lead to a disturbing trend among Jamaican male immigrants now living in the United States who continue these acts of violence towards their female partner while living in the US. Many Jamaican male immigrants later found

that spousal beating while treated with no urgency in Jamaica is punishable by law in the United States and they are held accountable for their actions with likely deportation if found guilty. It is likely that a lack of prior knowledge and awareness about laws in the United States against IPV further complicates the lives of Jamaican immigrants who are charged with criminal offenses for spousal abuse among other crimes in the United States (UNICEF, 2006; 2007). Jamaica has the highest number of deportees from the United States, Canada and the United Kingdom largely because Jamaica has the largest immigrant population from the Caribbean in these countries. An average of 2,700 individuals were deported to Jamaica from the United States each year between 2001 and 2004 (World Bank, 2007), and an overall number of 20,000 within the past 10 years since 2016. Non-violent and drug crimes are the most common offenses (Star, 2016).

There is a subsequent down-spiraling effect that often cripples every possibility of achieving the American dream. The offender is inevitably faced with the stigma of a criminal record. These types of micro-level issues make way for macro-level issues, as many Jamaicans are deported from the United States after committing violent or non-violent offenses. As a result families are disrupted, children lose one or both parents, and the poverty they attempt to escape, now become their only reality (Drachman & Paulino, 2013). As a developing country, the economy of Jamaica has been largely affected negatively by the high numbers of deported immigrants who commit various violent and non-violent acts including IPV, and immigration related issues which annihilated their future in the United States. This leads those deportees (now in Jamaica) into further hostile behavior within their intimate relationships and their community. For the most

part they spread to other areas of the island committing violent crimes (Garfield, 2015; Lacey, 2007; World Bank, 2007).

The cycle of violence is evident as Jamaicans are not educated about the adverse effects of IPV or that there is a global connection to these atrocities (Smith-Whyte, 2017). In order to participate and compete in the global community, the country must educate its citizens towards changing their violent tendencies and acts. This is not a simple wish; it is a mandate by many global authorities, commanded by the United Nations, the World Health Organization and other international human rights organizations. In most cases, Jamaican society cannot meet the expectations of these governing bodies; thus it loses out or is barred from participating in many economic growth opportunities; for example venture capitalists' unwillingness to finance productive investments in Jamaica and the loss of previous foreign investments means giving way to other developing nations whose standards meet the criteria of a global citizenship (Jamaica Gleaner, 2016). To compete in a rapidly changing world the Jamaican government must inform its citizens, educate them on having a sense of responsibility, and encourage them to make their community safe, so individuals can live, work and have a sense of belonging. Any form of violence is inconsistent with contemporary global values (World Health Organization, 2009).

Jamaican women who have escaped their perpetrators and are now living in the United States are likely to provide a wealth of knowledge about their experiences. This information can inform stakeholders of how they can best serve not only the Jamaican immigrant population in the United States but how they can implement intervention and prevention methods to curtail the problem in Jamaica. The women's shared experiences

may help other victims and survivors come out from the shadows and further shed light on this common occurrence. This research serve as a platform of advocacy on behalf of these survivors, adding a voice to the voiceless.

Data about IPV in Jamaica is largely missing thus, a researcher can only go to the root of the problem to investigate the occurrences, document current statistics and inform relevant authorities about this problem in the present tense. Data on this subject is disaggregated and many incidences are unreported. Stories of escape and survival from violent relationships may give hope to Caribbean women who share a similar plight.

Nature and Scope of the Problem: Jamaica

Jamaica is ranked number seven among the list of countries with the highest murder rates in the world and the most dangerous to live in as a result of family violence and domestic violence and other violent crimes. Sexual assault, a predictor and contributor to IPV, is the second most common cause of injury for women on the island (United Nations, 2011)

In Jamaica, IPV cases are not documented under appropriate indices; as a result statistics are either lacking, inconsistent or contradictory. The non-existence of appropriate data poses major challenges to effecting any significant change. What further compounds the situation is the difficulty in assessing the enormity of the factors due to underreporting and the difficulty aggregating data on violent cases that may or may not fall into IPV (Caribbean Child Development Centre, 2005).

The goal of the research is to learn more about Jamaican women's experiences of IPV and to explore how intimate partner violence is perceived within the Jamaican

cultural context. The rationale to conduct a study on Jamaican women living in the United States is to get away from the violence that permeates the dancehall domain and saturates the Jamaican culture, suggesting to outsiders that the Jamaican culture is one that diffuses violence. Rumer (2017), describes the Jamaican dancehall culture as one that contains sexually explicit lyrics, content and fashion marred with bombastic slangs, outlandish expressions and wide range of mild to severe violence. Cooper's (1999) explain that "Deejays are violently homophobic and misogynistic in their lyrics" and the music is often "salacious," "slack," "raunchy," and "barely disguised sexual discourse." Cooper study reveals that females are more likely to respond psychologically to the lyrical content of the dancehall song and among the 100 adolescents studied (50 male and 50 female) 40% of females were likely to gravitate to sexually explicit dancehall songs versus 26% of their male counterparts; and 74% of females were likely to act out the lyrics versus 46% of males (Cooper, 1999).

It is necessary to create this distinction for IPV from dancehall and other forms of violence. This approach should result in a clear-cut definition of the concept and allows a clean aggregation of data about this specific phenomenon as against the complexities of dancehall violence that often saturate the Jamaican culture. The "dancehall" culture is consistently marred with violence and misogyny, often promoting male dominance and female submissiveness (Mohammed, 2014). These complexities which exist in subcultural enclaves are not common throughout the United States. While some Jamaicans view dancehall violence as a cultural symbol, it is practically a way of life in most inner cities (Aitkenhead, 2001). The limitation of resources in the country is often a barrier to serving

women. In the United States however, there is an abundance of resources that are available to women who experience IPV therefore, Jamaican women may feel safer sharing their stories.

Violence against women is prevalent due to Jamaica's poor underdeveloped legal and economic infrastructure (Freedom House, 2016). Reports from the *United Nation Economic, Social and Cultural Rights Committee* on Jamaica pertaining to human rights thematically suggested that victims of IPV are unwilling to acknowledge the negative behavior of their partners, which further exacerbates the problem and, as a result, both men and women stoically regard the violence as a cultural norm. While some lacking understanding, may feel embarrassed or are simply ignorant of the dangers of the phenomenon (Immigration and Refugee Board of Canada, 2014; Moser & Holland, 1997) reported that poverty is perpetually linked to violence in Jamaica as individuals are afraid to leave their home and communities to access existing jobs as a result the country's infrastructure is unlikely to improve as business are reluctant to invest in their communities for fear of the same violence.

Several search for recent research data on Jamaica regarding IPV is not available (Statistical Institute, 2016). Therefore the latest 1998 data obtained from the *Planning Institute of Jamaica* indicated that within one month there were 409 cases of reported violence against women, committed by men whom were engaged in intimate relationships with the victims (Haniff, 1998). A survey to determine IPV in three Caribbean countries (Barbados, Jamaica and Trinidad & Tobago) revealed that Jamaica have the highest level of IPV. Of the 1578 Jamaican women who participated in the study,

83% of the respondents have experienced some form of violence committed by a partner (Le Franc, Samms-Vaughan, Hambleton, Fox, & Brown, 2008).

Utilizing a 2008 *Reproductive Health Survey*, conducted by the Jamaica National Family Planning Board, Priestley (2014) sampled 9641 Jamaican women between the age of 15 and 49 and found that the young age of women, poverty and having a controlling partner increased their exposure to IPV; the survey interview cover questions ranging from pregnancy, birth and reproductive history, partner history and family life, sexual activity and contraceptive use; 35% of the women reported they experienced various forms of IPV throughout their lifetime; 48% of women reported that they have been “slapped, kicked, and shoved” or were subjected to other controlling behavior by a partner; 12% reported physical sexual coercion by a partner; and the study conclude that Jamaican male harbor a more traditional outlook towards gender norms.

A Jamaica Crime and Safety Report conducted by the Overseas Security Advisory Counsel reported that Jamaica’s violent crime rate is as a result of poverty and politics. Police make an annual arrests in only 45% of homicide cases and convict only 7% of the perpetrators. As a result there is a public distrust in the criminal justice system in Jamaica which often lead citizens to vigilantism (United States Department of State, 2015)

Jamaican newspapers documented daily occurrences of IPV which often resulted in death, investigation indicated that the country lack a systematic approach to combat the issue (Wilson-Harris, 2016; Barrett, 2017). According to Amnesty International (2008/2016) police officers and the criminal justice system are severely ill-equipped and inadequate to combat the violence in the country and there are evidences that police

officers are not trained to command respect for the law and in most cases themselves perpetuate the violence. The report found that a high rate of women are killed by their partners with no punitive actions. Subsequently, the organization made recommendations to the government to widen the definition of rape and other sexual offenses to include within the concept of IPV.

Gayle (2017), an anthropologist, conducted a seminar in Jamaica on how to deal with domestic violence, among 100 Jamaican police officers (50 males and 50 females) and asked the following four true-or-false questions, these are the corresponding responses of the participants: (1) Domestic violence and intimate-partner violence (IPV) always mean the same (44 respond false); (2) Women are the primary victims of all forms of domestic violence (36 respond false); (3) Women account for about 90 per cent of the victims of intimate partner violence (29 respond false); and (4) Domestic violence is directly affected by male-versus-male violence (39 respond true). Reportedly, only 19 participants (13 females and 6 males) got all four correct, indicating that many in law enforcement have a vague understanding of the definition of IPV and tend to minimize the meaning of family violence and domestic violence as private family matters.

Norman and Uche (2000) interviewed 6384 women and 2279 men adult males (between 15 and 24 years of age), and females (between 15 and 49 years of age) in Jamaica to determine the impact of promiscuous sexual activity and risk for HIV. The findings indicated that sexual activity starts at an early age and young people not only engage in sexual activity frequently, but are also involved with multiple sexual partners. Unsafe, promiscuous sexual behavior is a predictor on their attitude towards IPV and further

indicates a woman's vulnerability towards accepting the violence and have an increased risk of contracting STDs from men in this culture.

Gibsson (2007) research in Jamaica to determine males and females perceptions of IPV, surveyed 1498 Jamaicans (754 male and 744 females) between 15 and 49 years of age found the following: (1) men who supported IPV against women are likely to engage in unprotected sexual practices; (2) 48% of men who supported IPV do not practice sexual monogamy; (3) men who supported IPV have an increased risk to pass on sexual transmitted disease to their female partner; and (4) 18% of the men who supported IPV are prone to engage in aggressive sexual coercion.

Mansing and Ramphal (1993) studied the impact of IPV on the health care system in Jamaica, found that taxpayers bear the burden of footing 90-94% of the cost of managing the injuries from these incidences. Of the 640 victim participants between 15 and 39 years, accounts depict that 74% of the aggression was committed by males on females. Weapons use to cause injury vary from household items like knives, pots and pans to guns. Severe injuries on all parts of the body (head, neck and limbs) resulted in a 63% rate of hospitalization.

Reports (United Nation, 2011; Paul, 2017) indicates that law enforcement agencies in Jamaica are unwilling to examine and bring charges against perpetrators who commit acts of IPV. Among the difficulties faced by victims, is that in most areas (especially rural communities), to be seen at a police station, automatically arouses suspicion on the person as being informer or traitor. Women rarely report their male offender to police because they know that the police will do very little about it. There are also cases of

policemen being violent to women who are beaten by their husbands. Women are subsequently issued a warning that they should know their place in the home and often gain no sympathy from police, relatives or friends upon reporting incidents of abuse. As a result, the victim may retaliate with violence.

Several literature (Cross, 2006; Haniff, 1998; Smith, 2016; Hope, 2006) on violence across the Jamaican society indicated that the cultural norm surrounding IPV in Jamaica is built on the ideology that a female must submit themselves to their male partners — a patriarchal value. The socialization and perceived acceptance of these beliefs further rationalized and upheld through institutionalized systematic methods via the major organizations including educational and religious bodies. Thus the perceptions and realities of native Jamaicans, both male and female, are that violence is an acceptable alternative when other means do not work. Many Jamaicans have come to believe and accept that those who hit you are those who love you the most. Now while these misconceptions are not unique to the culture of Jamaica, there are limited alternative learning opportunities or resources available to correct these fallacies. These beliefs permeate the lower-income rural areas of Jamaican — specifically the younger adult population

Purpose of the Study

The goal of the study is:

1. To explore the nature and scope of IPV experienced by Jamaican women residing in the Northeastern District of the Church of God 7th Day, New York, United States.

2. To present the experience of these women while living with their male partner in Jamaica.
3. To understand how IPV is viewed within the Jamaican cultural context.

It is important to note that the researcher's intent is not to conduct a cross-cultural analysis of the Jamaican, the United States and other cultures, but to create an understanding of how IPV prevails in each setting. The research participants live in the United States therefore it is inevitable that contrast and comparisons may arise from their experiences. It is also necessary for the reader to understand the use of the word "culture" is not to make a claim that violence is a custom throughout the Jamaican culture, but to highlight how the breaches of what is considered norms establishes a subculture of violence. Also, the use of the phrase "Jamaican cultural context" describes the infractions that creates the cultural context of IPV within that setting. Culture is learned and socially constructed; it includes the way of life of a group of people including their beliefs, values, knowledge, customs, among other things (Brown & D'Olivo, 2015). With this understanding, the phrase "cultural context" is used within a sociological lens to describe how the research participants interpret their experiences, for example, how they describe the reaction of family and friends to their reports of IPV.

CHAPTER II: REVIEW OF LITERATURE

This chapter provides a review of previous academic studies and other existing literature on IPV. First, an explanation of the route to finding the secondary sources, the location of these works and additional articles found on the subject. Next, an entire section was spent highlighting the various definitions and narratives surrounding the subject. A section on the victim population include data on immigrant women and the fear of disclosure, and the federal response to the issue via the Violence Against Women Act (VAWA). It was necessary to emphasize the gap in literature on the target group (immigrants from Jamaica living in the United States). There is also an examination of several risks factors and the relationships between those variables and the problem. Finally, there is also a brief emphasis on the types of violence women often encounter showing that several variables interweave and no one distinctive risk is the cause of the problem.

Approach to Finding Relevant Literature

The purpose of the study was to explore the nature and scope of IPV experienced by Jamaican women residing in the Northeast area of the United States; to present the stories of Jamaican women who experienced IPV while living with their male partner in Jamaica; and to explore how IPV is viewed within the Jamaican cultural context.

The researcher first identified the problem to be investigated and then conducted a search for literature to gain more knowledge of the problem from previous academic sources, and taking into consideration what others have already found out about the

topic. The next step involved formulating questions specifically related to the problem/topic to interview participants.

The researcher used several secondary resources that delineated the concept of IPV; these included governmental and non-governmental reports and websites, books, scholarly journals, periodicals and popular articles.

Indexes and databases used are Academic Search Premier, Psych Info, EBSCO, Articles+, Factiva, and JSTOR, ERIC databases. Internet searches of IPV and Jamaica, IPV and Jamaican immigrants via Google Scholar yield results from Jamaica Information Services, United Nations, World Health Organization, Jamaica Gleaner, Jamaica Observer, Statistical Institute of Jamaica, Bureau of Women's Affairs Jamaica, and United States Department of State, United States Department of Justice, Centers for Disease Control and Prevention, and United States Census Bureau.

The key words searched also included intimate partner violence and Jamaica, intimate partner violence and global, intimate partner violence and women's health, and returned several qualitative, quantitative and mix method studies from Journal of Interpersonal Violence, Journal of Family Violence, Violence And Victims, International Journal of Child, Youth & Family Studies, and Violence Against Women, among others.

Understanding the Narratives

Historically, violence is deeply rooted throughout all societies regardless of its degree of intensity and severity. Today it is necessary to understand its prevalence and the variation of wording used to describe the experiences. Several concepts have been used interchangeably to refer to violence within relationships for example interpersonal

violence, family violence, wife battering, and domestic violence (Lawson, 2013; Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002; National Institute of Justice, 2010). However, these do not adequately address the extent of IPV among heterosexual partners. *Interpersonal violence* is abuse occurring among family members which includes children, adults and intimate partners (Institute of Medicine and National Research Council, 1998); *wife battering* refers to psychological, sexual and physical assault by a perpetrator against his wife with the intent to control and induce fear and pain (Herbert, 1983); *domestic violence* usually involves an intimate partner, a child, elderly relative and other family members (Medline Plus, 2018); and *IPV* involves a pattern of assaultive and coercive behaviors that may include physical, psychological, sexual, intimidation and threats by a perpetrator who is in an intimate relationship with an adult (Family Violence Prevention Fund, 1999). Increasingly, violence against women in an intimate relationship has become a mainstay issue. Researchers and policymakers, among other stakeholders, are grappling with how to align standard definitions in order to enact programs to combat the issue. Reports of violence are often molded into broad legal definitions with the standards to fit the traditional groups like families, couples, adults and the elderly and even young girls who are forced into adult relationships and roles.

Population at Risk in Relation to IPV

Women

Women are more vulnerable to violence. Global studies (World Health Organization (2014; United Nations, 2013) concluded that IPV affects women at a greater rate due to several factors, such as deviating from traditional gender roles and the gender

in equality that exists in patriarchal societies. The findings suggested that institutional response is slow and or non-existent, and often law enforcement officers treat IPV cases as a private matter rather than as a public issue. Both studies indicated that women in low income countries have limited educational achievement, thus limiting their full participation in the labor force. As a result they are deprived of proper health benefits, and experience low standard of living. Women across all ethnic categories at risk of experiencing IPV due to their dependent state (Jordan, Campbell, and Follingstad, 2010; Goetting, 2001; Cohen, 2015) and due to their low-economic status that forced them into relationships at an early age in order to meet their basic human needs.

Additional studies (Seccombe, 2015; Hearn, 2013; Kim & Gray, 2008; Carey & Solomon, 2014; Ayotunde, Akintoye, & Adefunke, 2014; Zaatut & Haj-Yahia, 2016) found that women are being blamed for the violence they experience in their relationship due to structural inequalities of a male-controlled domain. These reports suggested that women who reported IPV are often stigmatized, and the burden of accountability is placed on women for their being ill-treated while their abusers are subsequently released from accepting responsibility for their own actions.

Women's overall health is often impacted by IPV (World Health Organization, 2013; Campbell, Glass, Sharps, Laughon, & Bloom, 2007). Findings from these global studies indicated that women suffer a wide variation of physical, sexual and emotional abuse affecting their reproductive health, and as a result they often produce low-weight babies and/or must undergo late term abortion due to problems with the fetus.

Immigrant Women

A study (Dutton, Orloff, & Hass (2000) explored the impact of IPV on the lives of documented and undocumented Latina women who live in Washington, D.C., United States and found that battered women struggle to find appropriate services due to their immigrant status. For example, the lack of free legal resources that accommodate bilingual resources posed a barrier. Additionally, the study found that married immigrant women experience higher levels of physical and sexual abuse than unmarried ones. Women who are married (59.5%) are more likely to be abused than those who are unmarried (49.8%), due to several intersecting factors. The study found that married women tend to be at the mercy of their spouses, who control the beneficiary filing. Abusive husbands exert control over their wives forcing them to accept their violent ways or lose out on these benefits. The findings suggested that women are often ignorant of their immigration rights, thus suffering in silence, unable to leave for fear of facing deportation if they report abuse; the finding also suggested that victims and abusers are equally unaware that there are penalties and protection that apply to them.

Some women who experienced severe IPV and are able to provide extensive and substantive evidence are granted immigrant asylum status within the United States. Those who qualify are placed in what is called a *particular social group* (PSG). Claims are usually made on the basis that women in fear of their partner have no protection from legal authorities within their country of origin (United States Department of Justice, 2015). Research on the number of immigrants who sought asylum due to intimate partner violence is inconclusive and limited due to the essential differences among the different

women who fall within the PSG and their country of origin and the multiple proofs of claims that are needed (Runner, Yoshihama & Novick, 2009).

The Center for Gender and Refugee Studies (1999) documents limited numbers of cases of Jamaican women who sought asylum in the United States from their abusers. Due to the sensitive nature of the subjects, many of these cases are not made public. Below are summaries of two cases submitted on behalf of Jamaican women that were approved by the United States Custom and Immigration Services (USCIS). These two cases were registered in the State of New York and involved both sexual and physical violence.

Asylum Seeker#1:

The applicant managed a restaurant where she met her husband. After their marriage, her husband would get angry with her for working late, hitting her and calling her a liar. She soon learned that her husband was having an affair and had fathered other children. When she confronted him, he attacked her with a knife and beat her. She reported the incident to the police, who told her to seek counseling and warned her husband. However, the abuse escalated and his mother threatened to kill her if she ever reported him to the police again. Furthermore, a woman who claimed to be the mother of one of her husband's children threatened to kill her if she did not end the relationship. The applicant went to the U.S. a few times, and one time her husband came to the U.S. and found her. They reconciled, but she soon learned he was being unfaithful again. She believes he did not

abuse her in the U.S. because he knew of the strong penalties in the U.S. for domestic abuse. They divorced and he returned to Jamaica. She still fears her husband and he continues to make threats to kill her and take away their children.

Asylum Seeker#1:

Soon after the applicant's marriage, her husband began to physically and emotionally abuse her. He beat her with an iron bar, a hammer and a wood post, threatened her with knives, stalked her, and destroyed her property. The applicant's husband is from a prominent family and has close ties to the police. Although she reported the abuses to the police on numerous occasions, her pleas were ignored. When he destroyed her car, she was told that the Jamaican Constitution forbade a wife from charging her husband with property destruction. On another occasion, officers at the station where she made out a police report informed her husband, who then beat her with a hammer. When she would call the police to complain about her husband's harassment, they would ignore her complaints when they found out who he was. The applicant was afraid to enter a battered woman's home because her husband could easily find her and continue to torment her. She left town to live with a friend, but her husband continued to stalk her, at home and at work, and he threatened their son. She fled Jamaica with her son in fear for her life.

To understand the prevalence of IPV among black Caribbean women, researchers (Stockman, Lucea, Bolyard, Bertrand, Callwood, Sharps, Campbell, & Campbell, 2014) conducted a multi-site survey of 1545 women in Maryland, Barbados and St. Croix. The findings revealed that there is a cultural tolerance and acceptance of physical and sexual abuse and that women from these countries (Barbados, Jamaica and Trinidad & Tobago) often immigrate to the US to escape their abusers.

To evaluate the relationship between IPV and mental health issues among Caribbean black women living in the United States, Lacey & Mouzon (2016) analyzed data from the 2001-2003 National Survey of American Life and also assessed respondents' self-reported physician's diagnoses. They found that Caribbean women faced severe physical IPV and as a result experienced mental and physical health problems. These women escape their abuser by fleeing to the United States.

Fear of Disclosure of IPV among Immigrant Women

The culture of silence and normalization of violence affects victims of IPV in every culture (Warrier, & Family Violence Prevention Fund; 2002; Mallory, Dharnidharka, Deitz, Barros-Gomes, Cafferky, Stith; & Van, 2016; Chiu, 2017; Piedalue, 2017).) This research found that women who experience IPV must deal with barriers on many levels, individual, institutional, and cultural as well as in their family and community. These barriers, though listed as separate categories, also interact in different ways to prevent women from disclosing the violence they experience within their relationships. The study continues to suggest that women experience fear and shame, which contributes to lowered self-esteem and their refusal to seek help outside of the immediate setting. As a

result, women often feel isolated within their ethnic enclaves, while lacking family support. Cultural beliefs tend to perpetuate violence, therefore family and friends are not quick to offer help, thus forcing some women to flee the violence and leave their loved ones. The salient arguments among this literature indicated that women may not only experience abuse from their intimate partners, but also from their family and other relatives who play pivotal roles within the family, due to kinship patterns and family structure.

Within the United States, despite the freedom of choice, the abundance of information, and other legal protection for victims of IPV, immigrant women face difficulties seeking services outside of their ethnic enclaves. Attitudes towards immigrants vary and include racism, prejudice, and stereotypes, to discrimination due to language barriers, education obtained in a foreign country, and limited assimilation into the American culture (Richie, 2012; United States, 1991). A web-based survey conducted by the American Civil Liberties Union, City University of New York (CUNY) School of Law, and University of Miami of 900 advocates, service providers, lawyers, and non-profit workers who support or represent domestic violence and sexual assault victims found that victims of IPV do not call police due to backlash of discrimination, victim-blaming, hostility and gender bias (Goldscheid, Coker, Park, Neal, & Halstead, 2015).

Women who may enter the United States legally in an attempt to find safe haven from their abusers may overstay their time due to difficulty of gathering evidence of their abuse and/or for finding appropriate services to gain assistance. Victims of IPV may not have access to bilingual shelters or financial assistance due to fleeing from their main

source of economic support, and thus may be unable to obtain lawyers to pursue immigration services. Similarly, police stations and 911 centers may not have interpreters to assist women who need services (Orloff, Jang, & Klein, 1995). These factors press the need to highlight the experience of Jamaican immigrants. The study sheds light on the reason why women in general flee their native land to seek sanctuary in the United States, and on the need for more services to help immigrant women.

Violence Against Women Act (VAWA, 1994)

According to the National Network To End Domestic Violence (NNEDV) the Violence Against Women Act (VAWA) is the United States federal institutional response to domestic violence, including IPV as a crime. It was initially passed in 1994 and has been modified over the years to include many other forms of violence, such as stalking and dating violence. It also covers the LGBTQ community (NNEDV, 2015). United States Citizenship and Immigration Services (USCIS) provisions allow battered women to file an immigrant visa petition under the Immigration and Nationality Act (INA). Victims of IPV are able to seek safety and independence from their abusers while living in the United States. Unfortunately, women who live outside the United States must seek entry through other legal categories. VAWA provisions only protect women who are battered by their partners who are United States citizens or permanent residents (USCIS, 2016).

Despite the provisions for IPV victims, only some women are qualified. The provisions allow self-petition for a U-visa by women married to United States citizens and permanent residents. The U-visa grants victims the opportunity to live and work in the US legally. The marriage must be deemed legal by the USCIS and evidence must be

deemed “substantial physical and mental abuse” and filed along with the application. The woman must be a person of good moral character, and must demonstrate that she entered into the marriage in good faith, and “not solely for immigration benefits (American Immigration Council, 2012).

The Jamaican government passed the first Domestic Violence Act in 1996 and has since then published its latest modified version in 2004. There are newly mandated provisions on the new Act; for example, women who are victims of IPV may apply for an order of protection; divorce and/or separated women are protected from losing their economic support; marital and child monetary support is enforced against male perpetrators; and new training programs are implemented to empower police officers to make an arrest when the orders are violated (in the past these provisions were not allocated). The court system in Jamaica is also working to streamline services for victims of IPV based on recommendations from Amnesty International (AI).

Published reports from their AI 2006 two-year investigation that found that IPV is prevalent in Jamaica encouraged this new effort and resulted in a new draft of the Jamaica’s Offences Against the Person Act (1995) to include marital rape as a criminal offense (Immigration and Refugee Board of Canada, 2007). However despite these newly implemented policies, a recent report indicates that immigration among Jamaican women continues to increase and that many who attempt to gain asylum status in other foreign countries faced barriers due difficulty in establishing evidence that they meet the criteria to be categorized with the particular social group (PSG), and that they face real risk in their native country (United Kingdom, 2017). There is only one shelter that served the

entire island of Jamaica, and news reports indicated that the shelter closed its doors due to lack of financial support (Jamaica Gleaner, 2016).

Gaps in Literature

Searching for information about Jamaican immigrant women in the United States and their experiences yields little or no valid research. However, there are several reports from global, international, regional, local and non-governmental organizations (NGOs) (United Nations, United States Department, Amnesty International, Caribbean Child Development Centre, UNICEF, Immigration and Refugee Board of Canada), among others, which have conducted macro-level reports of the violence and other problems in Jamaica. Other research studies (Smith, 2016; Le Franc, Samms-Vaughan, Hambleton, Fox, & Brown, 2008; Mansing & Ramphal, 1993; Priestley, 2014), among others, reports discussed the limitations of previous studies conducted in Jamaica on the subject of IPV due to amalgamation of other Caribbean women in these studies while also failing to distinguish IPV from other forms of violence.

Aside from a lack of research on IPV in Jamaica, aggregated data is not available. The violence in Jamaica makes it difficult for individual researcher to conduct these studies without large financial grants to aid in the funding of personnel for security, translation, transportation, and major factors that may create setbacks, for example, access to Area Dons, and money to facilitate entry into certain communities. Reliance on macro-level studies creates limitations, as these are often conducted within the inner-cities, thus isolating the larger rural communities where IPV is prevalent (United Nation Women, 2008; United States State Department, 2016; United Kingdom, 2017).

Another gap in the literature stems from the amalgamation of Jamaican immigrants with other people in the Caribbean diaspora, African American groups and black women in general. The use of data from these groups creates a deficit, as there are marked cultural differences among Caribbean people in terms of the view of IPV. There are no available data that focus solely on Jamaican women, Jamaican immigrants living in the United States, and their perceptions and experiences with IPV.

Risk Factors

Previous research studies (Bohrman, Tennille, Levin, Rodgers, & Rhodes, 2017; Breiding, et al, 2015; Maddoux, Gilroy, McFarlane, & Liu, 2016; Reichel, 2017) indicated that public perception holds that women under the age of 25, with less than a high school education, and earn an income of less than US\$20,000 are more likely to experience IPV; however, women who are over the age of 25, have attained a higher education level, and earn an income of more than US \$50,000 experience IPV as well. The articles suggests that IPV knows no boundaries; its effect is far-reaching and seems to be a permanent fixture throughout all societies. Women in any social category are susceptible to IPV due to these risk factors, and men with these similar characteristics can become abusers. Education, age and income are often considered risk factors and are used as tools to aggregate data on this issue and to determine the population that is more likely vulnerable. Education is key in combatting IPV and can positively impact change for parties involved; age and income are correlative factors that can change the dynamics once these problems arise.

Financially independent women are more likely to leave their abusive partners as their economic stability is less likely at risk, while those with no income or low income are more likely to stay due to financial limitations. Also, younger women with a low-educational level have a higher likelihood of improving their situation due to global standards of being more accommodating and accepting of younger people based on their life stage (National Coalition Against Domestic Violence, n.d; Hindin, Kishor, & Ansara, 2008; Demographic Health Survey Study, 2005-2014; Peterman, Palermo, & Bleck, 2015). Several studies below justify these assumptions that education, age and income are tools that predict vulnerabilities and are correlative factors

Age and IPV

A Demographic Health Survey Study (2002-2006) of married or cohabiting women between 20 and 44 years of age; who are natives of Bangladesh, Dominican Republic, Kenya, Rwanda, and Zimbabwe found that women less than 20 years of age and married or living with a partner are more likely to experience physical and sexual violence (Hindin, Kishor, & Ansara, 2008). Similarly, a more recent Demographic Health Survey Study (2005-2014) reported that married women between 15 and 49 years of age and living in Africa, Asia, Eastern Europe, Latin American and the Caribbean are at an imminent risk of experiencing violence from their partners. Findings revealed that approximately 29% of women reported both physical and sexual IPV; also, approximately 38% and 67% experienced violence with one and three years of the union (Peterman, Palermo, & Bleck, 2015).

A report from the United States Department of Justice indicated that women between 16 and 24 years of age generally experience IPV at a higher rate than older women (Rennison & United States, 2003). The United States National Center for Injury Prevention and Control estimated that women between 11 and 17 years of age are those who always experience physical, sexual and stalking violence by the male partner, additionally approximately 47% of women are between 18 and 24 years of age when they first experience IPV by their male partners (Breiding, Chen, Black, & United States National Center for Injury Prevention and Control, 2014).

A study to determine the lifetime prevalence of IPV among women in the United States, between 18 and 64 years of age found that IPV is greatest among women in their early 20s and early 30s, and that it is likely to decrease considerably over the age of 50 (Rivara, Anderson, Fishman, Reid, Bonomi, Carrell, & Thompson, 2009).

Income and IPV

A United States National Intimate Partner and Sexual Violence Survey (NISVS) found over a 12-month period that women who are stressed about lacking the income to pay rent or mortgage, and/or buy food have a significantly higher rate of IPV (Breiding & Chen, et al, 2014).

A two-year longitudinal study of 5994 couples in the U.S. to determine the relationship between reported IPV cases, neighborhood income and individual behavior of those living in urban communities found that IPV cases are highest among couples living in the poorest neighborhood (Bonomi, Trabert, Anderson, Kernic, & Holt, 2014).

Women who are unemployed and those with lower incomes reported lacking access to appropriate primary health care and, as a result, experienced increasingly poor mental and physical health after leaving their abusive partners (Stam, Ford-Gilboe, & Regan, 2015).

A United States Department of Justice report indicated that women living in a low-income household earning less than \$35,000 per year experience IPV at a higher rate than women in high-income households earning more than \$50,000 per year (Rennison & Welchans, 2000).

Research data obtained from 39 countries (including Africa, South Asia, Central and Eastern Europe, Latin America and the Caribbean) revealed that IPV is prevalent in low-income countries (especially in rural communities) and that a large proportion of women found “wife-beating” acceptable and justifiable in the following circumstances: (a) if she leaves the home without his permission; (2) if she fails to take care of his children; (3) if she talks back to him; (4) if she refuses his sexual advances; and (5) if food is not cooked to his standard. Also, Jamaican women characterized as having a low education, low income and living in a rural area held an attitude of acceptance in those five circumstances at a rate of 1.8%. Mongolian acceptance is highest, with a rate of 2.19% (Tran, Nguyen, & Fisher, 2016).

Education and IPV

A study of 44 women between 30 and 40 years of age; working as faculty at a university in Tehran concluded that their level of education has no effect on the incidence rate of IPV (Fatemeh & Jamileh, 2011). Another survey of 3,995 women between

15 and 49 years of age taken from Chile, Egypt, India and the Philippines population revealed that when both partners have a poor educational status there is a strong correlation associated with the risk of IPV, due to marked poor communication skills (Jeyaseelan, Sadowski, Kumar, Hassan, Ramiro, & Vizcarra, 2004). Low levels of education and few job skills are barriers to employment. Individuals lacking this human capital are susceptible to risk factors such as having limited access to job opportunities and an inability to bounce back from setbacks, and they likely have a higher rate of economic insecurities (Allard, Tolman, & Rosen, 2003).

A survey of 5109 women in Uganda highlighted that women with secondary-level education or higher have a lower risks of IPV. However, the arguments reveal that there is an inverse relationship that women within this same category—due to their autonomy and control over their own resources—are actually at a greater risk (Koenig, Lutalo, Zhao, Nalugoda, Wabwire-Mangen, Kiwanuka, & Gray, 2003). Attitudes in Nigeria among 3,911 women between 15 and 49 years of age revealed that women in three northern regions with a low level of education and low income are more likely to tolerate IPV. Cultural and religious factors are reported correlated factors (Antai & Antai, 2008).

Among 3,077 women in Zimbabwe, those who were younger, lived in rural areas, had less than a secondary-level education and lower occupational status significantly agreed that wife beating is justified (Hindin, 2003). An examination of previous studies based on two categories, “population-based studies and specific population-based studies,” that were undertaken among individual’s in developing/poor countries to

identify factors that influence participants' attitudes about IPV, concluded that education plays a fundamental role in individuals' perceptions (Wang, 2016).

Protective Factors

The contradictions are noticeable from the literature review indicates that the same risk factors that associate women's experiences to IPV are likely some of the same protective factors that will reverse the exposure to women being abused by their partners. The corrosive factors such as lack of income, lack of family support, and lack of education are signs that women who have or can gain these resources as supportive factors can become resilient and reduce their exposure to IPV. Women can bounce back from IPV by having protective factors that safeguard them from dependency and isolation (Sheafor & Horejsi, 2015). However, protective factors should be at all levels of society so that women can experience freedom internally and externally and not have to fend off abuse by themselves. It is unfair to focus on micro-level protective factors, forcing the responsibility on women as they should not have to go to such great lengths on their own to protect themselves from violence. Community and government responsibility should be part of the cosmos (Centers for Disease Control and Prevention, 2018).

Micro-Level Factors

Family support is important for women especially in cases of immigrants from different cultural backgrounds, who often lack mobility and the capability to take steps to fend for themselves. Family as a resource should be able to help the victim take action to move away from the abuse (James, 2008). Women's economic autonomy is highly important. When a perpetrator threatens the life of his intimate partner by engaging in

economic abuse as well, the woman who utilize her own resources if gainfully employed and recognizes the need to be financially independent is in a better position to make the decision to leave the abuse (Hamby, 2014). Higher education is a key protective factor. Women who have attained beyond a secondary level of education are more likely to recognize even the slight forms of psychological abuse.

The fear of not having the resources to move beyond the abuse causes a crippling effect. A woman not having the resources in place contends with a conflict between moving forward versus moving on hopelessly. Having family support, steady income, and education reinforces a strong sense of self-dependency and demonstrates that a woman may not become vulnerable in all areas of her life due to the abuse. The nature of resilience can be innate and also learned. Doyle & Timms (2014) explore how individuals can meet their needs and draw from a range of resources available, from immediate family to a wider environment. They suggest that, as a protective factor to cope with insufficient support in emotionally harmful situations the key is to developed resiliency. Doyle & Timms (2014) draws on these definitions for resiliency as “a dynamic process by which individuals adapt successfully to an adverse experience” (Kim-Cohen & Turkewitz, 2012), and “the capacity of a dynamic system to withstand or recover from significant challenges that threaten an individual stability, viability or development” (Masten, Guyer, Hodgdon, McClure, Charney, Ernst, Kaufman, & Monk, 2008), p. 147-148). The capacity to have these protective factors increase the women’s equilibrium.

Mezzo-Level Factors

Coordinated resources within each community by integrating services with various local groups, such as churches, schools, social services, and businesses provide lifeline for families in communities. Encouraging these areas of business to donate funds towards the intervention and prevention of IPV helps enhance the well-being of the community and its citizens. Some factors are more protective than others, depending on the dynamics of each situation (Eriksson, Cater, Andershed, & Andershed, 2010). Therefore facilitating viable options for resources that will allow women to feel safe knowing that community resources are available when needed is paramount.

One study explored how community factors restrained men's individual risk for IPV perpetration when women have an equal formal power role in the community. The researchers sampled a population of 604 male first-semester undergraduate students and found that men are less likely to commit IPV when they reside in communities with a greater proportion of women who occupy formal positions (Whitaker, 2014). The findings here suggest that communities must respond by creating equal opportunities for women, thus creating protective factors that will ward off violence.

Macro-Level Factors

Women will have larger protective factors if government puts broader prevention and intervention measures in place. Shelters, crisis centers, police and medical personnel trained to detect abuse, treat and enforce protection orders will encourage women to seek assistance (Hamby, 2014). Social norms that promote gender and structural equality will create greater access for women to be gainfully employed, receive equal pay, and protect women rights while also educating the public about the dangers of violence and abuse

(UN Women, 2013). Strong prevention and intervention methods must be in place to reduce risk factors and increase protective factors against IPV. Healthy behavior should be a mandate. IPV is a danger to both men's and women's health. Government should not abandon its role in what is often considered a private matter, but instead, it should maintain social conditions that promulgate a healthy life and graceful longevity among its citizens (Daniel, 2004). In the case of IPV, greater emphasis on protective factors such as family wellness education strengthens the growth of a country and trickles down to all levels.

CHAPTER III: THEORETICAL CONTEXT

This chapter provides a theoretical explanation (feminist theory, social learning theory, and intersectionality) of the root causes of IPV, while highlighting the limitations and pitfalls that manifest when culture is taken into consideration.

Feminist Theory

Feminist theory explore inequality in gender roles and relations and what constitute gender (Carlson, & Ray, 2011; MacKinnon, 2017). According to Sultana (2012) the persistency and consistency of patriarchal ideologies has created, maintained and enabled a systemic viewpoint that females are biologically inferior to males, not just in terms of physiological makeup but also in terms of cognitive and psychological processes. Sultana (2012) study concludes that women's dependency upon men is due to psychological conditioning and furthered by institutional practices that maintain patriarchal domination, where girls are undermined from birth, restricting their nutritional health, educational access, and participation in the workplace, thus limiting their input into economic decision-making. As a women result lose their autonomy and those who seek equality among men experience domestic violence from family members and wife-battering from their spouses.

As a result of centuries of miseducation, formal and informal systems continue to carry on this farce and contemporarily both males and females have come to accept this superior-subordinate dichotomy. For example, Charles Darwin's teaching about women's inferiority legitimizes this ideology. According to Bergman (1994), Darwin's view had a major impact on society. He likened women to a dog as a companion or as an object to

play with, and are seen as more fitting to take care of the home, while their male counterpart are more physiologically stronger and are more capable of surviving and protecting women. Piosiadlo & da Fonseca (2016) conducted a quantitative analysis of 321 health service users in Brazil. Using the Abuse Assessment Screen as the measurement instrument, the researchers found that gender subordination made women vulnerable to domestic violence; the mean factors were high among women who were battered and answered yes to statements that reinforced gender subordination.

Feminists scholars' analysis of women's roles and IPV found that men continue to dominate societal structures through false ideologies on the premise that women are and should be secondary to men (Kabeer, 2014; Selvan, & Suguna, 2013; Heath, 2014). Two separate spheres are maintained: the men are masters and breadwinners and their domain is inside and outside the home; while on the other hand, women are the housekeepers and bearers of children and their domain exists only inside the home (Eswaran, & Malhotra, 2011; Hamby, 2014; Jiayi, & Jones, 2017; and Lindauer, 2015; Xie, 1994).

To further their arguments men created epistemological stances to legitimize the belief that men are biologically superior while women are inferior. While many subscribe to the foregoing ideologies, women who have been fragmented, isolated, discriminated and punished through misogynistic rules and protocols for many centuries have formalized plans to disbar the structurally oppressive nature of men's socially constructive ideologies of the genders (Leyva, 2017; Bergman, 1994; Harding, 1986; Welzer-Lang, 2012)

The women's movement in the United States started the process of highlighting the relevance of the maternal role as one that is not secondary to the paternal role, but equally important, in which women should be viewed as biologically equal to and side-by-side with men in all spheres; not just inside the home (Stern & Axinn, 2012; Sheafor & Horejsi, 2015). Yet a cognitive dissonance developed, a mental discomfort for both genders—the process of reeducation for gender equality was met with unrest (Johnson, 2014; European Dignity Watch, 2015; Levin, 1980; Delikonstantinidou, 2016). Centuries of a patriarchal stranglehold led to self-fulfilling prophecies in which some women accept their position as subordinate to their male counterparts. However, this contradiction did not deter those pioneers of the movement to organize a stance against male dominance inside and outside of the home. The 19th and 20th century saw a shifting perspective in women's understanding of self and the subsequent rejection of the previous centuries' realities, as women entered the workforce demonstrating their abilities, and forcing men to adjust their position of the past (Roth & Horan, 2001; Roberts, 1981; Quinn, 2009; and Lin, 2008). A set of feminist epistemological stances emerged that countered the previous politics of knowledge and created a distinctive discourse that challenged the status quo of male privileges and dominance (Cobble, 2004 & Schumann, 2016).

While the process has not been easy, the women's movement advocated against gender discrimination and advocated for voting rights, equal access to the workforce, equal pay, and spatial equality, among others. These led to sweeping revolutionary reforms, not just in policies, but within educational literature, righting a wrong that sidelined and often derailed women's progress for years. Historically, men have

paternalized and colorized the world with their meaning. Hardly any reality exists outside of the male sphere; thus, the women's movement is unrelenting in its quest to redefine the world through women's lenses (Stern & Axinn, 2012; Sheafor & Horejsi, 2015; Bricker-Jenkins & Netting, 2008; Valentich, 2011; and White, 2006).

The new women's movement viewed historical literature with a new set of lenses. It saw that the most damaging ones were academic theories, perspectives and methods that subscribed to the submissive-type of women, supported via pseudoscience. For example, Bergman's (1994) essay titled, *Darwin's Teaching of Women's Inferiority* highlighted several researchers who supported Charles Darwin's sociobiological claim of women's inferiority. One prominent historical writer, Beltyann Kevics (1986), wrote as quoted:

“Women represent the most inferior forms of human evolution and are closer to children and savages than to an adult, civilized man. They excel in fickleness, inconsistency, absence of thought and logic, and incapacity to reason” (para 12).

Over time (Stanley, 1979; Carabi, 2003; and Cowan 2017) researchers agreed that the English language preserves a male-controlled status quo wherein systemically and created a norm that assumes the position of male superiority. These thoughts have been ingrained as foundational knowledge in many areas of research. Not only do feminists have to fight to change male epistemological stances on women and their bodies, they also must fight to change the language (for example, the pronoun 'he' used as a representative of male and female) that colors their reality but prove within and beyond

science that they are not innately intellectually deficient. Bucknor & James (2014) argue that women's bodies and their sexual expression have long been policed by men in society by the creation of "discursive surveillance" via language construction, marking women's expression of their sexuality as deviant in order to legitimize their hyper-masculinity.

IPV is a result of male oppression of women within a patriarchal system in which men are the primary perpetrators of violence and women the primary victims. This dichotomy is a result of historic and contemporary power differentials that keep women subordinate while men use various forms of control including physical, sexual, economic and psychological abuse, comprised of tactics of intimidation and isolation. The argument is that there is a sense of male entitlement and that the use of violence to sustain it is attributed to male socialization. The perspective suggests that IPV incidents are caused by social, cultural, and political forces embedded within structural foundation of the culture (Ainsworth & Maner, 2012; Ali & Naylor, 2013; and McPhail, Busch, Kulkarni, & Rice, 2007).

Andersen and Taylor (2007) explained that violence towards women is a result of the dominant beliefs about the role of gender, in that women are expected to be passive and men dominant in their behavior. DeKeseredy (2011) explained that men are reluctant to give up their patriarchal views as ideological norms. That disposition casts advocacy effort towards encouraging change and autonomy in women, as an anti-movement which blocks any interchange that is transformative. Wood (2015) explained that feminist theory is often used to examine the oppression of women in patriarchal societies and through those lenses to develop methods on how to conduct intervention with IPV survivors. The

model of intervention focuses on power dynamics, social experience, political context, pathological behavior, dynamics of intimate relationships, and structural arrangements to raise awareness. Raghavan, Gentile, and Rajah (2006) posit that in applying feminist theory to the understanding of IPV, advocates must investigate individual life courses within the cultural context, and conduct empirical studies to produce data to support activism towards holding men accountable for the violence they perpetrate.

Feminist theory sets out to uncover how abusers and some institutions place women victims through a regime of regulated behavior and gender norms. A study by Thapar-Björkert and Morgan (2010) attempts to understand why the blame/responsibility dichotomy is placed on women for their victimization and in doing so absolves the perpetrators from accepting accountability for their own actions. The study uncovers how victims of violence are often placed under surveillance and are expected to conform to regulated behaviors by perpetrators, by those from whom they seek help, and by society at large. There are also institutional attitudes that may not sufficiently challenge the prevalent discourses towards victims of violence. Feminist theory highlights both historical and contemporary tools and techniques that patriarchal societies have used to maintain power and control.

Limitations of the Feminist Theory

Susan Leigh Star (1982) in Reinharz and Davidman (1992) defines feminist theory as a “perspective, not a research method [it is a] “a strategic heresy for understanding from a marginal or boundary-dwelling perspective, a method for understanding one’s own participation in socially constructed realities, both politically and personally and

both socially and cognitively. Feminism method begins with the death of the subjectivity/objectivity dichotomy and which involves questioning the very bases of socialization and perception” (p. 241). Reinharz and Davidman (1992) cited multiple authors (MacKinnon, 1987; DeVault, 1999; Fiorenza, 1995; Fetterley, 1978; and Kitzinger, 1995) in further suggesting that feminist method is one that has properties of “suspicion,” resistance,” “skepticism,” “distrust,” “imprecision,” and “attitude,” “rather than a set of guidelines for conducting research” (p. 242). McCourt (1999) in Reinharz and Davidman (1992) accounts for the “tension” between “class, race and gender.” She found that feminists who advocated for working class black women were “prejudiced against blacks,” thus the theme of “distrust” found in feminist method. Reinharz and Davidman (1992) suggest feminists need a method that is “not supplied” by feminists themselves, but “requires a method supplied by various disciplines;” for example, “experimentation, ethnography, survey research, content analysis, drama, genealogy and group diaries” which translate to “feminism supplies the perspective and the disciplines supply the method” (p. 242-243).

The feminist theory continues to show deficiency in many ways; as Reinharz and Davidman (1992) stated, “they are creatively stretching the boundaries of what constitutes research” (p. 268). The approach is too competitive forming radicalism around a subject that must be liberal in its approach—a move away from ultra-conservative patriarchal ideology—yet now mimicking the very standpoint they objected to initially. The power struggle for recognition has reshaped its initial mission and waves of movements over the years. The direct and indirect call to reject male perspective is damaging. Past approaches

must be taken into account to justify the action of feminism. The concern of feminist method also tends to isolate LGBTQ studies, black feminist view points and other lower class, poor racial minorities.

The feminist theory suggests that IPV occurs as a result of a male-dominated social structure in which family, educational and religious institutions socialize boys and girls into gender-specific roles; these facts, while widely accepted, have not taken into consideration IPV victims of same-sex relationships. This view muffles the voices of victims within same-sex relationships. Application of the theory to members of the LGBTQ community will be insufficient toward addressing women who are beaten by their female partners and men who are physically abused by their male partners.

Subjects within the LGBTQ community were considered mental and medically deviant. The dependence upon a voice to narrate experiences from a specific standpoint is difficult to ascertain, especially with the degree of complexity involved. Questions and concerns as to who should be considered a victim of IPV should not be placed under a microscope. The feminist theory and method needs polishing and a shifting of focus towards integrative approaches.

Application of the Feminist Theory to Jamaican Cultural Context

Practices within a feminist framework, will be a new approach for Jamaican women, as the culture tends to embrace polygynous, “visiting” and or “mating” relationship, in which the practice is for one man to have two or more female partners (Seid, 2015; Chevannes, 1992; Gibbison, 2007). While the legal requirements for a marital union is one man and woman, the overall norm and common practice is different. A man

may have up to three or more girlfriends; this is accepted regardless of objection by the main woman (Gray, Reece, Coore-Desai, Dinnall-Johnson, Pellington, & Samms-Vaughan, 2015; Kanako, Paul, & Olivia, 2011)

The feminist model also tends to over-rely on police and courts to enforce behaviors, resulting in women being arrested equally for provoking the violence (Meharg, 2017). It is important to note that historically the legal system in Jamaica has lacked effective responses to IPV reports, and often views this issue more as a private family matter rather than as a public concern (United Nations, 2014; Summers & Hoffman, 2002; Jamaica & United Nations, 2011; and Canada: Immigration and Refugee Board of Canada). Therefore the efficacy test may fail in terms of the availability of supportive resources to make the program work. For example, the feminist theory encourages women to report their abusers; thus the following concerns arise:

1. Is there mandatory arrest and prosecution within the Jamaican system?
2. Are women likely to be seen as the perpetrator of violence?
3. Will the lack of economic resource and social support curtail this plan to leave the abuser?
4. Will educating women outside of cultural norms cause ostracism (or even cause them to be killed)?
5. Do both men and women engage equally in perpetrating violence in their relationships?

The theory opens its repertoire to be inclusive of diverse cultural settings, but the outcome for women may be different.

Social Learning Theory

Social learning theory refers to the phenomenon that when individual sees another individual performing a behavior pattern, it causes the observer to learn the same pattern (Hoppitt & Laland, 2013; Lonsdorf & Bonnie, 2010). Albert Bandura (1977) posits that all behavior is learned from the environment through the process of observational learning. This suggests that individuals learn how to behave through both experience of and exposure to violence. That is, individuals observe and model the behaviors, attitudes, and emotional reactions of others. For example, observes life-course observes parents acting violently or reacting submissively, he or she may come to accept these behaviors as normal. According to Abbassi and Aslinia's (2010) social learning theory, violence is learned within the context of socialization in the family which is the primary agent of socialization.

Hughes and Kroehler's (2013) explanation of social learning suggest that we are born as clean slates and that throughout childhood, conduct becomes adaptable based upon what we see. Therefore, these learned behaviors occur through socialization via our immediate environment or the larger society. Jasinski (2001) explains that social learning of violence occurs through intergenerational transmission of violence, which is characterized by the following: (a) individuals who experience or witness violence in their family of origin learn that violence is an appropriate tactic for getting what they want; (b) each generation learns to be violent by participating in a violent family; (c) individuals come to accept that violence is an acceptable means when other things have not worked; and (d) individuals come to believe that those who hit you are those who love you the

most. Hughes and Kroehler (2013) explained that these learned behaviors occur through two psychological processes as described by Skinner (1953): (a) classical conditioning; for example, violence occurs because of the association of violence as a response, and (b) operant conditioning, for example violence is used as a reward and punishment.

Social learning theory can also be used to examine how the relationship between the victim and the perpetrator contributes to the cycle of violence. Walker's (1985) concept of learned helplessness explained that women find it difficult to leave an abusive relationship and thus any attempt to control abusive partners becomes difficult resulting in depression and an inability to help self. Seccombe (2015) wrote that as a result of continual psychological assaults women suffered, they have been relegated to helplessness and their outlook of a blissful future is marred by the difficult situation; thus they cannot envision a way out.

Gondolf's (1988) use of survivorship suggests that women who learn to be active survivors try to escape violent relationships but are often limited by the unavailability of resources; thus the inequality within the social structures highly contributes to why women stay in abusive relationships.

Limitations of the Social Learning Theory

Upon assessment of the learning theory for this study, several weaknesses emerged. The theory suggests that an individual learned behavior can be unlearned. That is, any maladaptive behaviors can be removed from both victims and abusers through psychological conditioning and reinforcing of new behaviors (Price & Archbold, 1995). However the mental cognitive aspects may be undeterred due to the etiology of the

behavior, for violence. Also, other factors and influences are not taken into consideration, such as culture, economic, political and other macro-level environment issues. While the social learning may realize some results at the micro-level the larger social forces are relentless against this model. Regardless of change within the individuals, it is difficult to escape or avoid established patterns of behavior that is frequent and recurring in cultural setting. Therefore the individual might resort to the norms of the environment as a mode of survival. The advocate cannot ignore the social mechanisms that exists within the social setting of both victim and perpetrator of IPV; therefore, institutional changes must occur for changes to be realized in the unlearning of a behavior such as violence which, as the literature suggests, is culturally transmitted and rooted in structural practices and family structures.

The social learning theory may be more applicable at an earlier life stage of an individual when certain cognitive processing is not fully cemented; on the other hand, adults unlearning a behavior might not have the resources available to institute and/or maintain changes suggested. Infants and adolescent are likely to model positive behavior with reinforcements when the environment is conducive to such conditioning. While Bandura's (1977) study on animals resulted in the development of the theory, there are enormous conditions necessary to effectively transform individuals' behavior. For example, the motivation and capabilities of the individual and characteristics of the environment must be fitting for change, and the symbolic images shifted to positive reciprocal interaction; that is, both men and women value self as equal.

Application of the Social Learning to Jamaican Cultural Context

The etiology of violence within the Jamaican culture is rooted in the family, the society and the institutional arrangements (e.g. religious, educational and legal system) that socialize and normalize male violence as a tool to resolve conflict or express self (Ryan, Rich, & Roman, 2015; Anderson & Kras, 2005; Phillips, Wedderburn, Friedrich-Ebert-Stiftung, & University of the West Indies, Mona, Jamaica, 1988). To combat the prevalence of violence in Jamaica advocates must investigate the perception of conflict resolution approach with families and among intimate partners and also investigate how police respond to woman-battering by their male partners. Harriot & Jones (2016) conducted a secondary data analysis of the nature and characteristics of crime and violence in Jamaica, and they found that the strongest predictor of IPV are exposure to violence as a child, controlling behavior of the male partner, and alcohol abuse. The data taken from official government and state institutions revealed that IPV is the most common form of violence against women in Jamaica, regardless of age, education and socio-economic background, and alarmingly, men experience similar rate of violence inflicted upon them. Among the factors that contribute to these outcomes include poor behavior control, use of corporal punishment by parents and the negative influences of peer relationships. Via qualitative research the social learning theory should be utilized as a method to gain an understanding of the Jamaican family structures and dynamics.

Intervention: Helping Victims to Help Themselves

Change is a process. Victims of IPV must be equipped with the necessary tools to protect them from risk. At all levels, advocates must ensure that change intervention include coordination and integration of a variety of approaches that are evidence-based.

The best ideas are those that require community effort, and the individual going through the experience helping themselves to find the right resources that work. Exploring theories and models that are bring about change especially in a climate, filled resistance and limited resources, a combination of motivation, collaboration will cause positive outcome.

Coordinated Community Response Model

Coordinated community response refers to an ecological approach in which community-wide agencies are formed as networks to fill gaps in service provisions (Shorey, Tirone, & Stuart, 2014; Sullivan, 2005; Allen, 2005). On a global scale, the responses of police and legal systems to IPV cases is consistently problematic (Hanna, 2009; Buzawa & Buzawa, 1997; Klein, 2008; Gamache, 2012; Pence & McMahon, 1997; Shorey, Tirone, & Stuart, 2014; Laverack, 2003). Where most intervention regarding this phenomenon focuses at the micro-level; that is, helping the victim, a call for a mezzo-level effort is necessary, in which the focus is not on an individual empowerment model but on a community response model. Coordinated community response (CCR) model involves a collaboration of local systems that organize strategies to combat domestic violence and abuse. It was developed by the Domestic Abuse Intervention Project in Duluth, Minnesota and is interchangeably called the Duluth Model. This intervention includes agreements, principles and networks created by law enforcement, social service programs, shelter agencies and other business stakeholders to offer counseling, education, vocational, and rehabilitation centers among a variety of services (Pence & McMahon, 1997).

The basis of this intervention into organized community efforts is most effective to combat intimate partner violence by offering protection for victims and holding abusers accountable for their actions. In addition, victims will have access to services that will help them gain stability and thus foster their becoming empowered to move beyond the experience. There needs to be a common understanding among the system of network in place to create a universal language that allows easier transaction, familiarity with the problem and an overall understanding of IPV. In other words the community has a stake in the stability of its residents, therefore the full extent of resources are available to help the victim. Doctors, nurses, lawyers, emergency rooms, police stations, daycare centers, schools and individual stakeholders are part of this coordinated effort to facilitate efforts to uphold the human rights justice framework (Gamache, 2012).

The CCR model has been shown to reduce the rate of re-abuse as women and children find refuge in services organized by this effort (Hanna, 2009; Pence & McMahon, 1997; Kasmel, 2011). The model include advocates helping victims to seek out the available services in the community which are made available by CCR (Gamache, 2012). Therefore, through an ongoing effort additional resources are put into place to ensure that there is no gap in services needed (Shorey, Tirone, & Stuart, 2014). According to Laverack (2003) the concept of community as used in this model is comprised of formal and informal networks and encompasses the following characteristics: (1) physical space or location, (2) identities of key players, (3) a collective approach that includes shared goals, missions and beliefs about a particular phenomenon, and (4) interacting and working together for a common good.

Laverack (1997) implemented the CCR model in two rural Fijian communities, the focus of the project was to determine best practices to developing knowledge base for health promotion. For the purposes of the study, methodology was designed for “building capable communities,” which include nine domains: (1) increases stakeholder participation; (2) increases the capacity to assess problems; (3) develops local leadership; (4) builds an organizational structure; (5) improves resource mobilization; (6) strengthens the connection between services and people; (7) enhances stakeholders ability to conduct research to answer questions; (8) increases stakeholder control over program management; (9) creates equitable relationship external stakeholders. These domains can be operationalized, evaluated, assessed, measured and standardized within a programmatic context. The conclusion from the study suggests that the CCR model yields that “cultural considerations must be taken into account before and during implementation, that the design must be flexible to accommodate time frames, different patterns of participation, perception of time and specific cultural protocol” (p. 8). The purpose of the study, was to go beyond the rhetoric of individual empowerment model towards community empowerment which yields this outcome.

Pernille-Tanggaard and Anu (2011) applied the CCR model to three existing programs: Safe Community, Drug/HIV Prevention and Elderly Quality of Life in Rapla, Estonia. The study found that the use of the CCR model is an inexpensive tool for community empowerment, and that by using the nine domains each program was able to demonstrate implementation and evaluation through its processes. As a result, the programs gained increased development among community workgroups, more

involvement from municipality officials, and strong political and financial support on the national level.

Limitations of the Coordinated Community Response Model

The CCR model under scrutiny raise the concern of whether those vested stakeholders by their own value system may disempowered women who are seeking services. For example churches, non-profit organizations and other private individuals are abiding by their own value-system, for those victims whose ideas do not fall within the guidelines may yet again find themselves cornered into a system that hold them hostage due to their beliefs (James, 2008; Uekert, 2003)

Evidence-based intervention is the ultimate key to fighting IPV and this model should not satisfy just the micro level, but mezzo and macro levels as well. CCR must be written into legislation and oversee changes at the basic level (UN Women, 2012). The model should be transferable and have the ability to be measured, assessed and appropriate when working with a specific individual condition. Also it must be noted that due to the complexity of IPV and the uniqueness of each victim not all social work intervention is applicable (e.g. empowerment model), the intervention as argued in this paper must be based on research and work congruently with local cultural value and structural arrangements.

Due to the extensive magnitude of the CCR model, an advocate who simply wishes to conduct one-day interventions may become disheartened with the expectations of the model, and will likely use the empowerment model as a “one-day sale” approach instead. The advocate must however consult with appropriate government stakeholders to

highlight these concerns and proposed collaboration on an extensive community empowerment model. While micro-level practices are common, mezzo and macro-level intervention requires one to engage in strategic planning and, policy development and to become a change agent. These tasks are time consuming and require an enormous amount of financial input.

This raises the issue of gaps in the literature in relation to the CCR model and its implementation. The recruitment of stakeholders who can provide the incentives require bold proposals and promotion of the model. Conducting evidence-based practice requires efficacy and pilot studies to test material and develop strategies for effective outcomes. While the literature (Pence & McMahon, 1997; UN Women, 2012; Pernille-Tanggaard & Anu (2011; Laverack, 1997; Gamache, 2012; Hanna, 2009; and Kasmel, 2011) offers approaches on how to implement the model, there is no discussion at present to review the process in terms of manpower and mainstay of the project. Also, community readiness is a big factor; while focusing on building capacities, the literature does not offer any documentation of communities that may not receive the cooperation of the police, judicial systems and/or local business leaders. Therefore, an isolated community effort may be negated and disjointed by other moral entrepreneurs. The advocate in the plight of planning an intervention may have to challenge the social injustices that exist. These efforts are long-term proposition and cannot be resolved short-term. The gap in this literature focuses only on implementing the model while forsaking what others might view as threats to their well-being. These nuances are challenging and may deflate the passion to combat a serious social issue.

Additional studies should focus on how the CCR model can benefit a community despite being incongruent to the overall structural norms. The lack of legal mandates to get involved in intimate partner violence is a serious stake; individuals who put themselves at risk without the safety of law and policies to guide them may curtail their efforts to participate. For example, within the Jamaican context, those who try to rescue the affected women, may themselves experience physical harm and even death at the hands of the perpetrator. A further look into the CCR model in order to work with men who abuse maybe necessary to equally combat the issue of IPV.

Empowerment Model

Empowerment model is best described as a goal, a process, a method and or a practice intervention (Sheafor & Horejsi, 2015). The goal is to increase the actual resources available to the individual, the community or a society. Through this process, an individual should become aware of their inherent power as well as that power which exists within the environment (Page & Czuba, 1999). Advocates develop methods to promote change in attitude, perception, and emotions. Education is the key to empowerment as it enables individuals to understand the social environment in which they live. Education equips them with a reservoir of tangible skills with which they can build on their strengths become cognizant of their challenges, and develop workable strategies for navigating life's ups and downs. Individuals are empowered when their practical skills are shaped and honed to engage in transformative approaches, such as entering into the workplace and developing technological skills (Ewalt, 1999).

Kasturirangan (2008) explains several components of empowerment programs: (a) to create micro, mezzo, and macro levels interventions to educate women on how to gain mastery over their lives, (b) to engage in distributive justice where advocates are providing services across all socio-economic and geo-political areas, (c) to create a democratic participation where victims transform from survivors to advocates, and (d) to engage women in holistic approaches to set their own goals, and self-determination.

Having the will-power to direct one's life towards positive growth that allows full participation in society symbolizes the steps to take based on the model. Being empowered denotes physical safety and a psychological approach to maintaining individual autonomy, self-direction, and civil liberties (Rappaport, 2016). Advocates using the empowerment model, should consider victims as: (a) experts of their life story, (b) collaborative partner, (c) being knowledgeable of their needs, (d) using the community as ally, and (e) having personal agency and freewill (Wood, 2015). One approach to empowerment, is to organize individuals in teams to foster a sense of belonging; such intervention enables confidence that when effort is exerted the outcome is successful (Johnson & Johnson, 2017)

The principle of empowerment is to help victims of IPV improve their social functioning by increasing their power. Advocates should help victims maximize participation, self-determination, and problem-solving skills through practical, educational methods. Helping victims to obtain information and resources and to take necessary and appropriate actions, in effect increases their capacity for optimum resilience (Sheafor & Horejsi, 2015)

Only the victims can empower themselves. Yet, through the guidance of the advocate, they can progress toward their goals. Advocates can guide their decision-making, help them build supportive networks, make informed choices, create and maintain a positive value system, seek out knowledge, and advocate for themselves (Cummins & Sevel, 2017)

The empowerment model is often used as an intervention method to assist victims experiencing varying kinds of violence and abuse within which IPV falls. The goals and objectives of intervention are to empower women to take their lives back from their male partners who took control over their personhood (Cattaneo & Goodman, 2015).

The National Association of Social Workers, (NASW, 1998) code of ethics denotes that the primary mission of the professional is to “enhance human well-being, with particular attention to the needs of empowerment of people who are vulnerable.” Client empowerment is a process by which individuals gain mastery over their affairs (Thyer, 2010; Sheafor, & Horejsi, 2015). This can be experienced as either a perceived sense of control or an actual increase in control over relevant resources. Clients participate in all stages of the intervention to influence changes in their lives (Adams, 2008). Empowered individuals begin to understand their problems and start participation in select activities with a view toward creating change (Eamon, 2008). Empowerment leads to self-determination where the individuals set their own goals and engage in democratic participation, and where the values and the skills of the individuals are enhanced in all decision-making (Lee, 2001). The goal of empowerment is to maximize resonance and

minimize dissonance in self where clients take on the task of using their power and discipline to bring desired change (Wise, 2005; Linhorst, 2006).

The empowerment model is the end product of the motivation by individuals to improve their lives by taking action to control their holistic self through the social, political and economic factors within their reach (Israel, Checkoway, Schultz, & Zimmerman, 1994). They focus on how individuals, through intervention, improve their sense of self over their thoughts, motives, personality and self-worth, becoming advocates during their triumphs (Rappaport, 2010). It involves attending to the immediate needs of the client, educating the client to gain the ability to self-advocate, collaborating with private and public organizations to establish ongoing resources to help victims move beyond their current state and alerting various stakeholders to the issue at the local and national levels to take action (Gutiérrez, Parsons, & Cox, 2003; Lee, 2010; & Lewis, 2003). It is also a two-way path whereby advocates help clients to help themselves, and the clients then develop the ability and capabilities to help themselves, (Rengasamy, 2010). Clients should be able to meet their social obligations and get what they want out of life (Cummins, & Sevel, 2017). Individuals achieving these skills levels are likely to be competent in other areas of their lives. However, resource systems must exist for consistency. Emphasis must be placed on these activities, provided that the resources, accommodation and structure facilitate as well as collaborate with established goals. *See Conceptual Map I: The Empowerment Model in Action at this end of this document.*

Limitations of the Empowerment Model

The traditional tendency is the use of the empowerment model without regards to appropriate cultural competency-based components. This is often the approach when addressing intimate partner violence (IPV) for those women who are victims of IPV and their journey towards gaining stability in their lives due to the disequilibrium that occurred as a result of the abuse. The empowerment model is traditionally used as an intervention program to assist those who are marginalized or victimized to regain power. Through educational intervention, advocates teach those individuals the skills to enhance their capabilities and subsequent perception of self, others and society. Educational intervention also seeks to facilitate sustainable access to resources and encourages each beneficiary to become advocates to influence change in their community. The argument is that as educators, we should provide a more realistic interpretation of the empowerment model that is so often used in social work advocacy. We are challenged to be cognizant of the cultural makeup of each group we serve as well as the bias of the advocate's worldview. It is to be established at the onset that the concept of power is not universal in this endeavor which, incidentally, aims at minimizing and even eliminating the Western ideology or concept of empowerment.

The criticisms call into question the following: (1) Have conditions improved in the woman's surroundings to promote safety? (2) Does it fit within the human rights justice framework (political, social, economic, and cultural)? (3) Will changes occur at multiple levels (micro, mezzo, and macro)? (4) Is there evidence of cross-cultural educational approach and competency? These arguments fall within an educational advocacy to

ensure congruence between the approach to teaching, the model and the experiences of the victims.

The empowerment model is one such example, in that it offers a homogeneous methodology to battle a heterogeneous problem. Such a premise suggests that women across the globe experience IPV the same way; therefore, the model of the intervention should be the same consistently (Mitroi, Sahak, Sherzai, & Sherzai, D. (2016). There is a concern regarding the fact that wife beating or intimate partner abuse is a norm in many cultures (Hindin, 2003; and Sister, 2010). The model also fails to encourage individuals to set their own goals based on the limitations of their environment (Anderson & Funnell, 2010). Advocates using the empowerment model may view it as a popular and effective tool; however, it often leads to ineffective outcomes due to the lack of cultural competency and sustainability. Worell, & Remer, (2003) suggests that for an empowerment program to be deemed as success, clients must move from “empowerment to resilience to thriving;” this involved multiple interventions over time (p. 24).

Advocates using the empowerment model as a programmatic intervention to prevent IPV; may likely encourage women to leave their abusers; in a desperate bid to regain their power, yet fail to address the fundamental barriers and limitations to this exit. Such limitations include the failure to take into consideration the victim’s economic or financial deficit, lack of support from family and friends, plus the difficulty transitioning from a private-personal dwelling to a public-shared lodging. The advocate’s role is usually to paint a rosy picture of life without the abuser, while ignoring the other social barriers the victims face. If these prerequisites are not met the empowerment

approach will not yield anything effective or address the program mission to empower women to escape.

Advocates often do not reinvent the wheel but rather resort to using pre-existing models that offer data indicative of a positive outcome from its past use. However, many programs lack the financial resources to customize a model specific to the culture of the group receiving the intervention, to ensure that victims of IPV receive treatment contingent upon their individual experiences and situations, based on their environments. Some intervention programs may leave women in worse positions — isolated and concerned about whether or not they made the right decision to leave their abuser. Women may be in a quandary regarding the information they received on how to take their lives back. Conceptualizing existing intervention model is fundamental in understanding the constraints, the mistakes and pitfalls resulting from the utilization, such as empowerment model. For example, Amanda (2012) conducted a 10-month ethnographic study to investigate the use of empowerment by staff with residents, at a shelter for battered women. The findings indicated that staff relied on a “disempowerment” approach designed to control and manage residents, under the guise of an empowerment model. The findings were that the word, “empowerment” was used as the rhetoric of control. A dichotomy emerged in which the staff attempted to control while the women put up resistance. Empowerment then became a dysfunctional tool, demonstrating the intersectional systems of oppression that can dominate a structure that is supposed to encourage freedom.

Pitfalls of the Empowerment Model

Implementation of resources at community and national levels are important to effect a positive change in the rate of intimate partner violence. The empowerment model must be applicable in settings that allow free decision-making towards using available resources. For example, a lot of security and economic concerns for victims of IPV arise when consideration is given to the use of an empowerment strategy within an impoverished culture that lacks homeless shelters, police protection, government resources, access to technology, and the basic necessities of life. The pitfalls of the model reflect the following questions and concerns.

Is the Model Congruent to the Realities of Participants? The problem with implementing an empowerment model lies within the realities of existing paradigms that educate, train and then influence advocates on how to assist victims of intimate partner violence for example. This one-dimensional approach sits within a worldview that is of one set of realities apart from (and even outside of) the reality of the conditions that actually exist for the recipients (victims) of the intervention. Anderson (2005) explained that barriers unfold when advocates view the model as a concrete instrument to complete the work rather than having an alternative abstract approach for ways the model itself may exist and be implemented in different settings. Thus the location and the recipients should be the precursor to how the model will exist, forcing a paradigm shift from the dominant worldview or politically correct approach.

Regarding IPV, the basis of an empowerment model should be to increase the understanding of the scope of the problem and also to change victims' perception and attitude about this phenomenon. However, success of the intervention often lies within

the execution of the manual (procedures, rules and policies) and its implementation rather than on the available resources within the immediate surroundings. An epistemological stance (e.g. feminism) emerges where the ideological argument is that women want to leave their abusive relationships which may not be the case (depending on the culture and individual). It is important however, to recognize that empowerment does not occur as a result of a service or a particular event, or that the intervention implies any definitive success; that is, the victim leaving the abuser. Kasturirangan (2008) suggested that empowerment programs are successful when the intervention empowers victims within their value system, provides access to resources associating with a variety of goals, and stands with victims to defend positive changes in the culture as the victim's own means might wane after distancing herself from the abuser.

Is the Empowerment Model a Disempowered Approach? Theus (2013) explained that women's empowerment programs often do not involve deep cultural change, which is why the intervention model often isolates women and teaches them how to fit into Western cultural ideology which often diminishes victims' cultural capital. This approach does not logically empower victims; instead, it further stereotypes women into a traditional default conservative system. The typical empowerment model is likely to focus on the disadvantages women face and attempt to problem-solve by encouraging competition against men to create a balance in their own lives. Hacskaylo's (2013) lesson on utilizing empowerment models with victims of IPV argued instead for women to take on a leadership style that challenges the myths of victimization and encourages a survivorship attitude. The concern is that the empowerment model often disempowered

women by siloing them into so-called safe spaces where they were groomed on how to win against their abusers and find ways to fit back into a male-dominated society. The model should encourage women to take on a leadership attitude to direct their lives rather than feel forced to move on without purpose or route for that trajectory.

Are the Advocates Empowered to Empower Others? Anderson (1996) studied women with chronic issues and the ways practitioners utilized the empowerment model to assist them in self-care management. The results showed that there are constraints with what is defined as empowerment and the perceived power within the individual decision-making. For example, the prescribed approach of the model is situated in an expected institutional response regardless of the fact that the structural arrangements are lacking. Therefore the rule of the model suggests an approach in which the affected individuals should resurrect their lives from an abusive setting. Advocates prescribing the path is not promotive of empowerment, but simply taking an objective means that is aligned with a logical model input/outcome, in which these outcomes satisfy the institution and not the recipients of the treatment. This argument highlights a deficit in the argument for giving back power to the individuals when the individuals, are not making their own decisions on how to leave their abusers.

A study by Sulaeman, Karsidi, Murti, and Kartono (2017) focused on advocates who utilized the empowerment model to empower individuals in the communities they served. The findings suggest that for the model to be effective, advocates must themselves be empowered in order to bring about viable changes. Close scrutiny of the use of the empowerment model in six different countries (Bangladesh, Ethiopia, Indonesia, Kenya,

Malawi, and Mozambique) brings to the fore incongruities and strains as the designs and implementations are often at odds with the local imperatives. On the part of advocates in particular, this dilemma creates feelings of frustration, lack of support and appreciation. They are left to conclude that their work was not valued. Similarly, a study of 16 nurses who were asked to use the model to empower patients found that the nurses viewed the empowerment model as restrictive while they themselves felt oppressed and constrained (Fulton, 1997).

In these instances cultural and institutional norms were hindrances towards desired outcome. Therefore it is imperative that advocates are knowledgeable about the phenomenon and move beyond the facilitator role to a generalist view to understand the systematic and broader structural arrangements. Thus while the empowerment model encourages women to leave their batterer, this may not sit well within these types of cultural groups' perspectives. It is important that an intervention model focuses on welfare of the family than the individual victim (Holmes & Holmes, 1995).

Is There a Focus on Individualism Rather Than Collectivism? Riger's (1993) research criticized the concept of empowerment based on its encouragement of individualism, in which women develop individual autonomy—a more Eurocentric ideology—and the masculinity of the model where women are encouraged to think like a man to overcome. This forces a high level of responsibility on the women, while minimizing the role of abuser. The government and the community ought to take a collective approach to combatting a factor that may have festered due to the system's negligence. The consequences of these approaches raise concerns about structural

arrangements and how they might influence these cognitions. Advocates should reflect on their own cultural values, the models' paradigm and also should be conscious that situational factors surrounding IPV are not always congruent with individualism and embracing power.

Does the Empowerment Model Lead to Lonely Empowerment? Yick and Oomen-Early (2009) caution using an empowerment model with certain cultural groups, e.g. Asians whose values revolves around familism, collectivism, and shared community, in which there is an emphasis on putting family needs over self. A research conducted by Yip (2004) critically reviewed the use of the empowerment model in Chinese culture and found that there are many “distorted” forms of empowerment; e.g. lonely empowerment, in which oppressed clients are expecting the advocates to do all the work; once the mission is accomplished the advocate may not be welcomed by the client may be unwelcome by the public. The advocate at moments is seen as a hero or heroine, but later is viewed as a troublemaker if the outcome does not match expectations. The culturally sensitive nature of the Chinese traditions is distant from the empowerment model and only a fair adaptation of the model that is strongly influenced by traditional Chinese culture may create mainstay.

Is the Empowerment Model Dynamic? Czuba (1999) suggested that empowerment models must be multi-dimensional, and a continuous process that connotes psychological, sociological, and political changes at the micro, mezzo and macro levels. Zimmerman's (1984) research suggested that empowerment is an action, not a prescription-like approach that simply tells the individual what to do with the

expectation of a submissive follow-through approach. For an effective outcome, advocates must assess the value system of the individuals and intervene at the psychological level where the input/outcome become an observable measure. The way people think their decision-making, problem-solving and leadership capabilities are relative to their ability to change their perceptions via various stimuli; therefore, the motivation must exist within the individuals, to become critically aware of the resources available to take actions towards utilizing them to optimize their lives (Zimmerman, 1995). The empowerment approach will not work when the model contradicts the power within empowerment, creating submissive followers rather than women as leaders within their own right (Kreisberg, 1992)

Townsend (1998) discussed that the elements of empowerment are limited on their own. For example, assisting victims of IPV to leave their abusive partners is one element, however the empowerment model does not provide a totality of how individual in their everyday lives will cope with these changes. The uncertainties prevail especially among those who are impoverished with multiple deficits: lacking jobs, skills to find jobs, having dependent children and lacking family support and overall material assets. The research argues that this focus on feeling empowered obscures the transformative process of being empowered to creating a new identity, and engages in actions that persevere beyond the psychological stage. Therefore, the arguments beg the question of those victims who are not feeling empowered; what becomes of them? Therefore, empowerment is more than an individual organizing self to change; it is a broad, socially-organized approach that is systematic and characterized by solidifying longevity.

Is There a Focus on Victim Blaming vs. System Accountability? A study by Conway, Cresswell, Harmon, Pospishil, Smith, Wages, and Weisz (2010) highlight the factors that contributed to a successful intervention using the empowerment model, and found that the approach must reject the traditional role of the approach and utilize additional theories, e.g. grounded and moral development theories to strengthen the framework, while also engaging in collaborative efforts within local communities. Morral (1995) explained that the empowerment model takes on a consumerist approach, in that the practical approach deprives individuals of their power and further alienates them or even defraud them into believing that there is an ideal relationship filled with love and promises while minimizing the realities of everyday life. Of concern also, is the length and depth regarding the level of violence the victim may experience, in that, victims do not experience IPV under similar conditions and over the same period of time. One must realize then that, some victims may experience other factors that become chronic beyond repair. Therefore the empowerment model is simply a consumer product that may or may not work. Forcing accountability on the victim when government is culpable for protecting and providing for its citizens reveals a dysfunctional model – blaming the victim and not the system.

Critical Theory

When helping victims to help themselves it is necessary to select the most effective culturally competent approach. Doing so requires critical thinking, which is the “process of actively and skillfully conceptualizing, applying, analyzing, synthesizing and or evaluating information gathered from or generated by observation, experience, reflection,

reasoning, or communication as a guide to belief and action” (Glaser, 1941). Critical thinking is an essential skill for advocates, one must not simply accept a body of knowledge without first checking for accuracy and applicability to the client population they serve. Consideration must be given to the condition of the individual client, alternative approaches, and outcome from previous studies towards client change (Sheafor & Horejsi, 2015). Advocates should differentiate between ideas and themes and be able to synthesize diverse knowledge into identifiable predictabilities. Therefore, it is expected that an advocate should question the essence of a phenomenon and investigate ways to answer the whys of these occurrences (Fox, 2013). A critical approach is one way to investigate a phenomenon. It involves stepping outside of one’s own worldview and seeing the theory in action in different settings, and asking these basic critical thinking questions: (1) Can the empowerment theory work within a rural setting, far removed from Western ideology and lack even basic necessities? (2) Can the empowerment model work among women who view their domestic role as set within their religious faith? (3) Can the empowerment be realized within the minds of those with remnants of a primary school education? More tertiary inquiry provides the advocate a broader ontology to form conclusions about the relevance of the theory or model for intervention.

A critical theorist would be concerned with the use of language that denotes women as victims instead of survivors. Gondolf (1988) suggests the use of the term “survivorship,” which suggests that women are on a journey to rehabilitate their physical and mental self and to bounce back from their violent relationships. Despite their limitations and the unavailability of resources, women are seen as survivors, as they

usually want out of the murkiness of violence that besieges them; however, inequality within the social structures highly contributes to why women stay in abusive relationships. To critically assess whether the empowerment model works effectively within specific cultures, one must weigh the facts of the culture against the expectation of the model the efficacy tests and the effectiveness of outcomes on similar groups. A search for this literature yields that the empowerment model is problematic outside of Western societies.

Glocalization Theory

Glocalization is a sociological approach to understanding local culture based on its heterogeneous perspective rather than from a homogeneous perspective (Ritzer, 2004; Thornton, 2000). The penetration of global ideologies has created a powerlessness in marginalized society, causing a diffusion of the dominant culture's ideology that disseminates empowering models that dissocialize cultures from their own brand of understanding self within its periphery (Touraine, 2005). Glocalization approach does not erase differences but offer a pragmatic worldview, inclusive of diversity as the quintessence of life, and offer that each culture has a unique sense of individual and group experiences (Roudometof, 2016). An empowerment model based on its design may be viewed as a purveyor of Eurocentric ideologies and therefore may be a depository of pseudo empowerment that is to only redress the high-low culture binary (Korff, 2003).

For an empowerment model to be effective it must enable cultural competency – that is the advocate must have a broad understanding of the social norms of the culture. In Jamaica, for example, human rights organization such as the United Nations, the

World Health Organization, Bureau of Women's Affairs and other local and international advocates have conducted many planned intervention programs throughout the country over several decades to combat IPV within the culture. Despite these efforts, many have failed due to lack of a clear definition of what constitutes as IPV in the culture (Amnesty International, 2016). The non-existence of appropriate data poses major challenges to addressing these areas with a view to effecting significant change (United Nations, 2011). According to Amnesty International (2008) police officers and the criminal justice system are severely ill-equipped and inadequate in the combat against violence in the country. There is evidence that police officers are not trained to command respect for the law and in most cases themselves perpetuate the violence. Research on IPV across Jamaican society (Cross, 2006; Haniff, 1998; Smith, 2016; Hope, 2006) indicates that the cultural norm is built on the ideology that females must submit themselves to their male partners—a patriarchal value. It is estimated that 80% of violent acts occurred between intimate partners in Jamaica (Haniff, 1998; Ely, Dulmus & Wodarski, 2004); however, this data is not a clear aggregate surrounding the issue (Spiring, 2014).

The concept of globalization is viewed as a hegemonic approach that diminishes and creates fragmented cultures. Against this background, advocates should engage in the preservation of cultures—glocalization—in their approaches. While there are no wholesome local cultures, the transmission of specific value systems is usually embedded even after several generations. One must take precaution in thinking that there is a purely global world (Gobo, 2016). Using an empowerment model that will likely liquidate the individual's cultural point of view, tends to create limitations by delimiting their power

(Therborn, 2000). Therefore the philosophy of empowerment should be to work with the clients in their settings while considering the strengths and weaknesses of micro, mezzo and macro level factors. The expectation, then, is to create intervention programs that are hybrids or an amalgamation of both local and global culture with imposing ambitions that exist outside of the local culture. Once an empowerment model recognizes the history of the culture and the driving factors of its present state, then, for example, victims of IPV can be empowered to change their agency as well as public perception, attitude and policies that have hindered their exit.

The transfer of an empowerment model from the United States to Jamaica must be comprehensive—involving all systems (criminal, legal, health, social service, education, religion and government). Take note: a study of the current conditions in Jamaica shows an inadequacy of resources such as domestic violence shelters and crisis hotlines; it also shows coupled that mandatory police arrests are not made. It is no wonder, then, that women resort to staying within their homes, which further festers the abuse (Sewell, Martin, & Abel, 2010). Interventions should be formed through structural policies that involve a regional, international and global community of stakeholders, i.e., a *glocalized* approach. The causes of the issue should be addressed in such a way that the solutions are laid out on a corridor that serve as a trajectory to empowerment for the victim and survivors so that victims are not further ostracized due to their cultural beliefs (Richardson, Coid, Petruckevitch, Chung, Moorey, & Feder, 2002; Conner, Cox, Duberstein, Tian, Nisbet, & Conwell, 2001; Ely, Dulmus, & Wodarski, 2004). Intervention must be guided by the principles that look at prevention, protection, and accountability,

where stigma and labels are addressed via educational advocacy (Director & Linden 2004; Kappor, 2000).

Cultural Competency

NASW (2009) defined cultural competency as a “set of behaviors, attitudes and policies that enables advocates to work effectively in cross-cultural settings” and call for advocates to use “intersectionality approaches to examine oppression, discrimination and domination” (p. 10).

Ewalt (1999) proffered that competencies allow advocates to gain knowledge, perception and skills to become culture-ready to conduct interventions outside of their own culture. Through knowledge competence increases each advocate’s awareness of culture and the similarities as well as the differences between other cultures. Affective competence increases one’s knowledge of how to become empathic cultural differences. Skill competence increases one’s knowledge of confronting ethnocentrism, prejudice and stereotypes (p. 391).

Sheafor and Horejsi (2015) intimated that applying cultural competence is critical for advocates. Developing a cultural relativist’s attitude is the beginning phase, and thereafter becoming sensitive to the differences of an individual’s culture. Practice approach should be free of the imposing of one’s own cultural viewpoint and ideology on individuals. To be cultural competent requires one to follow these NASW policies: (a) value and respect for human dignity; (b) self-assessment of one’s own cultural beliefs; (c) awareness of others’ cultural dynamics at play; (d) develop program and services that reflect diversity (p. 139).

The Developmental Model of Intercultural Sensitivity (DMIS) helps advocates to determine a comfortable level with different cultural groups; the application moves one along a continuum towards greater awareness. Cummins and Sevel (2017) outlines several stages of cultural competency on the DMIS continuum: (1) Denial—stage of ethnocentrism and cultural avoidance; (2) Defense—limited engagement and a strong justification of ethnocentrism; (3) Minimization—abating differences and colorblind perspective; (4) Acceptance—ethnorelative perspective and recognition of cultural differences; (5) Adaptation—use of cross-cultural knowledge and skills during interaction and adjusting cultural sensitivity; (6) Integration—high degree of fluency and reflection of worldview. An advocate applying the empowerment model, must assess self on a DMIS continuum to determine shortcomings. Professional development in this area is necessary to build cross-cultural knowledge. Knowing the cultural ecosystem shapes an individual to allow the advocate to take into consideration, the person and the environment as part of their direct practice (pp. 62-71).

Paulo Freire's Conscientization Approach

The empowerment model emerged from Freire's (1970) work on the view that education should be liberating and emancipatory to facilitate the process of growth. The criticism is that the positivist's model of education, in which the teacher is the sole dispenser of information, furthers oppression. Freire analogizes this concept to banking, in which the learner passively sits and waits for a depository of knowledge. As a result of that observation, the proposed approach was to empower the individuals to become active learners. It was designed to oppress and is voiceless.

Freire's (1970) perspective of an empowering educational model focused on assisting the learner to gain awareness of self, cultivate a new sense of dignity, become invigorated and hopeful, and subsequently, develop the capacity to engage in activities to change the world. The assumptions are that the educational process should be democratic and participative, free from the positivists' dominant philosophy that often sets out to diminish alternative points of view. Through the concept of conscientization, a learner engages in a dialogic exchange by developing a critical consciousness of the material and how it relates to their experiences. The principles of this concept suggest that learners will become perceptive of their personal and social reality, conscious of their own perception of reality, and gain the proper tools to deal with their reality when interaction is promoted. The educational approach now becomes a reciprocal exchange. The original concept of empowerment has become deductive when applied to treating victims of IPV; it loses its logic via the intervention process, in order to be effective. The current empowerment model places the advocate in an authoritarian role, in which prescribed approaches are the rule of problem-solving. On the other hand, Freire's argument suggests that the teacher and learner engage in action that encompass their own realities without thwarting either party's own consciousness.

Strength Theory

The strength theory is an approach to identifying positive attributes of a client (or victim) that are effective to their social functioning; for example, positive traits about their personal integrity, ability and capacity (Sheafor and Horejsi, 2015). The assumption is that victims have strengths despite any major dysfunction that occurred or is occurring in

their lives. The advocate takes an approach of focusing on positive functional aspects of the victim versus focusing on the deficit elements. A focus on the victims' strength increases their motivation, hope and trust and reduces any negative outlook.

The NASW (1998) code of ethics states that social workers' responsibilities to vulnerable individuals includes promoting their well-being, their rights to self-determination, their inherent worth and their human dignity. Cummins and Sevel (2017) suggested that helping victims to maximize their resiliency and minimize their vulnerability is key to this approach, as victims will be able to unleash powers that may be hidden. Thus, their own strengths become a resource for improvement and growth.

Wood (2015) argued that one must reject the label of victim when using the strength perspective and instead draw on the inherent assets of the individual. Advocates should be careful not TO use the deficit-model that permeates many human service programs, but to create empowerment models that draw on the inherent strengths and resources of the individual. The author suggested that one way to help individuals is to step away from the problem-pathology dichotomy and concentrate on "go to" approaches that make manifest the individual positive-value system.

CHAPTER IV: METHODOLOGY

In this chapter, the methodology of the study is explained. First, the research questions of the study are stated; next, the study's settings and data collection techniques for recruiting the sample, and lastly the data analysis approach is discussed. The study used a non-probability purposive sampling. Use of purposive sampling methods enabled the researcher to access the specific targeted population, which was not otherwise readily and publicly identifiable and accessible. Also non-probability snowball sampling was used; participants recruited other subjects from among their acquaintances. The participants in this research were women who attended the event and/or those who heard of the IPV presentation via other sources. The inclusion criteria required the participants to be Jamaican women who had experienced IPV, was age 18 years or older, and had lived with a Jamaican male partner identified as being intimate.

Research Questions

This study was guided by the following research questions:

1. Describe how your partner may have abused you physically, sexually, and or emotionally.
2. Describe how your partner react before, during and after each incident that left you feeling hurt.
3. Describe ways in which you seek help as a result of the IPV experiences.
4. Describe how your family and friends react to the hurtful experiences you shared.
5. Describe how you left the relationship that caused you hurt and pain.

Setting

Data was collected at one of the churches located within the Northeastern District of the Church of God 7th Day, New York. The district membership consists predominantly of people from the Caribbean with Jamaican among the largest immigrant group throughout the congregation. The mission of the Church of God 7th Day is to celebrate and support family, encourage discipleship, and manifest goodness, meekness, kindness and love. Services are held every Saturday, and this day is kept as the Sabbath. The church doctrine is based on t traditional Jewish Christianity; however, they believe in salvation through Jesus Christ. Their mission is to proclaim the Gospels and they are committed to the Bible teachings as the sole authority and written words of God. The church via its women's ministry provides support, resources, and training to its members and the community at large.

Sample and Data Collection Process

The researcher recruited five women who experienced IPV. It was important to choose a sample population from a church within the Jamaican Diaspora as this organization is a main source of support for families within the Jamaican culture and in the United States. Family issues are often resolved within these religious institutions and church leaders are sought out for guidance regarding family matters instead of other formal institutions and are seen as leaders with the Jamaican community at large.

Obtaining data from a small sample of the target population is the most appropriate and effective approach (Seawright & Gerring, 2008). Depending on the type of population chosen, conclusions can still be generalized and inferences can be made from the findings (Onwuegbuzie & Leech, 2007). The recruitment process can be

challenging, thus, the key transactions during the sampling process are to consider the use of the research, whether the sample is achievable, the recruitment method, and finding the right people with the right fit (Association of Qualitative Research, 2013/2016). Before conducting the research, the researcher received a formal letter of approval from the pastor of the district stating that the researcher has been allowed to conduct the research in the church. The Institutional Review Board (IRB) at Kutztown University, approved the research proposal. After the IRB approval the participants were recruited from the church.

The researcher presented on the topic of IPV to a large audience at one of the Northeast District of Church of God 7th Day annual event, hosted by their Women's Ministry. Women from churches within the northeastern corridor of the United States attended the event. The pastor approved and posted a flyer about the study which included the researcher's contact information, on the church's bulletin board.

Through a series of phone calls, interested participants scheduled dates, times, locations, and preferential mode of interview at their convenience. Before the interview started, the researcher ensured that each participant met the criteria of the study. Participants responded that were comfortable with answering the interview questions. The researcher read out aloud the informed consent and participants agreed to proceed with the interview. The researcher used an audio recording device to capture participants' responses and minimally interrupted only to obtain clarification. Each interview lasted about 45 minutes. Participants were made aware that the researcher was available at the end of the interview to answer any questions pertaining to the study.

Data Analysis

Data analysis is examination and interpretation of the audio recording of an interview by categorizing, classifying, comparing and combining evidences from the information derived to make sense of its contents in relation to the phenomenon under investigation (Rubin & Rubin, 2011). The research design, method of analysis, and disciplinary background influence data analysis; that is, the researcher picks or unpicks areas of the interview that are relevant to the research without changing the meaning and the intentions of the participant's stories (Bailey, 2008). The power is within the researcher to conceptualize meanings from the interviews and to present the findings based on their own interpretation of what was transcribed. Data analysis is making sense of or giving meaning to specific details of interactions by exposing the reasons and causality of given accounts within a conceptual framework (Gallagher, 1991). The approach is an inductive method that is used to search for a pattern that might even generate a theory (Padgett, 2017).

Transcription

The researcher made every attempt to obscure the identity of all research participants, as well as the pastor's name, church name and location, and the name of the church event was deleted from the transcripts. Labels, such as participant#1 were randomly assigned with no particular order. Responses from participants were transcribed using Microsoft Word.

Transcribing involves interpreting voices and presenting audible words to written words. It involves transcribing words verbatim and filtering data in such a way that it has

meaning and make sense (Bailey, 2008). As discussed by Padgett (2017) the researcher must *refrain from excluding offensive words and avoid triaging*—that is, selectively omitting tangential portions of the interview; *avoid the risk of breaching privacy*—refrain from identify people and places; and *must not-soft-pedal negative comments*—this will cause errors in translation and may be deliberately biased. The researcher may face the dilemma of trying to establish word or statement equivalency which may change the meaning of the statement. Doing so can threaten the validity of the content (Thyer, 2001).

Narrative Qualitative Approach

Narrative qualitative approach is “a microstructural analysis of texts” to examine the context of a story (Padgett, 2017, p. 157). The use of narrative approach was used to address the issue under investigation. This approach describe occurrences and defines outcomes based on the recollection of interviewees. The researcher asks questions and the interviewees provide answers through explanations; they present their knowledge of how they understand their worlds and what they think is a manifestation of any particular experience or events. Interviewees describe their lives trying to make the researcher see the world as they do (Padgett, 2017).

This method is a qualitative research tool that allows the researcher to study problems that are of a clinical nature. By investigating a social problem, the researcher through the use of narrative analysis, is better able to understand the environmental setting of the participants, communicate their realities and provide a descriptive account of the findings. Thyer (2010) explains that the narrative approach allows the researcher to

combine theory, intervention and outcome, and hypothesize the relationship between types of actions and reactions.

Reflecting on Saldana's (2010) explanation, the researcher used qualitative coding by capturing the essence of the participant's response and then create a summation of these reactions. From the interview transcripts, the field memos, and participant observation, the data collected ranged from long quotes, paragraphs, sentences, phrases, and single words, which were coded. Thereafter, there were several reconfigurations to ensure that the themes were captured and enveloped to evoke a sense of the emotions of the data and its context and content. For example, the researcher collapsed several long quotes in a single descriptive word, and often times these words are taken directly from the responses of the participants.

Narrative approach is an effective exploratory technique to understand the experiences of the participants involved in the study (Sheard, 2011). The use of narrative method is considered an advantage to gain further insight into individuals and their experiences (Sharf, 2010). Narrative inquiry is a psychosocial approach that relies on the use of stories to generate meaning and understanding, as it serves as a representation of how participants make sense of their lived experiences (Chinyamurindi, 2016). A narrative approach provides a description of what happened, the process and stages of how the event unfolded, and the consequences as a result of the event (Rubin & Rubin, 1995). This method presents a chronology of what the participants believe happened, the memory recall of the event, and how they described the process of the experience (Creswell, 2013).

Narratives give voice to the voiceless by placing emphasis on the actual words as they are spoken by the participants as they relived their experience (Padgett, 2017).

Narrative qualitative analysis helps us understand the influencing factors for specific outcomes. It is most effective for personal stories in which trauma survivors get to engage in dialogue and reflect on their own psychological well-being on the journey to recovery. It is a research instrument that is great for in-depth analysis, of the phases and contexts of various social and clinical problems, allowing the researcher to understand (Thyer, 2001). It is suggested that narrative method continues to be a reliable traditional means of communicating research findings (Spence, 1993).

Padgett (2017) explained that narrative method is a qualitative approach that provides participants the ability to make meaning, provide first-hand accounts of their experiences, and allow the researcher to ask questions that other methods would not be able to uncover. The central focus by qualitative research on human conduct is philosophical and methodological in its approach. The ontological assumptions focus on fundamental realities of human subjects based on recurring phenomenon. The approach seeks to understand how events affect human beings, and does not see reality as objective (or out there), rather, it views the human mind as active, imaginative and perceptive to constructing their own meaning of world phenomenon. Thus, ontological assumptions are used to determine what a person might know and how they use their own knowledge, as well as to give an overall explanation of his/her realities. The meaning, themes and identification of concepts are developed through these enquiries, postulating some type

of relationship with what is being investigated. Thus, the researcher is not operating on any prior set of standardized rules or process (as with quantitative approach).

Qualitative research takes on an inductive approach (that is, exploring phenomenon using critical and interpretive perspective); making generalizations and developing theory from specific data. The themes that emerge using qualitative approach make it easier for participants who share their stories to color the world or describe the experiences of their realities. The “meaning making” creates concepts and contexts to make sense of our natural setting. This approach would be more effective to help the inquiry process to elicit information from participants thereby articulating a definition from the narration (Stringer, 2013; Lawson, Pyles, Bozlak, Caringi, & Jurkowski, 2015; Thyer, 2010; Creswell, 2013, Padgett, 2017; Fraser, Richman, Galinsky, & Day, 2009).

Limitations of the Narrative Qualitative Approach

Which is the most appropriate and effective research method to present issues and events surrounding IPV? Qualitative and quantitative researchers often used the scientific approach to collect data and both have interpretive elements. The differences lies in the outcomes, based on the assumption of objectivity versus subjectivity and the opportunity to tests hypothesis instead of generating a theory. Also, the qualitative approach may yield conclusions that are not generalizable; therefore, checking for rigor in terms of reliability and validity raises concern.

Quantitative methods reject common sense responses, and the assumption is that the older the wiser the knowledge. The fundamentals of this approach suggest that reality exists out there, and that there is an empirical, systematic process that must be utilized to

derive objective facts. These realities it assumes, are set apart from the individual and that human behavior operates on a set of cognitive rules and processes. These rationalities are based on positivism—objective knowledge. The detached observer who distances self from subject is separate from what is being observed and only draws inferences through deductive reasoning that is built up from a period of time to draw generalized conclusions and/or universal statements of truth about a particular phenomenon. Quantitative research assumes that human behavior can be explained via a cause and effect relationship due to interaction with the environment and, as a result, certain behavior occurs due to automated forces (Thyer, 2010; Creswell, 2013, Padgett, 2017, Stringer, 2013).

Qualitative approach is based on the assumptions that reality exists only within the individual. It views the mind as active rather than passive, and views reality as a construction of the meaning people find in the world. The approach questions the nature of reality as human behavior characterizes reality through multiple lenses, and the method reports the different themes that emerge from these perspectives. The question of what counts as objective knowledge is under scrutiny, as this approach agrees that reality is subjective. The observer conducting this type of research reduces distances between self and subjects and relies heavily on the insider accounts of the experiences. The process is methodological and uses inductive logic to study phenomenon within particular contexts. Qualitative researchers question what counts as knowledge and the role of value on the research topic, suggesting that knowledge is not direct, and is a matter of interpretation and how events are understood by human beings (Lawson, Pyles,

Bozlak, Caringi, & Jurkowski, 2015; Thyer, 2010; Creswell, 2013, Padgett, 2017; Fraser, Richman, Galinsky, & Day, 2009).

Grounded Theory

The aim of the grounded method is “to generate or discover a theory” (Glaser and Strauss, 1967). It allows the researcher to get beyond speculation and presumption to exactly the underlying processes of what is going on, so that the appropriate course of action can be taken with confidence to help resolve the main concerns (Glaser, 1978). Grounded theory allows the researcher to “explain the process or action” of individuals going through life changing circumstances (Padgett, 2017). It assists the researcher in the coding process to identify themes that emerge from interviews. Additionally, these defining features can be incorporated: *data collection*—the researcher compares ideas gleaned from previous interviews by asking clarifying questions to fill in the gaps; *memoing*—the researcher writes down ideas during the data collection stage; *theory development*—the researcher develops a theory drawing from the narratives of the participants; *data analysis*—the researcher follows a pattern or theme via the coding process, identifies intersecting factors, and pieces together information to formulate and induce a meaning (Padgett, 2017; Creswell, 2013; Charmaz, 2006; Crobin & Strauss, 2008).

Limitations of the Grounded Theory

The coding process can constrain the viewpoints of the participants. According to Padgett (2017), the application of the method forces themes and codes into what are called endpoints, where the researcher may not develop certain categories and their properties, leading data to only one emerging theory. Another challenge is the concern of

saturation of the data. A theory may have emerged early in the data collection; however the researcher may continue to interview the population, knowing that the data will not lead to any new theory (Creswell, 2013).

CHAPTER V: FINDINGS

This chapter provides an overview of the results from the interviews with participants. It captures the themes and codes that emerges. These are described, explained and discussed by use of themes derived from the interviews. All the participants in this study experienced IPV, however, the concept of violence is variable, and coins a slight shift in characterization of what connotes violence among intimate partners. The experience of violence within this study embodies an internal and external feeling of an ever-present fear that deprives them of a sense of belonging, causes normlessness, stifles any positive outlook on life and erodes self-actualization. There were also several connective factors that, while not always explicitly stated were implicitly derived from data analysis inferring that participants' culture, religion and belief in the institution of marriage prolonged their stay within the abusive relationship. These elements are convolutions and obstacles that further build walls of isolation, deteriorating the participants' lives and increasing factors that causes negative outcomes. Participants' responses to questions concerning intimate partner violence can be grouped into several thematic areas.

Characteristics of the Population

Five research participants were interviewed. The age range of the participants was between 35 and 45 years old. Each woman spent approximately 10-12 years in the relationship they described and two or more children were born from the union. One research participant remained childless during and beyond the marriage, due to a miscarriage. With the exception of one that described her partner as a "live-in" boyfriend

who attends church sporadically, the male perpetrators who were Christian. In each instance, neither the man nor the woman sought professional counseling. However, all of the research participants stated using prayer, going to church, and reading the Bible as coping mechanisms. Two research participants talked to pastors of their church; this led to lengthy admonishment, so the data indicates that what people perceived as a possible social support system did not really provide social support to the victim.

Forms of Abuse

Several themes emerge from the interviews, and the participants disclosed that they experienced all three forms of abuse. The categories are an illustration of what they experienced. The participants reported that the abuse occurred through the entire relationship and that arguments would start over food, sex, money, how to parent their children, and when the partner is confronted about refusing to pay the utility bill, he would deliberately cut off gas and, internet, and refuse to buy groceries.

Physical Abuse

Participants related their personal experience of physical abuse by way of their intimate partner—choking, slapping, pinching, punching, throwing knives and objects, slamming their bodies against a wall, threatening with a knife to the neck, and damaging of personal properties. A participant explained. “...so it went from him slapping me, pinching me, to him throwing things at me from across the room.” She explained that the object hit her in the eye; however, no serious damage was done. Two participants reported fighting back, yet not without suffering severe repercussions, as this reaction often exacerbated the altercation, causing more physical injury to their body and to the

home environment. Another participant stated that during “every fight, something is always broken, whether it’s one of my fingers or a mirror. Something’s always broken.” All participants collectively reported that a last physical attack led to the breakup of the relationship. One participant described that her perpetrator beat her on her arms and legs while pregnant during an argument about food. She reported that he held a knife to her neck and threatened to kill her for asking about why he ate all of the dinner, leaving her and the children without food.

Slapping is the most common physical attack reported by the participants. This type of physical attack occurs when the participants talk back, walk away from an argument or refuse to prepare a meal for their perpetrator. Other attacks include property damage, like vandalizing furniture in the home, and/or the participants’ personal clothing accounted for by situations in which the participants refuse to wash the perpetrators’ clothes. It is important to note that most low-income households in Jamaica do not have washing machines, and therefore, clothes must be washed by hands. One participant described toiling over soiled clothes after experiencing a sprained finger as ‘hellfire.’ The participants described the emotional and physical pain as unbearable, having no option but to succumb to the perpetrator’s expectations or worse. These serial attacks would occur throughout entire relationship. However, four participants described sporadic periods of a month or two of no physical violence against them, but one participant described these moments as “the calm before the storm,” where verbal abuse increased, suggesting emotional abuse often replaces the physical abuse during these periods.

A research participant who was married to her perpetrator for 12 years reported that she experienced more verbal abuse than physical abuse during her pregnancy. She said, "He seems to choose that method because I was pregnant and often sick." However, she reported that during one of her pregnancies her husband resorted to physical abuse. She explained, "... I was eight-months pregnant and he held a butcher knife to my throat and threatened to kill me. I asked him to do it, to just kill me. I was so angry." This participant perceived her husband's behavior as motivated by his own fears of lacking the ability and capability to take care of the household financial responsibilities. Other research participants perceived their partners' physical attacks as God's punishing the perpetrator. Some participants constantly used the concept of "God" to explain why the abuse occurred, and were asked to clarify this via a follow-up question: "Do you believe that God want your husband to abuse you?" One participant responded, "God is not directing him to abuse me, but because the hands of God is upon him, because of his sin, he is acting like Satan." This explanation sits within the nature of Jamaican culture and often is symbolic to the laying of hands on someone to pray for them to ward off evil spirits that are said to be within the person due to either sin caused by self or by a spirit cast upon the person by someone. Note the hands of God is metaphorically used and a view that the perpetrator is being tormented because of some form of sin or evil spirit about him; the perpetrator's action and reaction may be unconscious, thus influencing his negative behavior and may be perceived as not a fault of his own, but being driven by some maladaptive form.

Despite the ongoing physical abuse inflicted on the participants, only a one sought medical help for a broken finger at a local hospital. This participant disclosed to a nurse that her intimate partner was the perpetrator of the abuse. However, it is revealed that these reports are not intended to formally document the nature of the crime, but are nonchalantly done to negate expenses or request prayer for both self and her perpetrator. The most severe of the physical abuse often occurred due to arguments over lack of money to pay bills. Another participant reported that her partner had a gambling and pornographic addiction; therefore, he often asked her to keep his money out of fear he might gamble it away and/or buy pornographic materials. His addiction became overwhelming at a particular time in the marriage, and it that resulted in the ending of the relationship, but only after a major physical fight. She explained as follows:

“I refused to hand the money over, and that’s when he pushed me, he pushed me so hard I lost my balance and fell back on the bed. Then everything just changed in a matter of seconds, he became completely enraged and jumped on top of me on the bed and just wrapped his hands around my neck and started to strangle me. [...] I could not breathe and could barely even mutter for him to get off me. I started trying to fight him off, but could not, because there was this look in his eyes that I had never seen before [...]. That’s when I knew I had to leave him.”

Participants who experienced multiple attacks within the same week reported that they have gotten accustomed to their partners’ behavior. One may conclude that the participants perceived moving out of the home as the last

option, because, as one participant put it, “This is just not how the Jamaican culture is, you don’t just get up and leave your home, you have to face life with God in your heart.” Participants reported they took no additional precaution, except protecting their children, from the abuse. This was highly important, as one participant stated, “I always said, if he ever touch my children that would be the last straw.” Subsequently, the participants found out that leaving the island of Jamaica was the safest measure to end all violence against them.

Emotional Abuse

Participants described verbal abuse as largely causing their emotional abuse, such as name calling, blaming them for causing the problems in the relationship, shaming them in front of family members, withholding money, sex and affection, prolonged silence and refusing to communicate, criticizing, lying and playing mind games, cutting off utilities and depleting food. In some instances, the perpetrator left the home for months without contact. A participant recounted that her perpetrator would deliberately let the utility bills lapse, and often called her a “squatter,” “lazy,” and suggested that she was worthless. The name-calling and tactics would go on until the participant ended up submitting sexually to her perpetrator.

Several of the participants consistently described recurring situations in which their partners would deliberately isolate them emotionally by not speaking to them for months. During these instances the participants explained that they felt fretful and worried about what would happen next. The consistency of this type of abuse cuts across all the participants. They reported that their partners literally “shut down” and “refused to

sleep in the same bed” with them. One participant explained that the signs of emotional isolation appeared very early before the marriage, but she failed to see or understand the meaning of it. She said that while her partner was not living with her, he would refused to answer the phone, fail to show up on scheduled dates and refuse to provide an explanation for his absence. She said that after the marriage the same behavior continued, but she ignored it, as family members told her she was “too needy,” and must learn to “give her man space.” She took these suggestions to heart believing that if she remained quiet in the relationship and “not try to force her partner to consider her feelings” she was being a “good wife.” She explained: “Well when he wasn’t talking to me and he wouldn’t talk to me for months [...] usually it would be after an argument, but most times there is no particular arguments, he just would not talk to me for months.”

These periods of isolation became unbearable for the participants, during these times, they shared about going to church and visiting family members in order to cope, but none of these venues offered any consolation for the pain they felt within them and inside the home. A participant explained, “He would be super nice, but there are things I could not identify as abusive, because I was so caught up on how nice he was to me, but then, when he get that demons in him, he took it all out on me.” She recalled a range of emotions from the excitement of being with her perpetrator to dreading the criticism of calling her worthless.

The participants’ experiences indicated powerlessness. Despite being patient, kind, and loving to their partners, these approaches did not work. As one participant commented, “I just had to leave him alone for whatever it is to come out of him, there

was nothing I could do to fix the situation or to make him feel better.” The emotional abuse the participants reported seems consistent with the universal definition of psychological abuse of participants, particularly where it is evident that their partners were playing mind games. Another participant explained that she had experienced all the forms of abuse as a child, especially sexual abuse, up to 14 years old. Her husband often commented negatively on these experiences, suggesting that whatever his reactions was to her, it was all in her mind due to her childhood history of abuse, and that she was taking out the bad experiences on him. In this instance, this participant was experiencing re-victimization. She described scenes of slapping, hitting and pinching as a foreplay before sex; she remarked that these approaches were similar to her childhood abuse experiences. “I would tell him to stop because I don’t like it, and I was not saying I don’t like it at that time and then say I liked it at another time, I just did not like it overall.” Despite the experience of one participant, the husband failed to take into consideration that his actions were constant reminders of her past negative experiences.

Several participants shared feelings of anger, powerlessness, frustration, sadness, guilt and having a lack of trust. One participant shared that her perpetrator’s habits of lying drove her to a point of insanity. She reported feelings of anger, disappointment, sadness, loneliness. She said, “I don’t know if that was emotional abuse, but more like emotional neglect, I suppose. I felt he never ever wanted to spend time with me; he would just lie to get out of being with me. He was emotionally absent, not ever attending to my needs, he never wants to get close to me, and he was not attuned to that side of me. [...] My situation reminds me of when people say “I am alone in a room full of people.” This

participant reported that her partner often became hostile towards her, simply for wanting to be hugged and comforted by him. I started thinking I was “worthless, my self-esteem went to the ground. I could barely look people in the eye, it’s as if the experiences made me transparent, like everyone knew how badly [my partner] treated me.”

The correlation is clear between the factors that emerge from these participants’ experiences suggesting that intimate partner violence impaired their emotions and behavior. Upon reflection the general mental wellbeing of participants in this study has shown strong indicators that physical and emotional abuse—for example, beatings, loneliness, isolation and, lack of social support—led to low-level of self-esteem which resulted in self-doubt and feelings of hopelessness and helplessness.

There were no major shifting or contrasting views of the experiences of the participants, each participant shared similar forms of abuse, some more severe and complex than others. What was constant was the lack of support from family and friends throughout the experiences. The suggestions from the interviews indicated that there is a core belief of the Jamaican culture, which often disregards the emotional intimacy of a relationship. Many families perceive the expression and display of love and affection as “storybook fairy tales.” Thus, a woman who may comment on missing out on the emotional intimacy in her relationship will be looked down on as “living in a fantasy land.” Emotional abuse is also explained within the context of emotional isolation. A study by Pickover, Lipinski, Dodson, Tran, Woodward, & Beck, (2017) describes this as a partner demand/self withdrawn pattern that causes generalized anxiety among female survivors of IPV. From their study findings from a sample of 284 women who experienced IPV

concluded that there are strong associations between emotional isolation and IPV, and suggested that social workers must be alerted to the prolonged exposure to emotional isolation. One participant who experienced emotional isolation throughout her entire marriage also used social isolation as a way to prevent family and friends from knowing. She expressed that she did not want to leave her husband and constantly prayed for deliverance from her situation

Several participants reported episodes of post-traumatic experiences due to the violence and abuse experienced in their relationship. They reported feeling overwhelmed with emotion; often crying due to flashbacks from the experience, or if a familiar event triggered bad memories. While many explained that these feelings have subsided over the years, due to the length and time of the events, the participants were able to gain a better understanding of their experiences due to the change in culture and resources available to them since moving to the United States. However, the mental fraying from the participants' experiences was indicated in findings from Pickover, et al (2017) suggesting that outcomes from IPV are associated with post-traumatic stress disorder and generalized anxiety disorder.

Three participants reported that their husband would often hurt them emotionally by denying the paternity of their children. One was accused of cheating when pregnant with their third child. She stated, "...my husband refuse to work, he said he will not take care of me or our unborn child which he called "a bastard child." She reported becoming depressed, as she could not work to take care of the family due to morning sickness, swelling of feet and legs and always feeling lethargic. She reported that when her husband

refused to work he went to live with his mother, who simply took him in. The husband's employer would call searching for him, and eventually he was fired from his job. This participant questioned her own sanity at the time, as the home quickly ran out of food and she had other young children to feed.

One of the participants was the main breadwinner of the family; she had a husband who refused to work and often argued—wanting money and other financial support from her. She said the toll of the financial responsibility along with her partner constantly verbally abusing her became too much. While the literature suggests that lack of income is one reason women stayed in their relationships, this was not a constant among the participants. Three participants commented on the follow-up question that while things were financially hard in the relationship, lack of money is generally a prime factor that negatively affects many families in Jamaica. The plight of participants usually rests on “doing the right thing” by staying in the marriage which is not necessarily based on the decision to leave due to lack of money.

Sexual Abuse

Three participants reported sexual abuse while married to their abusive partners. One experienced sexual abuse as a child, and continued to have this problem in the marriage. The participants reported that one method of control by their partner was raping them. They reported that their partner often broke the silence or lack of communication by initiating sex. One participant explained: “After not speaking to me for months, even to go as far as avoiding brushing against me, his way back to being normal, is to ask for sex. I always say no, but

does this stop him? No! He would force me, and I often pray that the kids are never home when he wants his way with me as it becomes very violent.” The participants described sexual abuse as including rape, forced sex, violation of her body and coerced sex. One participant even described it as a “quid pro quo trade off;” she said her partner often wanted sex in exchange for something; “For example he would deliberately refuse to pay the bill, so all utility would turn off, or worse he would simply turn off the gas or the internet himself, and refuse to buy grocery. This then was his bargaining chip, he would say, “Well, you need food for house don’t you?” In some instances this participant reported she would give in, as going days without food is unbearable, especially for the children. Another example described by another participant indicated repeated marital rape: “There were instances where he refuse to have sex with me and this would go on for a whole year, and then all of a sudden he would want to have sex after this long period, and of course I would say no to him, but he never took “No” for an answer. He would just rape me, and it was just awful. He would rip my clothes off, force my head down, and just sodomized me.” In this instance, the participant shared that she never called the police or told family members, and she reportedly got pregnant from one of the rapes. Another participant reported that her partner was addicted to pornography, which included images of men. She explained that he would often lock himself in a room looking at porn images all day. She said, “...when I saw him using the computer I did not trust what he was doing, even though he tried to hide it, I knew just from his behavior. It was clear he was an

addict, mentally. It was a very unhealthy relationship.” The research participant continued to report that she started having trust issues which worsened the relationship, “I could not trust him to go to the bathroom by himself, as I just felt he was doing something awful in there, it was bad. I thought I was losing my mind.” The absence of sexual intimacy between the couple is a strong indicator that the relationship is deteriorating; however, the correlative factors such as use of pornography, urging or forcing the participants to act out the pornographic images, and resorting to rape are clear signals of IPV at its most severe stage.

The sexual abuse centered on manipulation and despite the participants recognizing these negative behaviors, many responded that at the time the concept of “marital rape” was unknown to them based on the context of the Jamaican culture. The participants argued that forcing sex on a woman is a common approach among Jamaican men. These principles are enhanced by the Christian Domestic Principle in which partners used the Biblical principle of wife beating as maintaining his position as head of household, beating as a form of love, maintaining the status in the relationship, and the *man-a-man* ideology. Also the woman needed a “touch-up.” Whether by beating or forcing them into submission by rape, sexual abuse is common throughout the Jamaican culture and normal within the confines of marriage. One participant described her experiences of sexual abuse during her marriage:

“He usually force me to have sex with him and even though I did not want to, he made me do it anyway. Usually it would be after an argument,

but most times there is no particular arguments, he just would not talk to me for months, and the sexual abuse it just every night, it was an every night thing....”

When asked how did they cope after these attacks, the participant responded, “I saw him as my husband, regardless, this was not a stranger doing this to me, he was my husband, so I guess there is a difference, I would hate him for doing what he was doing, but then things would go back to normal, and he was my husband again. When you talk to anybody around and they will tell you the same thing, first some don’t even want to hear about that, so I just take care of my children, and pray that God will take care of everything.” Another woman who suffered a miscarriage after her partner raped her, said, “God knew what he was doing, maybe that child should not have come into the world.” When asked to clarify what she meant, she further said, “during my pregnancy the midwife pointed out that I was not doing well, and that I should prepare myself to leave him. I also seek out church people, prayer groups, and the pastor just to advise me and to pray with me about it, as I did not want to leave, I just wanted him to get better, and trying to get him to go to pastoral counseling, but he wasn’t willing to go, so I just went on my own. I was prepared for anything to happen.” In this case, the woman attended the participants’ ministry at church. However upon reflection, she felt members were providing validation of her husband’s behavior and telling her what she should do to cope that was more pleasing to God. She felt the participants at the church did not see the urgency of what was happening to her. Therefore she felt prayer and submission were the best approach to preserving the marriage. The biblical teachings within suggested that

several participants in the church were experiencing similar fate. Encouraging the woman to stay with their husband and banking on God to rescue them, was a ploy though the participants agreed they do not believe the acts were in any way deliberate.

Perpetrator's Reaction

Emotional Isolation: Use of silence

Participants were asked to share their partners' behavior or action before and after each abusive incident. The events shared were repetitive and most participants' responses suggested that their partners reacted by closing off communication with them. Therefore silence was a warning sign of abuse to come and also that the abuse had taken place. No response suggested that any perpetrator pounced upon any of participants unexpectedly, except for one instance where a participant described a physical attack in which she saw her partner fly into rage for the first time. The literature tied into this view that abuse is dynamic, in that the behavior of both victim and perpetrator varies. However, while the literature proposed that IPV often occurs when someone flies out of control, the findings from this study suggests that the abuse occurred gradually by *creeping in slow motion*, controlled, steadily and continuous and likely to involve all three forms of abuse as indicated in the Conceptual Map II & III: Pattern of Behavior-Perpetrator, Conceptual Map IV: Pattern of Behavior-Participants, Conceptual Map V: Three Phases of the Abuse Process and Conceptual Map VI: Stages of the Cycle of Abuse found of the end of this document.

However, based on some of the participants' explanations, the violence also sits within the stages of the cycle of abuse (honeymoon, tension building, and explosion) as

described within the Duluth Model. This pattern of behavior by the perpetrator is likely to suggest to an onlooker that the participants may be aware of the signal of what's to come. However two participants' explanations may deter this argument. One participant explained, that her husband was the quiet type; therefore, she could not use silence as the alarm to violence, as the nature of her partner was at most times passive. Another commented that often the silence approach created almost an amnesic mentality for her, which led her to forget that "this quiet man can creep into a snake" without notice. The use of silence and lack of communication by partner is a method of power and control. While we often hear of silence in terms of bystanders approach to witnessing violence, here the use of silence via total shutdown and lack of verbal communication is an indication that the nature of the individual plays a pivotal role in how IPV is perceived and carried out. The extent and the range of the abuse suggest that the participants may have been experts in detecting their partner's demeanor and vibes. However, the information derived from the participants indicates that during the silence the participants would use all sorts of niceties, as coping mechanisms to prolong the silence, thus distracting themselves from what is to come. The tone suggested that the participants needed the silence at times, feared the silence at times, and welcomed the silence at times.

Participants agreed that these revelations of their behavior and their partners are recognized only after years of reflection. During their relationships, it was not obvious that they were reacting this way and that their partners; abuse was that visible. However, one participant commented that "a marriage based on God must be reverent and

submissive;” therefore, this explanation suggests that being a dutiful wife and using these niceties was always part of the marriage, regardless of a husband’s behavior.

Spatial Isolation: Perpetrator Leave the Home

Four participants explained that their mothers-in-laws were constant instigators throughout their marriage. The common response was that their husbands often leave the home to stay with their mothers, thus further isolating them. Participants who attempted to reconcile the marriage would show up at their mother-in-law’s home, only to be told that their son needs time, followed by an admonition to the participant, to “listen to [your] husband.” There’s a “lack of concern” is how one study participant put it, that a mother-in-law who even witnesses the abuse, uses the bystander silence approach. Another participant explained that her husband refused to return home for up to one year and alternated between staying at his mother’s house and returning home for sex when he felt like it. While in most cases the mother-in-law lived within close proximity, one participant stated that her mother-in-law decided to move away to another parish without her knowledge. Her husband moved with his mother thus leaving her alone, pregnant, without a job and with young children. Through word-of-mouth the pastor for the mother’s church intervened and encouraged the son to return home to his wife. While many assumptions rise from these stories, the interpretation captures these experiences as part of the family cycle of violence or the cultural transmission of violence. Where violence and abuse is inherited and diffused in such a way, it appears to be an innate trait. In these cases mothers and sons shared similar beliefs about intimate relationship; thus, a common legacy is imparted.

Participants' Reaction

Help-Seeking Approach

How did the participants react? Did participants seek out help as a result of the various forms of violence experienced? The answer is a resounding “No!” in most cases. None of the participants interviewed sought any formal or informal help during the abuse, and several reasons emerged. Those who attempted to seek some form of advice did so via church sisters or pastors, but this was not done in any definitive way. For example, because of the culture of ‘privacy’ among the Jamaican people, many participants who may seek advice or help do so in a matter-of-fact approach, consciously knowing that advice always resort to reprimands or exhortations of finding faith in God. Here are some of the direct words from some of the participants:

Participant#1:

[As] far as my family they were not much involved, as a matter of fact my brother told me to get a job to make him feel happy

Participant#2:

I suffered not knowing exactly what to do because my family did not help me to deal with the emotional pain. When I seek help from the church... they listened but they did not help in any way. I was told not to get a divorce when I wanted one. When I told them he tried to kill me, they said that God will work it out.

Participant#3:

I did not seek any help, like asking anyone to help me. That's not something we do. I never called the police. I usually vent to family and friends, but they never really gave me advice. If anything they provided more validation to me, which in reflection I am not sure they even understood the magnitude of the situation. I felt I have to help myself...

Participant#4:

I kept the entire situation to myself. I prayed a lot, as God is always a Way-maker in every situation. I did not share with anyone at church or even the participants' ministry.

The Jamaican culture often encourages intimate partners to work on issues within the privacy of their own home. Therefore, with this knowledge, many woman default to keeping their experience as a private matter; family and friends raised within the same culture have similar outlook. While socio-economic status and education-levels can account for differences in perception, the driving force of privacy is a constant in these scenarios. Participants who shared their stories do so already knowing that the listener will not encourage police involvement. Participant #5; shared that her parents often helped her out with basic necessities; however, due to their old age they had a hard time understanding the nature of the problem. She said, "They may help if they could."

Several coping strategies adopted by the participants yielded the following themes: fasting and praying, going to church, using niceties, being submissive, and keeping quiet. Participants are seen as survivors despite the tragedy of their experiences, and as having the resilience and perseverance to move beyond the consequences of the phenomenon.

Family and Friends' Reaction

Leave It To God!

Pastors, friends and family tend to react to news of IPV in similar fashion. "God will take care of it." While some family members would encourage an "eye for an eye" reaction, many often offer futuristic hope, of "he will change," "time will take care of everything," "that's life," "God knows best," "leave everything to God," "pray!" and "fast!" When nothing seemed to help, some would simply resort to one of the most common saying "*man-a-man*" which means that this is the way men behave. One participant reported feelings of shame, and claimed that family members offered more validation to her husband's behavior, never offering her any support or encouraging her to leave. "I just thought it was weird that my mother never show any urgent concern about the pain I suffered. I stopped sharing with her about the things I was going through, because when someone thinks the way my mom thinks...I just did not want to hear that I was making a big deal about stuff..." Here the participant is suggesting she does not want to be viewed as a victim, but as a survivor. She is taking some responsibility for making the decision to stay in the relationship. While she questioned her poor judgments and decision-making, she also reflects on the unfortunate reaction of her family members. She felt that learned family values led her to making poor choices, and that she can only use the experience as a tool to make better ones in the future. Another observation is the lack of participation from the fathers. On the follow-up question in this regard, one participant commented, that her mother was going through similar experiences, and was waiting for God to help her out of it.

The church is a social political hub that gives a microscopic view of the country's cultural behavior. The pastor's or church member's method of intervention in relation to domestic violence is not in line or consistent with other formal organizations such as United Nations, Women's Resource and Outreach Center or the Bureau of Women's Affairs. In most cases church officials will advocate for the use of traditional "Christian Domestic Discipline" as described in Coleman's (2013) article. Scriptures from the Bible are used to justify wife beating and other forms of submissive punishment. Thus domestic violence is not seen as an issue to be averted but as a preventative tool for husbands to keep their household in line.

Social Isolation: Lack of Support

Overall, the participants overwhelmingly shared that they had little or no support from family and friends. Legal support was out of the question, as the participants did not seek police or court protection. Participants confined themselves to their home and often kept the abuse secretive. For those who knew of the abuse, many did nothing, and this is the norm within the Jamaican culture. The responses suggest that many participants fell into the low-income category; some were categorized during the time of the abuse as stay-at-home moms and did not participate in the labor force. One participant described herself as a college-educated and financially-able person who is able take care of self; however she lacked emotional support from family and friends. The church, which is pivotal to the Jamaican community, also did not lend any form of substantial support. Even though participants saw the religious community as a support system through prayer and fasting, many took the discipline and self-denial approach. Some embraced

the notion that wives must be disciplined by their husband that, and in order for the marriage to work the wife's self-denial is key. Being Christians, the participants held onto these beliefs that a wife must submit herself to her husband as the scriptures in the Bible dictates it; a wife must adapt self to husband's leadership and to the husband's way of leading. On this premise, the participants believed that they would grow spiritually and reap God's blessings. Therefore, the social support comes in this form by their yielding to the teachings of the pastor and church principles.

It appears to this researcher that the more participants relied on the church for support, the greater the problems that emerged in the marriage and the abuse continued. Key safety resources were missing, and participants relying on the supernatural or spiritual being for safety appears to further the damage.

Leaving the Perpetrator

The participants stayed in the relationship for an average of 10-12 years. A participant explained that she might have stayed longer if her husband had not died from a chronic disease. She associated his passing with "God answers prayer." This same participant, who was the main breadwinner in the family, felt that most participants who experience IPV are at fault in some cases because they are not financially and emotionally independent. She said, that some participants are looking for everything from their partner, but "only God can provide you with everything." She responded, "I felt it was easier for me to move on, because he eventually died [of a chronic disease]. I know how God works, so I have no regrets; the Lord worked this out for me because he did not come

to know the Lord. I handled the situation in the best way [I knew how]. I was independent and could support myself, so I was able to recover quickly.”

Four participants reported that a final physical attack led to them leaving; they could not take being battered anymore. While the emotional and sexual abuse occurred as a result, participants who suffered fractured bones over and over; finally refused to return to the marriage. A participant responded: “I left the relationship because things escalated, he continued to abuse me physically and continued to turn off the utilities on me, while having young kids and continue to make threats.” In all cases, the participants made the decision alone and did so as one described it, on the “a spur of the moment.” Four of the participants reported leaving the marriage when their partners left the home after an argument. They had a low level of support. They also described that for an extended period of time they suffered extreme lack money, food and a place to live. While a few reported receiving minimal help from family members, none reported seeking assistance from the church or community organizations.

Themes from these responses indicated that the participants recognize that there are no tactics that can change the perpetrator from being violent to being gentle. They may as well have determined that the use of God as the way out may not be the most realistic approach. Evidently, as they came to realize, despite the Jamaican culture being *right* within its scope, it is not viewed as *right* within the human rights framework. What startled them too, was that the lack of resources and education for Jamaican participants to gain independence from the perpetrators who denied them their basic human rights. It was made manifest before their eyes that the failure of the religious institutions to change

their traditional ideology at times posed insurmountable barriers to them leaving their perpetrators.

CHAPTER VI: DISCUSSION

This chapter further analyzes the findings from the study and the conclusions drawn from the themes. It also provides a discussion on how the findings support the literature, and it identifies areas of consistencies and discrepancies, strengths and limitations, as well as implications for social work practice and policy suggestions. Education and future research are also discussed.

Feminist' theories purported that empowerment programs through education can effect changes in the lives of women however, several important findings from this study suggest that an overall lack of support, lack of awareness, lack of institutional responses and cultural dynamic interfaced as barriers. Therefore, if the systems are not in place to facilitate a human rights frame approach, education is not the force and change factor.

Barriers

What do these results tells us about IPV and the Jamaican culture? The interviews bring to the fore the harsh and unfathomable reality that many participants were willing to subject themselves to abuse due to the culture's structural value and systems, in which participants are subjected to substandard roles and men are bestowed with positions of leadership in all spheres. The results also expose several obstacles or blinding factors that prevent the participants from developing a consciousness of the immoral nature of violence and to propel them towards leaving the abuse situation. At the onset, participants were not conscious of the IPV and its effects. To further compound the predicament, they were not conscious about the role of religion limiting their lives; nor were they conscious about the role of the social environment in normalizing IPV.

Anyone who has seen the effects of partner abuse via social media or in other forms must come to understand the pervasiveness of IPV and the fact that it cuts across all social boundaries. On the face of it, there remains a non-existence of any possible explanations regarding the inescapability of participants in these positions. There are no justifiable interpretations within this study that lead to any core or emerging variables, recurrent revelations or stable patterns that unwaveringly describe IPV. However, this researcher's approach is to hypothetically conceptualize a plausible rationale of why participants stayed.

Reasons for women not reporting IPV and staying with the perpetrator also varies. A qualitative study by Al-Shdayfat & Hatamleh (2017) to explore Syrian refugee women's reason for not reporting IPV found five major themes: acceptance of the problem, fear of the consequences, lack of social support, unsupportive government systems, and feelings of powerlessness. Responses from the 44 married/ divorced women indicated that they preferred to keep silent about IPV and were also overwhelmed by their cultural constraints and living conditions. This results resonates the study findings that culture, social, economic and political factors are barriers to women reporting their abusive partner.

The characteristics of what connotes support will vary depending on the individual, culture and structural factors. The participants in this study did not seek out any formal systems for assistance, because they are aware that Jamaica lacks even the minimal resources to alleviate their problems. National reviews were conducted by the Immigration and Refugee Board of Canada (2003, 2007, & 2014); Amnesty International

(2008, 2016, & 2017); and United Nation (2008, 2011, & 2014) findings revealed that the country not only lacks resources in all spheres, but that government institutions are inadvertently playing a role in ignoring the phenomenon. The above-mentioned organizations have persistently called upon the government of Jamaica, and have noted and reported numerous human rights violations including the dismissal of IPV as a private issue.

Surviving the Jamaican culture means enduring poverty and violence coupled with a lack of support from formal institutions. Participants who experience IPV are undergoing these extremes two-fold, due to the lack of overall resources. A study by Aaron & Beaulaurier (2017) found that a principal component of preventing IPV is through coordinated community response efforts. These will require all parts of the community to organize ways of including family, government and business services along with advocacy for victims/survivors, to protect victims of IPV and provide them with resources to combat the scourge.

Lack of Awareness

The concern raised is whether or not participants in the study were fully aware of the effects of their experience or understand IPV as a dangerous phenomenon. The overarching points implicitly brought out that participants are not aware of the effects of IPV. While they were able to reflect and provide some insights after leaving the relationship, many did not know the signs of abuse during their relationship, and many do not recognize the signs of trauma or PTSD. The church community also seems to lack this awareness. The religious indoctrination stemming from years of brainwashing and

miseducation funneled through cultural underpinning sustained their outlook as one of self-blame. For the participants to develop a sense of consciousness, a revolution must take place—not just within the Jamaican culture, but also on a global scale. This system of shame that participants must endure by harboring guilt due to social situations that are beyond their control is unjust. The data analysis suggests that the structural factors trickle down to micro-level systems including families, and communities enable the IPV. Strong indicators such as lack of jobs, education, housing, and participant support programs, as well as other collective solutions that can effect change on groups and individuals are missing. These resources are not in place because the political and social nature of the government within Jamaica for example, are largely influenced by male dominance, which often turns a blind eye to women’s negative experiences. While several studies (AlAlyani & Alshouibi, 2017; MacGregor, Wathen, & MacQuarrie, 2016; Husso, Virkki, Notko, HolmaLaitila, & Mäntysaari, 2012; and Cho, Cha, & Yoo, 2015) investigate the awareness or lack thereof pertaining to IPV among first responders and health professionals, studies on the victims’ awareness of IPV while going through the experience, are lacking. Due to cultural norms, the participants in this study believe their partners’ behavior is the norm, thus accepting their experiences as part of the life cycle. In most cases awareness comes after leaving the perpetrator, which is often too late after years of traumatic abuse that saturate the victims’ minds. Participants may call IPV by another name, which never connotes the extent of the abuse or holds the perpetrator accountable. Often times the experience is summed up as, “this is life!” or “hell on earth!” These notions denote external elements beyond the control of the victim and the

perpetrator. The data analysis also suggests that the participant's lack of awareness is influenced by culture, family and religion to which they often turn for help, only to find that the same ideology is preserved as the way of life—suggesting no way out.

IPV and God

Bible readings and teachings throughout various religious institutions are often used to justify wife beating and promulgate such ideologies as the right of a husband to discipline his wife without punitive sanctions being leveled against him. All of the participant described themselves as Christian, and agreed that their relationships are built on the foundation of biblical principles. Two of the participants stated their partners “fall out of grace from God,” meaning their husbands may have become inactive church members. One of the key phrases taken away from the interview is with regard to the wife having a “special duty,” and participants were asked a follow-up question to explain the meaning of this phrase. Their responses suggest that for their marriage to grow spiritually “discipline” must be enforced. Expanding upon this area, their responses suggest that some participants agreed that growing spiritually in one's marriage requires self-denial by giving up something to please the husband, which is ultimately pleasing to God. These beliefs justify participant giving up their need for love and attention in the marriage, and to exercise patience and restraint despite partners' abuse, in order to reap God's blessing.

The literature supported this finding, as indicated by Wood & McHugh's (1994) examination of the role of clergies with regard to their response to IPV. Findings revealed that responses from theological institutions and their clergies are likely to contribute to violence directed to women. It is detected that responses are situated within a traditional

viewpoint and victim-blaming. Gilad (2013) admonished personnel within the legal sphere to know more than just interpreting the law; they must recognize the effects of social and cultural aspects of religion upon women experiencing domestic violence and living in religious communities. The article explains that while religion can be an empowerment tool, it can also be manipulated into being an oppressive tool and, without doubt, it becomes barriers against safety. An article by Baird & Gleeson (2018) investigated religion among women who experience IPV, finding that men most likely to abuse their wives are Christians who attend church, and that religious institutions enable and conceal the abuse using biblical scriptures as their guiding principles. Additionally, Westenberg (2017) examines how IPV is supported by Christian beliefs and found a connection between religious languages and IPV languages such as gender roles, sacrifice, submission and suffering. The study highlights the church's role as a contributing factor to abuse. Conflicting advice from religious institutions may attribute to victim's unwillingness to leave the situation. The powerful position of the church and its leaders largely influence the perception of the participant and her role in changing her circumstance. Shannon-Lewy & Dull's (2005) reviews of literature on this subject found that clergy's theological beliefs often hinder their ability to counsel without bias or judgments, and to effectively intervene.

Cultural Dynamics

To understand the role of culture in shaping participants' perceptions of IPV, one must recognize its meaning. Culture includes shared beliefs, values, practices, norms and behavior. Therefore if the culture is bent on privacy around IPV, then this common

approach will be manifested consistently throughout, even beyond the country's border. Participants in this study revealed that despite leaving Jamaica they will respond to incidents of IPV in a similar manner as they would in Jamaica by dealing with it within the privacy of their homes. Although the participants disclosed the horrors of their experience, several believed that God did not intend for them to leave their abusive husbands. However, many now recognize that the Jamaican culture plays a large role in cultivating these beliefs, but they also recognize that participants in the United States culture harbor similar beliefs. One participant explained that men in general believe that participants should be submissive in the relationship, and that wife beating is acceptable. Across the board, the participants agreed that the culture plays a pivotal role in maintaining the silence and encouraging participants to submit to male leadership despite the instability in the relationships. These dynamics are visible in the hierarchy of authority and in males' leadership in society.

Family structures, cultural practices and social norms are key causes of violence against women and most violence prevention programs are geared towards saving women from these oppressive cultures (Simon-Kumar, Kurian, Young-Silcock, & Narasimhan, 2017). Incidents of IPV are common occurrences worldwide according to reports from the World Health Organizations (2012, 2013, 2014, & 2016). The history of IPV and its etiology is attributed to an explanation centered on the patriarchal system and culture (Sultana, 2012; Bergman, 1994; Kabeer, 2014; Selvan, & Suguna, 2013; and Heath, 2014) and culture. Tonsing (2016) studied IPV among 14 women in Hong Kong and found that social and

cultural factors influences women's perception of abuse. This creates a natural feel that male domination within one's culture is normal.

Systems of Shame

Emotion coding consistently revealed the label of shame as participants recalled their experience. Shame is a conscious, painful emotion; its properties negatively crippled the emotional domains. The emotions from shame shackled the participant's range of actions, limiting their state of mind. While emotions of shame are universal, the expression is defined within the context of culture; most participant's expressions called for a secrecy to their demise, of how others will view them if they knew. The underlying effects of shame were inferred during the interviews based on nonverbal cues, long pauses, hesitation to continue and disruption of the chronology of events. The repertoire of emotions was extensive, with the use of such words as anger, depression, lonely, scary, rationale, disrespect, worry, fear, stifle, failure, revengeful, denial, secret, embarrassment, desperate, and horny; collapsing these words into one label, give way to code word shame. The encapsulation of shame accurately describe the hows and whys of many of the participants' emotional experiences. While IPV is too complex of a phenomenon to capture all of its range of emotions, the inferences drawn from the interview narratives reflect upon the conflict in the responses and the ways in which participants justify their actions after experiencing each phase of the abuse. Partly attributed to Goffman (1961) impression management via dramaturgical analysis, participants seemed to struggle with constructing an appearance that they handled the situation well; to circumvent the

undesirable facts of IPV they seemed largely to be attempting to discredit the victim mentality; and rarely if ever wanted to self-identify as a victim/survivor of IPV.

The effects of shame as highlighted the literature (Calton & Cattaneo, 2014; Chronister & Davidson, 2010; Karakurt, Smith, & Whiting, 2014; Koss, 2000; McCleary-Sills, Namy, Nyoni, Rweyemamu, Salvatory, & Steven, 2016; Wall, et al, 2012; Teroni & Bruun, 2011; and Zarif, 2011) create myriads of social injustice for IPV survivors, and these issues are rarely if ever resolved. The intersectionality of structural inequalities, institutional ideologies, cultural identity and the foci on individual empowerment and responsibility are overarching dynamics that perpetuate the cycle. These systems of shame, propelled by legal authorities, education, religion, media, family, community, and cultural groups, often leave victims isolated—harboring feelings of humiliation, confusion, and embarrassment that force them back into the shadow of abuse. By reframing shame from a personal individual transgression and assigning it rightfully to the public systems of shame production, survivors of IPV are likely to change their acceptance of abuse and do away with what Walker (1984) called the learned helplessness syndrome. The interplay of these systems of shame—faulting victims and promulgating the theory of “capability approach” via individual accountability—should undergo extreme restructuring, highlighting the human rights violation and eliminating these cultural traits. There is a need for advocacy towards policy change at the macro level by developing CCR models that increase victims’ awareness of the dynamics and contradictions of the political, social and economic realities of shame, and systemic changes that foster consciousness of this evil phenomenon. With this approach, victims

are transformed as survivors and are economically emancipated instead of publicly shamed.

Credibility of the Study

The stories shared by the participants draws a parallel to literatures reviewed for this study, which suggests that the questionnaire used for this study is reliable and likely to produce similar results in different circumstances, assuming nothing else has changed drastically (Roberts, Priest & Traynor, 2006). For future research within the actual Jamaican environment, it is likely that the perpetrator behavior, the participants' behavior and the reaction of family and friends will draw similar responses. Checking for rigor ensure internal consistency, the relationship between all of the results obtained from a single survey (Roberts, Priest & Traynor, 2006). The coding and categorizing collapse into themes showing relationship within the story, and between stories. There were several instances where participants responses emerge to conceptual variables often used to describe the type of abuse participants suffer, for example emotional, physical and sexual forms of abuse.

However, the opportunity was not available to engage in checking the credibility of the research process. A credibility check involves generating confidence in the truth value of the findings of the qualitative research—a reminder that all texts are local and that all researchers write themselves into the text, and thus, “truth” has a local quality to it (Barusch, Gringeri, & George, 2011). Application of reflexivity supports the researcher in managing and accounting for subjectivity while completely engaging in the work. It is recognizing the role of social position in determining one's understanding of what

constitutes knowledge (Houghton, Casey, Shaw, & Murphy, 2013). The researcher's work, academic, and personal orientation and professional philosophy may influence the interpretation of data, it is rather difficult to obtain value neutrality within this sphere. Therefore, some bias may surface due to my gender, social class, cultural and religious beliefs that are similar to the constraints of the Jamaican culture.

Yet the data is adequate, in that the narratives are drawn from the experiences of the participants, and the researcher's interpretation is rooted within the social work discipline, major theoretical perspectives, and conceptual terminologies. Stringer (2007) accounts this approach as referential adequacy, in that the research process is credible.

The triangulation of data is evident, taken from multiple academic sources, and while it would be most effective to engage or observe the participants for long periods, the data is dependable and transferable, marked by the outcome from the data similar to past research studies on the same subject. Similarly, the debriefing process was also very helpful to participants by way of their voicing that the women's groups within the district are a source of support to them; a place where they can deal with any distress as a result of the trauma they experienced. Also, the use of narrative analysis is a technique that helps to amalgamate the research and findings (especially for this research with stated planned action projects) and thereby draw useful practical, pedagogical and theoretical information. The gathered information offers salient values and highlights issues that determine what is to be studied and, through social work education, social work practice and social work policy, how instructional practice and outcomes can be evaluated

(Strand, 2009). The utility is the knowledge produced and is appropriate to the needs of a social work practitioner (Porter, 2007).

Limitations of the Research

Limited Studies on IPV among Jamaican Women

There is a lack of previous research on the study population. There is a need for better information about how Jamaican women experience IPV in that culture. Academic research and studies in this areas are limited, and it is for this reason this study was undertaken. While there are hundreds of newspaper articles and blogs from Jamaican databases, these are not considered scholarly products and must be used under careful scrutiny. While many global organizations such as the United Nations and the World Health Organization among other human rights groups have conducted macro level research, the data often are congested and panned to include regional data from the Caribbean and Latin American regions. Also, there are large-scale research data spans over each decades which suggests that most available statistics are not current. Available studies (Phillips, Wedderburn, Friedrich-Ebert-Stiftung & University of the West Indies, 1998; Priestley, 2014; Smith, 2016; Spiring, 2014) are not current and research alluded to this fact in each study.

Lack of Availability of Jamaican Women

Overall the result of this study and the literature review provides an overview of the cultural perceptions of Jamaicans on IPV; therefore, researchers run the risk of not finding a selected sample of Jamaicans in the United States, as the group is known to be wary of answering any personal questions or even enquiries about their culture for the

sake of avoiding scrutiny. The purposeful sampling approach was a strategy designed to select a particular site (in this case a church) that Jamaicans are known to frequent, and also to choose a specific small sample size, knowing that a larger sample would be difficult to obtain. According to Creswell (2013), a purposeful sample strategy might be constraining, taking into consideration time, events and processes involved, also some stories may not have clean beginning and ending points. The chronology of events was difficult to ascertain as the participant had difficulty recalling events and out of fear of losing the participants, the research limited the follow-up questions. The depth of the responses from each interview was a challenge to achieve, as several participants appeared uncomfortable answering follow-up questions outside of the five questions promised. According to Rubin (1995), a follow-up question constituted an effective technique to get more depth. Also, the use of chronology brings conversational depth and makes it necessary for the scheduling of a second interviews with the participants. This approach was not feasible for the population sampled.

Bias of the Individual Stories

Some may doubt the integrity of the interviewee responses, since statements may be inconsistent and the researcher did not scrutinize any contradictions. According to Rubin & Rubin (1995) the researcher does have to show that these inconsistencies were checked out; however, time constraints may curtail these efforts.

Generalizing Findings?

Only five participants were interviewed and only one site was used. According to Creswell (2013), one general guideline for samples in qualitative research is not only to

study a few sites or individuals, but also to collect extensive details about each site and individual. However, for narrative research, Creswell (2012) suggests that one or two individuals is enough, as the goal of a qualitative study is not to generalize the information, but to explicate the events surrounding the individual experiences. Therefore, the experiences in this study should not be generalized to all women experiencing IPV.

Location of the Study

Participants who participated in this study have been living in United States now for several years, away from the Jamaican culture and the past doom of their previous lives. Therefore, the tone of dispassion detected may be due to the fact that as the participants are now in the United States, they have access to plenty of resources that they were lacking in Jamaica. Their lack of awareness in their storytelling contrasts with their introspection today. It is likely that participants' minimization of how they now feel is also an understanding that orientation of people, place and time transform individuals and may promote healing, therefore limiting their recollection and creating an incongruity with their emotions.

Implications for Social Work Practice

The goal of this study is to evoke in the psyche of the Jamaican populace an awareness of the negative effects of IPV. The revelations from the literature and the study indicate an urgent need for intervention at three levels, micro, mezzo and macro. The findings also suggested the need for more culturally efficacious models of interventions such as coordinated community response, strength-focused approaches, and modified

empowerment models to influence individual-focused activism and promote individual-behavior change in attitudes and perceptions about the phenomenon of IPV. Relying also on other theoretical frameworks and models, the main thrust is to identify and bring to the fore the cause, properties and effects of physical, emotional and sexual violence and abuse. In an attempt to understand the complex interplay of the individual, family, community, societal and most significantly, cultural factors that contribute to the occurrence of IPV, it is important that rural religious organizations are used as the entry-point, as this environment plays a significant role in the institutionalizing of values rooted in Jamaica's traditional cultural gender norms. It is sardonic that in Jamaica IPV is as prevalent in the church as in the outside world. The irony is that the church, unlike the world, makes pledges to love and respect one another, yet they are rivalling the world with regards to IPV—its pervasiveness in religious circles therefore normalizes the negative experiences of women. While most urban academic or religious institutions may tackle this issue, those rurally located are often excluded from outreach efforts; thus, problems like IPV are rarely, if ever, raised as a concern.

The literature and this study further substantiate the fact that IPV is a frequent occurrence in Jamaica. The severity of this phenomenon is not addressed and data is not aggregated, limiting public awareness and the tackling of the problem. This implies that the social worker must take on the task of initiating, implementing and sustaining a framework towards change by demonstrating that there is an urgent need for services in this area. Social workers conducting needs analysis must identify, evaluate, compile a resource inventory, and aggregate social indicators to effectively address IPV in Jamaica.

Equipped with these data, social workers will play a leadership role in shaping government policies to effect change. Transforming culture is not an easy task. It takes courage at all levels (micro, mezzo and macro) and for Jamaicans to challenge the status quo and highlight that the problem doesn't just exist, but that it must be fixed. Jamaican social workers must become warriors. Participant who shared their stories have fled Jamaica because they felt hopeless that no change will come within a culture that provides no resources for participant to be independent.

Social workers, as change agents, will take on multiple roles as, as described by Sheafor & Horejsi (2015):

- advocates—take action to initiate change;
- brokers—gain access to resources;
- teachers—provide information through education and training;
- researcher—evaluate cultural values and knowledge and produce innovative approaches for change;
- developers — improve the performance of their peers;
- administrators—implement policies and manage the operations

The findings from this study reveal that there is a lack of awareness about the urgency of IPV at all levels of Jamaica's infrastructure and that multiple resources are needed in every sphere to assist women. Using McKillip's (2003) need analysis techniques (through identifying needs and building resource inventory) will give the Jamaican social workers the methods to identify the obstacles that must be overcome to create change.

Identifying needs

Identify Users and Uses. Social workers should identify key personnel in hospitals, doctors' offices, nursing groups, social worker organizations, legal systems (courts and police), religious institutions and others that will benefit from the reports obtained about IPV and will act upon the information gathered to focus on the problem and formulate solutions that will create change. The literature reviewed indicated that many in the health profession, along with police officers and government institutions, ignore women's cries for help from their perpetrators. Having the data to demonstrate the need of the issue is critical to educating this group about IPV.

Target Population and Services Needed. Social workers must identify statistics on the demographic population in need of service, the type of services needed, and eligibility and restrictions, scope of the problem and service needed, consequences of the problem if not tackled. This description should include services separately for both perpetrator and victim.

Identify Problems and Solutions. Social workers on this team must identify the root causes of the problem, and the conditions that feed it. A call for a new definition must be urged and is considered part of the problem. It is also necessary to contrast and compare how IPV evolved over time and who is responsible to address the problem whether by advocacy or by policy change in order to reduce or eliminate this issue. Discussion of the ideologies, and values that continues to exacerbate the issue should be included. For every problem identified, social workers must pinpoint possible solutions to transform individuals, families and communities. For example, participants interviewed communicated that they spoke to pastors; however, these individuals used traditional

approaches that sustain the problems. Social workers should clarify the expectations towards a desirable outcome for the participant by encouraging churches and other organizations to develop a mission or a program that provides temporary monetary support, clothing, shelter and food to individuals and families that meet the eligibility criteria. Social workers should also engage in fund raising efforts to facilitate costs to assist organizations that are willing to act as collaborators.

Eligibility Assessment. To improve services for women who experience IPV, effective strategies must be in place to ensure that the target population is served. Programs should be geared only towards women who meet criteria based on a screening assessment tool that all users will be knowledgeable of, based on previous educational training. The hope is for significant changes to offer meaningful practical approaches that will empower women utilizing the services and not further their despair.

Public Awareness. Once problems and solutions are assessed, social workers must engage in educating the public at large about the intervention and prevention initiatives to combat IPV. Through public service announcements, oral presentations, and written communications and via various social media sites, social workers should make the rounds to educate the public about IPV and offer buy-in. Stake-holders identified as users of the data collected must be formally invited to a conference to present data on the subject. Decision makers and stakeholders from key government areas must be part of this audience.

Resource Inventory

Coordinated Community Response. Services to combat IPV are limited or nonexistent in Jamaica. Therefore social workers must create a resource inventory that will point victims to allies of the cause. Utilizing the coordinated community response (CCR) is the most effective approach to combat IPV as suggested by the literature. The inventory should include any services that can help women to safety from their perpetrators. Therefore, once need analysis is completed and public awareness is there, social workers must conduct outreach throughout the country to ensure that every nook and cranny in rural areas and cities are aware of the issue and that social workers are the change agents for women and their plight. A series of training will be conducted for users identified in the community, including business owners, who will then become part of this resource inventory.

Who, What, Where and How? Resource inventory will be distributed to post offices, churches, police stations, hospitals, doctors' offices and other available public spaces via hard copies and also online via the IPV website. The resource inventory will provide a list of all the members of the coordinated community response team and their offerings and responsibilities. For example, a battered woman will know that a local church is a shelter site for adults and children that will provide safety for up to one month. Also, a profile for each key personnel will be made available. Women who experience IPV must know that they can trust individuals providing services to them—some background information about prominent members is important to create some familiarity. Volunteer, private, non-profit and government services will be part of the coordinated efforts and each entity and their role will be described and defined. This will

provide a realistic view of the services and of how women can navigate each resource without conflict. The public will be aware of how services will be provided whether face-to-face, via telephone, or self-help. Due to the lack of resources in Jamaica, no income or economic information will be gathered from women using the services. All services will be free. Services such as transportation, medical care, and, education will be included.

Currently, the singular organization that oversees women's affairs, does not offer any formal model of IPV intervention and prevention. It is also necessary to note that government social services in Jamaica is Christian-based, the very same group that admonishes women to stay with their abusive husbands as described by all of the participants in the study. Social welfare was launched in Jamaica under the banner, "We are out to build a new Jamaica with Christ as our pioneer." Initially started in 1937, the welfare was mainly disseminated to a number of voluntary social service—especially churches—throughout the island, but the inadequacies of their efforts resulted in consistent failure to meet the needs of rural communities that were isolated from resources in the cities. The program was bolstered in 1965 through a formal government entity called Jamaica Welfare Limited (JWL) taking a two-prong inclusive approach via self-helping activities through education and social welfare program through youth empowerment. These extended into building community centers as hubs and planting flagship stations in individual parishes. Later a shift from community centers to community associations organized full participation and cooperation among community members and businesses (Jamaica Information Services, 2018).

However, while the JWL focuses on self-help education and youth empowerment programs, several decades later the women's issues, especially those surrounding domestic violence despite its prevalence, are not addressed via government mandates. Based on a global call from several international human rights groups mainly the United Nations, the Jamaican government founded the Bureau of Women's Affairs in 1975. Its goal was "to enable women to recognize their full potential and to create avenues for their full integration in national development," aimed at skill creation and skill capacity building (Burnett-Stevens, 1999). This response did not include any specificity of addressing IPV, until several decades later, when a statutory rule on domestic violence was mandated:

The Domestic Violence (Amendment) Act, 2004 provides for enhanced protection for victims of domestic violence and abuse and applies to both spouses and de facto (common law) spouses. The Act also now makes provision for persons in visiting relationships (Jamaica Information Services, 2018).

The above definition also includes protection of minor children. While this definition was established, the true nature of domestic violence was not upheld within its provision; IPV (captured under domestic violence in Jamaica) is mishandled and ignored.

There are limited formal community interventions, facilities or resources to combat issues of IPV. A seminar sponsored by the Domestic, Sexual and Gender-based Violence Project and funded by the British High Commission and the United States Embassy trained over 300 police personnel and front-line responders in how to deal with

and respond to victims of IPV, rape and sexual assault (Jamaica Observer, 2016); however, these trainings are not ongoing. Appropriate intervention is either non-existent or very limited. There is only one shelter in the entire country designated for victims of IPV (United Nations, 2014).

Implications for Social Work Policy

Social workers must understand Jamaican laws. They must understand current and historical trends in response to IPV in Jamaica. Social workers must have available data from the needs assessment to tell the story of the women who are victims. They must be able to present past, present and future actions, the risks involved, expectations and outcomes to sound the alarm with a view to igniting urgency. Applying uniformity and standardization is key to guiding the process towards change in policy initiative, advocacy, education and training, and coordinated community response. This is due to the absence of a social service program geared only towards women who experience IPV. Since this program will be new, resistance may encumber the process. However, social workers, through their multiple professional roles, must be flexible and align themselves with policy makers who are willing to buy into the cause. One of the first approaches to policy change is to distinctively define various areas of violence so that IPV and its definition stands out and adequately addresses and summarizes the factors that beset it. Politicians may not understand the difference at first, as the above definition for domestic violence includes those actions that occur among parent-child, brother-sisters, relatives, husband and wives and common-law partners. This definition is intricate and weaves in

many facets that barely shed light on the collective nature of the abuse that occurs among intimate partners.

From the bottom-up is a strategic way of formulating policy implementation and change. Using the need assessments along with the coalition built at the micro and mezzo levels via the coordinated community response approach, a team of social workers will seek to first meet with the Bureau of Women's Affairs, members of the Jamaican diaspora in three major countries (England, United States and Canada) and also liaisons from United Ways, and the World Health Organization to come together in a working conference to formulate a policy mandate to present to the Jamaican House of Parliament. While several non-governmental organizations, volunteers, and non-profit agencies have recognized the problems surrounding IPV and have raised their voice for a concrete legal mandate for perpetrators of IPV, no such policy is in place. Today, based on multiple reports from the Jamaica Gleaner (2016), Jamaica Observer (2017) and online blogs, perpetrators of IPV go unpunished and women are often ashamed to report the abuse.

The Domestic Violence Act of 1996, last amended in 2004, "provides remedies for domestic violence, for the protection of the victim through speedy and effective relief and for matters connected and incidental thereto." (Ministry of Justice, 2004). Social workers must analyze if, how and when the act is carried out, and the various institutional responses the problem covered under the act. Questions must be asked to ensure that accurate information is derived. For example: How has IPV been treated over time? What are the solutions offered to the various parishes and communities to address the issue?

Have there been any changes to policy based on the contemporary nature of the issue? How do changes in the country's social, economic, and cultural factors shape government response? How have governments responded to the various international bodies to remedy the human rights/social justice component of women's issues? If any, how have these policies been effected to demonstrate to women their civil rights, political rights, economic rights, and social rights? If not, what are the plans to promote women's rights in regards to IPV? These many questions will cut to the heart of why policy changes are needed, and why social workers must be at the heart of this transformation. Another key factor is that social workers must address any monetary policy and how much is allocated to combatting IPV within key service areas. These evaluations will determine the effectiveness of the current domestic violence policy and the outcomes from any government initiatives to determine how to move forward.

While these questions are necessary, based on the study and the literature, it is clear that Jamaica's domestic violence policy is ineffective and requires a complete overhaul. Social workers and stakeholders must demonstrate that government is detached from the issue of IPV and highlight the inherent fairness of the current Act, the lack of funding, and the lack of accountability by key personnel. Through a collaborative process, social workers must advocate for the authority to assist in the implementation of a policy that can withstand the changes of society, generate a shared commitment from government and produce mandates that will actively change the climate for women to report IPV. It is also important to bring women who are survivors of IPV to share their stories so that they can state their needs as to what resources are most important to help

them leave an abusive marriage. Evidence in the process at all levels is necessary and important as evidence legitimizes the process and acts as a powerful stimulus to the dialogue.

The Need for a Human Rights Framework in Jamaica

Advocates in the social work field in Jamaica must have an understanding that every person in the society has fundamental human rights. Therefore intervention especially geared towards a victim population must entail the value of education, freedom, safety and other human right's needs. Advocates must recognize the interconnections of various injustices individuals experience across the globe. Any form of intervention must sit within a human rights framework to promote social, political, economic and cultural justice. Gilbert & Terrell (2009) human rights justice framework looks at the range of choices available within a society when creating intervention. These dimensions include: (a) allocation of resources and the strategies in place to ensure delivery of these resources; that is, who will benefit, what resources are available, how will these resources be allocated, and how much it will cost; (b) how the intervention model impacts individuals via the notion of equality, equity and adequacy; (c) whether or not the intervention models effectiveness to realize outcome. For the empowerment model to work effectively, these dimensions must be met. For those impoverished individuals who live in communities that fail the human rights agenda, advocates must be cautious of adding to the social injustices that exists. It is not enough to simply empower women with words; the intervention must have a planned course of action that is collaborative and has the potential to make a difference and is sustainable.

Social Justice. This is a distributive approach to reallocating resources equitably to all members of society. It is the demand to meet the basic needs of all human beings where societal social factors create barriers to these rights. Social justice symbolizes the social work code of ethics to address the daily problems individuals struggle with on a day-to-day basis. An advocate that addresses IPV must also address and or take into consideration the poverty, sexism, and classism that exists within the culture. These deep-seated inequalities must be recognized and strategic plans and solutions should be part of the answer in the problem (Levy & Sidel, 2005). To promote social distributive justice, advocates must pay close attention to the victim's job skills. The empowerment model should promote resources to increase opportunities for paid work, financial independence, educational and vocational development. These approaches speed up rehabilitation and facilitate mental healing (Chronister & Davidson, 2010).

Political Justice. This approach focuses on the political, legal and criminal justice system's failure to uphold and/or mandate policies to combat IPV. Advocates using the empowerment model should be knowledgeable of the local laws and policies in relation to IPV. For example, encouraging victims to call the police is an illogical approach when these interventions are non-existent. Baily (2010) argued that the political system has created a dichotomy of public and private domains in relation to handling IPV cases. In some societies there are no policies in place to determine how the criminal justice system intervenes when women experience IPV. While crime in general is a violation against the law, IPV is not viewed as a crime but as a personal matter against women. The arguments are that the political system should be the main advocate for women against IPV, and

policies should be implemented to combat this phenomenon. The government should have jurisdiction over IPV; not necessarily removing women's autonomy, but taking a political justice approach in which victims feel confident in a system that will offer protection, safety and a guarantee of resources to maintain stability. While the government mandates some private domains, IPV has continued to remain unregulated in most aspects. This is an oversight, as women who are victimized by their intimate partners are often isolated from getting the help they need within this classification. Oslen (1985) argued that some governments take on a laissez faire and non-interventionist approach to IPV. The suggestion is that when relationships become dysfunctional and families can no longer live together, government should have in place safe havens where victims can quickly transition to safety and find security. For example, in cases where children may be neglected due to abuse, there should be policies that outline intervention and protocols to temporarily or permanently house victims towards transition.

Economic Justice. This approach will focus on gender inequality and disrupt the male domination within the economic structure. Strategies to empower women should focus on long-term goals that will improve their social and economic status just in case any instability occurs as a result of abuse; financial difficulty should not be the barrier to prevent them from making changes or improvement in their lives. Heise's (2011) research on violence and women's economic empowerment found that the most effective approach to reducing IPV is to focus on economic empowerment. Advocates must ensure that the logic model embraces the mantra that money is power and that women's earning

potential lessens the chance of them becoming dependent on their male partner. As indicated in previous section (Goetting, 2001; Rothman, Hathaway, Stidsen, & deVries, 2007; Centers for Disease Control and Prevention, 2003; Tjaden & Thoennes, 2006; and Carey & Solomon, 2014) researchers argued that women who are financially secure are less likely to stay in abusive relationships and/or seek out public resources.

Cultural Justice. This approach must sit within the culture to decide what is wrong or right, relative to human rights as defined globally. It is imperative to address IPV via a cultural justice lens. Culture plays a large role in how IPV is viewed and experienced, and while there are similarities and differences across cultures, within a human rights perspective advocates may recognize these differences as nuances instead of psychological roots. White & Satyen (2015) in a study highlighted some of these as “discrepancies” in which “help-seeking approaches, coping tactics, and cultural standards may play a role. The study suggests that advocates must pay close attention especially to immigrant women in the United States whose views may not sit within the norms. Advocates must also search for differentiation between groups within the culture, to identify reasons violence is an integral part of one’s culture? Therefore an attempt to eliminate the violence is seen as an organized tactic to eliminate aspects of one’s culture. However, cultural justice does not elicit this ideology. The concern is whether or not all members of the society are treated equally and formal institutions are not forsaking their responsibilities to other groups. Within a heterogeneous society these distinctions are likely to be obvious, whereas in a homogeneous society advocates must conduct research on the local cultural practices to highlight the various ways in which the culture is

interpreted. If two or more ideologies reside within the culture, the advocates must then find out how these traditions, beliefs and values are viewed from the State perspective and how these practices or rights legitimize or demoralize the culture. Once these dimensions are clear, advocates using the empowerment model should consult with gatekeepers of the culture to find common ground towards intervention and change. One must be careful in isolating the group where the problem lies.

Implications for Social Work Education

Social work education in Jamaica is evolving. The University of the West Indies started its first individual course offerings in 1961 and has since then progressed, until in 2008 it began offering a Bachelor of Science degree and a diploma in social work while Master's and Doctoral degrees in social work are in the development phase. The program is accredited by the Association of Caribbean Social Work Educators. Since 2016 Community Colleges of Jamaica and the Jamaica Theological Seminary have been offering Bachelor's degrees in social work throughout the various community colleges on the island (Jamaica Gleaner, 2015). This marriage of curriculum between the two organizations shows the connection between keeping "Christ" in the mission of social work as purported by the goals of the Jamaica Welfare League in 1937 (Jamaica Information Service, 2018). Evaluation of this curriculum must be undertaken by a team of social workers, to ensure that the Christian Domestic Principle, submission and other traditional patriarchal values are not part of the language and teachings, but are critically reviewed as part of the problem. The Northern Caribbean University, an Adventist

institution has also offered both a Bachelor's and Associate degrees in social work for the last 15 years (Northern Caribbean University, 2018).

These institutions must be applauded for formulating curriculum around the social work field to prepare students to take on the complexities and diversities of issues in Jamaica. Students must be taught from a generalist standpoint, so that they can tackle all of the problems an individual will experience within their environment. Students should learn how culture and religion impact women's perceptions especially in relation to IPV, and they should be trained in settings where they get a first-hand account of the social injustices experienced by women in the Jamaican society. Social policy must be included in the social work curriculum at both at two-and-four-year institutions, where students engage in advocacy work and evaluate current policies in relation to issues raised in the study of social work. While the field of credentialed social work is somewhat new to Jamaica, members of religious institutions who were pivotal in its development must be re-trained and be encouraged to become formally educated to understand the global purpose of social work and the values that underpin the profession. Schools of social work within the educational institutions in Jamaica should foster a commitment of change through education by investigating micro, mezzo and macro level issues and highlighting how past and current policy trends affect individuals, families and communities. The team of social workers must evaluate social work curriculum to ensure that theology or the tenets of religion do not subside the realities of women's lives.

Implications for Social Work Research

Based on this study, IPV is an epidemic. It cannot be consistently explained in any definite universal way; hence there is a need for clarification within a cultural context. That is the conclusion drawn. The diversity of issues maximize the need for Jamaicans to take charge of their problems and to stop relying on foreign individuals to make sense of their problems and to clean up the havoc that is wreaked upon women.

While building schools of social work is a great start, more must be done to create a discourse on major problems that emerge. The lack of research data on the experiences of Jamaican women is of critical concern. Students and faculty must conduct research that create a body of knowledge that people around the world can access to make sense of the various cultural phenomena. In pursuit of transformation, social workers must dutifully and successfully engage in all types of advocacy (legal, medical, educational, social), however for macro-level changes to be realized, research must advance the effort. Producing phenomenology, students and faculties will forge ontologies that denote their cultures reality, versus relying on outsiders to coin or fabricate meaning for what they believe Jamaica represents. One of the concerns emerge from the literature is the reliance on the white male and female epistemologies. These outsiders' views likely cast Jamaica and Jamaicans in a negative life, causing positive cultural attributes to be lost. Evidence of Jamaican women's realities must be documented offering their perspectives via research.

The limitations of the study are a reflection of this need for Jamaican research discourse. The reliance on Jamaican newspapers and media for information about IPV for this research may come under scrutiny. Sufficient scientific studies are relevant to making an argument for change. Members of the Jamaica House of Parliament must be convinced

that IPV is likened to a plague; however, word of mouth is not of merit. Need analysis is one process of engaging in research; without data implications for improved social work, practice is not viable.

Future research on IPV is necessary. A larger sample population must be undertaken within the island of Jamaica. There are many questions and concerns that emerge from this study about Jamaican women and IPV, and further research must be undertaken to provide answers on the following: the role of religion, women's awareness, effective coping strategies, perception of family members and friends, rates of emerging psychosocial issues, solution-focused approaches within healthcare settings, deconstructing family violence from IPV, the impact of culture on the perception of partner abuse, policy and social justice, and so many others. These research programs must be conducted within the context of the Jamaican culture.

Conclusions

This study adds to the discourse on the topic of IPV and also brings a greater understanding to the subject of Jamaican women's experiences. It explored IPV in general and conducted a narrative analysis of Jamaican women's experiences. All women in the study experienced physical, emotional and sexual abuse at the hand of their intimate partner. Barriers such as lack of awareness, lack of support from family and friends and belief in God played a critical role in making the decisions to leave their partners. The study found that the use of silence and leaving the home for long periods of time is the perpetrator's modus operandi before and after each abusive incident. The women also reacted to the abuse by using various niceties to prolong the silence by becoming more

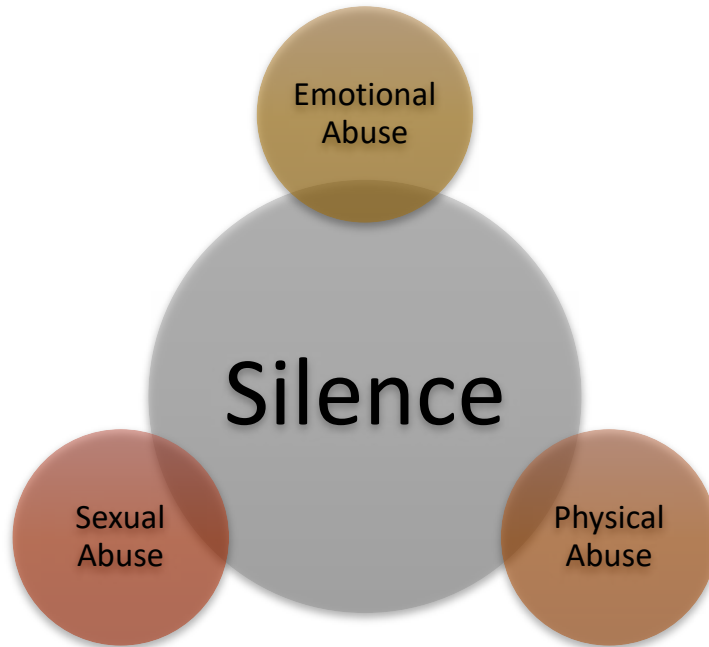
submissive to their partners. None of the women in this study sought any formal help, except for occasional talks to pastors and church members. Prayer was the main coping mechanism. Alarming, the study reveals that pastors often encouraged women to stay with their abusive partners, using Biblical scriptures as justification and indoctrination. Similarly, women believed that the experience was a purpose of God to demonstrate their own strength. In all cases the women left their abusive partners after a final violent physical attack. The participants' reaction to the abuse is of significant concern; while the emotions can be inferred as sadness and anger on a continuum, these were in reflection of the abuse after many years. This is a suggestion that intensive education is a necessity in the intervention-prevention model that must be administered by social workers and disseminated via a coordinated community approach. The findings are consistent with the literature, as similar experiences have been documented among women globally. Perpetrators of violence are likened to hostage takers in that they capture the hostage and the after-effects leave an everlasting impact. "The taking of hostages is an attention-seeking behavior to attract an audience, for without an audience the hostage taking is meaningless" (James, 2008). Perpetrators fall into many of these hostage taking categories characterized by mental illnesses; it is of utmost importance that social workers sharpen their negotiation skills and coordinate efforts by advocating for survivors during and after release on all levels so that they can reestablish themselves in a society that does not further hold them hostage.

CONCEPTUAL MAPS

Conceptual Map I: The Empowerment Model in Action

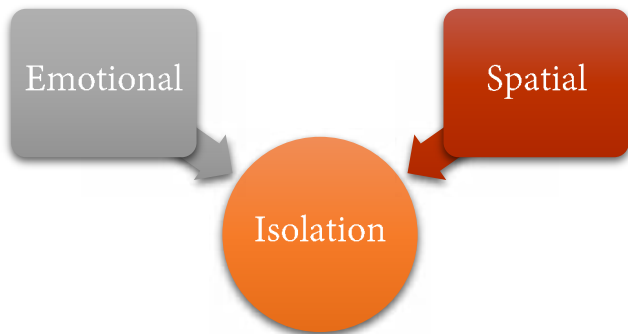
Empowerment Model In Action				
Increased understanding of oneself or a situation	Being able to confirm a decision	Being able to change a situation	Being able to examine options and choosing one	Being able to meet their social obligations
Being able to make a decision	Being able to get a support for a decision	Adjusting to a situation that is not going to change	Being able to discharge feelings	Being able get what one wants
<i>Self-help approaches</i>				
The ability to make decisions about personal/collective circumstances	Ability to consider a range of options from which to choose (not just yes/no, either/or)	Having positive-thinking about the ability to make change	Ability to inform others' perceptions though exchange, education and engagement	Increasing one's positive self-image and overcoming stigma
The ability to access information and resources for decision-making	Ability to exercise assertiveness in collective decision making	Ability to learn and access skills for improving personal and collective circumstance.	Involving in the growth process and changes that is never ending and self-initiated	Increasing one's ability in discreet thinking to sort out right and wrong

Conceptual Map II: Pattern of Behavior-Perpetrators



Conceptual Map III: Pattern of Behavior-Perpetrators

"...this quiet man can creep into a snake..."



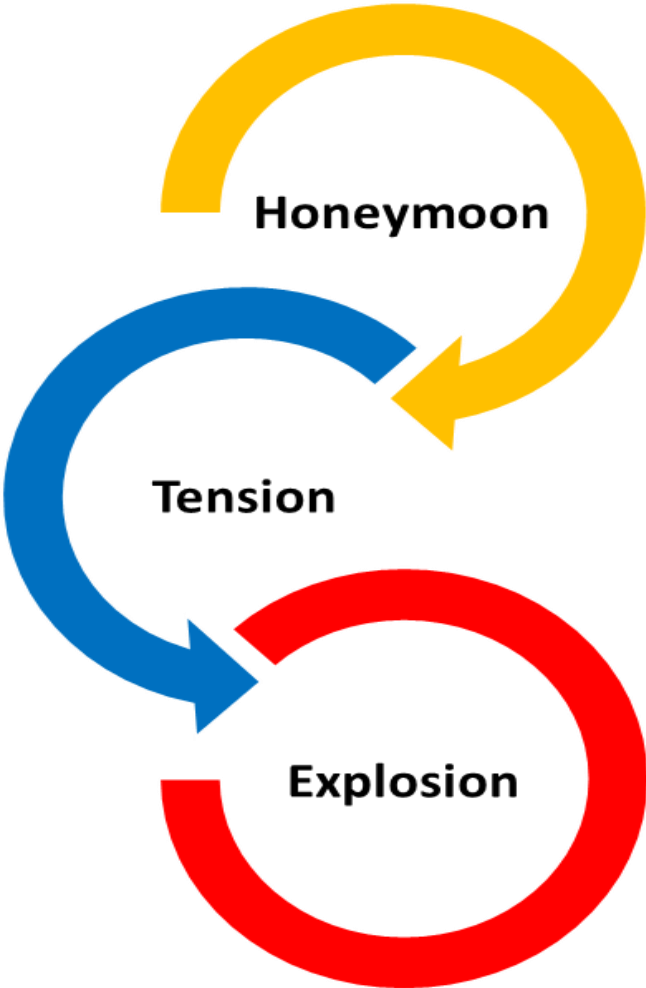
Conceptual Map IV: Pattern of Behavior-Participants



Conceptual Map V: Three Phases of the Abuse Process

Before the abuse	During the abuse	After the abuse
<ul style="list-style-type: none"> • simply shut down • withdraw from me • would be super nice • shut down after each incident • was nonchalant—non-caring attitude • silence 	<ul style="list-style-type: none"> • become very disrespectful • saying I am just worthless • criticizing everything, everything I do • comparing me to other people • go stay with his mom • get into a rage 	<ul style="list-style-type: none"> • treat me good • laugh with me • try to hug me • appears relax, • want to go out and eat • want to watch a movie • avoid me for days • took no responsibility • silence

Conceptual Map VI: Stages of the Cycle of Abuse



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