

DOMESTIC VIOLENCE AND DIVERSITY: A CALL FOR MULTUCULTURAL SERVICES

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ABSTRACT

Domestic violence is a pervasive problem in virtually all countries, cultures, ethnic and racial groups, and social classes. A review of the literature indicates that in the vast scholarship on violence against women in intimate relationships, minimal attention has been given to experiences of ethnic minorities. Consequently, although there have been significant gains in providing criminal justice and social services initiatives to victims of domestic violence, many victims of intimate violence who are ethnic minorities underutilize the interventions and services available in part because their help-seeking behaviors differ from those of the dominant culture. As such, this paper provides an overview of some of the cultural barriers that may hinder the effectiveness as well as limit the amount of intervention and social services available for some of the most vulnerable victims of intimate violence. This paper concludes with recommendations that agencies as well as individual service providers can employ to increase their multicultural competency.

INTRODUCTION

The infliction or threat of infliction of any bodily injury, harmful physical contact or the threat coercion, or control upon a person with whom the actor is at present, or has been, involved in an intimate relationship, referred to as domestic violence is as old as recorded history and has been reported in virtually country since the dawn of time (Fisher, 2004; see also Worden, 2000). Although a significant portion of the literature about domestic violence focuses on acts of violence between heterosexual intimate

partners, acts of violence also include parents and their children, abuse between sibling, abuse of parents, abuse between gay and lesbian couples, and husbands or lovers who are abused women (Fisher, 2004; see also Tilley and Brackley, 2004; Worden, 2000). Moreover, domestic violence is the use of physical force between intimate partners and/or family members.

Prior to 1970, domestic violence was both, a legally and socially acceptable practice, as such considered a private matter. However, during the past thirty years, domestic violence laws have seen dramatic changes. As such, domestic violence is no longer viewed as just a family matter, but as a serious crime, which holds enormous consequences for both the victim and society (Carleson, Worden, van Ryn, and Bachman, 2000; see also Fisher, 2004; Tjaden and Thoennes, 2000; Worden, 2000). As a result, we have witnessed an emergence of criminal justice legislation designed to address issues of domestic violence (Danis, 2003; see also Fisher, 2004; Carleson et al., 2000; Tjaden and Thoennes, 2000; Worden, 2000). For example, in many areas the arrest of batterers is now mandatory, whereas, in the past the decision was left to the discretion of the arresting police officer (Danis, 2003; see also Carleson et al., 2000). As well, criminal justice legislation includes criminal prosecution, temporary restraining orders, and/or prison or jail sentences as well as batter intervention programs (Carleson et al., 2000; see also Healey and Smith, 1998; Tjaden and Thoennes, 2000). In addition to the criminal justice legislation an abundance of social service initiatives have been implemented to assist victims of domestic violence. For example, agencies provide crisis hot lines, shelters or other emergency residential facilities, medical services, and transportation networks (Fisher, 2004; see also Worden, 2000). Also social service networks provide emotional support to include self-help support groups, empowerment modeling,

and self-esteem and confidence-building sessions (Fisher, 2004; see also Worden, 2000).

Although there have been significant gains in providing criminal justice and social services initiatives to victims of domestic violence, many victims of intimate violence who are ethnic minorities underutilize the interventions and services available in part because their help-seeking behaviors differ from those of the dominant culture (Sue and Sue, 1999). As such, this paper provides an overview of the cultural barriers that may hinder the effectiveness as well as limit the amount of intervention and social services available for some of the most vulnerable victims of intimate violence. This paper overview opens with a brief review of the prevalence and character of domestic violence. It then introduces the reader to the call for multicultural competencies among service providers. Afterward, there is then a discussion of biases in service delivery and worldviews and multicultural competency, followed by a discussion of what multicultural competency is. This paper concludes with recommendations agency's as well as individual service providers can employ to increase their multicultural competency.

PREVALENCE AND CHARACTERISTICS

Domestic violence is a pervasive problem in virtually all countries, cultures, ethnic and racial groups, and social classes. In the United States, estimates indicate that approximately 1.5 million women and 834, 732 men are physically assaulted or raped by an intimate partner annually (Tjaden and Thoennes, 2000). Because many victims experience multiple victimizations, Tjaden and Thoennes estimate that approximately 4.8 million intimate partner physical assaults and rapes are perpetrated annually.

and approximately 2.9 million intimate partner physical assaults are committed against men (2000).

Race and Ethnicity

Healey and Smith's (1998) empirical findings reveal that race is one of the most significant determinants that determine if a woman will be a victim of intimate violence. More specifically, Tjaden and Thoennes' (2000) results indicate that all racial minorities experience more intimate partner violence than do white Anglo-Americans. For instance, estimates indicate that African-American women are more likely than women of other races to be victimized (Healey and Smith, 1998). On average, black women experienced more violence by an intimate partner compared to white women, 12 per 1000 as compared to 8 per 1000 (Greenfield, 1998). As well, Tjaden and Thoennes (2000) find that American Indians/Alaska Native women report significantly higher levels of intimate violence than women of the dominant culture. While little difference exists in Hispanic and non-Hispanic women's report of intimate partner physical assault and stalking, Hispanic women are significantly more likely to report being raped by an intimate partner than non-Hispanic women (Tjaden and Thoennes, 2000). Finally, Tjaden and Thoennes (2000) report that Asian/Pacific Islander women report significantly lower rates of intimate partner violence than any other racial or ethnic group.

Gender

Women are much more likely than men to be victimized by intimates, such as husbands or boyfriends (Rennison, 2003). Moreover, domestic violence is the leading cause of injury to women between the ages of 15 and 44, more than car accidents, muggings, and rapes combined (Tjaden and Thoennes, 2000). While both men and women are victims of domestic violence, the victims of

domestic violence are disproportionately women (Healey and Smith, 1998; Tjaden and Thoennes, 2000). For example, according to estimates from the National Crime Victimization Survey (NVCS) there were 691, 790 non fatal victimizations committed by current or former spouses, boyfriends or girlfriends of the victim in 2001 (Rennison, 2003). Out of the non-fatal victimizations, roughly 588, 490 or 85 percent of victimizations by intimate partners in 2001 were against women (Rennison, 2003). A similar disproportionably holds for victims who are murdered by intimates. For example, in three of every four instances, the victim was a female (Healey and Smith 1998; Tjaden and Thoennes, 2000). Similarly, in 2000, 1,247 women and 440 men were killed by an intimate partner (Rennison, 2003). Likewise, an intimate killed about 33 percent of female murder victims and 4 percent of male murder victims (Rennison, 2003). Tjaden and Thoennes (2000) found that same-sex cohabitants reported higher rates of intimate partner violence than opposite-sex cohabitants. Their findings revealed that among women, 39.2 percent of the same-sex cohabitants report being victimized by an intimate partner, whereas 21.7 percent of the opposite-sex reported intimate victimization. Conversely, among men the comparable figures are 23.1 and 7.4 percent respectively (Tjaden and Thoennes, 2000).

Age

Overall, younger women experience more rates of intimate partner violence than older women (Rennison, 2001). Moreover, the highest rate of intimate violence affects women between the ages of 16 to 24. Estimates indicate that the rate of intimate victimization is 16 victimizations per 1, 000 for women ages 16 to 24; whereas, the rate of victimizations for women ages 25 to 34 is 9 per 1,000. Rennison (2001) also notes that women age

35-49 are the most vulnerable to intimate murder, while females ages 16 to 24 are the most vulnerable to nonfatal violence.

Socio-economic status

Although intimate victimization occurs in all socio-economic groups, victims of intimate violence are more often poor, with family incomes under \$ 7,000 annually (Healey and Smith,1998; see also Rennison, 2001). For example, women with an annual income of 7,000 or less experienced intimate violence at a rate of 20 per 1000 as compare to women with an annual income of \$15,000 to \$24, 000 (10 per 1000), or women with an annual income of \$35, 000 to \$49,999 (6 per 1000) (Greenfield, 1998). These victims also have higher rates of unemployment and other social problems (Healey and Smith, 1998).

Marital status

Women who are separated experience higher levels of intimate violence than women in any other martial category and women who are divorced, experience the second highest rate of intimate victimization than women in any martial category (Rennison, 2001). Ironically, females who have never married sustained higher rates of intimate violence than females who are married, but lower than females who are separated (Rennison, 2001).

THE CASE FOR MULTICULTURAL SERVICE

As is apparent from the prevalence and character of domestic violence, victims of intimate violence come from a diversity of racial, ethnic, cultural, linguistic, and economic backgrounds as well as age groups (Healey and Smith ,1998; see also Rennison, 2001, 2003; Tjaden and Thoennes, 2000). Although, this is the case, a review of the literature indicates that in the vast scholarship on

violence against women in intimate relationships, minimal attention has been given to experiences of ethnic minorities (Feist-Price and Harris, 1994; see also Krane et al., 2000). Moreover, the dearth of empirical exploration has contributed to a situation in which the needs of women from the dominant culture are assumed to apply universally to all ethnic and racial groups as well as cultures (Krane, Oxman-Martinez, and Ducey, 2000). The services are anchored in the majority culture, therefore, are often controlled and delivered by service providers from that culture (Arredonodo, 1998; see also Feist-Price and Harris, 1994; Sue and Sue, 1999). As such, many of the services and interventions are not entirely suited for minority clients or relevant to their day-to-day life experiences (Lee and Richardson, 1991; Sue and Sue, 1999). As a result, Sue and Sue (1999) contend that ethnic minorities often underutilize intervention services in part because their help-seeking behaviors and treatment needs differ from those of the dominant culture. Consequently, these clients avoid seeking service because of the lack of cultural sensitivity and mistrust of a practice that is essentially geared toward White middle-class America (Sue and Sue, 1999). As well, research shows that for culturally different clients who seek out services, more than 50 percent terminate the service after the first visit (Sue and Sue, 1999). In order to provide effective services to victims of domestic violence, reach some of the most vulnerable populations affected by domestic violence, as well as possibly reduce the number of fatal incidents, Feist-Price and Ford Harris (1994) argue that the aforementioned factors must be considered and adopted into intervention practices.

Worldviews and Culture - Biases In Service Delivery

A person's worldview is highly correlated with their cultural upbringing, sociopolitical history, and life experience, as such, represents their philosophy of life and

how they think the world operates (Schrink, 2000; see also Sue and Sue, 1999). For instance, rugged individualism, competition, mastery and control over nature, religion based on Christianity, separation of science and religion, and competition are a few of the values and beliefs indicative of the Anglo-American worldviews (Sue and Sue, 1999). In contrast, Asian Americans are family centered, have high regard for restraint of feelings, value private versus public display, have well-defined patterns of interaction, value extended families, and participate in one-way communication from authority figures to person (Sue and Sue, 1999). Yet, African Americans have a strong sense of people hood, are action oriented, place importance on nonverbal behavior, value extended families, and are paranoid due to oppression (Sue and Sue, 1999). On the other hand, Latino/Hispanic Americans are group centered, have strong family orientations, value extended families, have a religious distinction between mind and body, and also a different pattern of communication (Sue and Sue, 1999). Finally, American Indians are very cooperative, therefore, not competitive, have a present time orientation, tends to satisfy present needs, and value extended families (Sue and Sue, 1999). Although, each of these groups have a different worldview from that of the dominant culture, human service providers naturally assume universality in the application of services and interventions. Moreover, they operate as if their nature of reality and truth are shared by everyone regardless of race, culture, gender, age, or religious affiliation (Schrink, 2000; see also Sue and Sue, 1999). However, women of culturally different groups hold many worldviews that differ from the dominant culture because of their continued minority status, oppression within the United States, and the unique combination of psychological characteristics combined with socio-political factors (Sue and Sue, 1999). As a result, problems often arise when the client's worldview is

different from that of the dominant culture. In many instances, the clients are evaluated based on the differences and are often stereotyped and assessed or diagnosed inappropriately, a process referred to as ethnocentric monoculturalism (Lee and Richardson, 1991; see also Schrink, 2000).

As such, often times, service providers project their worldviews onto clients, without conscious awareness of doing so. For service providers who are not aware of multicultural issues, problems may occur as a direct result of them projecting their worldviews onto the client, which may interfere with their objectivity. First, there is a lack of awareness or understanding of the culturally different client's life experience (Lee and Richardson, 1991; see also Sue and Sue, 1999). Second, research shows that service providers have a history of pathologizing racial/cultural differences, victim blaming, stigmatizing and stereotyping minority populations as well as using culturally biased methods of assessment and treatment (Sue and Sue, 1999). Third, a significant amount of research indicates that services are underused because the culturally different client feels uncomfortable or unwelcome, may perceive that the service providers do not understand them culturally, and may come from a culture in which the services are differently conceived (Diller, 1999). Lee and Richardson (1991) contend that these factors are potential impediments to effective intervention. As such, Castillo (1997) and Dana (1998) contend that comprehensive cultural assessment is critical to work with any client, since culture directly affects clinical presentation, the client perceptions, and the effectiveness of services provided.

What Is Multicultural Competency?

Culture has traditionally been defined as traditional ideas and related values that are learned, shared, and transmitted from one generation to another by groups with

similar ethnic or national heritage (Diller, 1999). Pedersen (1994) extends this definition to include demographic variables such as age, gender, and place of residence, to include status variables such as education, social, economic as well as affiliations, both formal and informal (1994). Thus, Pedersen's definition is more inclusive than the narrowly define culture-specific categories as nationality or ethnicity. His definition becomes important because it goes beyond national and ethnic boundaries, recognizing that not all blacks have the same experience, nor do all Asians, all American Indians, all women, all old people, or all people who are disabled for that matter (Pedersen, 1994). Therefore, multiculturalism is operationalized as any intervention in which nationality, ethnicity, race, life style, gender, socioeconomic status, among other factors differentiate the service provider from the client (Ridley, 1978). Furthermore, Pederson (1994) contends that multiculturalism suggests bridges of shared concerned that bind culturally different people to one another as well as increases the service provider's intentional and purposive decision making ability by accounting for the varied ways in which culture affects different perceptions of the same phenomenon as well as solution.

As such, a culturally competent service provider is an individual who effectively provides interventions and services cross-culturally (Diller,1999) by using strategies and techniques that are consistent with the life experiences and cultural values of his/her clients (Lee and Richardson, 1991). Lee and Richardson go on to state that in order to become culturally competent, the service provider needs to examine his/her own cultural heritage, values, and biases and how these might affect clients from diverse backgrounds and obtain knowledge about the history, experiences, and cultural values of diverse clients. Thus, a culturally competent service provider has specific awareness, knowledge and skills in the areas of ethnicity,

race, and culture and is able to utilize these qualities to sensitively engage racial/ethnic minority clients in interventions and services in a manner that is consistent with their needs (Arredonodo, 1998; see also Lee and Richardson, 1991; Schrink, 2000; Sue and Sue, 1999).

DISCUSSION

Research suggests that training service providers to detect domestic violence and providing them with appropriate domestic violence assessment tools has a positive effect on the detection, assessment, and response to the occurrence of domestic violence (Arredonodo, 1998; see also Lee and Richardson, 1991; Sue and Sue, 1999). While domestic violence clients come from a variety of racial, ethnic, cultural, linguistic, and socio-economic backgrounds, the service providers are usually predominantly white Anglo-Americans who have not been trained to work with other mainstream or individual groups (Arredonodo, 1998; see also Diller, 1999; Feist-Price and Ford-Harris, 1994; Sue and Sue, 1999). Moreover, the service providers tend to be poorly or inadequately trained in understanding the cultural dynamics of minority groups and how cultural difference influence the interaction between the service provider and the culturally different client (Diller, 1999; see also Feist-Price and Ford-Harris, 1994; Lee and Richardson, 1991; Sue and Sue, 1999; Tilley and Brackley, 2004). Although great strides have been made in offering interventions and services to victims of domestic violence, minority women are the most vulnerable, but least served by existing practices (Jasinski, 2001; see also Krane et al., 2000; Senturia, 2000). Since, domestic violence is a phenomenon that crosses all cultural boundaries and occurs in all racial and ethnic groups, religious groups, socio-economic groups, as well as within heterosexual, lesbian and gay relationships, agencies are

encouraged to prepare their human service providers to address the needs of an increasingly diverse domestic violence victim population (Greenfield, 1998; see also Healey and Smith, 1998; Rennison, 2001, 2003; Senturia, 2000; Tjaden and Thoennes, 2000).

RECOMMENDATIONS

Organizational level

Ethnocentric values and beliefs are manifested in the programs, policies, practices, structures, and institutions of society (Arredondo, 1998; see also Sue and Sue, 1999). Below are several strategies agencies can employ to help their service providers overcome the barriers that might reduce their effectiveness in helping process.

1. **Policies and Procedures:** The development of multicultural competency is a continuous learning process, therefore, cannot be achieved by merely providing a training course on the topic (Pedersen, 1994; see also Sue and Sue, 1999). As such, agencies that are serious about enhancing its multicultural competency will incorporate multiculturalism into standards of practice, code of ethics, hiring and retention plans, and training programs
2. **Needs Assessment:** Prior to the development of a training program, agencies should conduct a needs assessment to ascertain the group's level of awareness, knowledge, and skills of multiculturalism. Customizing the training to the specific needs of the service providers (especially as it relates to domestic violence) will be much more effective than providing a generic course on diversity. For example, ethnic minorities who are

victims of domestic violence hold feelings of shame and humiliation, a belief that the abuse is normal, a strong commitment to keeping their families together, as well as a lack of economic resource (Senturia, 2000). These are cultural factors that influence the victim's decision to seek out interventions and/or services. Merely, providing a generic course on diversity, which does not cover worldviews to a group of service providers who are not familiar with the term worldview, much less different worldviews, and how these worldviews translate into the refusal or denial of interventions will do little to increase the effectiveness of domestic violence services.

3. **Training:** Providing training in multicultural competency based on the results from the needs assessment. The training should focus on the development of knowledge about culturally diverse populations as well as enhancing the service provider's sensitivity to cultural, racial and gender differences (Sue and Sue, 1999). Lee and Richardson (1991) further state that an effort should be made to move awareness and knowledge to actual practice, thus ensuring that the training is also experiential. Moreover, while pre-and in service training provide opportunities for service providers to develop a new awareness and an updated knowledge base to address the needs of culturally diverse clients, such training tends to stop short of actual comprehensive skill acquisition (Lee and Richardson, 1991). As such, Lee and Richardson state that there should be as much focus on practical direction as theoretical knowledge.

Individual Level

A culturally skilled service provider uses strategies and techniques that are consistent with the life experiences and cultural values of their clients (Richardson and Lee, 1991). As such, an effective service provider is one who can adapt skills and techniques that are unique to the individual needs of each client. These skills require that the service provider be able to see the client as both an individual and a member of a particular cultural group (Lee and Richardson, 1991; see also Sue and Sue, 1999). As such, Sue and Sue (1999) state that the service provider needs to be extremely sensitive to cross-cultural issues for each client as well as be aware of his/her own prejudices, racism, or biases. Below are strategies service providers who desire to become more culturally competent in working with domestic violence victims from culturally diverse populations can employ.

1. **Develop awareness of their own assumptions, values, and biases.** Service providers should gain an awareness of their own racial/ethnic heritage, cultural attitudes, values, and how each influences psychological processes and counseling interactions with racial/ethnic minorities (Arredonodo, 1998; see also Lee and Richardson, 1991; Sue and Sue, 1999). Here service providers are encouraged to do some serious soul searching in an effort to identify their own beliefs, and values, and to achieve an improved understanding of where they, themselves, are coming from (Schrink, 2000). By doing so, the service provider will become culturally aware of their own values, biases, and assumptions about human behavior and how these behaviors transcend into their service delivery.

2. **Develop an understanding of the worldview of the culturally different client.** This knowledge of the history, life experiences, cultural values, and the hopes, fears and aspirations of culturally different groups in the United State are crucial to becoming a culturally competent service provider (Sue and Sue, 1999).

3. **Develop appropriate intervention strategies and techniques to work With culturally diverse clients.** The service provider should develop the skills to translate attitudes/beliefs and knowledge into culturally appropriate intervention strategies that reflect an appreciation of the client's life experiences and values (Arredonodo, 1998; see also Sue and Sue, 1999). Here the service provider will become proficient in the ability to communicate effectively, obtain assistance from multi-culturally competent colleagues or supervisors, and actively seeking training to enhance their multicultural competence (Arredonodo, 1998; see also Lee and Richardson, 1991; Schrink, 2000; Sue and Sue, 1999).

REFERENCES

- Arredonodo, P. (1998). "Integrating Multicultural Counseling Competencies and Universal Helping Conditions in Culture-specific Contexts." *The Counseling Psychologists* 26(4): 592-602.
- Carleson, B.E., Worden, A.P., van Ryn, M., and R. Bachman (2000). *Violence Against Women: Synthesis of Research for Practioners*. Washington, DC: National Institute of Justice, U.S. Department of Justice.

- Castillo, R. J. (1997). *Culture And Mental Illness: A Client Centered Approach*. Pacific Groves, CA: Brooks and Cole Publishing Company.
- Dana, R. H. (1998). *Understanding Cultural Identity In Intervention And Assessment*. Thousand Oaks, CA: Sage Publishing Company.
- Danis, F. S. (2003). "The Criminalization of Domestic Violence: What Social Workers Need to Know." *Social Work* 48(2): 237-247.
- Diller, J. V. (1999). *Cultural Diversity: A Primer For The Human Services*. Belmont, CA: Wadsworth Publishing Company.
- Fisher, B. S. (2004). *Violence Against Women And Family Violence. Developments In Research, Practice, and Policy*. Washington, DC: U.S. Department of Justice.
- Feist-Price, S. and D. Ford-Harris (1994). "Rehabilitation Counseling: Issues Specific to Providing Services to African-American Clients." *The Journal of Rehabilitation* 60(4): 7-20.
- Greenfield, L. (1998). *Violence By Intimates: Analysis Of Data On Crimes By Current Or Former Spouses, Boyfriends, and Girlfriends*. Washington, DC: Bureau of Justice Statistics, U.S. Department of Justice.
- Healey, K. M. and C. Smith (1998). *Batterer Programs: What Criminal Justice Agencies Need To Know*. Washington, DC: National Institute of Justice: U.S. Department of Justice.

- Jasinski, J. (2001). *Violence Against Women: An Examination Of Developmental Antecedents Among Black, Caucasian, and Hispanic Women*. Washington, DC: U.S. Department of Justice.
- Katz, J. H. (1985). "The Sociopolitical Nature of Counseling." *The Counseling Psychologist* 15: 615-624.
- Krane, J., Oxman-Martinez, J., and K. Ducey (2000). "Violence Against Women and Ethnoracial Minority Women: Examining Assumptions about Ethnicity and 'Race'". *Canadian Ethics Studies Journal* 32(3): 1-17
- Lee, C.C. and B.L. Richardson (1991). *Multicultural Issues In Counseling New Approaches To Diversity*. Alexandria, VA: American Association for Counseling and Development.
- Pedersen, P. (1994) 2nd ed. *A Handbook For Developing Multicultural Awareness*. Alexandria, VA: American Counseling Association.
- Rennison, C. (2003). *Intimate Partner Violence and Age of Victim, 1993 -2001* Bureau of Justice Statistics. Washington DC: U.S. Department of Justice. Office of Justice Programs.
- Rennison, C. (2001). *Intimate Partner Violence and Age of Victim, 1993-1999:Special Report*. Bureau of Justice Statistics. Washington DC: U.S. Department of Justice. Office of Justice Programs.

- Ridley, C. (1978). "Cross-cultural Counseling: A Multivariate Analysis. *Viewpoints in Teaching and Learning* 54(1): 43-50.
- Schrink, J. (2000). "Understanding The Correctional Counselor". In, P. Van Voorhis, M. Braswell, and D. Lester, *Correctional Counseling and Rehabilitation*. Cincinnati, OH: Anderson Publishing Company.
- Senturia, K. (2000). *Cultural Issues Affecting Domestic Violence Service Utilization In Ethnic and Hard To Reach Populations, Executive Summary*. Washington, DC: U.S. Department of Justice.
- Sue, D.W. and D. Sue (1999). *Counseling The Culturally Different: Theory And Practice (3rd ed.)*. New York: John Wiley and Sons.
- Tilley, S. and Brackley (2004). "Violent Lives of Women: Critical Points for Intervention: Phase I Focus Groups." *Perspectives in Psychiatric Care* 40(4): 157-168.
- Tjaden, P. and Thoennes (2000). *Extent, Nature, And Consequences of Intimate Partner Violence*. Washington, DC: National Institute of Justice, U.S. Department of Justice.
- Worden, A. P. (2000). *The Changing Boundaries Of The Criminal Justice System: Redefining The Problem And The Response To Domestic Violence*. Washington DC: U.S. Department of Justice *

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