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# Using the PEN-3 model to plan culturally competent domestic violence intervention and prevention services in Chinese American and immigrant communities

Using the  
PEN-3 model

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## Abstract

**Purpose** – The purpose of this article is two-fold. First, it applies the PEN-3 model to the topic of domestic violence within the Chinese American and Chinese immigrant community. The PEN-3 model was developed by Collins Airhihenbuwa, and it focuses on placing culture at the forefront of health promotion. It consists of three dimensions: cultural identity, relationships and expectations, and cultural empowerment. The article offers practice recommendations from the PEN-3 analysis to plan culturally relevant and sensitive domestic violence prevention, education, and services targeted to the Chinese American and Chinese immigrant community.

**Design/methodology/approach** – Using existing literature in the areas of domestic violence and health, mental health, and counseling interventions with Chinese Americans and immigrants, the PEN-3 model, as an organizing framework, was applied to understand the phenomenon of domestic violence among Chinese Americans and Chinese immigrants in the United States.

**Findings** – How Chinese Americans and Chinese immigrants perceive domestic violence and how they obtain formal assistance are embedded within a larger sociocultural context including a host of factors ranging from personal, family, community, environmental, and structural variables.

**Practical implications** – The PEN-3 model reinforces the importance in addressing domestic violence within an ecological and cultural framework. Harnessing traditional Chinese value systems (i.e. emphasis on collectivism, hierarchy, patriarchy) and collaborating with the community are essential in promoting culturally sensitive interventions.

**Originality/value** – Practice articles examining the application of the PEN-3 model on domestic violence among Chinese Americans and Chinese immigrants are lacking. More often than not, culture and other social forces are minimized by practitioners who are guided by “Western ways of knowing.”

**Keywords** Domestic violence, Chinese people, Immigrants, United States of America

**Paper type** Literature review



## Introduction

Domestic violence impacts every corner of the globe regardless of culture or ethnic/racial origin. Findings from 50 different population surveys around the world show that at some point in their lives, between 10 percent and 50 percent of women

have experienced some type of physical violence perpetrated by an intimate male partner (Heise *et al.*, 1999). Increasingly, the roles of culture, race, ethnicity, minority status, community, and social forces are recognized in the professions as influencing social problems like domestic violence (Kasturirangan *et al.*, 2004). Yet, practitioners are still often guided by “Western ways of knowing,” resulting in the need to move “out of the one-size fit all model” (Chino and DeBruyn, 2006; Schiele, 1996).

Collins Airhihenbuwa’s PEN-3 Model (Airhihenbuwa, 1995; Airhihenbuwa and Obregon, 2000) is a theoretical framework that places a social issue within a cultural context in order to guide health education and interventions. Using existing literature from the knowledge base in diverse disciplines, the goal of this article is to apply the PEN-3 model to domestic violence among Chinese Americans and Chinese immigrants in the United States.

### *Definitions*

From here on, the term “Chinese Americans and immigrants” will be utilized to refer to Chinese born in the United States or Chinese foreign-born, who either recently immigrated or those who have resided in the United States for a long period of time. Domestic violence will be defined as a pattern of coercive behaviors that include physical, psychological/emotional, financial/economic and sexual forms of aggression used by an intimate partner against another intimate partner (Schechter and Ganley, 1995). Although domestic violence among lesbians is also an invisible social problem, there are unique issues pertaining to homophobia and heterosexism that influence the responses and behaviors of lesbian abuse victims (Vickers, 1996). Therefore, in this article, the focus is on male spouses/intimate partners who perpetrate different types of aggression on female spouses/intimate partners.

The term “culture” can be defined in a myriad of ways. Drawing on a classical definition, culture represents a way of life and thinking of groups of people, consisting of prescribed norms of conduct and beliefs and value systems (Gordon, 1964). Culture also involves worldviews, which encompass assumptions and perceptions about how the world operates (Sue and Sue, 1990). Culture is dynamic as human beings are not necessarily passive recipients of “culture,” rather, “culture and people negotiate and interact, thus transforming and developing each other. Rather, it is a process of continuous modification” (Choi, 2002, p. 72).

### **Domestic violence among Chinese Americans and Chinese immigrants**

The Chinese are the largest Asian group, comprising 24 percent of the Asian population in the US (US Census, 2004). Chinese Americans and immigrants in the United States are tremendously diverse in terms of their educational level, English proficiency, socioeconomic status, and acculturation. For example, there are many Chinese American families whose descendants originated from rural areas in Guangzhou (Canton) and who came to the US in the early nineteenth century. Some of these elder immigrants speak minimal English and have chosen to remain in Chinese enclaves (Wong and Fujii, 2004). They differ tremendously from more recent Chinese immigrants from Hong Kong or Singapore who may be very Westernized and highly proficient in English (Wong and Fujii, 2004).

There is a misconception that domestic violence is minimal to non-existent in Chinese American families because of the popular model minority myth, which

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perpetuates the notion that Asian Americans such as Chinese Americans have achieved the American Dream in terms of education and socioeconomic status (Wong and Halgin, 2006). This myth is then generalized to conclude that Asian American and immigrant communities do not experience social problems like domestic violence. However, current research dispels this myth. Hicks and Li (2003) surveyed 181 Chinese immigrant women in Boston and found that 14 percent reported having experienced partner violence during their lifetime. In a telephone survey with 262 Chinese American men and women in Los Angeles County, 81 percent reported verbal abuse in last 12 months and 85 percent for lifetime. Furthermore, 6.8 percent reported physical spousal abuse in last 12 months and 18 percent for lifetime (Yick, 1999). Focusing on older Chinese American women, 50 years and over, Shibusawa and Yick (2007) reported that 7.1 percent of the women and 5.6 percent of the men reported that they had experienced minor forms of violence by their spouses/intimate partners during the last 12 months. Specifically, their spouses/intimate partners had:

- thrown something at them;
- pushed, grabbed or shoved them; or
- slapped them.

Although these studies provide a glimpse about the scope of domestic violence among Chinese Americans and immigrants, it is important to recognize that many studies, including the ones described, employ non-probability sampling designs, which affect the generalizeability of the findings. Furthermore, given the sensitive nature of the topic matter, it is not clear how social desirability would affect disclosure rates.

### **The PEN-3 Model: an overview**

Crenshaw's (1994) framework of intersectionality in conceptualizing domestic violence argues for the need to utilize culturally relevant models in planning for domestic violence interventions. Although gender and patriarchal structures play key roles in violence against women, other social dimensions such as race, social class, immigrant status, sexual orientation create the intersections of power, oppression, and marginalization (Bograd, 2005; Crenshaw, 1994). These intersectionalities, for example, shape families' and communities' beliefs about seeking assistance, social and cultural perceptions about legitimacy of violence, who services are targeted to, and what interventions are developed (Bograd, 2005; Mosher, 1998). Given the importance of these social and cultural forces, the PEN-3 model appears to be a relevant model to guide health education and interventions.

The PEN-3 model was originally developed by Airhihenbuwa in 1989 (Airhihenbuwa and Webster, 2004) to guide the development of culturally competent HIV-prevention programs in Africa. The premise is that culture is the foundation of health promotion (Airhihenbuwa, 1995), and it has been used to assess an array of health behaviors from understanding attitudes and health behaviors relating to HIV/AIDS transmission among Africans (Airhihenbuwa and Kumanyika, 1996), eating patterns among African Americans (Airhihenbuwa and Kumanyika, 1996; Airhihenbuwa and Obregon, 2000; James, 2004), motivators to exercise and weight loss among African Americans (Young *et al.*, 2001), and to the development of cancer screening programs targeting African American males (Abernethy *et al.*,

2005). To date, practice articles examining the application of the PEN-3 model on domestic violence among Chinese Americans and immigrants are lacking.

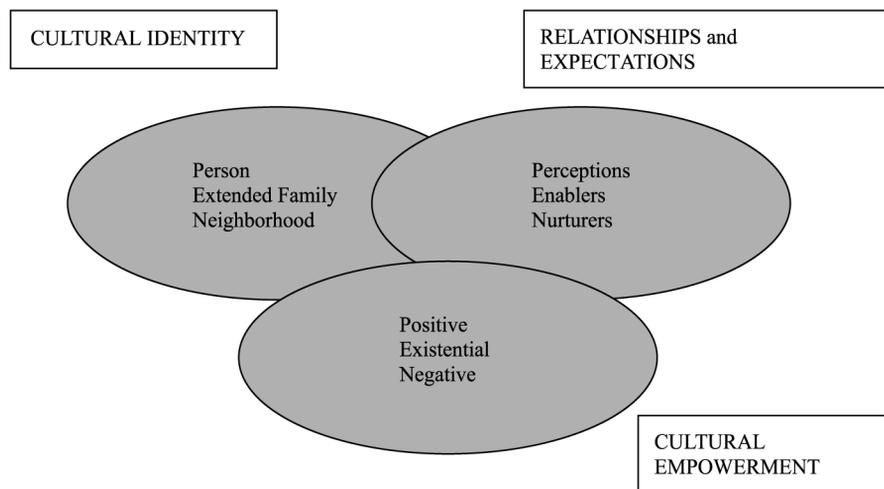
The PEN-3 model is composed of three interrelated and interdependent primary domains, each with three components. The three primary domains are cultural identity, relationships and cultural empowerment (Airhihenbuwa, 1995; Airhihenbuwa and Webster, 2004) (see Figure 1):

- (1) Cultural identity identifies the persons, extended family, and neighborhoods that should be addressed in health education. Individuals within each category should be educated and empowered to make informed health decisions appropriate to their roles in the family and community.
- (2) Relationships and expectations explores the intended audience's perceptions of health information and the factors that enable and nurture health behaviors.
- (3) Cultural empowerment encompasses the positive, existential and negative dimensions of a person's culture that can be used to empower individuals to adopt healthy behaviors.

**PEN-3 Model: application to domestic violence among Chinese Americans**  
*Chinese immigrants*

*Cultural identity.* The cultural identity dimension of the PEN-3 model, presented in Table I, identifies external forces such as families, extended family networks, and the community that might be supportive and/or likely to resist health education.

*Persons.* Chinese American and immigrant women are obvious target groups for domestic violence education. Traditionally, community education encompasses raising awareness of the existence and the magnitude of domestic violence so as to empower women (Hollander, 2005). Yet, in traditional Chinese culture, the individual is not the primarily focal point. Rather extended family systems need to be taken into account since collectivism is emphasized. Individuals' identities and roles are embedded in



**Figure 1.**  
Illustration of the  
PEN-3 model

Persons (likely to be supportive, +)	Extended family (likely to resist, -)	Neighborhood (may be both + and -)
Chinese Americans and immigrant women in general Immigrant and non immigrant Chinese American women who experience domestic violence Extended family and friends of those in domestic violence situations Services providers who work with Chinese Americans and immigrants (i.e. medical professionals and health educators; social workers; clergy; employers)	Abusive partner not open to change Family and relatives who believe family issues should remain private Family and friends who believe domestic violence is part of the cultural norm	General mistrust within Asian American and immigrant communities to utilize existing programs (-) Chinese American and immigrants' misperceptions that mental health and social services are Western (-) Few communities offer culturally relative services to help Chinese American and immigrant women and children experiencing domestic violence (-) Churches, temples, and/or religious/spiritual places of worship in communities can offer social support and be used to deliver programs (+/-)

**Table I.**  
Cultural identity dimension of the PEN-3 model and application to domestic violence among Chinese American and immigrant women in the United States

larger social and family structures (Chung, 1992; Jung, 1998). Consequently, the notion of individual empowerment may not necessarily resonate with this population.

Another target group includes service providers. Battered women will initially seek assistance from family and friends, but as the violence escalates, they are more likely to seek help from formal agencies (Panchanadeswaran and Koverola, 2005). Service providers need to understand how domestic violence is connected to racism and hierarchical systems of domination such as sexism, classism, and homophobia (Huisman *et al.*, 2005).

*Extended family.* The second column in Table I examines those parties within the extended family system who might be resistant to domestic violence interventions and education. First, husbands and male intimate partners may not be open to change, particularly those who adhere to patriarchal and cultural beliefs that women are their husband's property (Rimonte, 1991). Furthermore, family members who believe that domestic violence is a private family affair may be also be resistant. The third group may include those who adhere to rigid gender role expectations and the belief that violence is a culturally acceptable means to keep women in their place (Rimonte, 1991). The "Three Submissions," a Confucian principle, maintains that females are first to be subservient to their fathers, then to their husbands, and finally to the eldest son when widowed (Tran and Des Jardins, 2000). Xu *et al.*(2001) argue that Confucianism laid a cultural and legal platform for norms that perpetuate the submission of Chinese women.

*Neighborhoods.* The third column in Table I identifies larger social and institutional structures within neighborhoods or communities that promote or impede domestic violence education/prevention efforts. Many Chinese Americans and immigrants are reluctant to seek formal assistance for emotional and psychosocial problems, relying instead on family and friends (Kanuha, 1994; Kung, 2003; Leung and Cheung, 2001;

Yick, 2001). This may be due to a general mistrust of a system that is primarily western, white and middle class-oriented (Kanuha, 1994) and unfamiliarity with western mental health modalities that emphasize emotional expressiveness (Leung and Cheung, 2001). Similarly, many domestic violence interventions (i.e. terminating abusive marriage, seeking shelter, obtaining protective orders) are based on western ideologies of individualism, which may be culturally dissonant (Yick, 2001).

The pastoral and/or other religious/spiritual settings in neighborhoods may prove to be a vital outlet for domestic violence services as they are often viewed as havens. Yet pastoral leaders, lay leaders, and congregants are often conflicted with biblical passages about male headship and authority, submissive role of women, and forgiveness (Bent-Goodley and Fowler, 2006).

*Relationships and expectations*

Table II summarizes the relationships and expectations, which impact the perceptions of health behavior and factors that either enable or nurture health behavior.

*Perceptions.* Understanding perceptions of victimization and their meanings and disclaimers can help identify situational factors that promote domestic violence and conversely prevent domestic violence (Sutherland, 1947; Tang *et al.*, 2000). For example, there is an underlying “moral code” that exists about what situations justify

Perceptions (likely to resist, -)	Enablers (likely to be supportive, + or likely to resist, - or both (+ and -))	Nurturers (likely to be supportive, + or likely to resist, - or both (+ and -))
Attitudes toward domestic violence	Family members and loved ones who provide support (+ and -)	Closed community System (-)
Differing beliefs on what constitutes abuse (-)	Programs and education that address the entire family (- and +)	Existing programs and services are not culturally relevant (-) (sources)
Attitudes sanctioning use of domestic violence (-)	Social groups within the community (+ and -)	Immigrant women are often considered hard to reach (-)
Cultural attitudes, beliefs, and values	Religious and spiritual leaders (+ and -)	Family and friends do not support changes (-) (sources)
Filial piety – respect ing elders and family members is valued – leaving may lead to family discord (-)	Training for jobs, and independent living (+)	Community accountability (+)
Suffering and perseverance are admirable traits (-)	Programs that include independent housing, education, childcare, legal assistance, and other concrete social services (+)	Key female family and friends can encourage help seeking behavior (+)
Traditional Confucian tenets promote set hierarchy structure and role of obedient and subservient wife (-)	Services provided in same language (or option of using interpreters) more effective (+)	Programs that work within religious values and embrace positive aspects of culture (+)
Fatalism may contribute to non-help seeking behavior (-)	Institutional racism (-)	Programs and services that are where women frequent (i.e. market; church; women’s groups; play groups for children; medical clinics) (+)
Belief that children will be taking away if help is sought (-)	Lack of cultural linguistic and relevant services (-)	
Divorce brings shame to the family (-)	Not able to read or speak English (-)	
	Lack of transportation, childcare (-)	

**Table II.** Relationships and expectations dimension of the PEN-3 model and domestic violence among chinese americans and immigrants in the United States

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the use of violence (Agbayani-Siewert and Yick-Flanagan, 2001; Foo and Margolin, 1995; Yoshioka *et al.*, 2001).

Definitions about what constitutes domestic violence are also influenced by variables such as age and gender. Yick and Agbayani-Siewert (1997) found that older Chinese Americans were less likely to define various psychological, sexual, and physical forms of aggression as domestic violence compared to their younger counterparts. Chinese men were more likely to emphasize physical harm and intentionality whereas Chinese women were more open to considering psychological dimensions as part of the definition of abuse (Tang *et al.*, 2000).

Traditional Chinese cultural values and religious belief systems can be viewed as the “glue,” that governs thought processes, social relationships, and normative conduct (Lum, 1999), all of which can impact domestic violence. Confucian values emphasize conforming to principles about social relationships. The husband/wife relationship is an important relationship that is marked by a distinctive authority structure where husbands are the head of the household, and wives are to be obedient and subservient with the sole purpose of keeping the family intact (Ho, 1990; Xu *et al.*, 2001). Similarly, Buddhist doctrine maintains that life is painful, and long suffering and perseverance are desirable traits (Jung, 1998). In both instances, adherence to traditional cultural or religious norms may hinder a Chinese woman from leaving an abusive relationship for fear of being labeled as a bad mother or wife (Yick, 2001) or fostering a fatalistic orientation that she has to persevere despite the abuse (Ho, 1990; Lee, 2000).

*Enablers.* Family systems, social groups, religious and spiritual networks, and community organizations can be positive agents of change; yet, a counterargument can also be made that these same enabling vehicles can also impede change. Priests, pastors, and other faith-based leaders can provide hope and support, which can contribute to resilience, coping, and healing (Hassouneh-Phillips, 2003; Senter and Caldwell, 2002). Yet simultaneously, in some religions such as Judeo-Christian religious orientations, patriarchal messages that emphasize God-given authority of husbands can trigger shame and guilt when domestic violence victims contemplate leaving abusive marriages (Bent-Goodley and Fowler, 2006; Senter and Caldwell, 2002).

Other structural and societal factors can enable domestic violence victims to seek help. Programs that offer job training, legal assistance, childcare, and other concrete services can empower battered women (Websdale and Johnson, 2005). Yet, for Chinese immigrant women who are not proficient in English, these services must be both linguistically and culturally appropriate to reduce premature termination of services (Jackson *et al.*, 2001). Sometimes, institutional racism is embedded in organizational structures. The lack of diverse representation in staffing, for example, can lead to programs that are not sensitive to the specific needs of immigrant women (Weil and Lee, 2004). Traditional nine to five hours of operation may not be conducive for immigrant women to access services if they lack transportation or childcare. Nor will they likely seek services when staff cannot communicate with them (Weil and Lee, 2004).

*Nurturers.* The extent of “nurturers” (such as family, friends, and the community) who may or may not be supportive to behavioral change needs to be evaluated. Chinese American and immigrant women who reside in ethnic enclaves for the most part live in a closed system. Because of their disadvantaged social and economic positions (Eng, 1995), they may feel that they have to resort to services within their own community,

which can place them further at-risk if someone in the community, including the perpetrator, finds out. Because immigrant women are often considered “hard-to-reach” populations, community agencies may not always target these groups to develop culturally relevant and sensitive services.

Members within a community can act as a source of accountability for perpetrators. Almeida and Durkin (1999) favor recruiting cultural community sponsors to “expose” domestic violence incidences for public scrutiny. This breaks the secrecy of domestic violence, which can ultimately reshape notions of patriarchy. As the community becomes more involved, they, too, can assist in developing interventions that align with Chinese American and immigrant women’s cultural and religious/spiritual value systems. Domestic violence interventions that are highly visible and woven into the daily lives of women such as services that are located where women frequent (i.e. grocery stores, playgrounds, markets, churches, temples, and other spiritual institutions, etc.) can minimize the shame.

*Cultural empowerment*

Table III highlights the final dimension of the PEN-3 model, which includes the positive, existential and negative dimensions of a person’s culture that can be used to empower the client toward a health behavior change positive behaviors include beliefs or activities that would promote the reduction of domestic violence in Chinese American and Chinese immigrant communities. Existential behaviors encompass practices that are neutral; that is, they have no adverse health consequence and do not need to be changed. Finally, negative behaviors entail beliefs and practices that are harmful and should be modified so as to reduce domestic violence in the Chinese American and immigrant community (Airhihenbuwa, 1995).

*Positive behaviors.* The Chinese have typically been characterized as family-oriented and collectivistic (Lee, 1996). Family systems can act as accountability mechanisms

Positive behaviors	Existential behaviors	Negative behaviors
Value emphasizing collectivism in enlisting family, social, and religious supportive networks for assistance	Emphasis on the balance of the yin and yang Concept of qi	Relegating individual needs to familial and communal needs Fatalism and perseverance (from leaving relationships)
Value focusing on harmony (ensuring children’s welfare)		Keeping silent to avoid conflict Shame and loss of face, keeping violence hidden
Religious values stressing perseverance (keeping women from returning to abusive relationships)		Pressure to maintain harmony, status quo, conflict-free relationships
“Collaborating” with other women with cultural circle		Maintaining hierarchal and patriarchal authority Attitudes about women as property and use of dowries Pressure to maintain the “model minority myth” Racism perpetuates “model minority myth”

**Table III.**  
Cultural empowerment dimension of the PEN-3 model and domestic violence among Chinese Americans and Chinese immigrants in the United States

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where the perpetrator's actions are monitored. Rao (1997) and Koenig *et al.* (2003), for example, found that the presence of the wife's family members and other extended family living with or close by were associated with lower risks of violence in Asian Indian families.

Maintaining harmony in interpersonal relationships is an important cultural value, and this cultural value can be extended to educating women about the effects of domestic violence on their children's welfare. The literature, for example, shows that children who reside in homes where there is domestic violence are physically abused and neglected at a rate that is 15 times higher than the national average (Osofsky, 2003).

Finally, garnering support and assistance from women in cultural networks could be utilized to reduce or prevent domestic violence. The migration process for immigrant women may reconstruct patriarchy (Gold, 1989; Kibria, 1999; Sotelo, 1992). Kibria (1999) describes how Vietnamese immigrant families have had to rebuild their networks in the United States, and how women ultimately decide who to incorporate into the network. Frequently, husbands' relatives are relegated in importance, and other fictive kin, specifically other women, are included into the new "family system" (Kibria, 1999).

*Existential behaviors.* These behaviors are cultural but are not harmful, and therefore, they should not be targeted for change (James, 2004). One example is the Chinese's conceptualization of illnesses and medicine, which is rooted in the principles of ying-yang and the concept of qi (Taylor and Willies-Jacobo, 2003). The Chinese view the body and mind as energy (i.e. qi) with vital substances that are continually interacting with one another, and illness occurs when this balance is disrupted (Wang, 1996). This in itself does not necessarily affect domestic violence but it may have implications on domestic violence education and training for traditional healers as domestic violence victims may not necessarily seek mainstream avenues of assistance like physicians and other healthcare providers for fear of stigma.

*Negative behaviors.* Many of the negative behaviors highlighted in Table III have been discussed. The cultural tendency to avoid conflicts in relationships and to promote harmony and family cohesiveness can promote the silence of domestic violence (Ho, 1990; Yick *et al.*, 2003). Adherence to hierarchal and patriarchal authority structures can reinforce the message that women are property. In some Asian countries, the practice of giving dowries to the groom's family appears to precipitate domestic violence (Rao, 1997). Finally, community leaders promoting that Chinese Americans have achieved the American Dream and minimizing the magnitude of certain social problems can also exacerbate the invisibility of domestic violence (Wong and Halgin, 2006).

### **Suggestions for practice, policy, and research**

Each of the three dimensions of the PEN-3 model can be used by health educators, social workers, and counselors to guide domestic violence education, prevention, and interventions with Chinese American and immigrant communities. The following include some suggestions for each of the three dimensions of the PEN-3 model.

*Dimension 1: cultural identity (persons, extended family, and neighborhoods)*

- In collectivistic societies, the family needs to be at the forefront of education and intervention planning. A woman who decides to leave an abusive marriage is not making that decision in a vacuum – she may have to gain the support and approval from her elders or other family members.
- Collaborating with members of the community (i.e. church leaders and/or faith or spiritually based leaders, respected community leaders, business owners, physicians and health workers, etc) in all stages of program development and implementation to promote community ownership and “buy in” are essential.
- Churches, temples, and other religious/spiritual places of worship can play influential roles in raising awareness within a community to dispel myths and misconceptions about domestic violence. However, religious and other faith/spiritual-based leaders may need to reconcile scriptural or faith based beliefs and interpretations about the male authority or headship in the home and how these interpretations may perpetuate the cycle of domestic violence.

*Dimension 2: relationships and expectations (perceptions, enablers, and nurturers)*

- Since some Chinese American and immigrant communities are closed systems, respecting privacy and confidentiality are vital.
- Domestic violence education and prevention programs need to be visible where women frequent. Grocery stores, churches, temples, salons, libraries, community centers, hospitals, community gardens, and schools may serve as venues where programs can create awareness of the social problem and provide domestic violence services. Chinese speaking radio and television programs can be important vehicles to spreading this message.
- Empowering women to dialogue within families, friendships, or community platforms can motivate them to seek support in leaving abusive situations.
- Modeling positive behavior is important to change cultural “norms” which might be harmful to women. Men helping other men identify and seek help for abusive behaviors can overturn harmful traditional interpretations of cultural beliefs.
- Promoting awareness about the legal rights of individuals who experience abuse is imperative. Immigrant women, especially, may feel they have no power and may not understand that help *is* available to them.

*Dimension 3: cultural empowerment (positive, existential and negative behaviors)*

- Identifying positive cultural values such as respect, family, forgiveness, and harmony within relationships can strengthen the cultural relevancy of programs and improve program outcomes. A program which accentuates the positives and does not “shame or blame” can be much more motivating and inclusive.
- Assessing and dialoguing about the cultural factors, which negatively impact health behaviors is essential. It is important to allow all parties (within the family, neighborhood, and professional community) to have a voice in analyzing the issue from a cultural context. Ownership, action, and empowerment can be emphasized from the onset leading to better community participation and support.
- Harnessing existing community network structures that include women who can help reshape or equalize patriarchal relationships.

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## Conclusion

As Airhihenbuwa (1995) wrote, “each culture creates its own response to physical and social ills which are a culturally shaped reaction to a socially created reality” (Airhihenbuwa, 1995, p. 7). While the importance of “culturally competent,” “ethnic sensitive,” and/or “culturally relevant” prevention and intervention efforts have not been overlooked in the current knowledge base (Airhihenbuwa and Webster, 2004; Airhihenbuwa, 1995; Abernethy *et al.*, 2005; Chino and DeBruyn, 2006; Leung and Cheung, 2001; Schiele, 1996), the application of this research to everyday practice is still lacking (Pedersen, 2006). At present, culturally competent domestic violence prevention and intervention service delivery systems specific to Chinese American and immigrant populations are minimal. Perhaps, in part, this is due to the overall poor application of theory in the field and the greater need for applying the correct theory. For example, how individuals access formal assistance is a complex social phenomenon, which requires explanatory theories that go beyond individual motivations. It is not simply a rational decision; rather, it is embedded in within a larger sociocultural context with a host of factors ranging from personal, family (and beyond the nuclear family systems), community, environmental, and structural variables (Pescosolido and Boyer, 1999). The PEN-3 model validates the importance of these sociocultural factors and offers professionals from a multitude of disciplines (health, social work, law enforcement, education, etc.) a way to address behavior (i.e. domestic violence) within a framework that works with the culture, not against or without it.

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