



Engaging Native Hawaiians and Pilipinos in creating supportive and safe violence-free communities for women through a piloted “talkstory” intervention: Implications for program development



Jan Shoultz ^{a,*}, Lois Magnussen ^{a,1}, Nanci Kreidman ^b, Mary Frances Oneha ^c,
Cindy Iannce-Spencer ^b, Ronda Hayashi-Simpliciano ^b

^a University of Hawaii School of Nursing & Dental Hygiene, 2528 McCarthy Mall, Webster Hall, Honolulu, HI 96822, USA

^b Domestic Violence Action Center, PO Box 3198, Honolulu, HI 96801-3198, USA

^c Waimanalo Health Center, Waimanalo, Hawaii

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ABSTRACT

In Hawaii, 20% of women have been victims of intimate partner violence (IPV). Although disaggregated data specific to Native Hawaiians or Pilipinos (The official Filipino language recognizes both Filipino (Filipina) and Pilipino (Pilipina) as terms for the citizens of the country. Participants in this study chose to use the terms Pilipino (Pilipina). Retrieved from: www.pilipino-express.com/history-a-culture/in-other-words) are limited, greater than 70% of women murdered in Hawaii as a result of IPV are Pilipino or native Hawaiian. A consortium was formed to assist Native Hawaiian and Pilipino women addressing abuse and strengthening support from the community. A quasi-experimental community-based participatory research study was designed to assess a community “talkstory” intervention for IPV. “Talkstory” refers to informal gatherings considered to be a laid-back conversation involving a “reciprocal exchange of thoughts, ideas, feelings about self, and other issues” (Affonso et al., 1996. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 25, 738). This article describes the development of an intervention to address IPV in Hawaii and presents the findings obtained from the pilot studies. Results from the pilot study were used to modify the proposed “talkstory” intervention, revise the data collection tools, and provide the program developers with insights into how the community viewed IPV. The most significant change was an increased perception of their awareness, knowledge, and confidence to address IPV following the intervention.

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1. Introduction and background

Intimate partner violence (IPV) results in significant health consequences that impact individuals within households and across communities. The patterns of poor health associated with IPV include both physical and psychological factors that produce significant health and related consequences, including acute and long-term physical, psychological, social, and economic effects (Draucker, 2002). In 2000 alone, the total costs associated with nonfatal injuries and deaths due to IPV were more than \$70 billion. Most of this cost (\$64.4 billion or 92%) was due to lost productivity. An estimated \$5.6 billion was spent on medical care for the more than 2.5 million injuries caused by violence (Corso, Mercy, Simon,

Finkelstein, & Miller, 2007). Rivara, Anderson, and Fishman (2007) reported that women exposed to IPV used 20% more health care during the 5-year period following the end of their IPV experience compared with women who reported no IPV experiences during their lifetime. This finding underscores the need for policy makers to consider the ongoing needs of women after abuse ends.

IPV usually occurs against women at the hands of men (Heise & Garcia-Moreno, 2002). Cultural beliefs, practices and norms can function as protective or contributing factors to IPV. Cultural beliefs regarding gender roles and decision-making patterns may contribute to the disruption of previously held expectations about the roles of men and women. Bui and Morash (2008) reported similar findings from a study focused on the experience of Vietnamese after immigrating. They described their findings as “a complex relationship among job market context, changing norms about appropriate feminine behavior, immigration adaptation, masculinity, and men’s violence against intimate partners” (page 191).

* Corresponding author. Tel.: +1 808 220 2894.

E-mail address: shoultz@hawaii.edu (J. Shoultz).

¹ Tel. +1 808 220 2894.

In Hawaii, 20% of women aged 19–64 years have been victims of IPV in their lifetime (SMS Research and Marketing Service, Inc., 2006). In 2006, 22,000 adults in Hawaii reported IPV, 3% of the adult population, and 10% of high school students reported being physically injured by a partner (SMS Research and Marketing Service, Inc., 2006). Although there are no prevalence data currently available specific to Native Hawaiians or Pilipinos², a retrospective study performed in 2004 (Magnussen et al., 2004) found that out of a total valid sample of 337 records reviewed at four community health centers, 31 or 9% of the records reported IPV. The percentage of Native Hawaiian women who reported IPV was the highest of any group (32%); however, they represented only 19% of the total population reviewed. Sixteen percent of the IPV experiences were reported by Pilipino women, although Pilipinos make up only 14% of the total population of the state (Shultz, Magnussen, Manzano, Arias, & Spencer, 2010). Murders caused by IPV in Hawaii are the highest amongst Native Hawaiian and Pilipino women. Between 2000 and 2012, there were 67 murders of women resulting from IPV, and greater than 70% of those murdered were Pilipino or Native Hawaiian women (Domestic Violence Coalition, 2010).

Advocacy groups in Hawaii have been persistent in pressing for the design and implementation of public policy specifically addressing IPV. Laws providing for protection and accountability have been in place for 25 years. These statutes have been amended over time to address more progressively the IPV response system and the need to secure the safety of IPV survivors. Hawaii was one of the first states in the country to mandate incarceration for abusers convicted of “abuse of family or household member”. In addition, this law includes a requirement for mandatory participation in batterers’ intervention programs (N. Kreidman, personal communication, April 26, 2013).

The law enforcement community has been advised to issue citations and stay away orders to abusers when imminent danger is evident. The “cooling off” period that began as a 3 h period has been extended. The stay away order has now been amended to 24 h during the week and 48 h during weekends and holidays, allowing victims to obtain an *ex parte* restraining order. Protection orders can be granted by a Hawaii family court for as long as necessary based on the evidence presented in court (N. Kreidman, personal communication, April 26, 2013).

The current interventions, which depend primarily and sometimes exclusively on the criminal justice system, severely limit the options for individuals, families, and communities who are unable or unwilling to use these options. Many individuals will not use the conventional IPV resources due to language or cultural barriers and basic fear of the police, jails, and the legal and immigration systems. Funding for IPV research has focused on these tertiary services provided by legal and social service professionals working with survivors of violence.

The goal of this article is to provide: (1) information regarding IPV and the cultural perspectives of Native Hawaiian and Pilipinos living in Hawaii as the context for a community-based participatory research (CBPR) intervention; (2) information about the content and process of the piloted “talkstory” intervention; and (3) the lessons learned from the pilot study of the intervention. A “talkstory” is a dialogue between two or more individuals who respect the local culture and customs (Affonso, Mayberry, Inaba, Matsuno, & Robinson, 1996). The dialogue is flowing and is not necessarily sequenced chronologically. This approach brings local residents together to share and disclose personal experiences and outcomes in a support system that is not otherwise sought (Oneha, Magnussen, & Shultz, 2010).

² The official Filipino language recognizes both Filipino (Filipina) and Pilipino (Pilipina) as terms for the citizens of the country. Participants in this study chose to use the terms Pilipino (Pilipina). Retrieved from: www.pilipino-express.com/history-a-culture/in-other-words.

2. Literature review

Because of the nature of Hawaii’s population, this literature review is focused on studies of the various cultural perceptions of IPV. For this paper, culture is defined as “the totality of socially transmitted behavioral patterns, arts, beliefs, values, customs, ways of life, and all other products of human work and thought characteristics of a population of people that guide their world view and decision making” (Purnell & Paulanka, 2003, p. 2). However, it should be emphasized that culture is a complex phenomenon. Kasturirangan, Krishnan, and Riger (2004) observed that culture is not static. Individuals interact with their culture, causing it to be continuously changed and redefined.

2.1. Results of IPV

IPV includes patterns of poor health that may be either physical or psychological. IPV results in significant consequences that impact individuals within households and across communities. Multiple studies of families have linked cumulative childhood stress to poor health outcomes of children, adolescents, and adults. Children exposed to domestic violence can experience a variety of adverse effects, such as behavior disorders and developmental delay (Siegel, Hill, Henderson, Ernst, & Boat, 1999). During the early transition to adulthood, the impact of childhood adversity can be detected in association with depressive symptoms, antisocial behavior, and drug use (Schilling, Aseltine, & Gore, 2007). These effects may last well into adulthood and may include chronic pain (Wuest et al., 2008), depression, and physical symptoms (Bonomi, Anderson, Rivara, & Thompson, 2007), including autoimmune disease in adults (Dube, Anda, Felitti, & Williamson, 2002). There is a critical need for prevention and intervention strategies to decrease the effects of adverse childhood experiences and increase the number of positive influences during childhood (Chung, Mathew, Elo, Coyne, & Culhane, 2008; Schilling et al., 2007).

The overwhelming burden of IPV falls on women at the hands of men (Heise & Garcia-Moreno, 2002). IPV remains a health problem of epidemic proportions that exerts a significant negative impact on the well-being of women and their children. Annually, in the United States, IPV is responsible for 40–50% of all murders of women, approximately 1300 deaths (CDC, 2003). In the US, 35.6% of women and 28% of men experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime (National Center for Injury Prevention and Control, 2011). In 70–80% of IPV related homicides, the man physically abused the woman prior to the murder, regardless of which partner was killed (Campbell et al., 2003). As high as these figures are, it is consistently accepted that IPV rates are underestimated (Walton-Moss & Campbell, 2002).

2.2. Issues of categorization of cultural groups

Reported rates of IPV vary widely from one cultural group to another (CDC, National Center for Injury Prevention and Control, 2011; Magnussen et al., 2004; Magnussen, Shultz, Hansen, Sapolu, & Samifua, 2008; Shultz et al., 2007, 2010); however, there are little data available regarding the incidence and prevalence of IPV among women who are members of a variety of cultural groups (Samuel, 2003; Senturia, Sullivan, Ciske, & Shiu-Thornton, 2000). Although women of Asian and Pacific Islander (API) backgrounds report a lower rate of IPV than other cultural groups (Tjaden & Thoennes, 2000), researchers who work with these women have estimated that the prevalence of IPV is as high in API populations as in other groups and call for further investigation to ascertain the extent to which this phenomenon can be explained by the level of willingness to disclose abuse by members of these groups.

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