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Acculturation, Partner Violence, and Psychological Distress in Refugee Women From Somalia

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This study examined the relations among acculturation, domestic violence, and mental health in 62 married refugee women from Somalia. Refugees from Somalia constituted the largest group of refugees entering the United States in 2005, and little is known about the presence of domestic violence in this group. The results showed that women who reported greater ability to speak English also reported more experiences of partner psychological abuse and physical aggression. Experiences of more psychological abuse and physical aggressions also predicted more psychological distress. Implications for future research and psychological services are addressed.

Keywords: *refugee; women; acculturation; domestic violence*

For more than 50 years, refugees have been entering the United States (Jefferys, 2006). One group of refugees that has received little attention in the psychological literature is Somalis. Somalia has experienced decades of economic and political unrest, and in 2005 alone, more than 10,000 Somali refugees arrived in the United States (U.S. Department of State cited in Jefferys, 2006). Little is known about domestic violence in foreign-born populations (Menjívar & Salcido, 2002). The purpose of this study was to examine the relations among acculturation, domestic violence, and mental health in Somali refugee women.

Prevalence data on domestic violence among immigrant populations is conflicting. Menjívar and Salcido (2002) concluded that there was no consistent empirical support indicating higher rates of domestic violence in

immigrant families, whereas Brownridge and Halli's (2002) study on a large sample of Canadian women found that women from developing countries experienced the highest rate of partner violence. Our review of the literature revealed only one qualitative study regarding African refugees (Ethiopians) and domestic violence. Sullivan, Senturia, Negash, Shiu-Thornton, and Giday (2005) conducted focus groups with 18 Ethiopian survivors of domestic violence. Participants reported that domestic violence was fairly common in their communities in both the United States and Ethiopia but that abuse was more openly displayed in Ethiopia. Despite domestic violence being illegal in the United States, the participants stated that their community did not support this viewpoint and responded to abuse in traditional Ethiopian ways (e.g., support the abuser and minimize the abuse). Given that Somalis are among one of the largest ethnic groups in Ethiopia (Sullivan et al., 2005), these findings may be reflective of Somalian women's experiences as well.

Domestic violence may be initiated or exacerbated by resettlement stressors, such as language barriers and cultural differences (Darvishpour, 2002; Friedman, 1992; Min, 2001). In general, the greater the cultural difference between the native and the new culture, the more stress. One common stressor is changes in gender roles. When resettling in the United States, refugee women may have to work outside the home for the first time and may end up working more hours and earning more income than their male partners (Menjívar & Salcido, 2002; Min, 2001). Although difficult, resettlement in a Westernized country may also provide women from patriarchal societies like Somalia with a positive experience, such as an increased sense of power and independence. The opposite can be for men from these countries, with resettlement leading to unemployment, loss of power and status, and a diminished sense of identity. Such role reversals can contribute to marital conflicts and domestic violence (Darvishpour, 2002; Min, 2001). In a study conducted in Sweden, Iranian men were overrepresented among those who were reported for domestic violence (Darvishpour, 2002). It may be that the combination of premigration trauma and the emotional turmoil associated with the immigration process may make some refugee men resort to violence as a way of reestablishing power and control (Darvishpour, 2002; Friedman, 1992; Min, 2001).

The impact of domestic violence on Somali women's mental health is unknown; however, studies on other populations document that domestic violence has detrimental effects on the victims' emotional health (Follingstad, Brennan, Hause, Polek, & Rutledge, 1991), including depression and suicidal ideation (Fergusson, Horwood, & Ridder, 2005). There is also some evidence that the mental health of refugees in general is lower than that of the

nonimmigrant population. Porter and Haslam (2005) conducted a meta-analysis of 59 studies of refugee mental health and found that refugees reported lower mental health than nonrefugees. Stutters and Ligon (2001) compared differences in anxiety and depression among refugees from Vietnam, Somalia, and the former Yugoslavia and found that levels of anxiety were highest among Somalis.

This study examined the relations among acculturation, domestic violence, and mental health in a sample of women from Somalia. Two hypotheses were posed: (a) being more acculturated to the United States (measured by better ability speaking English, longer time spent in the United States, and more American friends) will predict more experiences of partner's psychological aggression and physical assault, and (b) more acculturation and more psychological aggression and physical assault will predict greater psychological distress. Straus, Hamby, Boney-McCoy, and Sugarman (1996) categorized psychological aggression as experiences of being yelled at, called ugly and fat, and threatened to be hit, and physical assault was described as experiences of being pushed, slapped, choked, and kicked by one's partner.

Method

Participants

A total of 97 women from Somalia participated in the present study; however, only the 62 women who reported being married were included in the present study due to our interest in marital dynamics. Their ages ranged from 20 to 68 ($M = 37.93$, $SD = 12.75$). All but one identified as Muslim. The majority (52%) identified as refugees, 5% as U.S. citizens, and 3% as other. A total of 78% reported having children and the number of children ranged from 1 to 10 ($M = 4.29$; $SD = 2.95$). The average length of stay in the United States was 5 years (range: 2-10, $SD = 2.95$). Of the participants, 15 reported having had 0 to 1 year of formal education, 14 reported 2 to 7 years of education, and 25 reported 8 to 12 years of education.

Instruments

All instruments used in the present study were translated into Somali language. The translation was completed by a person fluent in both English and Somali language and familiar with both cultures, following the translation procedures described by Geisinger (1994). Next, the instruments were forwarded to a translation agency, which then proofed the translation.

The Hopkins Symptoms Checklist-21 (HSCL-21) (Green, Walkey, McCormick, & Taylor, 1988) was used to measure participants' psychological distress. HSCL-21 consists of three subscales (General Feelings of Distress, Somatic Distress, and Performance Difficulty), but due to high correlations among the subscales ($r = .82-.87$) we decided to use only the total scale. Each item is rated on a 4-point Likert-type scale (1 = *not at all* to 4 = *extremely*), with higher scores indicating more distress. In a clinical sample of refugees from Africa, Asia, the Middle East, Latin America, and Europe living in Norway, a similar measure (HSCL-25) established content validity by being correlated with other well-established measures of psychological distress (Lavik, Laake, Hauff, & Solberg, 1999). In Green et al.'s (1988) study, Cronbach's alpha for the full scale was .90. Cronbach's alpha for the present sample was .95.

The Conflict Tactics Scale-2 (CTS-2; Straus et al., 1996) was used to measure the extent to which female partners in a marital relationship were exposed to psychological and physical attacks by their partners. In this study, only two subscales were used: Psychological Aggression (8 items) that measures verbal aggression and some nonverbal aggressive behavior like stomping out of a room, and (b) Physical Assault (12 items) that measures physical abuse. Using a 7-point Likert-type scale, participants rated the number of times a particular conflict tactic was used by their partner in the last year: (0) *never* (1) *one time*, (2) *twice*, (3) *3 to 5 times*, (4) *6 to 10 times*, (5) *11 to 20 times* (6) *more than 20 times*. Higher scores indicate a higher frequency of abuse. Adequate validity and reliability have been established (Straus et al., 1996). Cronbach's alphas for the present sample were .83 for psychological aggression, and .90 for physical assault.

Acculturation was measured by the participants' perceived English ability, their time spent in the United States (year and months), and their number of American friends. Participants rated their ability to speak English using a Likert-type format (1 = *very poor*; 5 = *excellent*). In addition, demographic information was requested, including age, country of citizenship, native country, native language, education, and visa status.

Procedures

Participants were recruited through an organization that supports the adjustment of refugee and immigrant women. The survey was given to participants in a group format, and they could complete the survey in the

Table 1
Mean, Standard Deviation, and Correlation
Matrix Among Study Variables

| Variable | <i>M</i> | <i>SD</i> | 2 | 3 | 4 | 5 | 6 |
|-----------------------------|----------|-----------|-------|-------|-------|-------|-------|
| 1. Psychological aggression | 28.17 | 35.56 | .82** | .46** | .27* | .58** | .20 |
| 2. Physical assault | 38.37 | 49.97 | | .57** | .41** | .74** | .42** |
| 3. Speaking English | 2.02 | 1.12 | | | .41** | .22 | .37** |
| 4. Time | 4.90 | 2.22 | | | | .18 | .34** |
| 5. HSCL-25 | 45.55 | 16.64 | | | | | .27* |
| 6. Friends | 1.72 | 2.11 | | | | | |

Note: $n = 48-60$. Time = time spent in the United States; HSCL-25 = Hopkins Symptoms Checklist, measuring psychological distress; friends = number of American friends.

* $p < .05$. ** $p < .01$.

Somali language or English, or via the use of an interpreter. Participants were provided a small financial stipend for their participation.

Results

Table 1 reports the means, standard deviations, and a correlation matrix of all study variables. The first hypothesis was tested using two linear, simultaneous regressions. The three acculturation variables were the predictor variables and psychological aggression and physical assault were the two criterion variables. The results showed that the linear combination of better proficiency in speaking English, longer time spent in the United States, and fewer American friends predicted experiences of partner's psychological aggression, $F(3, 38) = 6.49$, $p < .00$, $R^2 = .34$. The results on physical assault showed that the linear combinations of better proficiency in speaking English, longer time spent in the United States, and more American friends predicted partner assault, $F(3, 37) = 11.13$, $p < .00$, $R^2 = .47$. In both analyses, English speaking ability was the only variable that explained unique variance in psychological aggression and physical assault.

The second hypothesis was tested using two hierarchical regression analyses (see Table 2). The three acculturation variables were entered in the first step, and partner violence (psychological aggression/physical assault) was entered in the second step. Psychological distress was the criterion

Table 2
Hierarchical Regression Analyses Predicting Psychological Distress

| Variable | <i>B</i> | <i>SEB</i> | <i>B</i> | <i>t</i> | <i>R</i> ² |
|---|----------|------------|----------|----------|-----------------------|
| Psychological distress (<i>n</i> = 33) | | | | | |
| Step 1 | | | | | |
| Speaking English | -1.97 | 3.26 | -.26 | -0.60 | |
| Time | 0.11 | 1.22 | .01 | -0.09 | |
| Friends | 1.39 | 1.48 | .15 | 0.94 | .15 |
| Step 2 | | | | | |
| Psychological aggression | 0.26 | 0.08 | .64 | 3.15** | .38** |
| Psychological distress (<i>n</i> = 32) | | | | | |
| Step 1 | | | | | |
| Speaking English | -3.84 | 3.12 | -.24 | -1.00 | .16 |
| Time | 0.48 | 1.04 | .07 | -0.46 | |
| Friends | 0.24 | 1.12 | .03 | 0.22 | .26* |
| Step 2 | | | | | |
| Physical assault | 0.30 | 0.06 | .96 | 4.80*** | .60*** |

Note: Time = time spent in the United States; friends = number of American friends.

* $p < .05$. ** $p < .01$. *** $p < .001$.

variable in both regressions. The acculturation variables and partner violence were entered separately because we wanted to examine whether experience of abuse predicted mental health above and beyond acculturation. The results for the group of women who reported experiencing psychological aggression showed that proficiency in speaking English, time spent in the United States, and number of American friends did not predict mental health, Step 1: $F(3, 29) = 1.76, p > .05, R^2 = .15$. None of the acculturation variables explained unique variance. However, adding psychological aggression to the model made it significant, Step 2: $F(4, 28) = 4.21, p < .00, R^2 = .38$. $\Delta R^2 = .22, \Delta F(1, 28) = 9.94, p = .00$, indicating that more experience of psychological aggression results in more psychological distress.

The second hierarchical regression included women who reported having experienced physical assault. The analysis showed that the linear combination of less proficiency in speaking English, less time spent in the United States, and more American friends predicted mental health, Step 1: $F(2, 28) = 3.32, p < .01, R^2 = .26$. Adding physical assault to the model revealed that it explained variance in mental health above and beyond acculturation, Step 2: $F(4, 27) = 10.23, p = .00, R^2 = .60$. $\Delta R^2 = .34, \Delta F(1, 27) = 23.09, p = .00$. Both regression analyses indicated large effect sizes and revealed that more

experiences of psychological aggression respectively physical assault are associated with more psychological distress.

Discussion

The present study examined Somali refugee women's experiences of domestic violence and its relationship with acculturation and mental health. The results indicated that women with greater proficiency in speaking English were more likely to experience both psychological abuse and physical aggression from their partners. The variance accounted for in these regression analyses were 34% for psychological abuse and 47% for physical assault, indicating large effect sizes. Perhaps the partners of some Somali women feel threatened by their female partner's proficiency in English because they experience her English ability as a painful reminder of their loss of control and their spouse's move toward greater independence and self-sufficiency. It seems possible that such language ability is associated with the women being more engaged in the U.S. society, more acculturated to U.S. values and beliefs, more independent, and possibly a greater likelihood of being employed.

It is not surprising that greater intimate partner violence was associated with increased psychological distress. Previous research has documented the negative effects of abuse on the battered woman's mental health (e.g., Fergusson et al., 2005; Follingstad et al., 1991). For the women who had experienced psychological aggression, more abuse was associated with more psychological distress. For the group of women who had experienced physical assault, the combination of less proficiency in English, less time spent in the United States, and more American friends, and more experience of assault were associated with more psychological distress. For this group, the variables accounted for 60% of the variance in mental health.

There are several implications of the present study, as it appears that for some refugee women from Somalia, greater ability speaking English is associated with more experiences of domestic violence, which in turn, are associated with more psychological distress. Mental health and other social service providers must recognize that as Somali women become more acculturated and proficient in speaking English, they may be at continued, even greater, risk for abuse. To intervene in culturally sensitive and effective ways, social service agency staff must familiarize themselves with the culture and the struggles of their Somali clients. For instance, disclosures of problems are culturally shaped. Whittaker, Hardy, Lewis, and Buchan (2005) examined the psychological well-being of Somali refugee or asylum-seeking women and

found that they seldom shared emotional problems; they regarded psychological problems as a sign of weakness, and even distanced themselves from others who were experiencing mental health issues. Hence, mental health professionals must recognize the difficulty Somali women may have in disclosing mental health problems and incidences of abuse.

Given the association between abuse and psychological distress found in the present study, Somali women are in need of mental health counseling and support services. Traditional Westernized mental health services may, however, conflict with Somali cultural traditions. Many authors have suggested the appropriateness of outreach programs and drop-in services when providing services to refugee women. Outreach services include workshops, radio programs in the native language, and involvement with women in low-income housing and homeless shelters.

The findings of this investigation must be interpreted within the context of the study limitations. Given the cultural aspects regarding disclosure, it is possible that some women may not have felt comfortable answering these questions, due to the limited privacy of the setting when filling out the surveys. Furthermore, many scales used in this study have not been validated on Somalis, some participants may have misunderstood some questions, and not all concepts and items investigated in the present study can be truly translated into another language. However, experts from the Somali culture were consulted prior to data collection and again regarding the results. Despite these limitations, this study informs us that Somali refugee women who attempt to acculturate by enhancing their spoken English proficiency may be at risk for partner abuse. In addition, the more psychological aggression and physical assault that they experience from their partner, the more psychological distress they also experience.

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