An Interdisciplinary, Multicultural Approach to Domestic Violence

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Objectives
- Identify domestic violence (DV) as a healthcare issue
- Identify the challenges of diagnosing DV in a primary care setting
- Review issues unique to immigrant victims of DV
- Video as a medium to facilitate discussion across healthcare disciplines
- Feedback on video as training model for those who work with immigrant victims of abuse

DV in Primary Care
- DV is a healthcare issue
- Healthcare providers have a role for support, confidentiality, safety, advocacy
- $150 million medical expenses annually
- Joint Commission on Accreditation of Hospitals (JCAHO) and National Commission for Quality Assurance guidelines

Identifying DV in clinic
- Misses appointments yet calls to reschedule
- Asks for frequent refills of commonly prescribed medication
- Silent or reluctant to speak in front of partner
  - Partner does all the talking or makes it difficult for provider to speak with victim alone
- Seeking frequent medical attention, often with vague complaints
  - HA, nausea, abdominal pain, fatigue
Identifying DV in clinic (cont.)
- Refers to partner’s anger or temper
- Repeated injuries, or injuries that are difficult to account for as accidental
- Strokes in young patients—may be caused by blows to the head or strangulation
- Frequent changes in address or phone number, phones disconnected
- Suicide attempts

Immigrant Experience
- Language barrier
- Traumatic experiences in native country before immigration
- Separation from family
- Economic concerns
- Trust and understanding of a new culture and environment
- Losing independence – new reliance on others
- Challenge to maintain cultural/religious identity

DV and Immigrants
- “Family violence” terminology
- Fear of deportation
- Psychological/economic dependence on abuser
- Unfamiliar with US law
- Mistrust of law and healthcare
- Communication with law, healthcare, advocates

DV and Immigrants (cont.)
- Beliefs about women’s role to family, loyalty to husband
- Fear of shame to family
- Safety and custody of children
- Assumption of partiality to men in legal decisions
- Separation from extended family
- Previous experiences with lack of sensitivity to their culture in other encounters
Literature: National Violence Against Women Survey, 2000, NIJ/CDC
- 8000 US women/8000 men
- Random phone survey
- Racial minorities, not specifically immigrants
- White 24.8% victimized in lifetime
- Hispanic 23.4%
  - Rape 7.9% (Hispanic) vs. 5.7% (white)
- Asian/Pacific Islander 15%
  - Separate study 60% Korean abused
- Immigrants: more research needed

- Lifetime incidence of physical assault by male partner in stated country
  - Ethiopia 45%
  - Kenya 42% (current relationship)
  - Mexico 27%
  - US 22%
  - India 40%
  - Cambodia 16%
  - Managua, Nicaragua 69% (highest)
  - Paraguay & Philippines 10% (lowest)

Literature: DV and Immigrants
- 160 South Asian women in Boston
  - 83% Indian; 49% postgraduate
  - 40% any abuse
- Risks for injury from intimate partner violence:
  - Lower acculturation; OR 2.06
  - No family in US; OR 2.83
  - Lower general social support; OR 1.50
  - No social support if abused; OR 5.40

Literature: DV and Immigrants
- Rodriguez *et al, Journal of Family Practice, 1998*
- Focus groups with abused Latina and Asian women, led in native language
- Provider-related factors
  - Open and supportive relationship
  - Encouragement to discuss
  - Continuity of care
  - Providing referrals
  - Acknowledge social/psychological factors
  - Multiple interactions
**Immigration Status & Law**
- Providers are not required to report status of documentation or violence to INS.
- Victim may be dependent on petition of abuser for residency:
  - **1990 Immigration Marriage Fraud Amendment**
    - Married < 2yrs, conditional residency lifted without waiting for second appeal
  - **1994 Violence Against Women Act**
    - Self-declaration clause
  - **1996 Illegal Immigration Reform and Immigrant Responsibility Act**
    - Deportation of abuser, in theory

**Clinic Visit**
- Assess SAFETY and isolation
- Demonstrate interest in culture of origin
  - Language
  - Customs
- Patient-provider relationship
  - Trust
  - Friendship
  - Compassion
  - Nonjudgmental
  - Interpreter
- Materials in native language, if written is appropriate

**Domestic Violence in Minneapolis Somali Community Video: Interdisciplinary Participants**
- MDs
- NP
- Video Artist/Production Professor
- High School Political Science Class
- Somali DV advocates
- Community Center Coordinator
- DV Program Coordinator
- Somali MD
- Psychologist
- Somali Radio Personality/Elder

**Somalis in Minnesota**
- Arrival starting 1993
- 17-fold increase in population
- More Somalis in MN than anywhere outside East Africa
- Current population estimated 15,000-40,000 (2001)
- 67% in Hennepin County
- Why cold Minnesota?
  - Employment
  - Social and public services
  - Existing community
**Case 1:** Discussion and Video

Running late, you pull clinic visit paperwork from outside room, look at name; a young Somali woman you have seen a few times, often with pain complaints.

As you knock on the door, a middle-aged Somali woman appears from behind you—the interpreter. What is your approach with an interpreter? What are your expectations for her? How can you facilitate these? What if the interpreter were a man? What if the patient is accompanied by her husband who speaks English?

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**Case 2:** Discussion and Video

Your next patient is a 42-year old Oromo-speaking woman you are seeing for the third time for poor sleep maintenance and low back pain. In her chart, you also see an ED visit 4 months ago with +UPT; there are no prenatal visits since. According to the records, her English-speaking husband accompanied her to the ED.

She is tearful when mentioning her back pain. She is not pregnant. How do you approach?

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**Case 3:** Discussion and Video

A 22-year old, English-speaking Kenyan woman confides in you that she is concerned about her husband’s temper. He has never hit her, but has threatened to and often ridicules her. She seeks your advice on responding to him.

How do you counsel her? What is the importance of her connection to her community? Her acculturation? Her immigrant status?

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**Conclusion**

- Principles of assessment and response are similar across immigrants and non-immigrants
  - Assess immediate safety
  - Diagnosis may be challenging and take many visits
  - Must establish trust, be compassionate
- Immigration status may be complicated to define
- Working with interpreters
- Demonstrate respect for her decision and her culture
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- Susan Goldstein JD
- Hennepin County
- Domestic Violence Service Center

References


Online Resources

- Asian and Pacific Islander Institute on Domestic Violence at Asian and Pacific Islander Health Forum : www.apiahd.org
- Asian Women United: www.awun.org
- Battered Women’s Justice Project: www.bwjp.org
- DAP (Domestic Abuse Project): www.ndap.org
- Family Violence Prevention Fund: www.ovpf.org
- Immigrant Women Program: NOW Legal Defense and Education Fund: www.nowldef.org
- Institute on Domestic Violence in the African American Community: www.institute.org
- Mending the Sacred Hoop: Technical Assistance Project: www.msh-ta.org
- MINCAVA (Minnesota Center Against Violence and Abuse): mincava.umn.edu
- National Coalition Against Domestic Violence: www.ncaDV.org
- National Domestic Violence Hotline: www.dvhotline.org
- The National Immigration Project of the National Lawyers Guild: www.nationalimmigrationproject.org
- National Latino Alliance to Eliminate Domestic Violence (La Alianza): www.nolada.org
- The National Network to End Domestic Violence: www.nnedv.org
- Praxis International: www.praxisinternational.org
- The Tribal Law & Policy Institute: www.tribal-law.org
- Violence Against Women Online Resources: www.vaw.org
- WHO World Health Organization Injury and Violence Prevention: www.who.int/violence_injury_prevention
- Women of Color Network: a project of the Pennsylvania Coalition Against Domestic Violence: www.wocnet.org
- Women of Color Network newsletter is available at the National Electronic Network on Violence Against Women: www.vawnet.org