Cross-cultural Issues

from A Counselor's Guide to Learning to Live Without Violence

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Until recently, most of the written material examining the cross-cultural/ethnic issues relating to domestic violence has been found in training manuals and curricula developed by battered women's programs. Mental health professionals have not conducted systematic research or developed clinical interventions specific to populations of color. As a result, many of the programs and interventions developed for male batterers in this country have been conceived from the Eurocentric point of view, not thoroughly taking into account the unique perspective of the man of color. Learning to Live without Violence may be criticized in this way as well, even though it was written with the idea of appealing to the broadest cross-section of male batterers. Yet, as was discussed earlier, the population of male batterers is not a homogeneous one - in fact, there is considerable research indicating that there may be many different types of batterers. Although some may argue that male violence against women supersedes culture, researchers are now finding that ethnicity and culture are critically important when considering community response systems and treatment interventions for victims and offenders. Therefore, a consideration of the cross-cultural counseling theories is necessary in order for counselors to begin to integrate ethnicity/culture into violence treatment theory and approaches.

Compared to general domestic violence literature, research and clinical materials on domestic violence in families of color is minuscule. A literature search on this topic with psychological abstracts found over fifteen hundred citations on the topic of domestic violence, whereas there were only fifteen citations on the topic of domestic violence and ethnicity. Most of these articles were published in the last four years; many of them focus on the rates of occurrence, etiology (causes), and suggestions for community and individual interventions.

Studies with Latin (Torres, 1991; Diaz, 1989; Parilla, Bakeman, and Norris, 1994; Rodriguez, 1986; Rouse, 1988), Asian (Ho, 1990; Frye and D'Avanzo, 1994; Song, 1986), Native American (Black Bear, 1988; DeBruyn, Hymbaugh, and Valdez, 1988; Gotowiec and Beiser, 1993-94; Larose, 1989) and African-American (Brice-Baker, 1994; Campbell, Campbell, King, Parker, and Ryan, 1994; Finn, 1986; Hampton, 1987; Lockhart and White, 1989; Lockhart, 1987; Marsh, 1993; Uzzell and Peebles-Wilkins, 1989) families indicate that although rates of occurrence may not differ between people of color and majority culture individuals, women and men of color face unique challenges that must be taken into consideration when formulating treatment, criminal justice, and social service responses.

One difference in particular is the history and continual experience of oppression and racism that people of color encounter on a daily basis. These experiences, together with the belief that the various protective systems set up to provide services (e.g., police, social services, or the courts) will not act in a protective fashion, may serve to ultimately prevent a battered woman from seeking help from others. In addition, discrimination in employment and economic inequality
create tremendous barriers for battered women of color to escape their violent partners. Evidence exists that people of color may experience extreme stress in the daily task of navigating between their own and the majority culture (Anderson, 1991; Gaines and Reed, 1995). The results of this stress, added to the reality of experiencing racism, dealing with difficulties inherent in day-to-day living, and being a victim of violence, can tax an individual's coping resources to their maximum abilities (Koss, Goodman, Fitzgerald, Russo, Keita, and Browne, 1994).

There are several problems that arise when addressing the issue of ethnic minorities and domestic violence. First, there exists the danger of overgeneralizing specific ethnic groups by saying all "African-American men do this," or all "Asian-American men do that." Doing so perpetuates stereotypes that contribute to prejudice and racism. Second, when we discuss the history of racial injustice experienced by many people of color in this country, it may begin to sound as though oppression is the reason for domestic violence. Although the effects of racism may play an important role in a man's life, it does not mean that racism is the only cause of domestic violence. Saying so only promotes the myth that men of color are dangerous, because all men of color have experienced racism to one degree or another. It is well known that the vast majority of persons belonging to ethnic minorities in the United States are law-abiding citizens. All people of color have to contend with the effects of racism on a daily basis, and yet the majority of these individuals do not beat their wives or commit other crimes. However, one cannot underplay the effects that racism may have on a particular individual. Differences exist between individuals as to how they experience and are affected by various social stressors. As a white male, I may be criticized for attempting to address this issue because, as a member of a majority culture, I benefit from white privilege and therefore know little of what it is like to be a victim of racism. Because I am white, I enjoy the privilege of being a member of a majority culture in many ways. However, because I am also Jewish, I have experienced antisemitism and therefore can also understand, to some degree, the experience of racism from the other side of the fence.

How can we find ways of addressing the unique needs of ethnic minorities seeking services for domestic violence? Perhaps it would be useful to look into the general literature relating to psychotherapy services for minorities.

**Treatment Services for Ethnic Minorities**

There have been two decades of research into the adequacy of psychotherapy services for ethnic minorities, and yet many service providers are as perplexed as ever as to how to increase the effectiveness of these services. In the early 1980s, the Special Populations Task Force of the President's Commission on Mental Health indicated that ethnic minorities are underserved or inappropriately served by the mental health system. This fact has only somewhat changed in the past ten years. One study in the Seattle area found that some populations were overrepresented, whereas others were underrepresented. However, regardless of the utilization rates, all ethnic minority clients have a higher dropout rate than whites. Ethnic minorities had a fifty percent dropout rate, as opposed to a thirty percent dropout rate for whites.

How can this problem be explained? Many ethnic minorities either avoid services or drop out because of the lack of bilingual services. In addition, most mental health intervention theories are based on the white majority culture and, therefore, ethnic- or culture-specific behaviors are either framed as pathological or not understood as potentially helpful in solving interpersonal problems. Likewise, in addition to this ignorance, many therapists hold racist attitudes to which
clients are acutely sensitive. Most importantly, therapists today - most of whom are still of the majority culture - have difficulty providing culturally responsive forms of interventions. Most majority-culture therapists are not familiar with the cultural backgrounds and lifestyles of the various ethnic minority groups they serve. Consequently, they are unable to devise culturally sensitive forms of treatment. Ethnic minorities often find mental health services strange, foreign, or unhelpful. For example, Latinos value linearity, role-structured rather than egalitarian relationships, and a present-time orientation. African-American cultural traditions include group identification, extended family kinship networks, spirituality, and a flexible concept of time. When the counselor fails to recognize these differences, it becomes an impediment to effective treatment. These traditions, along with the client's reactions to a history of racial oppression, must be understood by counselors in order to truly understand the ethnic minority's experience of life in the majority culture that white therapists take for granted.

The President's Commission recommended that, in the best of all possible worlds, services would be delivered by, or there would always be the option of, professionals who share the same value system, beliefs, and class experience of the client being served. However, this scenario is far from attainable at this time. In order to move toward this possibility, graduate training programs would need to expand their outreach efforts so as to better represent the diversity of ethnic groups in the larger culture.

Similarly, programs also need to better train students on how to address the needs of ethnic minorities by developing sensitivity to other cultures and altering traditional psychotherapy techniques accordingly. However, knowledge is not enough to provide culturally sensitive psychotherapy services, because cultural knowledge and "techniques" can often be applied in inappropriate ways.

Another way of teaching cultural sensitivity is by helping majority-culture therapists to become aware of their own ethnic identity. Also a historical knowledge of minority cultures and the prejudice and racism they have encountered is necessary to understand the cultural context that many clients have to continually struggle with on a daily basis. However, most importantly, new paradigms of cross-cultural counseling need to be developed so that therapists can reformulate how they approach psychotherapy with ethnic minorities.

Stanley Sue, a psychologist at UCLA, describes two basic processes that are important to consider when working with ethnic minorities - credibility and giving (Sue and Nolan, 1987). Obviously these are not the only elements necessary for effective cross-cultural counseling, but they are important and worth considering in working with minority-culture male batterers.

"Credibility" refers to the client's perception of the therapist as an effective and trustworthy helper. Therapeutic success is increased when the client believes in the process, in that the methods being employed are credible. Credibility may be divided into two components: ascribed and achieved status.

Ascribed status is the position or role in which the therapist is placed by the client before the counseling even begins. These elements may include the client's perception of counseling and the counselor's age, sex, race, and experience. Minority clients may enter into counseling with the expectation that the experience is not going to be helpful. They may view therapy as another majority culture institution that is racist and oppressive. This notion may be particularly reinforced if the counselor is white. These factors all contribute to the low ascribed status the mental health profession has with ethnic minorities.
Achieved status refers more directly to the therapist's skills and knowledge. Through the actions of the therapist, clients may come to have faith, trust, confidence, or hope that the outcome will be positive. The achieved status is likely to be directly related to the counselor's experience, but equally important, the increase in status is likely to occur when the therapist intervenes in a culturally consistent manner.

By analyzing the credibility we may begin to understand how we can better respond to the therapeutic needs of minority-culture clients. Credibility helps us to understand why ethnic-minority clients may either underutilize the treatment opportunity or prematurely drop out. When the ascribed status is low, clients are likely to avoid counseling altogether. When the ascribed status is somewhat higher but the achieved status is low, a client may enter therapy but prematurely terminate because the counselor may not be addressing the client's cultural needs. This process does not mean that the therapist should support or match clients' beliefs that are ultimately interfering with problem resolution; however, incongruities in cultural beliefs and therapeutic orientation can lead to decreased achieved status and premature termination of treatment. By focusing on credibility rather than just techniques and information, therapists will use culture-specific techniques when necessary and not use culture-specific approaches for the clients who would not benefit from them.

Clients often wonder how talking about problems can bring about a change in their life situation. "Giving" is the client's perception that something was received from the therapeutic encounter. The client has received a "gift" from the therapist. Typically, therapists attempt to raise the clients' expectation that they will receive something for their efforts. For many clients, this expectation is sufficient to set aside their immediate needs in favor of something they may receive in the future. For ethnic minorities, because of the high drop-out rate, it is critically important that counselors not simply raise their client's expectations but help them to feel that they are receiving a direct benefit from the session. Typically, the first few sessions of counseling are focused on the therapist-collected information. For the ethnic minority, where there may be a great deal of skepticism about unfamiliar methods of treatment or institutions that have historically been used to oppress people, it is important to help the client attain some type of meaningful gain right from the onset of counseling. These gifts may include behavioral interventions, providing structure or clarity during a crisis, and normalizing certain thoughts and feelings within a cultural context. In some cases, it may be appropriate to give a client an actual gift, such as a book.

Obviously these are not new ideas, but they can be very helpful in beginning to structure counseling interventions that can provide culturally relevant services to ethnic minorities. Historically, psychology has placed a great deal of emphasis on gaining knowledge of ethnic minorities without much focus on how to apply that knowledge to the actual counseling process. In order to effectively counsel ethnic minorities, we must learn about our own ethnic identity and the culture of others, and at the same time develop new ways of clinically applying that knowledge.

Racism and Violence in Society

All ethnic minority groups in the United States have at one time or another been victim to institutionalized oppression by the government - from the Native Americans' Trail of Tears and the slavery of the African-Americans, to the internment of Japanese-Americans during World War II, to recent legislation in California aimed at prohibiting medical, educational, and financial
aid to illegal Latin immigrants. The United States was founded on the hope that the country would be a homogeneous group of white, Protestant Europeans. Yet ironically, throughout history other social forces have brought other ethnic groups to this country, making it one of the most heterogeneous populations in the world. Still today, prejudice and racism are rampant across the country, ultimately contributing to the economic and emotional suffering of millions of people.

This history of oppression of others has exacted a high price to the majority culture. Anger, distrust, and bitterness towards whites and the institutions which they represent have contributed to many social ills, such as crime, urban decay, and violence. The Mexican-American child, who is denied adequate education because of the lack of financial resources of the parent, has a greater chance of dropping out of school and stealing the white man's BMW. The learning-disabled African-American child, who was prematurely born because of inadequate medical services to his mother, will ultimately cost all Americans more in taxes if he doesn't receive specialized education and instead is labeled stupid. In addition to the social losses, many individuals experience personal pain resulting from racism, such as not being able to pursue certain friendships because of social pressures against intermingling.

Prejudice is defined as prejudging another or forming an opinion of an individual or group of individuals based on limited information. All of us have prejudices based on the various cultural stereotypes to which we have been exposed during our lifetime. Racism may be defined as prejudice plus power. It is a system of advantage based on race (Tatum, 1992). It is virtually impossible to live in contemporary society and not be exposed to some aspect of personal, cultural, or institutionalized racism. Therefore, all people will internalize, to one degree or another, some negative attitudes or beliefs about people of color. In order to break the cycle of prejudice and racism we all need to take responsibility for reeducating ourselves, identifying negative attitudes, and changing behaviors.

A white therapist may say, "I am not a part of the institutionalization of racism in the country. I don't have power to promote racist policies. Why would a person of color distrust me?" First of all, psychology for many years contributed to myths and the misunderstanding of minorities by promoting research that promulgated the belief that they were inferior to whites. Second, psychotherapeutic principles were developed on the basis of experience with white, middle-class individuals and therefore reflect that bias. Many ethnic minorities find traditional mental health interventions to be peculiar and in some cases disrespectful of their values and traditions. Lastly, licensed mental health providers do have power to affect people's lives. They have the power to report different forms of abuse, power to hospitalize, power to refuse treatment, power to affect insurance reimbursement, power to help or not help, to name but a few. When seen from this point of view, the perspective of the ethnic minority, one can understand how historical and contemporary social treatment of ethnic minorities can have an effect on an individual's attitude towards mental health services.

Although many Americans, both white and ethnic minorities, today suffer economic or emotional problems, the person of color has the added burden of dealing with prejudice and racism on a daily basis. Mothers and fathers, in addition to struggling to survive, need to teach their children the realities of racism in society while not overwhelming them to the point that they give up before they begin. Many people, mostly white, believe that prejudice and racism are not a problem today, many years after the civil rights movement. What has changed somewhat is the blatant racism of the years of slavery. However, this blatant hatred of people of color has in
many ways gone underground and therefore has taken on more subtle forms. Centuries of ignorance and hatred are not easily changed overnight. If you are uncertain if this is the reality, just ask a person of color, of any class, if a racism problem in America still exists.

What is the relationship between prejudice, racism, and domestic violence? Sociologists are trying to answer this question by examining the effects of racism on the development of children. Studies indicate that overt and subtle forms of racism can exact a high toll on the self-esteem of children. We know that low self-esteem has been correlated with a variety of problems including alcohol and drug abuse and violence. We also know that low self-esteem can interfere with an individual's performance in academic or employment activities. It is well known, too, that poverty also exacerbates whatever psychological problems an individual experiences, in that it compounds the stressors one must overcome in order to succeed. Studies indicate, fairly consistently, that a history of childhood abuse may lead to a problem with violence as an adolescent or adult. Many adults who grew up in violent homes suffer from low self-esteem. Racism in all its overt and subtle manifestations will have some degree of psychological impact on an individual and therefore will only worsen whatever emotional toll is taken on the child who witnesses or is victim of violence during childhood.

**Cross-Cultural Counseling with Male Batterers**

First it is important to recognize that, to one degree or another, every person of color entering into a batterer treatment program has experienced prejudice and racism. Do not be afraid of communicating to the client that you recognize the extent to which race and racism may play a significant role in his life and that he doesn't have to protect you from his experiences and feelings about it. This issue may become most critical with the court-mandated client. He may feel that the system has treated him more harshly than his white male counterpart. He may feel that he is being victimized by white culture and the courts. Although there is doubtless some truth to the client's observation, the counselor must combine sensitivity to his feelings with helping him take responsibility for his problem with violence. One of the advantages of group counseling is that clients can see that men of all ethnic backgrounds are experiencing the problem of domestic violence and are being held accountable by the criminal justice system.

Therapists should not assume that social class protects an individual from the effects of societal racism. Just as poverty compounds the psychological effects of racism, middle- and upper-class status can also complicate how one deals with racism. Many middle- and upper-class men of color may feel guilt for "making it" and leaving others behind. He may also use much of his hard-earned money supporting other family members. Many highly educated African-American males confront invisible barriers at work and school. They may be confronted with hostility if they are the first person of color in a particular occupation or status within a company.

If we were to utilize Sue's theory of credibility and giving in understanding the cross-cultural counseling of male batterers, it could help us understand why some men of color may have difficulty with the various treatment programs developed by domestic violence advocates and clinicians.

For the most part, men in general do not hold counseling services in high esteem, therefore the ascribed status will be low. Men of color, for the reasons described earlier, may view counseling in even less favorable ways. This expectation could be somewhat mitigated if the counselor is of the same ethnic group or older in age. But a white counselor will need to pay particular attention to achieved status as a way to facilitate the minority client's connection with the counseling
process. Even for the court-mandated client, resistance to change, acting out, or uncooperative behaviors could develop if the counselor is not sensitive to the cultural issues. Additionally, if one of the goals of counseling male batterers is raising self-esteem, then it would follow that addressing cultural contributors to low self-esteem would be important in minimizing the psychological stress that can in turn raise the risk for domestic violence.

Another way for counselors to work towards increasing achieved status is to learn specific cultural characteristics, integrating this knowledge into the counseling approach. Counselors should not be afraid to directly ask clients about their cultural values, but they should not use this technique as a replacement for learning about the specific ethnic groups. For example: with Native Americans, counselors may allow longer silences or pose questions that guide and advance rather than highly directive ones; with African-Americans, counselors might need to recognize the value of extended family kinship and the stressing of nonverbal communication skills; with Asian-Americans, counselors may need to appreciate their strong family values of privacy and nondisclosure, hierarchical family roles, and the connection between emotional and physical problems; with Hispanic Americans, the counselor may need to recognize the strong patriarchal family patterns, incorporation of spiritual practices, and the value of personalismo (personal greeting, handshaking, the use of first names and small talk) for developing rapport. It is beyond the scope of this chapter to give the reader a comprehensive understanding of all the cultural values in all the various ethnic groups, so a section on cross-cultural issues is included in the reading list at the end of this book. Certainly, counselors should become familiar with the body of literature on cross-cultural counseling.

If we were to redesign the Learning to Live without Violence Program, or any other approach, for ethnic minority groups we might need to reconceptualize the problem, change the means for problem resolution, and possibly change the goals of treatment. Obviously, the main goal of domestic violence treatment must be the safety of all family members; therefore, the abuser must stop his destructive behavior. If we maintain this goal, we can see how it can become possible to develop another approach to treatment of male batterers. For Native Americans the problem may be conceived as a spiritual illness, and therefore the client may need to visit a medicine person or another spiritual leader in the tribe. One part of the treatment plan may include a "vision quest" or a series of "sweats" or "chants." An Asian-American client's violence may be attributed to an imbalance in energy forces within the boy and therefore he might need to receive herbal or acupuncture treatments. Or, an elder relative may be brought into treatment to help motivate the client to deal with his problem with violence. A Hispanic or African-American man may benefit from family therapy and advocacy services that address important social needs which may be strongly contributing to stress and conflict at home.

Lastly, the best way to develop treatment approaches specific to ethnic populations is to offer counseling services for individual groups led by professionals who identify with the same cultural and class background. Because the vast majority of clinicians who have written about treatment of male batterers are of majority-culture ethnicity, the most commonly used treatment interventions and program philosophies represent a Eurocentric point of view. Though it has been very difficult in the past for a man of color to find a homogeneous group, this is changing today in that more programs are developing services for specific ethnic populations. Volcano Press has received many requests for a translation of Learning to Live without Violence into Spanish. At the time of this writing, this project is already underway. As more and more programs offer services specifically for men of color, a culturally relevant treatment paradigm is
likely to evolve over time. This was how many of the interventions in *Learning to Live without Violence* were developed. This approach evolved over years of refinement by ethnically heterogeneous groups of men. The structure more or less grew out of the program, rather than being devised and then simply imposed on the men.

**References**


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