

Working Group on Violence Against Asian Women and Children – Summary – July 19, 2016

In attendance:

Working Group Members

Claudia Waring (Chair), MayTong Chang, Raj Chaudhary, Melissa Chiodo, Shellie S. Enright, Veena Iyer, Hannah Laniado, Sushila Shah, and Zha Xiong

State Staff

Council on Asian Pacific Minnesotans: Anjuli Mishra and Dave Sukharan

Minnesota Department of Health: ThaoMee Xiong, Xiaoying Chen and Amira Adawe

Minnesota Department of Public Safety: Raeone Magnuson

Rainbow Research, Inc.

Gifty Amarteifio, Katie Fogel, Mary McEathron, Pang Moua, Dr. Ruby Nguyen (Consultant/Univ. of MN), Lis (Elisabeth) Palmer, Beki Saito, and Razeena Shrestha

Guests: Ankita Deka, Shirin Johnson

Unable to attend:

Working Group Members: Gail Chang Bohr, Crystal Brown, Dokor Dejvongsa, Jewelly Lee, Jonathan Tran, and Der Yang

Everyone in both the working group and staff from the State received a packet that included:

- An Agenda
- A document with 'Research Questions' and 'Method and Source'
- The Study Design
- An Organization List
- Research Article: "Fact Sheet: Domestic Violence in South Asian Communities"
- DRAFT Survey for the Working Group (WG)

I. Welcome and Introductions

Claudia Waring, chair of the working group (WG) welcomed the WG members and started the meeting off with an ice breaker. She asked the participants to share with a partner why they were there and what drew them to the work. Participants took turn to introduce their partner to the whole group.

Claudia went over the agenda for the meeting. She reviewed the legislative requirements and recapped June's meeting highlights and the duties of the WG.

II. Research Design

Beki Saito, Principal Researcher for the study from Rainbow Research began the Research Design presentation by sharing the questions that guide the work from the document of Research Questions and Method and Source. She explained each of the headers of the columns and then went over key questions. Her ask to the group was to decide on additional types of violence that had to be included in the survey.

Beki then moved on to the Study Design document. She explained that the purpose of the prevalence study was to provide data in numbers and percentage. The prevalence survey will be conducted statewide through US mail. This opened up a discussion, in which the WG members asked and posed concerns that were addressed by both Dr. Ruby Nguyen, Prevalence Study Lead, and Beki:

- *Questions about the mailing method:* Is the mailing service secure? Who is providing the names of Asian women statewide?
 - Answer: Additional information about the survey will be sent out so they can understand it.
 - Answer: The list of names of Asian women in MN will be purchased from mailing service.
- *Questions about the participants' demographic:* Will it include those who are mixed? Will Karen, Bhutanese, Hmong and newer immigrants be included? Would you be open to purchase a list from the Asian Indian community?
 - Answer: By purchasing the mailing list the survey can be conducted statewide. In addition, we will work with community organizations to collect convenience samples.
 - Answer: There will be limitations and that is why the mail survey will be supplemented with the convenience samples.
- *Questions about study promotion:* Besides the flyer, what other community specific outreach and engagement methods were considered? Example: Hmong Radio. Will there be campaign so more people can respond? Concerned about low literacy.
 - Answer: Understanding that there are limitations to reaching all Asian women in Minnesota, there will be a convenience sample that will give participants an option to respond face to face in their language and at various secure community organizations' sites; potentially partnering with community organizations for an event day to collect samples.
 - Answer: Prior to collecting the data, there will be a study promotion season. This includes the flyer being distributed to major stakeholders prior to the survey. The purpose is to encourage people to anticipate survey materials and be willing to respond.
 - Answer: Other outreach methods and suggestions were welcomed. Names of other community organizations not included in the handout list were asked to be added to a blank page and would be followed up with.
- *Questions about data collection:* What is the likely response rate? Will there be enough data if the response rate is low?
 - Answer: 40% is the common response rate for similar research. Two strategies to increase the response rate is to send out more surveys and partner with community organizations to hand them out.
 - Answer: Survey collection in the field will begin in September. If there is data collected by November, there will be data to report because the statistics are basic and clear.

III. Qualitative Data: Asian “Stories” of Violence

Beki introduced the qualitative portion of the study by explaining the importance of stories in the final report. She said that the stories will provide information that the numbers cannot tell and bring out certain unique stories about Asian women who have experienced violence that legislators need to hear. She asked the group, “What stories need to be told about the Asian women’s experience of violence?”

The members brainstormed on types of stories that should be included. Then Beki asked each member to highlight their top three areas to be included in the study. With an additional conversation about clustering certain topics together, the top four were selected through voting:

- Cultural norms/pressure/psychological control (Visa, fear, etc.)
- Violence from in-laws and family members
- Intergenerational violence, including historical trauma and cycle of violence
- Non-Metro stories

Claudia then asked the group if there was a motion to move forward with the top four areas. Dr. Zha Xiong motioned to accept the four identified areas for the qualitative study. MayTong Chang asked if the prevalence survey study will include both metro and non-metro women. Beki answered affirmatively. Veena Iyer seconded the motion. The motion passed with no objections.

IV. New Prevalence Survey

Dr. Nguyen resumed the meeting by introducing the prevalence survey. She went over the survey questionnaire and discussed its limitations. She noted that limitations for Asian women could include English comprehension, length of acculturation, and the assumption that the Asian women aren’t always the one who open the mail. She then went over the main strengths of the prevalence survey. She stated that the prevalence survey is a gold standard method and it is also cost-efficient. The hope was for women to be able to complete the survey in about 15 minutes. She added that the amount of time it takes to complete the survey was tested once and that it would be tested again. The first section was ‘About You’ and the women would be free to skip any of those questions. A WG member asked if they could ask questions regarding the survey questions. Dr. Nguyen said the discussion was open to address missing major topics or clarifying questions.

Dr. Nguyen continued by introducing each section of the survey and concurrently answering questions and comments.

Section: About You

Many of the questions raised about this section were related to terminology, wording of the questions, and splitting up questions for further study.

- “Wording is too heteronormative”
- Is ‘Resettlement area’ easily understood?
- Rephrase question #2 in order to see generational differences
- ‘Divorce’ and ‘Separated’ should have its own boxes, they’re not the same

Section: General Health

Dr. Nguyen stated that a history of health among Asian women was associated with abuse and connected to how they felt. Some of the questions were taken from validated instruments about general health. Questions and comments about this section were related to minor spell checks, additional questions for more information, and language and/or terminology.

- Add a question about spouses' employment in order to understand theme of power and psychological control
- Clarify language about medical card
- Why is there no question about individual drinking? Dr. Nguyen's response was that it is likely that it is the partner who drinks and not the women
- Is smoking included in capturing the partner's habits?
- Add another question about using other drugs (e.g. opiates, illegal drugs)
- Include standardized depression scale and include non-diagnosed mental health questions
- In the health insurance question include those who may be insured but have high deductible
- Add a question to see if participant has access to insurance card
- Dr. Nguyen highlighted the need to shorten the survey in order to prevent respondents from skipping questions or to avoid participant survey fatigue.

Section: Culture and Language

Dr. Nguyen noted that this section did not include level of acculturation of the perpetrator. Questions and comments that came up for this section were around the scale of the questions and wording choice.

- Question #27 does not effectively measure acculturation
- Question #27 could be a question more about access to food from a responder's own culture
- Switching from 'Group of origin' to 'Country of origin', helps participant to decipher between their own language from their country's language
- Adding parallel questions for the perpetrator, in which Dr. Nguyen said, "Literature says it is important"

Section: Childhood Events

Dr. Nguyen asked if the group wanted to add any additional question to the section. Dr. Zha Xiong asked if measurement scale in Question 30 was designed to ask participant about their experiences before age 18. Dr. Nguyen affirmed.

Section: Events as an Adult

Dr. Nguyen mentioned that the section included questions about stalking from the Crime Victimization form. Questions 32 and 33 were altered to include additional response options about who the perpetrator is. She then asked if there were any groups of people that were left out of the answers for those two questions. A couple of the members expressed confusion over the point of perspective of the participant for this section. Other members wanted to include more questions around the scope of the relationship.

- Language is inconsistent
- It can cause confusion for participant if 'Your family member' is separated from 'Your in-laws'
- Include questions pertaining to polygamy, living situation with current or ex-partner, and if the participant is married legally and/or culturally.

Section: Disclosure

Dr. Nguyen said the first set would collect information on police reporting and the possible reasons the police were not contacted in these cases. The second set was to collect disclosures to non-police service providers.

Section: Community Services and Resources

The questions and comments made about this section were around suggestions to the answer options and question formatting strategies.

- What is 'Practical help'?
- Include in the options: shelter, safety planning, 'Who to call', 'Where to go'
- Would like the legislators to know about the complexity of sheltering, especially in the case that there are 4 to 5 children
- Service transportation
- Potentially consolidating questions 35 with 36 and 38 with 39
- Survey where people are currently receiving services in order to better market service

Section: Cultural Norms

Dr. Nguyen said this was discussed in the last meeting.

Section: Sexual Trafficking

The members were asked if there were any suggestions to reduce the sensitivity of the section. In this section of the survey, the members' main questions pertained to the language around what constituted as sexual exploitation and additional questions to broaden the scope to include more types of abuse.

- Do you feel you need to be intimate with your partner to ensure your safety or the safety of your children?
- Does it matter if you disobey them? Is this the correct language?
- At this question, Dr. Nguyen said that they will keep some standardized scale for the reason of comparison, but they can add questions.
- Broaden the language to include not just husband/male, but also family members, in-laws, adult children, etc.
- Will the questions collect data on Abusive International Marriages? How can the survey better measure it? Does it only occur in cases of polygamy?
- Other types of violence that are missing from the survey: elder abuse, community/gang violence, self-harm, micro-aggressions, violence related to war. Do they need to be included?
- Include spiritual abuse, it is a significant factor to why some women stay in relationships (e.g. Shamanism in the Hmong community, believes that without a husband there won't be a proper burial at death, hence the soul will not reincarnate)

Working group members motioned to 'Accept' the survey as is and to not include self-harming violence. A member asked if there will be one more feedback session. Dr. Nguyen said, "Yes, the final draft survey will be sent out to everyone for review." Beki said that they'll be leaning on the WG to help with the interview process, specifically for advice on places to conduct convenience samples.

V. Community Sharing Event & Closing

Xiaoying Chen, Project Lead at the Center for Health Equity at the Minnesota Department of Health, made an announcement about the community gathering event to be held towards the end of the project period. She said that Razeena Shrestha, Project Manager at Rainbow Research would be sending out a doodle poll to WG members along with information about the third WG meeting. She believed that by the next meeting there would be some data to share with the WG and the community. Claudia

added that Xiaoying was the point person for the swift forms and the expense report for member reimbursement.

MayTong added that she would be presenting at a workshop at the MNCASA symposium on August 15th, if anyone wanted to know more about the Abusive International Marriages (AIM) report. Hannah Laniado, WG member added that it was a two day symposium but if anyone wanted to see just one session they can connect with her.

To close off, Claudia asked the members to share a word to describe how they felt about the meeting.

Meeting was adjourned at 12pm.

PO Box 64975
St. Paul, MN 55164-0975
651-201-5813
health.equity@state.mn.us
www.health.state.mn.us
8/19/16