

Family Violence Assessment and Intervention within Newcomer Communities

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Minnesota Center of Excellence in Newcomer Health

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Learning Objectives

- Describe strategies to complete a cross-cultural family violence screening in a health care setting
- Identify safety planning strategies and ethnic community supports

Today's Speakers



Amirthini Keefe, MSW LICSW
Domestic Abuse Project



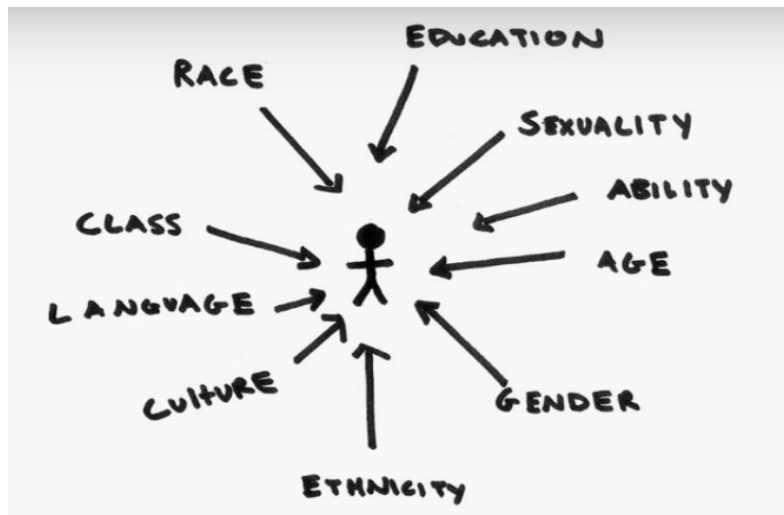
Patty Shannon, PhD LP
University of Minnesota
(Moderator)

Definition of Domestic Violence (DV)

A socially sanctioned, *learned*, and chosen pattern of hurtful behavior used to gain power and control over an intimate partner or family member which adversely affects individuals, family, and communities.

Types of Violence: Physical, Sexual, Emotional, Psychological, Financial, Cyber/Technological, Reproductive, and Systemic

Expanding our Understanding of Domestic Abuse



While DV is rooted in power and control, it is influenced by the intersectional experiences and identities of both parties, their lived experiences and their resulting capacities.

How can we respond to violence in ways that not only address the current incident of violence, but also help to transform the conditions that allowed for it to happen?

- Mia Mingus, Transformative Justice Practitioner

Global Context

- Abuse rates among immigrant women are as high as 49.8%, almost three times the national average.
- At least 41% of surveyed Latinx individuals believe that the main reason undocumented survivors of IPV don't seek help is because they fear that their undocumented status will be uncovered or exploited in the legal process.
- 14% of participants reported experiencing problems in accessing IPV services due to immigration issues, some reported they were denied IPV services for lack of proper identification.
- 65% of immigrant victims report some form of immigration related abuse.
- Among abusive spouses who could have filed legal immigration papers for victims, 72.3% never file immigration papers and the 27.7% who did file had an average delay of 3.97 years.
- Political climate impacts reporting (Example: sexual assault reports in Houston are down 42.8% from 2016, and those reporting other violent crimes registered a 13% drop).

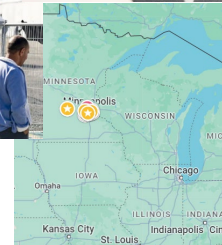
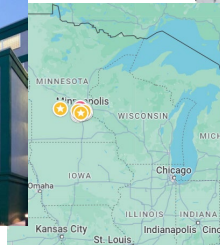
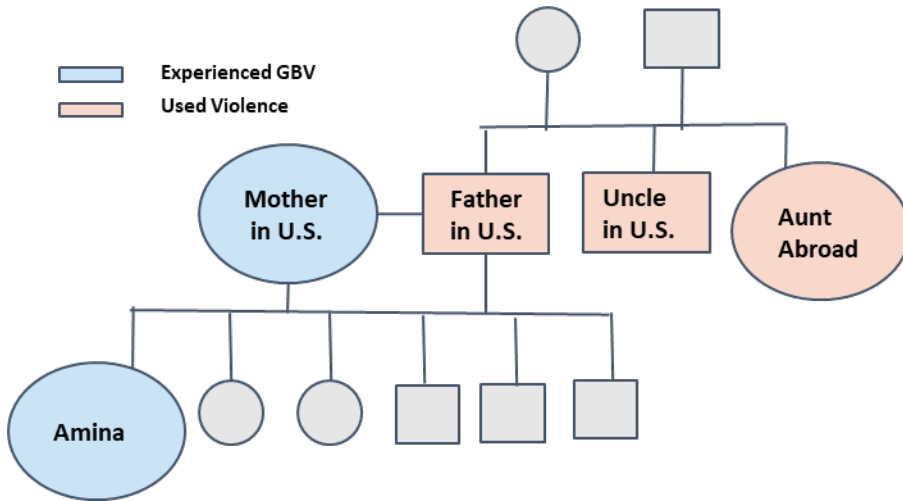
Systemic Violence in Newcomer Communities

- Refusing to file immigration papers on the abused partner's behalf.
- Threatening to withdraw the abused partner's immigration case.
- Withholding financial resources unless the undocumented partner continues to work with false documents.
- Threatening to call the Department of Homeland Security to have the undocumented partner deported.
- Cancelling or rescheduling asylum interviews.
- Threatening to not be a witness who will testify on behalf of the victim in an asylum case.
- Threatening to harm or not financially support family back home.
- Threatening to separate them from their children.

Cultural and Family Norms

- How does **the person you are working with** define domestic violence? What do **they** consider harmful and what do **they** want help with?
- Do they come from an individual or collectivistic culture? What would help them feel strong as an individual and as a community member?
- What is a way you could safely get them involved in services that would reduce isolation and could lead to a slow exposure to U.S. laws, norms, and information about individual rights

Amina



First Point of Access

- Gynecology exam
- Emergency room visit
- Dental exam
- Preventative care/wellness exam



Setting up an Assessment

Language Issues

- Do not use children or relatives as interpreters
- Do not assume individuals who are attending appointments with individual you are screening are safe interpreters
- Assess if identified interpreter has any connection to family
- Make sure person you are screening is comfortable with interpreter
- Explain to interpreter that they should interpret everything that you say and everything that your patient is saying and not leave anything out, regardless of their own personal opinions.
- Best Practice: Build relationships with interpreters or interpreter agencies and ensure that they are trained around domestic violence so that you know they will interpret in an unbiased and ethical manner.

Setting up an Assessment (continued)

Screen for domestic violence in a private environment

- If unable to have a private and safe conversation, do not ask due to possible risk to female. Arrange for another meeting time.
- **Tip:** In order to screen female family member alone, state “I need to talk with [female patient’s name] about women’s issues and complete a women’s health screening. Can everyone leave the room?”
 - *Note that victim survivors are unlikely to disclose any concerns if their female in-laws are in the room.

HARK

H → HUMILIATION

- Within the last year, have you been humiliated or emotionally abused in other ways by your partner, ex-partner, family member or member of your household?

A → AFRAID

- Within the last year, have you been afraid of your partner, ex-partner, family member or member of your household?

R → RAPE

- Within the last year, have you been raped or forced to have any kind of sexual activity by your partner, ex-partner, family member or member of your household?

K → KICK

- Within the last year, have you been kicked, hit, slapped or otherwise physically hurt by your partner, ex-partner, family member or member of your household?

One point is given for every yes answer; a score of > 1 is positive for IPV.

Screening for Domestic Violence

- Use questions that are direct, specific and easy to understand.
- Explain the reason you are asking the question to minimize stigma and create openness.
 - Violence against women and children are unfortunately common.
 - We ask all our patients for their safety. We want you to know that this conversation is private.
 - We will not share any of this information except these specific mandated reporting cases: Explain mandated reporting.
 - “Many women (girls, boys,...) in [country] experience problems with their husband, or even with someone else they live with. I have seen women (girls, boys,...) who have experienced trouble at home. Experiencing such problems can have an important impact on our physical and mental health. Some people are too afraid or uncomfortable to bring it up themselves so I am asking about it because I want to make sure you know that it is ok to talk about and that there are people to support you here. Anything you say to me will be kept between ourselves. Would it be ok for me to ask you some questions?”

Supportive Statements

- There is no excuse for domestic violence.
- No one deserves to be abused.
- Violence is not your fault. Use of violence is a choice that your partner is making and they can learn to stop.
- You are not alone. There are people you can talk to for support, shelter and legal advice.
- This is a very difficult situation and it must be hard for you. We are here to help you when you are ready.

What Not To Do

Don't...

- Bash the abuser. Focus on the behavior, not the personality.
- Blame the victim. That's what the abuser does.
- Underestimate the potential danger for the victim and yourself.
- Promise any help that you can't follow through with.
- Give conditional support.
- Do anything that might provoke the abuser.
- Pressure the victim.
- Give up. If they are not willing to open up at first, be patient.

Components of Safety Planning

Safety Plan – a personalized and specific plan to keep yourself safe when experiencing abuse.

Can also require the following:

- Assessment of client's mental health
- Assessment of lethality of situation
- Referral to legal services

Safety Planning

Safety Plan – Providing Choice

- Are you safe at home?
- Complete short Family Violence Assessment (HARK)

“It sounds like you feel unsafe sometimes. I'd like to help you put together a safety plan that you can use, if YOU want to, when you feel unsafe in the future. It will give you options and ideas about how to get out of an unsafe situation and identify options for staying safe.”

If patient states that they are not safe at home or assessment shows violence at home

- Refer to hospital social worker for further support
- Refer to local DV organization for support
- Complete safety planning and refer to local DV organization for further support

Safety Planning Considerations

- **Location:** Where can you go to feel safe?
 - Friend/family/shelter (provide resources)
- **Transportation:** How can you get there safely?
 - Personal transportation/ friend transportation/ public transportation (provide resources)
- **Items:** What do you need to feel safe there?
 - Clothing/money/important documents (OFP, birth certificates, police report information)
- **Logistics:** How will you get those items there?
 - Bring them with/have them ready prior (packing a bag/having things at a family/friend's house)
- How will you communicate your safety plan?
 - Personal cell phone/DAP phone/friend phone/ public phone
- Who supports your safety plan/ who knows about your situation?
 - Police/friend/family/boss/co-workers
- Who can implement your safety plan if you are unable to?
 - Friend/family/co-worker/boss/children
- How will you keep your children safe if you are unable to?

Safety Planning with Children

Identify where the children can go (another family's room, lobby, etc.) if DV is happening

- Establish their exit from the place where DV most commonly occurs (hotel room, etc.) as well as where they would meet afterwards to re-establish safety and connection with the caregiver.
- Identify safe adults for children to contact.
- Establish that it is not the children's responsibility to intervene or protect and that this could increase safety risks for children and victims.
- Note that children's presence during a DV incident mandates a report to CPS (which will likely be an unknown concept/entity).

Lethality Assessment

Assess any immediate danger for the patient before they leave the office.

Indicators of escalating danger:

- An increase in frequency or severity of the assaults
- Increase in/threats of homicide or suicide
- Threats to children
- A deadly weapon in the home (firearms, knives, etc.)
- Ask victim if they will be safe if they return home

[The Danger Assessment \(www.dangerassessment.org/\)](http://www.dangerassessment.org/)

Mental Health Care – Amina’s Story

- Are you having any suicidal thoughts?
- Set up a follow up time to meet with the victim to see if a safety plan is being used or further intervention is needed.
- Offer to set up an appointment with a domestic violence advocate at a local agency to complete in depth safety planning and begin to establish a relationship with a DV organization in Minnesota (see resources below)
 - If children are involved or present, offer to complete safety plan with the children as well to avoid witnessing or involvement in domestic violence

Advocacy and Legal Supports

- Referral to a local Advocacy Agency (OFP, HRO, Safety Planning, Lock Changes, Lease Breaks, Safe at Home Applications, etc.)
- VAWA Self Petitioning
- Battered Spouse Waivers
- Cancellation of Removal/Suspension of Deportation Under VAWA
- U-Visa
- T-Visa
- Referral to an Attorney

Reasons We Don't Ask

- I/we don't want to get involved in 'personal matters'
- I/we think we can identify victims without asking
- I/we don't recognize it in the parents we see
- I/we don't think it has anything to do with our role
- I/we don't know what to do about it if we did recognize it
- Issue feels overwhelming for me to have to deal with in our setting (various reasons)
- It takes too much time away from fixing/treating/dealing with the “real” problem (e.g., job loss, separation)
- It is someone else's job to address DV, not mine (Courts?)
- It doesn't happen to people I know or see
- I/we feel powerless to do anything about it anyway

“No intervention that takes power away from the survivor can possibly foster her recovery, no matter how much it appears to be in her immediate best interest.”

Judith Hermann



National Resource

[National Domestic Violence Hotline \(https://www.thehotline.org/\)](https://www.thehotline.org/)

Free, Confidential, 24/7

1-800-799-SAFE

Text “START” to 88788

Live Chat

Reach out to your local domestic violence coalition to find services in your area!

Thank you!

Questions?



Center of Excellence Reminders!

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Upcoming trainings at
[Trainings: Minnesota Center of Excellence in Newcomer Health](http://www.health.state.mn.us/communities/rih/coe/webinars.html)
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NEWCOMER HEALTH



This ECHO series increases medical providers' knowledge of the resettlement and health issues of newcomers, including refugee, immigrant and migrant (RIM) populations. It reviews resettlement pathways, evidence-based screening recommendations, and more common diagnoses and treatment approaches for pediatric and adult populations.

Sessions include brief didactic presentations by immigrant health experts and discussion of participant-submitted cases. Participants are highly encouraged to submit de-identified patient cases for group discussion and expert consultation.

ONGOING MONTHLY VIRTUAL SESSIONS
Last Tuesday of the month
8:00 AM PT | 9:00 AM MT | 10:00 AM CT | 11:00 AM ET

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echocolorado.org/echo/newcomer-health/

UPCOMING SESSIONS

APRIL 30
LGBTQ Newcomer Health Considerations

May 28
Clinical Care Considerations for Haitian Newcomers

JUNE 25
Language Equity: Interpreter/Mediation Communication Skills



REGISTER HERE



Thank You!

Please remember to complete your evaluation