

Cultural  
Competence  
in the  
Delivery  
of Services







## **Service Delivery and African American Men Who Batter**

*Presenter:* Oliver Williams, Ph.D.

*Respondents:* Radhia Jaaber  
Wilbert Murrell

---

### **Barriers to Service Delivery with African American Men Who Batter**

The findings that African American men are less successful in partner abuse treatment programs should beg the question, “Why are such programs less effective with these men?” That information is unavailable. Researchers, practitioners, administrators, and grant reviewers must demand answers. The implications from this finding have important consequences for the treatment of African American men. For example, money and attention could be steered away from efforts to reduce partner abuse among African American men who batter. Further, restrictive interventions, such as jail time alone, could replace the use of treatment for minority men. Jail should not be the only intervention of choice for all African American men who batter, although it should be the primary intervention for some African American, other minority, and non–minority men.

Minorities receive little attention in the field of domestic violence; they are studied less compared to their White counterparts (Uzzell & Peebles–Wilkins, 1989; Williams, 1993). Legal and social service institutions make less of an effort to work with African Americans on this issue due to the perception that assistance is a waste of time. Such practitioners believe minorities are more violent and can not change (Hawkins, 1987). Researchers must provide more insight into this problem of why minorities are less successful in partner abuse programs.

Williams (1993) suggests that the predominance of a colorblind perspective in the field of domestic violence prevents culture from being fully included or explored in research and social service delivery. This lack of attention to culture contributes to the lack of success African American men have in treatment programs and the lack of research findings concerning minority men and violence.

### **Colorblindness from a Historical Perspective**

A significant part of the civil rights movement was to overcome the racial divisions in the rest of American society that had begun to be eliminated in legal institutions. The focus was on equality and integration. The latter developed from a sense of fairness and from an effort to ensure equal opportunity in education and other social institutions. It was assumed that if Blacks and Whites were integrated in all aspects of society, then it would be difficult to maintain traditional racial distinctions in obtaining economic, social, and educational status. The same thinking was extended to other minority groups, as well as the fledgling women's movement.

In practice, integration did produce the desired effects. But when physical integration occurred, traditional distinctions often remained. Frequently, resistance of various kinds meant that change could not occur. Legally, perhaps, integration addressed the problem of inclusiveness, but from a social and cultural perspective traditional racial stereotypes remained. As a result, a variety of cultural "separatist" movements developed among Black and Whites. Today, we are trying to sort out these perspectives to achieve a viable approach to racial and ethnic differences among Americans.

### **The Concept of Invisibility**

Often minorities become socially invisible unless they make their presence known in active confrontations with the majority society. There is a paradox here, however, in that when such groups *are* differentiated, their needs will be marginalized in the larger society to the point of invisibility. Finer distinctions that would replace such invisibility with positive interaction appropriate to each of the various significant domains are needed. Is invisibility and colorblindness always the most appropriate and the most fair or always inappropriate and destructive; are there finer distinctions?

## **The Concept of Colorblindness**

The credo of persons who are colorblind is “differences do not make a difference.” Colorblindness--where everyone is treated the same, regardless of race, color or creed-- has been suggested as the standard of social justice. Society has added gender and other characteristics to the traditional formulation. Proponents of the colorblind perspective claim that it often appears that “lower status groups,” for lack of a better term, tend to suffer when policies and practices make group distinctions. Yet, the historic overview discussed previously suggests that the needs of minority groups are not addressed effectively using the colorblind perspective. A finer analysis is needed to distinguish between “positive” and “negative” colorblindness. Such an analysis would enable researchers to move beyond *invisibility* to a level of fairness that would serve all groups more appropriately.

In my opinion, the colorblind perspective has two meanings—positive and negative. First, positive colorblindness refers to the importance of finding similarities or common ground among people. Differences are ignored for the common good. Services focus on common concerns faced by all men who batter: violent behavior, control issues, gender socialization, and/or sexism. In this case, batterers programs are open to work with any man who presents the problem of violence, but only in the context that the program addresses.

### ***The Positive Colorblind Perspective:***

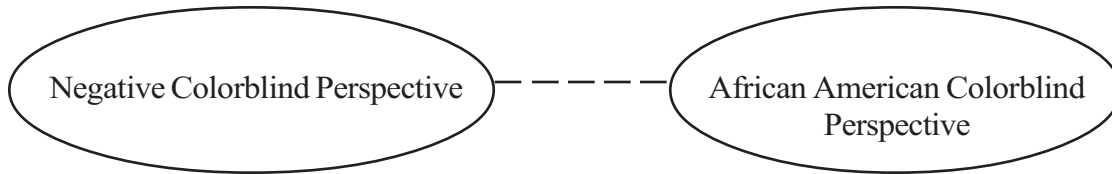
- Violence equally affects everyone; it cuts across all races, cultures, and socio-economic status;
- Gender socialization is the primary cause of male violence and males are at high risk for violence;
- Substance abuse is associated with many violent episodes;
- Women and children need to be protected;
- Men who batter need to be confronted; and
- People who have problems with violence have problems with control, self-esteem, and other issues.

In contrast, negative colorblindness refers to the tendency to deny differences or the uniqueness of people and to assume that all clients have the same issues (Cross et al., 1989; Williams, 1992). Proponents of this perspective ignore apparent differences to accommodate the philosophy “that differences never make a difference.” Even when cultural differences account for problems faced by the organization, staff, or clients in service delivery, these problems are not addressed. For example, statements are made by employees in such organizations, “We do not want to make race or culture an issue,” or “If clients do not succeed in treatment, it is their own fault.” Organizations and practitioners with a negative colorblind perspective maintain the status quo and resist change; they have limited knowledge or comfort with cultural differences. This point of view, intentional or unintentional, makes the group with the least social status marginal and favors a mainstream perspective. There is also great potential to misinterpret problems and prescribe the incorrect solutions. Minorities will perform poorly in treatment due to negative colorblind services. Thus, negative colorblindness is a barrier to service delivery for minority clients.

### **Dual Realities**

Negative colorblindness also produces a clash of realities. One reality is conventional wisdom (a possible form of negative colorblindness), which can be described as the usual way of looking at the problem or offering services to clients. A second reality is an African American perspective that offers a differing approach to the problem of violence. This perspective is an equally important explanation for violence as conventional wisdom. For example, in explaining male violence, conventional wisdom claims that gender socialization, social learning, and/or exposure to family violence makes some men high risk candidates for exhibiting violent behavior. Although researchers who study African American men note that oppression and societal barriers produce a maladaptive response that may result in violent behavior among some men, explanations for African American male violence are not included in this conventional wisdom (Hare, 1979; Staples, 1982; Oliver, 1989; Williams, 1992, 1994).

## *CONFLICT*



Conflict between the two perspectives.

Figure 1.

It is important to note that neither of these explanations attempts to justify violent behavior; rather, they try to explain it. Group treatment teaches batterers how traditional theories explain their behavior. In response to conflict, they are taught to utilize nonviolent behavior and are often instructed to provide examples of how gender socialization and social learning have influenced their behavior. Thus, men in these groups use traditional theories to explain their violence against a partner. Williams (1994) notes that African American men in treatment groups often discuss issues of social context, oppression, or racism. In conventional programs, these topics may be considered unrelated to the purpose of group treatment, even though these topics may have a direct bearing on the client's violence toward his partner. In some circumstances, his violence may be a displacement of anger and frustration due to social experiences. This in no way makes him less responsible for the violence, nor does it replace other explanations for male battering, nor exempt him from those conventional theories. An African American perspective suggests that it is imperative to teach African American men to understand the connection of these issues to their violence and to choose alternative nonviolent behaviors.

Also important is the contrast between a negative colorblind group treatment environment versus a culturally supportive group treatment environment. In most of the literature on domestic violence, little is discussed about how the racial composition of treatment groups influences the treatment outcome for African American men. However, Davis (1984) and Williams (1994) note the importance of this consideration. They suggest that unless group workers are mindful of the influence of treatment environments and the dual realities that can occur for African Americans, then trust, participation, and change among minority clients is less likely.

## Dual Realities

### Mainstream Explanation of Male Violence

#### **Explanations for Male Violence**

- Gender Socialization.
- Social Learning
- Social Exchange

#### **Male Violence and Treatment**

- There are no barriers to treatment; everyone has an equal chance to complete. White, educated, middle class men tend to complete treatment (similar profile to the counselor).
- Treatment environment should be the same for men who batter; focus should be on violent behavior.

#### **Battered Women**

- Use Shelters
- Have little problems calling police for help

#### **History of Domestic Violence**

- Legal codes discriminate against women.

### Additional Explanations for Violence Among African American Men

#### **Explanations for Male Violence**

- African American interaction, oppression, societal barriers, and self-definition of manhood—maladaptive response is violence

#### **Male Violence and Treatment**

- The lack of cultural competence is a barrier to completion rates and service delivery for African American men who batter and who tend to drop out of treatment sooner, participate less, and complete at lower rates.
- Treatment environment is important; the focus must be on behavior, gender, and cultural considerations.

#### **Battered Women**

- African Americans underutilize battered women shelters.
- African American women experience a double bind when calling police.

#### **History of Domestic Violence**

- Explanation regarding the history of domestic violence and legal codes are not representative of African American women.

Figure 2.

## Reconciling Dual Realities

In order to serve African American clients more effectively, it is imperative to reconcile these and other dual realities. The key to such reconciliation is through cultural inclusiveness and cultural competence. Appreciating differences is the credo of persons who value the importance of reconciling dual realities and leads to deeper understanding. In culturally inclusive and competent organizations, practitioners and researchers do not deny differences; rather, they embrace them. They continuously find ways to learn about the diverse clients they serve and how to improve the services provided to their clients.

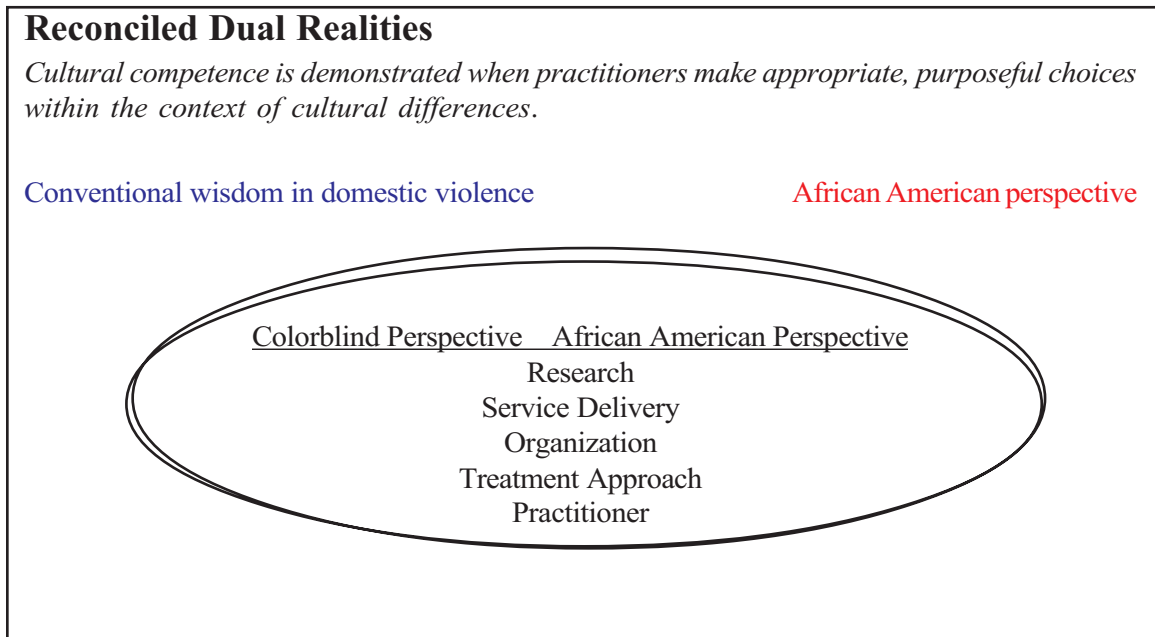


Figure 3.

## Research and Inclusiveness

Diversity receives little attention in study purpose and design. In some studies, the sample size of minority groups is so small that the findings concerning minorities are insignificant. Although sample size has been larger in other studies, specific analysis of minority populations has been limited. Researchers have found that minority men are less likely to complete treatment than

Whites; however, this does not mean that they do not complete treatment. Information concerning the type of minority men who complete treatment is unavailable in the literature. However, information from these men is important.

If batterers programs are not self-evaluating and have little familiarity with minority populations, why should they expect success with culturally diverse clients? The interaction between culture and the social service activities influences treatment outcome. There is no emphasis on batterers treatment program evaluation in the field of domestic violence. The extent to which such organizations assess themselves regarding their level of cultural competence is also unavailable in the literature.

Research should provide illumination about the findings concerning minorities. A negative colorblind research perspective interferes with knowledge building and influences the collection, interpretation, and application of data. Researchers should examine the extent to which they are inclusive of diversity in study purpose, design, and questions. Information from research frames and reinforces what organizations and practitioners do in service delivery. If research is negatively colorblind, then its findings will repeatedly demonstrate that minorities gain little from treatment. Thus, partner abuse programs will limit attention and services to this client group.

Research Reconciled	
<p><b><i><u>Conventional wisdom in domestic violence:</u></i></b></p> <p>The profile of those who have completed treatment programs helps us understand who has the greater potential to succeed. Minorities do not succeed because they are more resistant.</p>	<p><b><i><u>Reconciled with an African American perspective:</u></i></b></p> <p>African American men complete treatment at lower rates—all men who batter are resistant. Why do African American men complete treatment programs at lower rates?</p>

Figure 4.

### Service Delivery and Cultural Competence

Williams and Becker (1994) note that most social service programs know little about African Americans and other minority groups that utilize partner abuse services. Also, very few programs provide services focused on cultural inclusiveness. To improve services to minority men who batter, they note that organizations must do the following:

- network with the minority community;
- locate outside consultants with expertise in working with minority clients;
- obtain information concerning service delivery and programming for minority clients; and
- have at least one bilingual counselor.

Organizations must increase their knowledge of the African American clientele they serve. They must also be proactive and interactive with the African American community in order to encourage trust and participation from clients who come voluntarily, as well as through court mandates.

Service Delivery Reconciled	
<p><b><u>Conventional wisdom in domestic violence:</u></b></p> <ul style="list-style-type: none"><li>• To be fair, we provide the same services to everyone. If we provide the same services, everyone will be served well.</li><li>• The approach is formed from a main stream perspective: most of the practitioners are White, and when we interact with the community, it is the White community.</li><li>• We don't think differences make a difference, even though minorities do not do well in our programs.</li><li>• We don't feel comfortable with difference.</li></ul>	<p><b><u>Reconciled with an African American perspective:</u></b></p> <ul style="list-style-type: none"><li>• What do you know about the population you are serving?</li><li>• How diverse is your staff?</li><li>• What are your organizational behaviors?</li><li>• What are your cultural program efforts?</li></ul>

Figure 5.

## Treatment

Williams (1992) notes that most treatment programs offer generic treatment services focused only on a cognitive behavioral approach. In generic models with no attention to group composition, African American clients may be implicitly marginalized from the treatment process. Williams also states that the treatment approaches and the treatment environment are very important elements that can encourage change among some African American men who batter. Treatment approaches must educate and be culturally relevant to African American perspectives and experiences. Treatment environments must also implicitly and explicitly reflect inclusiveness of African Americans clients.

Although ending violence must be the foremost goal and purpose of the treatment group, it is also important to address other issues which may be related to the clients' maladaptive behavior. African American clients must be made to feel that they can freely talk about their reality in these groups. Sometimes African American clients may feel less encouraged to do so. Such consideration will assist the practitioners to engage these men, develop trusting relationships, and establish a context for confrontation.

Treatment Approach Reconciled	
<b><u>Conventional wisdom in domestic violence:</u></b>	<b><u>Reconciled with an African American perspective:</u></b>
<ul style="list-style-type: none"><li>• Purpose of the group: to end violence among men who batter</li></ul>	<ul style="list-style-type: none"><li>• Purpose of the group: to end violence among men who batter; to address issues of African American men that relate to their violence</li></ul>
<ul style="list-style-type: none"><li>• Approach: cognitive behavioral</li></ul>	<ul style="list-style-type: none"><li>• Approach: cognitive behavior and Afrocentric</li></ul>
<ul style="list-style-type: none"><li>• “Differences do not make a difference”</li></ul>	<ul style="list-style-type: none"><li>• “Understanding differences contributes to deeper understanding”</li></ul>
<ul style="list-style-type: none"><li>• “Treatment is impartial: if a client fails, it is his own fault”</li></ul>	<ul style="list-style-type: none"><li>• “Treatment is inclusive: if a client fails, what are the reasons?”</li><li>• Which treatment environment is there in the group: racially heterogeneous or homogenous?”</li></ul>

## Practitioners

If practitioners do not have the capacity to assess their practice, they cannot determine whether they are a barrier to treatment outcome for clients. In working with diverse client groups, it is imperative that practitioners develop the capacity to assess their practice and themselves. Williams (1992) encourages practitioners to do a self-assessment and he notes that there are various types of practitioners who have different stages of effectiveness with minority clients. A “stage one” practitioner is often uncomfortable or hostile about cultural and racial differences. Both stage one and two practitioners are negatively colorblind. Stage three practitioners are the most effective. In “stage three,” practitioners demonstrate humanistic values and cultural sensitivity. Such practitioners continually examine themselves and their behavior to determine how their attitudes and feelings influence their decision making. Establishing and maintaining self-awareness and self-evaluation in this way is an integral part of their professional activity in all domains, not just in that of cultural sensitivity. They see their role with people of color, as with all people, as both teacher and learner. As a result, they view humanistic approaches as a method of valuing the importance of the person’s social experiences and of understanding how one’s view of their world relates to their problem. Culturally sensitive practitioners are aware of the significance of trust building with particular groups, in the light of their individual and collective experiences in our society.

Practitioners	Reconciled
<p><b><u>Conventional wisdom in domestic violence:</u></b></p> <ul style="list-style-type: none"> <li>• People who do this work are predisposed to do the right actions; they are self-aware and impartial.</li> <li>• Programs do not ask practitioners to go beyond their professional training or training in the area of domestic violence.</li> </ul>	<p><b><u>Reconciled with an African American perspective:</u></b></p> <ul style="list-style-type: none"> <li>• Each practitioner must attain knowledge about the population they are serving.</li> <li>• Practitioners must determine the type of practitioners they are—stage 1, 2, or 3.</li> <li>• Practitioners must address social justice issues equally.</li> <li>• Practitioners must be models for their clients.</li> </ul>

Figure 7.

## Community Competence

Reconciling the conventional wisdom with an African American perspective in the areas of research, organizational behaviors, cultural program outreach efforts, treatment approach, and practitioner type is vital to create a productive environment for service delivery. One additional factor that could increase the conditions for change is African American community competence.

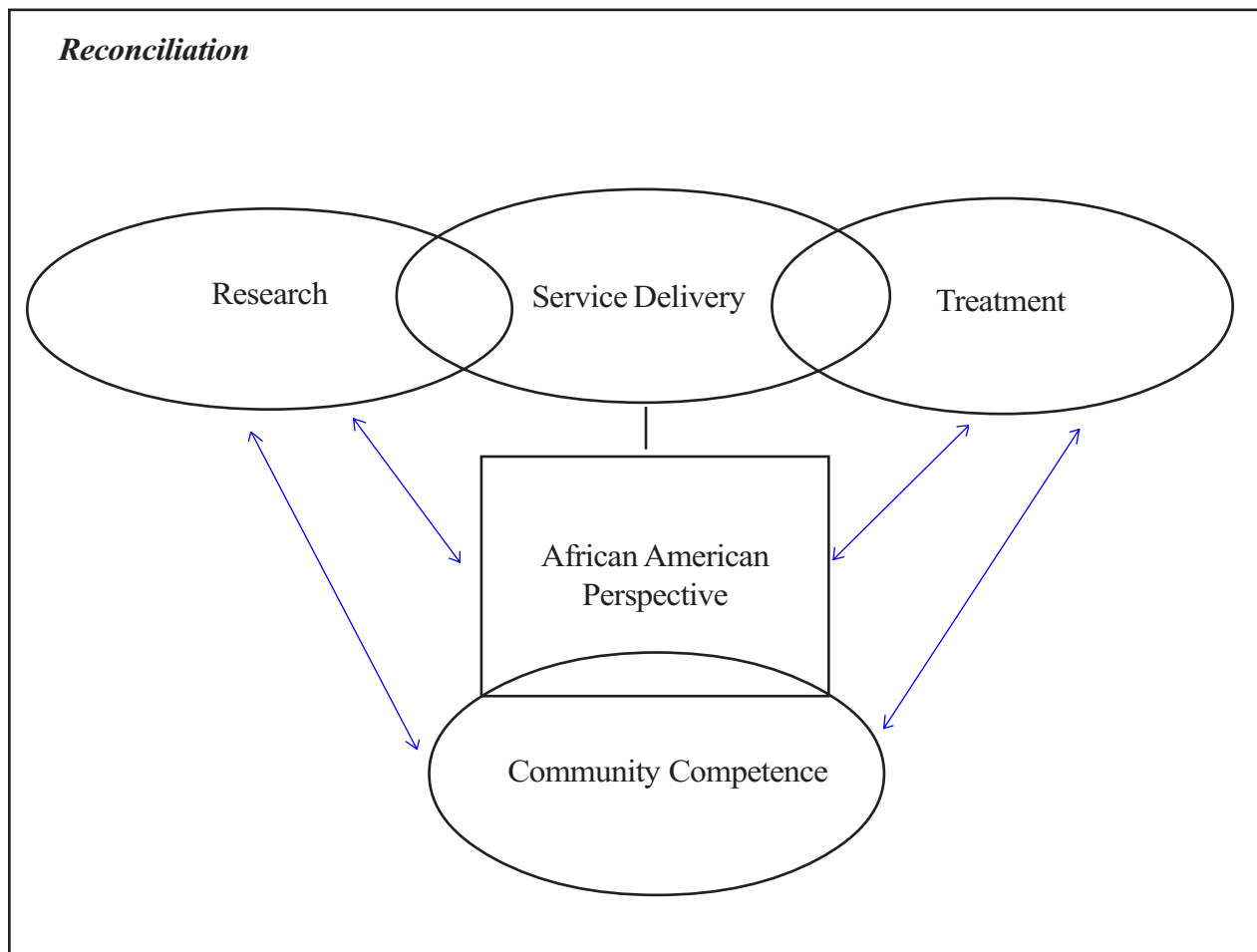


Figure 8.

African American community competence demonstrates the community's capacity to turn to itself in times of a crisis, such as one involving domestic violence. African Americans have a tradition of self-help; they have customarily looked to each other for support in times of crisis. In the past, perhaps, there were culturally specific ways to intervene with this problem. Today domestic violence may overwhelm helping networks; this may be due to a lack of knowledge about the problem and a lack of resources in the community. Community leaders must develop a structural approach to respond to the problem.

Williams (1993) suggests that there are several courses of action that the African American community should pursue to develop competence in addressing domestic violence issues like partner abuse. First, the community must admit there is a problem. Williams (1993) notes that too much denial and inattention to family violence have existed in the African American community. Second, community leaders must develop knowledge concerning how the problem of violence affects the community both historically and in the present. Researchers have noted that culturally competent service providers know about the needs of the populations they serve; this is also an important consideration for community leaders (Cross et al., 1989). Leaders' examination of their community's continual adjustments to violence will increase their capacity to identify the most crucial issues to confront violence. Third, the change agents must frame the problem around their reality. When minority communities create systems to address the problem of family violence, some may imitate traditional approaches and lose track of their unique perspective on the problem. Community-based programs must not only be positively colorblind, but they also must be culturally aware and culturally focused. Fourth, the community must increase access points for intervention. Many mainstream programs get clients only through the court system. These are men who are arrested for the crime of domestic violence. Many of these programs do not have community ties or take voluntary clients, nor do they have an interest in pursuing other approaches to encourage minority client involvement. Partner abuse is a crime and men must be confronted through such systems, but it is important to increase the avenues for involvement. Both formal and community based services must increase voluntary access to services. Before court-mandated programs, when batterers came to treatment, they came in smaller numbers, coerced by their family, depressed, and in search of an antidote and emotional relief, but they came voluntarily.

**Definition of cultural community competence:**

*—Cultural community competence is a demonstration of the community’s knowledge of itself, a demonstration of its knowledge about the problem of violence, and a demonstration of the community’s capacity to address the problem of domestic violence.*

The African American community and the formal legal system must reconcile their relationship with each other. Many African Americans do not trust this system because of historical bias and concern that the system may treat African Americans more harshly. There is evidence that there are racial differences even in the arrest and prosecution of domestic violence cases. The issue is not that African Americans who are guilty should not be confronted, but rather that Whites who are guilty need to be confronted as well. Domestic violence is a crime; legal interventions must encourage perpetrators to come to grips with their violence. It is important to use the legal system protect victims of abuse and confront batterers. It is also important to develop community based approaches that encourage men to come to treatment without court intervention.

Finally, helping networks must protect the victims and confront the batterer. There must be a community discussion about what protection and confrontation is and how to protect the victim and confront the batterer. When all these elements (service delivery to community responsibility) are in place, there is increased potential to reduce violent behavior among African American men who batter.

Elements of Cultural Community Competence

1. Community admits there is a problem.
2. Community leaders develop knowledge concerning how the problem affects them—historically and in the present.
3. Community frames the problem around its reality.
4. Community increases its capacity to turn to itself in crisis.
5. Community develops helping networks that protect victims and confront the person who abuses.

## REFERENCES

- Cross, T. L., Bazron, B. J., Dennis, K. W., & Issacs, M. R. (1989). *Towards a Culturally Competent System of Care*. Washington, DC: Georgetown University Child Development Center.
- Gary, L. (1985). Attitudes towards human services organizations: Perspectives from an urban Black community. *Journal of Applied Behavioral Science*, 21(4), 445–458.
- Hare, N. (1979). The relative psychosocial economic suppression of the Black male. In *Reflection of Black Psychology* (pp. 122–128). Washington, DC: University Press.
- Hawkins, D. F. (1987). Devalued lives and racial stereotypes: Ideological barriers to the prevention of family violence among Blacks. In R. L. Hampton (Ed.), *Violence in the Black Family: Correlates and Consequences* (pp. 189–206). Lexington, Massachusetts: Lexington Books.
- June, L. N. (1986, January). Enhancing the delivery of mental health and counseling services to Black males. *Journal of Multicultural Counseling and Development*, pp. 39–45.
- Leigh, J. (1989). *Issues in Working With Ethnic Minorities*. Unpublished paper, University of Washington School of Social Work.
- Oliver, W. (1989). Black males and social problems: Prevention through Afrocentric socialization. *Journal of Black Studies*, 20(1), 15–39.
- Staples, R. (1982). *Black Masculinity: The Black Male's Roles in American Society*. San Francisco: The Black Scholars' Press.
- Uzzell, O., & Peebles–Wilkins, W. (1994). Black spouse abuse: A focus on relational factors and intervention strategies. *The Western Journal of Black Studies*, 13(1), 10–15.
- Williams, O. J. (1992). Ethnically sensitive practice in enhancing the participation of the African American man who batters. *Families and Society: Journal of Contemporary Human Services*, 73(10), 588–594.
- Williams, O. J. (1993). Developing an African American perspective to reduce spouse abuse: Considerations for community action. *Black Caucus: Journal of the National Association of Black Social Workers*, 1(2), 1–8.

Williams, O. J. (1994). Group work with African American men who batter: Toward more ethnically-sensitive practice. *Journal of Comparative Family Studies*, 25(1), 91–103.

Williams, O. J., & Becker, L. R. (1994). Domestic partner abuse treatment programs and cultural competence: The results of a national study. *Violence and Victims*, 9(3), 287–296.

## Response:

*Radhia A. Jaaber*

Dr. Oliver Williams' paper entitled *Service Delivery and African American Men Who Batter* raises important questions for service providers and programs that serve clients of African descent: How do service providers keep women who have been abused safe? How do service providers recognize, acknowledge, and honor cultural and racial truths and the unique social history of people of African descent? How do they provide protection for women and children and ensure accountability? In developing competency, partly through developing consciousness in service providers, how do they maintain flexibility in the provision of services without becoming enamored with a "new status quo?"

*One program, The Empowerment Project, Inc., located in Charlotte, North Carolina and co-founded by the author, has tried to address these questions and continue to provide quality services to clients. The founders of the program were concerned about the criminalization of Black men who were violent with their partners, as well as the criminalization of Black men on a larger societal scale. The program also did not want to re-victimize women, the community, or its clients by suggesting that Black men's response to racism and other issues should not be considered in batterers group service delivery. The project wanted to look at relevant themes of experiences and realities that exist among the project's clientele to address the violence and the culture specific realities of these clients. The project co-authored The Kinship Journey, a curriculum based on integrated themes developed to expand the perspective of Black men as it relates to self, violence, women, culture, and community.*

*Thus, the service providers of The Empowerment Project, Inc. continue to gather historical evidence that supports issues around domestic violence and oppression. Groups address the interlocking issues of class, race, and gender as by-products of a much larger problem of oppression and as they relate to domestic violence. The Empowerment Project, Inc. serves as an example to other programs leading the way in addressing domestic violence in communities of African descent.*

Most batterers programs that serve men of African descent continue to be influenced by Euro-traditional counseling modalities and Western feminist thought. This infusion of perspectives creates a process where non-dominant cultural realities are evaluated as a part of mainstream discourse. At least two realities are present in abuse groups—one

from the dominant culture and the other from a non–dominant, cultural specific, contextual base (i.e., race, gender, class). These dual realities impact the performance of batterers groups and often hinder the success of Black men in programs. Dr. Williams believes that it is only through cultural competence that these programs can address this problem and ensure greater probability of success for all of their clients.

Dr. Williams believes that the cultural competency of a program depends upon the way in which practitioners view their roles as service providers. Practitioners must examine the way they are involved in practice and the way in which they are continually influenced by mainstream thought. In addition, program leaders must examine classism, racism, power, and gender, and their relationship to violence. To adequately address male dominance and control, group facilitators must have the ability to address violence within a cultural framework, which is an integral part of male violence. Domestic assault programs for men were established to provide another form of protection for women, children, and communities. If those programs are not providing “reality based” program material, which includes a cultural content and context, then men are not fully challenged to address their violent behavior. The extension of protection purportedly given for women has decreased, thereby decreasing the accountability of assault programs. Culturally competent programs must address the intersection of race, masculinity, traditions, and other issues for their Black clients. Culturally competent programs continuously address issues relevant to their clients as they deliver services. In doing so, such programs must attempt to develop policies relevant to the community they serve.

When programs begin to develop culturally competent curricula, such as *The Kinship Journey*, practitioners often find that men’s use of violence is intergenerational. Issues of anger, trust, and grief have often been transferred from decades before. From slavery and postslavery to modern times—the oppression linked to those periods is correlated with the oppression and use of violence today. So again, we have men sitting in groups with multi–dimensional realities regarding anger, violence, and women. Facilitators are saying to men, “you’re beating on her because of these power and control themes;” however, other factors may be influencing the client’s behavior. Although these additional “reasons” do not mitigate the severity of his violence, they shed more light on the beliefs that perpetuate his use of violence.

Many service providers, advocates, shelter workers, and feminists are skeptical of programs like these and feel they will let violent men “off the hook” by allowing these “other” issues to become a part of the program’s group service. However, when service deliverers create an environment that challenges their clients’ use of violence, we are better able to take responsibility for our claim that we work to provide safety for women, children, and communities. Domestic assault programs must provide their clients of African descent with an African-centered program that counters their maladaptive behaviors, yet acknowledges their need to heal. Cultural competency can improve the participation of Black men in programs.



## **Response:**

*Wilbert L. Murrell*

Dr. Williams' paper, *Service Delivery and African American Men Who Batter*, raises several issues:

- the experience of African Americans in American society;
- the effects of slavery and racism upon generations of African Americans; and
- the issues of violence and oppression among African Americans.

These issues reflect a great deal of grief, shame, and guilt as they relate to family violence in our Black community. Today, children witness violence in their homes, in their schools, and in their communities. These places of exposure to violence have become a gateway for victims today and for perpetrators tomorrow.

Dr. Williams is a pioneer in the field of domestic violence. His conceptualization of cultural competency for African American male batterers is an important contribution to the field.

## **Background**

Dr. Williams' paper raises an important question: Why is cultural competency for African American male batterers an important issue in 1995? Dr. Williams notes that cultural competency is not a new issue. Cultural competence is rooted in the past. For example, the effects of slavery and racism, and stereotyping practices continue in current batterers programs. Dr. Williams states that the purpose of the civil rights movement of the 1960s was to overcome the Black/White division in the United States and the notion of "separate yet equal." This notion continues to exist in communities and programs. The issue of cultural competence has been very important for African American practitioners since the 1980s. Despite the interest in cultural competence by African American professionals, mainstream research has only recently addressed the issue. What will it take for agencies and organizations nationwide to include cultural competency for African American and minority male batterers in their programs?

## **Definition of Cultural Competence**

Cultural competence can be defined as a set of academic and interpersonal skills that allow individuals to increase their understanding and appreciation of cultural differences and similarities within, among, and between groups. This requires a willingness and an ability to draw on community-based values, traditions, and customs and to work with knowledgeable persons from the community in developing focused interventions, communications, and other supports. The most important point in Dr. Williams' paper is his distinct steps for mainstream agencies to provide culturally competent services. For example, such agencies can network with the African American community and work with service providers who are knowledgeable of African American culture. Dr. Williams also notes that cultural competence can reduce barriers that prevent African American batterers from completing programs.

Many African American practitioners are experiencing resistance in implementing culturally competent batterers programs. The absence of cultural competency can be seen as a denial of the social context for African American batterers. This social context includes unequal access to health care, social services, housing, and education; high violence rates; and a service system that does not recognize the distinct experiences and history of African Americans. Are batterers programs prepared to serve African Americans culturally and competently?

## **Violence and Oppression**

Dr. Williams' paper also notes the high level of violence and oppression among African Americans. Some research documents violence among Blacks and violence among Whites as quantitatively similar. However, there are 32 million African Americans in the United States, compared to 270 million Whites. When 15,000 Blacks are killed annually in the United States compared to 15,000 Whites, the loss of life, based upon the population size of African Americans in the United States, becomes significant.

As Black males systematically continue to look outwardly for validation rather than acknowledging their beauty within, they will continue to have problems forming relationships. Until our beautiful Black brothers can have a relationship with self, it is unlikely that they can have a positive and trusting relationship with their partners. Thus, service providers in mainstream batterers programs

must implement exercises that will increase understanding about the effects of racist oppression. These exercises might include questions such as:

- Have you ever heard of or overheard people saying that you or your people should leave, go home, or go back where you came from?
- Have you ever felt the threat of violence because of your race?
- Have you, close friends, or family ever been a victim of violence because of race?

Dr. Williams states that group treatment is the preferred approach with African American men. Researchers report that group work is often better for African American men who batter.

### **African American Men Who Batter**

Among African American men who batter, many have been exposed to violence in their early childhood and have grown to be perpetrators in adulthood. At least 70 percent of a batterers pre-release prison population studied by Mr. Murrell was exposed to domestic violence as children. Thus, practitioners and researchers need to begin to establish primary, secondary, and tertiary prevention techniques for domestic violence in the African American community.

A number of young African American male batterers have been incarcerated many times—often for violent behavior. Thus, issues such as spouse abuse, child abuse and neglect, and community violence need to be addressed. We need to end warehousing the offenders and consider habilitation.

African American practitioners need to begin to focus on young people. If they do not, the African American community will have a number of violent adults. Who will be the leaders of tomorrow if the African American community does not begin to make needed preparations at this time?

## Questions and Concerns

Although all practitioners have not encountered low completion rates due to a lack of cultural competence, Dr. Williams' paper raises questions concerning the correlation between culturally competent programs and treatment completion rates of African American men. Research on cultural competency and culturally appropriate programs deserves further study.

*The Lima–Urban Minority Alcohol and Drug Abuse Outreach Program is a non–profit organization that originated to meet the needs of African Americans and Hispanics in Lima, Ohio. Additional services we provide are: domestic violence, school expulsion, parent education, rites of passage for teenagers, drug and alcohol treatment, and interventions in negative gang activities. Our MISSION is to ensure that services are available, accessible, and affordable to the African American population and others. Our mission also includes awareness of the implications, consequences, and incidences of substance abuse and violence, and the long–term effect they pose for the African American and Hispanic community. Furthermore, it is the mission of Lima–UMADAOP to keep the needs of the African American and Hispanic communities are on the forefront of local, State, and national agendas.*

Presently, LIMA–UMADAOP is in the early stages of developing a curriculum for batterers that will be culturally relevant and applicable to the African American and dominant culture.