

Family Violence Prevention in Ohio: Perspectives of Special Populations



Executive Summary

This report supplements our previous publication, *White Paper on Improving Family Violence Prevention in Ohio*. The *White Paper* articulates a vision of how Ohio's leaders should think about family violence and its prevention. To move this vision closer to reality, this report discusses the relevance of this work to special populations, including African-American, Appalachian, gay/lesbian/bisexual/transgendered, Latino and people with disabilities. We were especially interested in their perceptions of the scope and characteristics of family violence in their community and their views on prevention. In presenting this material, we refer frequently to themes and findings from the *White Paper*. As such, reading that document first will make the present one much more understandable.

Faculty and graduate students from the Ohio State University College of Public Health interviewed 44 community leaders and professionals in the communities listed above who worked in the areas of child maltreatment, IPV or elder abuse. Using a team-based approach to qualitative data analysis, we identified several themes.

Virtually everyone agreed that family violence was a serious concern, yet emphasized how it affects everyone in society. In other words, marginalized groups should not be blamed for the problem. Most key informants from the selected communities worked with intervention and had fewer ideas about prevention. School-based efforts (e.g., teen dating violence curricula) were generally popular, albeit not among respondents working with GLBT youth or people with disabilities. Respondents from many groups noted the importance of working proactively with all families, not just those at high risk. Several participants, for example, supported offering home visitation programs to all pregnant women, not just first-time, low income mothers. Regarding IPV, several groups expressed concerns about the police that could undermine surveillance and prevention efforts. In the area of elder abuse, respondents had no consistent ideas about prevention, and supported the need to simply raising awareness. They saw this as a first step towards building support for funding to fully assess the scope of the problem and develop strategies for prevention and intervention.

How relevant is OFVPP'S vision of family violence and prevention to selected communities in Ohio?

As originally conceived, the *White Paper* presented a broad view of family violence and prevention. We purposefully selected external reviewers from different communities to comment on this vision, but felt that issues of cultural competence and relevance merited more systematic, careful attention. As we stated:

It is beyond the scope of this White Paper to review the numerous, complex issues involved in tailoring prevention for each significant community in Ohio. Attempting to do so here would be presumptuous and duplicate the useful resources already available. Instead, we highlight the need for each agency to continually examine whether their work is culturally competent and relevant to each community they serve. This means that both program selection and delivery must be evaluated for all service populations in a given community. Because cross-cultural research finds as many similarities as differences in family violence across diverse communities, attention to both will be essential for effective prevention. (p. 23)

This report presents the findings from our systematic efforts to examine the how our vision of family violence and prevention is (and is not) relevant to special populations in Ohio. In consultation with the OFVPP working group, we selected five special populations based that have a distinct experience with family violence. These populations include:

- African-American
- Appalachian
- Gay/Lesbian/Bisexual/Transgendered (GLBT)
- Latino
- People with disabilities

There are, of course, other populations in our state, including immigrant communities from the Middle East, the former Soviet Union and East Africa. Future efforts should endeavor to discuss them as well.

METHODS

Following a review of the research literature on family violence in each of the five populations, we conducted a structured approach to consulting with community representatives. To staff this effort, we worked with Dr. Randi Love, Clinical Associate Professor at The Ohio State University College of Public Health, and 14 graduate students in her class “Public Health in Action.” Under the supervision of Dr. Steinman and Dr. Love, the students completed background readings on family violence and cultural competence, learned how to recruit and interview “key informants,” and then record notes and summarize findings for the study. To minimize the effect of interviewer bias, each student interviewed key informants from different populations.¹

¹ The students themselves were associated with most of the populations we studied, including African-American, Appalachian and GLBT. We made no effort to pair up individual students with key informants from the same community, but we discussed such issues in class.

Even though this study was too small to confidently generalize results, these conclusions can help practitioners better anticipate barriers and opportunities for operationalizing the *White Paper’s* recommendations within these communities. Culturally competence and tailoring are critical to any successful prevention effort. We hope this preliminary study is useful towards such ends.

The key informants for the study included community leaders and professionals working in each community in the areas of child maltreatment, IPV and elder abuse. We intended to interview three key informants within each violence type/population cell (e.g., three people with expertise in child maltreatment among African-Americans, etc., see Table 2b) for a total of 45 interviews. We identified potential key informants’ names and contact information from the hundreds of people who registered for one of the Project’s public events, as well as by soliciting recommendations via various networks (e.g., Ohio Domestic Violence Network; Public Children’s Services Association of Ohio; Ohio Coalition for Adult Protective Services) and from the key informants themselves. In order to insure a range of viewpoints, we also cold called organizations with whom we had no prior contact. Overall, we identified 73 participants who we tried to contact and interview.

Table 1. Number of key informant interviews completed

	<i>Child maltreatment</i>	<i>Intimate partner violence</i>	<i>Elder abuse</i>	<i>Total</i>
African-Americans	4	3	3	10
Appalachian	6	2	4	12
GLBT	3	4	2	9
Latinos	2	2	2	6
People with disabilities	2	2	3	7
Total	17	13	14	44

Student researchers conducted semi-structured interviews by telephone and tape-recorded them with the permission of the interviewee.² Interviews lasted 25-45 minutes and included questions about the key informant’s opinion about the prevalence and consequences of a specific type of family violence (e.g., child maltreatment) in their community and their views on prevention.³ Students recorded field notes with selective transcription of verbatim quotes. In other words, they typed up field notes immediately after the interview and then listened to the tape to transcribe selected comments that they feel illustrate the important points raised in the interview.

In total, we completed 44 interviews (response rate=60%), including at least two key informants for each violence type/population “cell.” The response rates were very similar for each of the population groups, but experts on elder abuse (response rate=74%) were easier to interview than those in IPV (54%) or child maltreatment (57%). We attribute this difference to the public’s relative inattention to elder abuse, whose professionals may have been more surprised and pleased that someone is taking an interest in their work. Another explanation is that it simply reflects student teams’ different levels of motivation.

2 The Institutional Review Board of The Ohio State University reviewed the research protocol and judged it to be exempt from oversight.

3 Please see Appendix for the exact interview questions.

To identify findings, students worked together in teams to read and comment upon one another's transcripts. Team members then discussed themes that emerged within and across each special population.

FINDINGS

All five special populations we studied are marginalized in one way or another, either politically, culturally, socially and/or economically. Not surprisingly, key informants from different communities often echoed similar themes. Instead, we found greater variation across different types of family violence. For this reason, we organized our key informant findings around child maltreatment, IPV and elder abuse and considered two topics in each case.

- The experience of family violence (i.e., differences in prevalence, reporting, types and patterns); and
- Approaches to prevention (i.e., are our recommended approaches to prevention equally effective in each population? If not, how should they be adjusted? What other approaches may be more appropriate?)

Discussing three types of family violence among five different populations is an enormous task, given that any one of these 15 sections could fill (and in some cases, has filled) an entire book. To keep the size of this document manageable, our presentation highlights a few key findings supplemented by relevant citations in the research literature. We hope this approach will serve as an important foundation for helping insure that Ohio's future efforts to measure and prevent family violence are both sensitive and relevant to its many diverse communities.

As with all key informant interview studies, the findings presented below reflect the views of the key informants themselves. We are unsure how generalizable these opinions are to other members of the communities, although we only present "findings" that were repeated by multiple respondents (unless otherwise noted).⁴ The reader should remember that the quotes presented below are only those of the key informants' and do not necessarily represent the views of OFVPP or its supporting organizations.

CHILD MALTREATMENT

When talking about the experience of child maltreatment, key informants provided a wide range of answers as to whether the prevalence in their group was greater than or equal to that of other Ohioans. Overall, we identified two themes relating to the question of prevalence: "inconsistent answers" and "cultural differences."

INCONSISTENT ANSWERS

Within most of the special populations, the answers were inconsistent, with some key informants saying child maltreatment was more common in their group, whereas others said it was about as common. In Appalachia, for example, one key informant noted that counties in her area were in the "top 10 most prevalent" for child maltreatment, whereas another said, "...it's as common in Appalachians as anywhere else." Key informants working in African-American and Latino communities gave similarly conflicting answers. Interestingly, no key informant said child maltreatment was less common in their community. Rather the disagreement was between whether maltreatment was more common in their community or whether it was a problem that equally affects everyone.

4 Consistent with accepted approaches to analyzing qualitative data, we sometimes quote individuals whose views contradict those of many other respondents. We do so to illustrate how a widely view is not necessarily unanimous. Acknowledging such diverse viewpoints is an important strength of qualitative data analysis.

The inconsistent answers across the key informants in these special populations resemble the conflicting research findings in this area. Population-based incidence studies often find few ethnic group differences in maltreatment,⁵ whereas case reports repeatedly show enormous disparities. According to national data compiled from child protective service agencies, African-American children (19.8 per 1,000) are almost twice as likely to be abused or neglected compared to white (10.7) or Latino (10.8) children.⁶ Such disparities also exist in Ohio and likely stem from agencies disproportionately investigating African-American families. Recent analyses of child welfare data from Cuyahoga County showed that 49% of African-American youth and 13% of white youth in Cleveland will be investigated by child protective services by their 10th birthday.⁷

Unlike the other groups, key informants from the GLBT community often said they were not sure whether child maltreatment was more common among GLBT youth. Several claimed ignorance because of the general absence of available research. (Actually, several studies indicate that GLBT youth, especially boys, are much more likely to experience abuse as children and adults.) Many key informants were reluctant to make anecdotal comparisons since they acknowledged that they teens with whom they worked were not representative of all GLBT youth. This finding highlighted an important practical difference between our discussion of child maltreatment among GLBT youth and those of other groups: child abuse and neglect among GLBT youth is primarily an issue for teenagers. In contrast, most reported cases of child abuse and neglect occur among younger children.⁸

CULTURAL DIFFERENCES

In the Appalachian and Latino groups, key informants noted that different cultural norms complicate efforts to problematize child maltreatment and make it more common in their communities. In other words, some behaviors that professionals might consider abuse or neglect simply are not seen as problems. In the words of one respondent who works with Latino families:

Sometimes they (immigrant families) are bringing traditions to our country, like leaving children with younger children...That might have been acceptable in smaller countries, but are not acceptable in the United States.

Respondents from Appalachia echoed similar sentiments, in one case noting: “there are cultures where it’s okay for men to hit their wives” In Appalachia, the cultural value of keeping family matters private may also hinder efforts to detect child maltreatment. Even if the larger community discourages abuse and neglect, isolation and privacy may increase the likelihood for intergenerational transmission of violence in

5 Sedlak AJ, Hantman I, Schultz D, Broadhurst D, Thomas C. Third national incidence study of child abuse and neglect: Final report appendices, Data collection report, public use files manual final report, 3 vols. Washington, DC: US Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, National Center on Child Abuse and Neglect; 1997.

6 US Department of Health and Human Services, Administration on Children, Youth and Families. *Child Maltreatment 2006*. Washington, DC: US Government Printing Office; 2008. Accessed July 2, 2008 at: <http://www.acf.hhs.gov/programs/cb/pubs/cm06/cm06.pdf>.

7 Crampton D, Coulton CJ. The benefits of life table analysis for describing disproportionality. *Child Welfare*, in press. See also: Sabol W, Coulton C, Polousky E. Measuring child maltreatment risk in communities: a life table approach. *Child Abuse & Neglect* 2004;28:967–983.

8 Corliss HL, Cochran SD, Mays VM. Reports of parental maltreatment during childhood in a United States population-based survey of homosexual, bisexual, and heterosexual adults. *Child Abuse & Neglect* 2002; 26:1165-1178. Balsam KF, Rothblum ED, Beauchaine TP. Victimization over the life span: A comparison of lesbian, gay, bisexual and heterosexual siblings. *J Consult Clin Psychol* 2005;73(3): 477-487.

those families for whom violence is normative. In this regard, professionals need to work with what one interviewee called the “family’s familiar culture” — that is, what the family considers to be appropriate methods for disciplining children and resolving conflicts.

Cultural issues were mentioned much less frequently by key informants from other groups. For GLBT and people with disabilities, this was likely because it is difficult to speak of cultural norms since the parents of self-identified members of these communities usually are not themselves members (i.e., most parents of GLBT youth are not GLBT; most parents of children with disabilities do not themselves have the same disability).⁹

In the African-American community, few key informants indicated that any type of abuse or neglect was culturally acceptable. Instead, they emphasized how “cultural” differences had more to do with social class. One key informant from the community spoke of “traditional” African-Americans when referring to those who had no college education and were not “mainstream” or “acculturated.” In her words, such parents:

“...don’t give a [expletive] about your degree on the wall. They don’t care if you wear a \$300 suit and look professional. That is middle class world and we keep approaching them with middle class world and expecting them to respect the treatment plans we have for them.”

One key informant, however, reported that African-American’s historical experience with slavery and its aftermath has shaped family dynamics in unhealthy ways. Over time, these experiences have crystallized into some child rearing practices that are both culturally sanctioned and harmful.¹⁰ During slavery, for example, slave masters sometimes sought to punish an unruly slave child. In response, a master might require the child’s slave parent (or step-parent) to physically beat the child. Other times, adult slaves volunteered to do so, rather than risk having the master administer the punishment and possibly kill the child. Over time, this experience may have normalized the acceptability of physical punishment.

While acknowledging the aforementioned cultural differences, several key informants spoke of the importance of developing cultural competence in children’s service agencies. Agencies, they argue are aware of the need, but often only pay lip service to the idea. In the words of one respondent, “We’re not culturally sensitive and we don’t understand that word, we just throw it around because we need to put it in grants and stuff.”

When asked about prevention, many key informants discussed intervention instead. They spoke, for instance, about the importance of training law enforcement to recognize potential abuse or better coordination of care for families where maltreatment has already occurred. To some extent, respondents’ difficulty discussing prevention may reflect the types of people we interviewed. Many were themselves professionals more experienced with intervention than prevention. Nonetheless, when pressed, they tended to provide two recommended approaches to prevention that they felt would work in their community: education in schools and supporting families before there is a problem.

9 One important exception, however, is the deaf community, where some deaf parents actively teach cultural norms to their deaf children. See: Padden CA Humphries TL. *Inside Deaf Culture*. Cambridge, MA: Harvard University Press; 2005. No key informants raised this issue during our study.

10 DeGruy Leary J. *Post Traumatic Slavery Syndrome*. Portland, OR: Uptone Press; 2005.

EDUCATION IN SCHOOLS

Respondents from the Appalachian and Latino communities spoke about the importance of school as a venue for prevention programming. The exact ideas, however, were somewhat vague. Respondents tended to highlight the potential for school-based efforts to “raise awareness” or as a forum for parent-teacher conferences to work on family problems that contribute to maltreatment. In Appalachia, more than one key informant noted that many young people become parents during or soon after high school. As such, schools should teach them about proper parenting, especially to avoid neglect. One caseworker from eastern Ohio said:

“It [child neglect] is worse [than child abuse] because the children almost become an animal. They cannot communicate, there’s no physical interaction, they’re barely nourished, there’s no nurturing, and you just can’t overcome that. Young parents may not realize how critical these early years can be.”

Curiously, none of the key informants from the African-American or disabled communities mentioned schools in the context of prevention. For GLBT youth, key informants regularly referred to schools in a negative light. They described how GLBT youth are often bullied by other youth, and their distress may be ignored or even magnified by teachers and administrators. Indeed, previous research suggests that GLBT youths’ feelings about teachers are a powerful predictor of having trouble in school.¹¹ As one interviewee said, “The first thing they (GLBT youth) do [when they come out] is not go to school.” Of course, many school staff are supportive and one key informant noted her agency has had some success working with school guidance counselors. Nonetheless, this finding raises the question of whether school-based approaches are an efficient and effective way of reaching GLBT youth.

“WE NEED MORE ‘WARMLINES’ NOT HOTLINES!”

Another common theme from the interviews was the value of agencies proactively developing relationships with a family before the family is labeled as being “at risk.” One key informant working with African-American communities noted, “...we need more ‘warmlines’ not hotlines! We (agencies) have to connect with them (parents) before they are calling a hotline for help.” In this vein, several key informants from different groups highlighted the value of community drop-in centers. Because such centers serve everyone in the community for a variety of reasons, there is little stigma attached to visiting the center for education and, if necessary for support. Connecting with families early and often will help them learn how to care for children. For GLBT youth such centers can be an important place for affirmation and even for safety. One outreach worker noted:

“We need funding ...so kids have a place to go when they won’t go to school because they’re harassed, and their teachers aren’t protecting them, or their administrators aren’t protecting them, or when they can’t go home, you’ve got to give them a place to go.”

The *White Paper*’s recommendation for home visitation programs elicited a generally positive if vague response. Most key informants thought there was value to the approach, citing its evidence base and preventive orientation. Other than one respondent who thought home visitation was unconstitutional and an invasion of privacy, most concerns involved the stigma that some families felt if they were targeted for such resources. Rather than focus on higher risk families, key informants tended to support home visitation programs that were available to all families, regardless of risk. They felt that doing so increased participants’ receptivity to the program, as well as their willingness to follow through. This belief has some

11 Russell ST, Seif H, Truong NL. School outcomes of sexual minority youth in the United States: evidence from a national study. *J Adolesc* 2001;24:111-127.

support in the research literature,¹² but contrasts with economic analyses that suggest such programs are only cost effective when limited to unmarried, low income, first time mothers.¹³

INTIMATE PARTNER VIOLENCE

Of the 13 key informants interviewed about IPV, 10 stated that the prevalence in their community was no greater than that for other Ohioans. Some based their claims on data, whereas other referenced their own personal experience, such as the types of residents in their battered women’s shelter. A few respondents were adamant that there were no differences. One respondent from the Latino community asserted:

We absolutely refute any kind of stereotype or myth that there are certain populations that are more violent, there are certain races, classes, or people from certain countries that are more violent.

There were, however, a few exceptions to this trend. In speaking about people with disabilities, one respondent averred that IPV was definitely more common in the deaf community and among people with disabilities. Another key informant working in the African-American community thought that IPV was more common, but attributed any differences to the disproportionate number of African-Americans living in poverty. Interestingly, a key informant in Appalachia noted that IPV was “about the same for all income levels.”

Considerable research has examined the prevalence of IPV among different ethnic groups. Nationally representative surveys¹⁴ often find that African-American women experience IPV at rates similar to whites, whereas Latinas tend to have lower rates. These finding are striking given the strong negative association between IPV and income found in these same surveys. Because African-Americans and Latinos have lower average incomes, one would expect rates of IPV to be higher. In other populations, a few studies suggest that dating violence may be more common among GBLT youth.¹⁵ The only national study of IPV among people with disabilities found women with disabilities had a similar lifetime prevalence of IPV as a demographically matched group of women without disabilities.¹⁶ Other local studies, however, have consistently found markedly higher rates of sexual abuse among children and adults with disabilities.¹⁷ No study has specifically examined IPV prevalence in Appalachia, but the 2008 Ohio Family Health Survey,¹⁸ may be able to provide such estimates specific to Ohio.

12 Guterman N. Enrollment strategies in early home visitation to prevent physical child abuse and neglect and the “universal versus targeted” debate: a meta-analysis of population-based and screening-based programs. *Child Abuse Negl* 1999;23(9):863-90.

13 Karoly LA, Greenwood PW, Everingham SS, et al. *Investing in Our Children: What We Know and Don’t Know About the Costs and Benefits of Early Childhood Interventions*. Santa Monica, Calif: RAND Corp; 1998.

14 Rennison CM. *Intimate partner violence and age of victim, 1993-1999*. Bureau of Justice Statistics Special Report # NCJ 187635. Washington, DC: US Dept of Justice Office of Justice Programs; 2001. Tjaden P, Thoennes N. *Extent, Nature, and Consequences of Intimate Partner Violence: Findings from the National Violence Against Women Survey*. Washington, DC: US Dept of Justice Office of Justice Programs, National Institute of Justice; 2000. Breiding MJ, Black MC, Ryan GW. Prevalence and risk factors of intimate partner violence in eighteen U.S. States/Territories, 2005. *Am J Prev Med* 2008;34(2):112–118.

15 Halpern CT, Young ML, Waller MW, Martin SL, Kupper LL. Prevalence of partner violence in same-sex romantic and sexual relationships in a national sample of adolescents. *J. Adolesc Health* 2004;35(2):124-131.

16 Young ME, Nosek MA, Howland CA, Chanpong G, Rintala DH. Prevalence of abuse of women with physical disabilities [Special issue]. *Archives of Physical Medicine and Rehabilitation*, 1997; 78 (Suppl.): S34-S38.

17 Hassouneh-Phillips D, Curry MA. Abuse of women with disabilities: State of the science. *Rehabil Couns Bull* 2002;45:96-104. Brownridge DA. Partner violence against women with disabilities: prevalence, risk, and explanations. *Violence Against Women* 2006;12:805-22.

18 Ohio State University Office of Health Sciences. Ohio Family Health Survey. Accessed August 1, 2008 at: <http://ofhs.webexone.com/login.asp?loc=&link=> .

Virtually all key informants reported that official statistics underestimated the true prevalence of IPV in their communities. In the United States and around the world, such undercounting is widely acknowledged for all groups, whether the measure is based on police reports or self-reported survey data.¹⁹ The key informants discussed particular factors that contribute to under-reporting in each of the special populations.

FEAR OF POLICE

Key informants from the African-American, GLBT and Latino groups frequently reported that a victim's fear of the police hindered her willingness to report IPV. If the nature of the fear varied for each group, the overall feeling was clear. One key informant from Appalachia also noted such a concern, but it related more to living in a small community where the victim's abuser was likely to know someone on the local police force.²⁰ Otherwise, key informants from this group did not report any general fear of the police.

Many GLBT victims of IPV fear reporting to the police because doing so often requires publicly coming out. Especially in smaller towns that are less tolerant of GLBT individuals, filing such a police report can have a profound impact on a victim's family, friends and employment. Even larger cities can have a culture of intolerance (respondents specifically named Dayton and Cincinnati) that impedes reporting. In these and other cities, GLBT victims fear that the police will not take their concerns seriously or will have trouble distinguishing the abuser from the victim. One key informant from Columbus noted that a few agencies (e.g., BRAVO; Choices) work with local police to use a predominant aggressor form, but that such collaboration remains unusual in Ohio.

For African-Americans, key informants reported not so much a fear of the police as a general distrust. Especially for African-American women, interviewees described officers' "overwatchfulness" where police "jump on things that really aren't as important." This view of the police impedes neighbors' willingness to call the police to report a domestic disturbance. Similarly, victims in urban areas may fear their neighbors' displeasure for bring police attention to their building or block. These findings parallel previous research detailing African-American women's reluctance to access a criminal justice system that they find racist and severe.²¹ Not only might a victim worry about the cultural disapproval of sending a Black man to jail, but she may also worry about an IPV accusation resulting in child protective services investigating her fitness as a parent.²²

Among Latinos, fear of the police is mostly associated with those whose immigration status is undocumented.²³ For instance, one key informant reported:

19 Ruiz-Pérez I, Plazaola-Castaño J, Vives-Cases C. Methodological issues in the study of violence against women. *J Epidemiol Community Health* 2007;61;ii26-ii31.

20 Grossman S, Hinkley S, Kawalski A, Margrave C. Rural versus urban victims of violence: The interplay of race and region. *Journal of Family Violence* 2005;20(2):71-81.

21 West C. Black women and intimate partner violence: New directions for research. *J Interpers Violence*, 2004;19(12):1487-1493. Sokoloff N. Domestic violence at the intersections of race, class and gender. *Violence Against Women* 2005;11(1):38-64.

22 Bent-Goodley T. Perceptions of domestic violence: A dialogue with African American women. *Health & Social Work* 2004;29(4): 307-316.

23 Klevens J. An overview of intimate partner violence among Latinos. *Violence Against Women* 2007;13(2): 111-122.

What we have seen is that the police will tell the immigrant victim, “You know you are going to get in trouble. Are you sure you want to press charges because they are going to start talking about the fact that you don’t have papers?”. That might be bad for you. Are you sure you want to do that?” And then the victim gets scared and decides to drop everything.

Nonetheless, other interviewees from this community reported that the police are doing a better job of supporting victims, even as the perception remains uncertain.

VICTIM-ABUSER DEPENDENCY

In all communities, many IPV victims are reluctant to report their abuser to the police because they depend on their abuser for financial and social support. In several of the special populations we studied, key informants reported how this type of dependency can become particularly intense. Many Latino families depend on the father/husband as the sole source income source and also for finding housing, translating and negotiating the myriad complexities of modern American life. Even if a husband is abusing his wife, she may be reluctant to report him for fear of being left destitute and isolated.²⁴ Her abuser may threaten that she herself will be deported if she goes to the police. In the words of one key informant:

...sometimes the abuser is the only person that the victim has in this country. He might be the violent partner, but at the same time[he] is the victim’s source of support, source of financial stability. Maybe she depends on the abuser for social activities, for interpretation or translation, for many other things. So sometimes if the abuser is an immigrant and the abuser is arrested, charged, and convicted of domestic violence or any other type of relationship crime – sexual assault or anything like that – the abuser is deported. Then the victim loses everything that she might have in this country.

Other key informants noted that high levels of dependence can also characterize the relationships people with disabilities have with their intimate partners. When your abuser is also your caregiver and driver, many people with disabilities face difficult choices between tolerating abuse and risking profound isolation.

CULTURAL COMPETENCE

Many key informants in the IPV group emphasized the importance of cultural competence to encourage reporting and improve prevention.²⁵ Among Latinos, this meant understanding the importance of family and confidentiality in Latino cultures as well as the common feelings of isolation and homesickness among those living in Ohio. Others emphasized the value of hiring interpreters and other staff from special populations to insure the community’s comfort level with the agency. For African-Americans, Latinos and people with disabilities, this was one of several ways of providing victims with “visible indicators that the agency is there for them.” Others examples included having tailored educational materials or displaying culturally specific art on the wall.

One African-American key informant articulated a different view, claiming that “family violence is not cultural” but that it only occurs in some families within each culture. Instead, the respondent emphasized its origins in economic and political forces:

24 Hollenshead J, Dai Y, Ragsdale M, Massey E., Scott R. Relationship between two types of help seeking behavior in domestic violence victims. *Journal of Family Violence* 2006;21:271-279.

25 For a review of demonstration projects for culturally competent IPV prevention in different ethnic minority communities, see: Whitaker DJ, Reese L. (Eds.). *Preventing Intimate Partner Violence and Sexual Violence in Racial/Ethnic Minority Communities: CDC’s Demonstration Projects*. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.

[Family violence comes from] feeling like [you're] losing power, because you are unable to feed your family et cetera. This may cause people to lash out and take power from others, via stealing and increased violence. This is true for both the majority and minority.

Among GLBT couples, other cultural norms may also hinder both the perpetrator's and victim's ability to recognize certain behavior as abusive. Many GLBT people understand their experiences with gender and oppression as being marginalized in a "straight" (i.e., heterosexual) world. At home, however, they expect equality and respect from their same sex partner.²⁶ When intimate relationships become abusive, it can be hard to recognize that experience as IPV. One key informant noted this was particularly true for lesbian couples:

In fact I know that with lesbian couples . . . they understand male oppression (of females), and they understand that this is an issue that a male may batter a female. So when they are in a relationship, they go into it feeling that I'm an equal; we're equals here. And so when it starts happening, they don't understand what's going on. Because it doesn't fit that construct . . . of men oppressing women. They feel, this person is female, so she can't oppress me.

As with those in the other groups, most key informants in the IPV group had trouble recommending approaches to preventing IPV before it begins. Rather, they emphasized the importance of increasing access to, and the quality of intervention services. Others recognized the difference but emphasized the links between prevention and intervention:

Prevention and intervention are two parts of a very integrated and connected continuum and you need to have both of them -- they're not either/or, they're both complimentary.

COLLABORATING WITH CHURCHES

African-American and Latino respondents (and to a lesser extent, those from Appalachia) emphasized the potentially positive role of churches in such outreach. One family violence professional working with the Latino community relayed her experience in this area:

We went to the community, and we created partnerships, and we did very important outreach efforts. And we started doing presentations in the community and working closely with churches, because many of our clients, especially if they are immigrants, and especially if they are undocumented immigrants, are too afraid to go to the police for help, and they are even too afraid to access social services providers because they don't know if they will get help, they don't know if they will be asked for Social Security numbers or if they will have Spanish services. So they go to church. Working close with churches has been very successful to us.

Other key informants recognized the potential role of religious institutions, yet acknowledged some of the challenges of working with them. In GLBT community, many key informants reported negative experiences when working with religious institutions. Among African-Americans, spirituality and religion may be especially important coping strategies, so negative experiences with religious figures can be especially harmful:

..a lot of victims seek help from clergy, [yet] many of these people aren't trained to help them. They (the victims) get real bad advice, like "you should stay, this is God's will." And these women know it's not right...

26 Seelau SM, Seelau EP. Gender-role stereotypes and perceptions of heterosexual, gay and lesbian domestic violence. *Journal of Family Violence* 2005;20(5):363-371.

SCHOOL-BASED PROGRAMMING ON HEALTHY RELATIONSHIPS

More relevant to universal and selected prevention, most key informants from African-American, Appalachian and Latino communities supported school based approaches to teaching about healthy intimate relationships. Specifically, they supported programming that teaches youths “that violence is not ‘normal’ behavior.” Many respondents emphasized reaching kids at a young age – younger than high school – to so they can learn about relationships before they start dating.

While endorsing this approach, many interviewees recognized the challenge of working successfully with schools that are already over-scheduled and under-funded. It was also significant that few key informants working with GLBT youth or people with disabilities highlighted school-based approaches. As noted with child maltreatment, school can be a very insecure environment for GLBT youth to address these issues. Nonetheless, one respondent suggested that organizations that work with schools need to carefully consider changing their language and examples so it can also be relevant to GLBT youth.

I know some (educators who teach about teen dating violence) who do a really good job in the schools. And when I talk to them, they are like ‘Oh I never realized that; I guess we really are missing the queer kids.’

Of the growing number of studies evaluating school-based teen dating violence programs, few specifically test the effectiveness of this approach among ethnic minority youth or those from our other special populations. Two programs involving African-American youth²⁷ and one involving Latino youth²⁸ were encouraging in their ability to influence knowledge and some attitudes, but none had any effect on behavior. Even so, we remain cautiously optimistic that these types of program can reduce dating violence across different ethnic groups. Of the numerous studies that examine school-based programs targeting other types of violent behavior, program effectiveness is similar in schools that are predominantly white, African-American or Latino.²⁹

ELDER ABUSE

Most key informants from African-American, Appalachian, GLBT and Latino communities guessed that elder abuse was as common in each of the special population as among other Ohioans. Many were reluctant to speculate as they were simply not familiar with the rest of the state, let alone the rest of the country. As one key informant from Appalachia stated, “I can only speak for my county. I don’t go out of my county much.” Key informants for people with disabilities felt it was much higher in their group. In the words of one respondent, “It’s way worse.”

Such uncertainty is understandable given the paucity of good research on the prevalence of elder abuse. There continues to be considerable disagreement about how best to conceptually define elder abuse and how to measure it consistently.³⁰ These disagreements also undermine efforts to describe the problem in different populations. A national study of adult protective services and representatives from sentinel agencies, found that African-American elders were more likely than their white peers to experience

27 MacGowan MJ. An evaluation of a dating violence prevention program for middle school students. *Violence and Victims* 1997;12(3):223–235. Weisz AN., Black, BM. Evaluating a sexual assault and dating violence prevention program for urban youth. *Social Work Research* 2001;25(2): 89– 100.

28 Jaycox LH, McCaffrey D, Eiseman B, Aronoff J, Shelley GA, Collins RL, et al. Impact of a school-based dating violence prevention program among Latino teens: Randomized controlled effectiveness trial. *J Adolesc Health* 2006;39(5):694-704.

29 Hahn R, Fuqua-Whitley D, Wethington H, Lowy J, Crosby A, Fullilove M, et al. Effectiveness of universal school-based programs to prevent violent and aggressive behavior: A systematic review. *Am J Prev Med* 2007; 33(2,Suppl):S114-S129.

30 Wood EF. *The Availability and Utility of Interdisciplinary Data on Elder Abuse: A White Paper for the National Center on Elder Abuse*. Washington, DC: National Center on Elder Abuse; 2006.

neglect, emotional abuse and financial exploitation. Latino elders had lower rates of all types of elder abuse.³¹ Elders with disabilities are especially vulnerable to abuse or neglect. In the aforementioned study, 49.7% of victims were unable to care for themselves, while only 9.5% of all (community-dwelling) elders had a self-care disability in 2000.³² These figures should be viewed with caution, since they only represent those cases that come to the attention of various agencies rather than the true underlying prevalence of elder abuse. Given the discrepancies between population-based incidence studies and case reports of child maltreatment (see above), and absent good incidence study it is prudent to regard these findings as only tentative.

“WELL THE BIGGEST, BIGGEST, BIGGEST IS THE FUNDING!”

Nearly all key informants stated that under-reporting was a serious concern for elder abuse; a concern widely attributed to chronic under-funding. Reporting agencies like adult protective services and local boards of Mental Retardation and Developmental Disability (MRDD) simply have too little funding to investigate all the potential cases of abuse. When asked what made reporting cases difficult, one respondent from Appalachia said, “Well the biggest, biggest, biggest is the funding!” Even though adult protective services are mandated by state law, local agencies receive very little state funding to administer such efforts. The last state budget included less than \$500,000 for all government-sponsored adult protective services in all 88 counties – an average of \$5,681 per county per year. The upcoming biennial budget may further reduce this paltry sum.³³

In addition to the concerns about funding, key informants noted other reasons why elders and their family members or neighbors are reluctant to report abuse. Key informants noted that some elders lack the cognitive ability to understand what is happening to them. Others do not report abuse for fear of losing a caregiver or being removed from their home.³⁴ Another reason involved not wanting “to air [the] family’s dirty laundry in public.” This range of reasons paralleled those presented previously in the literature and did not cluster within certain groups in any identifiable pattern. In this sense, we were unable to detect specific reasons that contributed to under-reporting in any of these special populations.

A similar lack of group differences was true for prevention. Many key informants initially balked when asked what approaches they would recommend for their community to prevent elder abuse before it begins. One respondent noted, “It seems like everything (related to elder abuse) now is based on getting fires out and that’s not prevention at all.” When interviewees did mention specific ideas, they did not cluster within any one group. Key informants from several groups supported the White Paper’s recommendation of I-Teams³⁵ but they only discussed it after interviewers prompted them. The major theme that key informants mentioned without our prompting was “raising awareness” Again, however, this was not specific to any one group.

31 National Center on Elder Abuse. *The National Elder Abuse Incidence Study: Final Report*. Washington: Author; 1998.

32 US Census Bureau. *Disability Status: 2000*. Washington, DC: Author. Accessed August 2, 2008 at: <http://www.census.gov/prod/2003pubs/c2kbr-17.pdf>.

33 Oral personal communication, Lynn Wieland,, Coordinator, Office on Aging, Cuyahoga County Department of Senior and Adult Services, August 20, 2008.

34 Bergeron LR, Gray B. Ethical dilemmas of reporting suspected elder abuse. *Social Work* 2003;48(1):96-105.

35 “I-Teams” refer to interdisciplinary agency teams that work together to coordinate prevention and treatment of elder abuse. Usually operating at the county level, I-Teams bring together law enforcement, adult protective services, health departments and other local agencies concerned with elder abuse for regular meetings. These meetings help clarify agencies’ roles and provide feedback on difficult cases. They also represent an important organizational network for developing policy and programs related to elder abuse.

NEED TO RAISE AWARENESS

Most key informants spoke about the need to raise public awareness of elder abuse among elder themselves, as well as caregivers, agency personnel and general public. Rather than emphasize abuse, however, some key informants recommended emphasizing healthy relationships with elders. One respondent suggested:

We could have public service announcements with positive statements – “Have you given your grandma a hug today?” – to raise public awareness without saying something like “don’t hit.”

Some key informants noted that raising awareness was a first step towards building support for local levies and other funding sources that could help fully assess the scope of the problem and develop strategies for prevention and intervention. This strategy has its risks, however, as raising awareness can lead to a huge increase in referrals. One respondent from Appalachia summarized her experience with public education as follows:

Because APS (adult protective services) is not at the forefront, it’s almost scary to get the word out, because what happens when you get the word out is that people bombard you with referrals... So okay do we have the capacity to handle the referral load when we get out there and really do the media push?...I do it with reservations...as sad as that is...

One admirable example of raising awareness is the work of Kaye Mason-Inoshita, Long Term Care Ombudsman for the Area Agency on Aging 7 in southern Ohio. Since 1993, she has worked with local law enforcement and numerous other agencies, educating them about elder abuse, along with their professional obligations as well as opportunities for collaboration. Her efforts may explain why many of the county I-Teams in Ohio are in her area.

SUMMARY REMARKS

Tables 2a and 2b summarize our finding for child maltreatment and IPV respectively. (For elder abuse, we found no consistent group-specific themes aside from uncertainty about whether prevalence in their communities was greater or equal to that among other Ohioans.) Overall, the key informants were receptive to the view that different types of family violence are indeed a serious problem in their communities. They also supported the idea of prevention, although many had trouble shifting from a focus on intervention. Schools may be a valuable forum for prevention in general (e.g., teen dating violence prevention programs), yet such efforts should examine whether certain groups are less likely to benefit from them. Similarly, collaborative efforts with law enforcement (e.g., I-Teams), should be sensitive to the potential distrust or fear of the police that some members of these communities may feel.

Table 2a. Summary of perceptions of child maltreatment and prevention in five special populations

	<i>African-American</i>	<i>Appalachian</i>	<i>GLBT</i>	<i>Latino</i>	<i>People with Disabilities</i>
Is child maltreatment more/less/as common in your community as among other Ohioans?	—	—	Uncertain	—	—
What is especially important to know about the characteristics of child maltreatment in your community?	—	Cultural differences	—	Cultural differences	—
How do approaches to prevention need to be tailored to your community?	Proactively connect with families	Proactively connect with families; Work through schools	Proactively connect with kids	Work through schools	—

Table 2b. Summary of perceptions of intimate partner violence (IPV) and prevention in five special populations

	<i>African-American</i>	<i>Appalachian</i>	<i>GLBT</i>	<i>Latino</i>	<i>People with Disabilities</i>
Is IPV more/less/as common in your community as among other Ohioans?	As common	As common	—	As common	—
What is especially important to know about the characteristics of IPV in your community?	Distrust of police	—	Fear of police	Fear of police; Victim-Abuser dependency	Victim-Abuser dependency
How do approaches to prevention need to be tailored to your community?	Work with churches; Cultural competence; Work through schools	Work through schools	Cultural competence; Work through schools may be less effective	Work with churches; Cultural competence; Work through schools	—

Note: “—” indicates that responses were inconsistent across key informants in that group.

Appendix

EXCERPTS FROM INTERVIEW PROTOCOL FOR KEY INFORMANT INTERVIEWS

Please use this template for key informant interviews asking about three types of family violence (i.e., child maltreatment, IPV, elder abuse) in five different populations (i.e., African-American, Appalachian, GLBT, Latinos, people with disabilities). Whenever the text [type of family violence] appears, please substitute the specific type as appropriate. Similarly, please fill in the appropriate group for [population].

For example, the last part of question (3) reads:

What consequences are important to consider when thinking about [type of family violence] among [population]?

In practice, the interviewer's actual question would vary depending on the key informant's area of expertise. For example:

What consequences are important to consider when thinking about child maltreatment among Latinos?

What consequences are important to consider when thinking about intimate partner violence among people with disabilities?

What consequences are important to consider when thinking about elder abuse in Appalachian communities?

...and so on.

About This Publication and the Health Policy Institute of Ohio

The Family Violence Prevention in Ohio: Perspectives of Special Populations is a project of the Ohio Family Violence Prevention Project.

The Health Policy Institute of Ohio is an independent, nonpartisan organization that forecasts health trends, analyzes key health issues, and communicates current research to Ohio policymakers, legislators and other decision makers. The Institute also convenes discussions on important health issues for Ohio by bringing together representatives from various sectors with a keen interest in health matters, including policymakers, providers, employers, advocates, health plans, consumers, state agencies, and researchers.

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