



MODULE V: DOMESTIC VIOLENCE

Objectives

Participants will—

1. Discuss the dynamics and definitions associated with domestic violence.
2. Learn about the American system of intervention by discussing prevention, identification, treatment, follow up, and reporting of spouse abuse (Physical—accomplished or threatened; Sexual—assaultive or nonassaultive, accomplished or merely threatened; Emotional or Mental—including failure to supply adequate food, clothing, shelter, or healthcare, or abandonment as defined by State or territorial statute).
3. Learn what family services are available in the United States (If required, the trainer will facilitate any necessary referrals to domestic violence support agencies.)
4. Improve the trainer's awareness of different cultures and their systems of addressing marital conflict.

Materials

1. Domestic Violence Assessment Questionnaire
2. Domestic Violence Evaluation Questionnaire
3. Flipchart
4. Markers

Introduction

Domestic violence is a social problem that is not only considered to be unacceptable, but is also illegal in the United States. A serious social problem for many Americans, it could be a more serious problem among the refugee population because of different cultural and religious influences on marriage.

The purpose of this module is to educate the participants about the American standard of assessment and treatment. This module covers the definition of domestic violence, how it is addressed in American culture, and how to seek advocacy if necessary.





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Note to Facilitators:

The intention of the information presented in this section is to provide a knowledge base for effective counseling on this topic.

In order to conduct this module properly, however, the trainer must be knowledgeable about the dynamics involved in domestic violence and must know how to refer a client for assistance if necessary. Before beginning this module, it is recommended that the trainer read all attached educational resources and explore resources in their specific region.

Methodology

1. Introduce the topic and inform the participants about the American definition of abuse and the intervention systems available. Initiate discussion on the participants' cultural views and practices regarding domestic violence. This will serve to educate the trainer about their cultures and the specific differences between American and their cultures' methods of intervention. Plan for follow-up as needed.
2. Handouts—distribute the wheels of power and control (*Diagrams 1 and 2*), and any other appropriate resources, to educate the group about the nature of abuse. Handouts should be selected based on the group members' level of interest.
3. Group discussion/evaluation regarding the information and its usefulness or lack thereof. If the participants determine that the intervention methods are not helpful for them, encourage discussion about what would be helpful.
4. If there are women who should be assessed for individual abuse, a separate private meeting should be held to continue the assessment. Personal disclosure during group meetings should be discouraged since this can leave the group member feeling vulnerable. She may regret her disclosure and this may effect the group dynamics. If disclosure occurs, gently suggest that the individual stay behind and discuss her situation privately. If necessary, refer her for follow up with an experienced domestic violence professional or a resettlement social worker. The trainer should not attempt treatment or intervention.



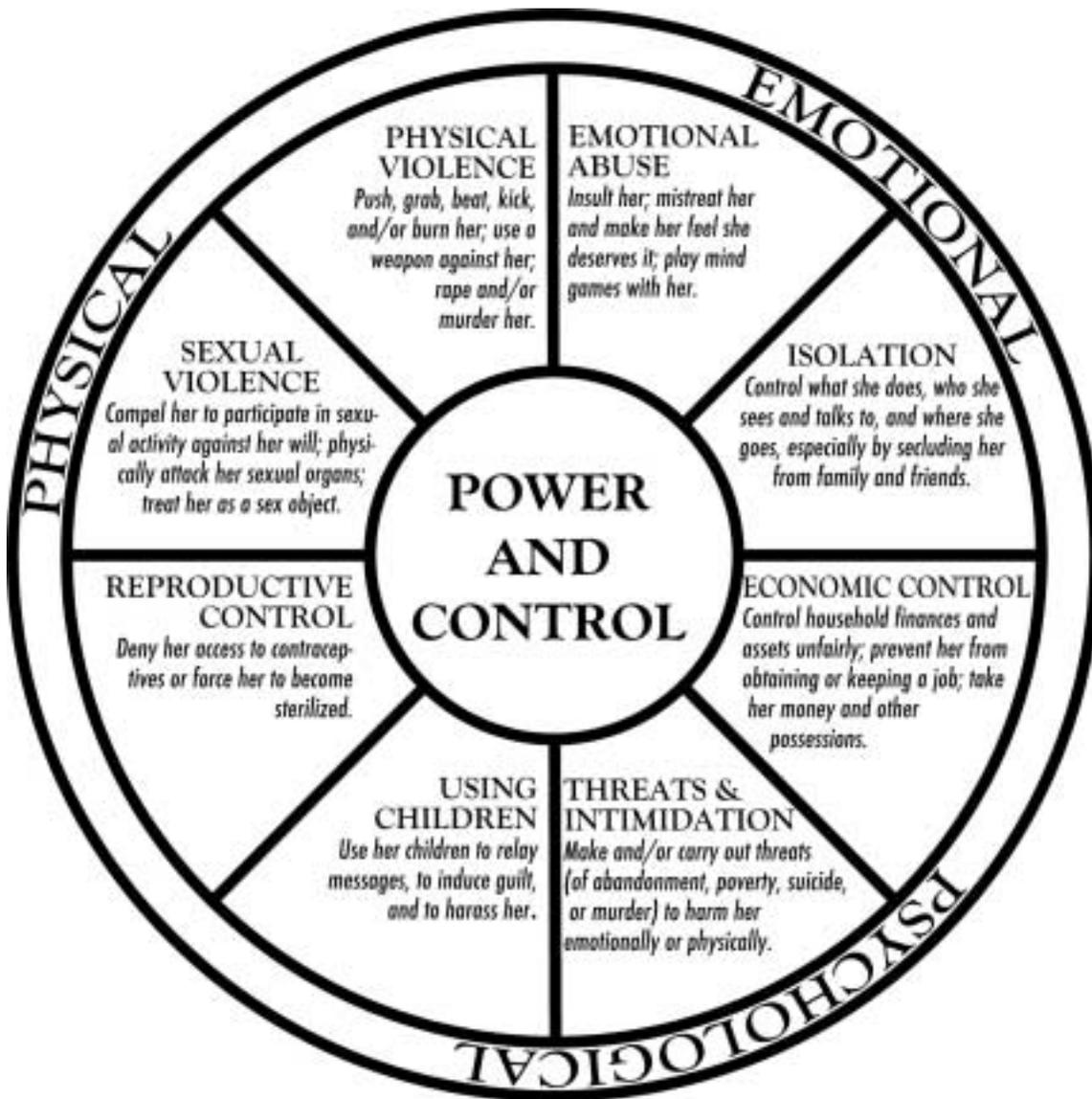


Diagram 1. This wheel demonstrates the various tactics of abuse that batterers use to control their partners.



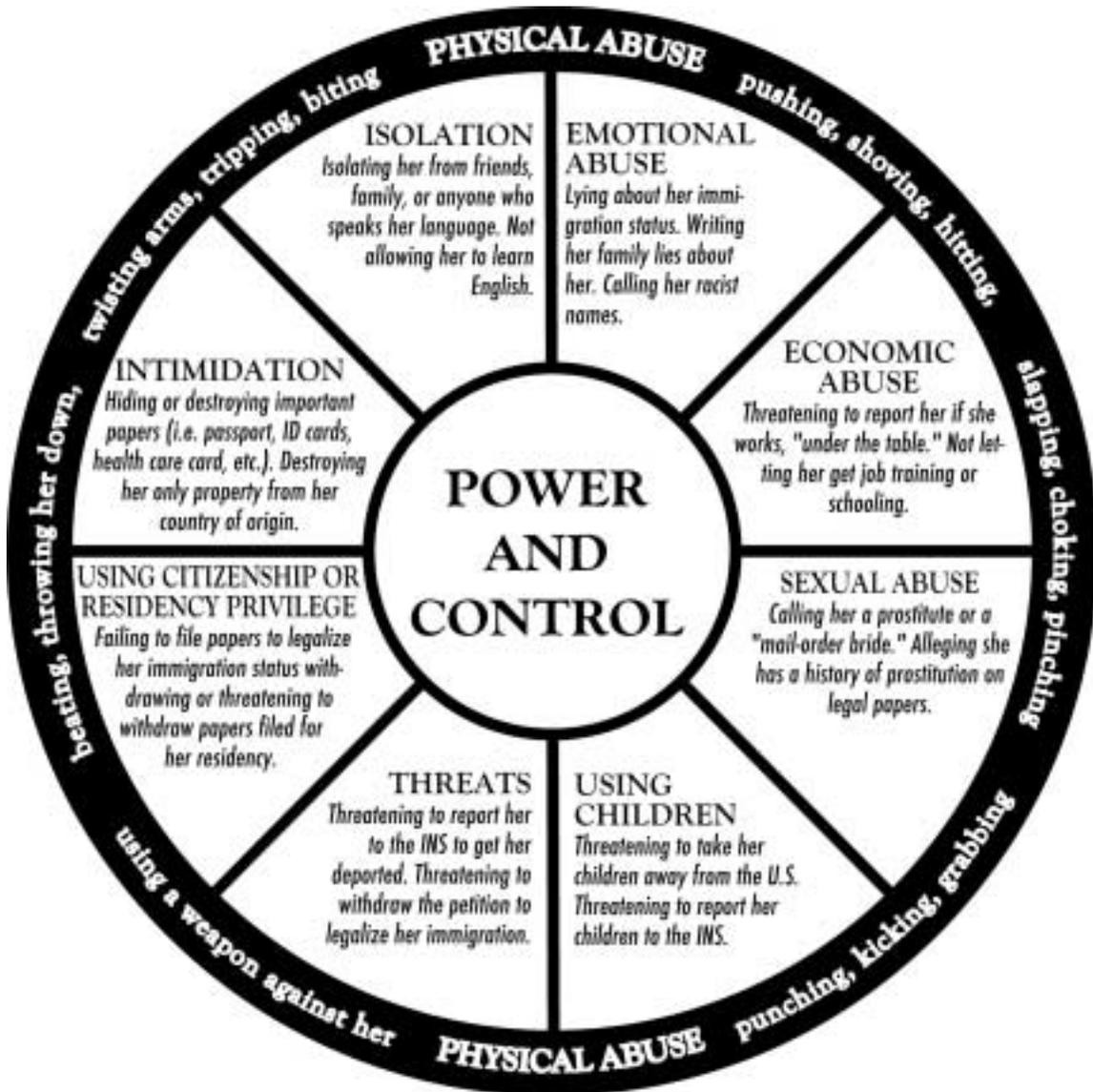


Diagram 2. This wheel focuses on the many ways that battered immigrant women can be abused.





Differences to Consider

Since the purpose of this module is to increase awareness of domestic violence, the information must be presented in a neutral way. The issue of domestic violence is perceived differently from person to person depending on their personal circumstances, cultural background, and awareness. In order to remain neutral and encourage group members to be comfortable with the topic, the subject should be presented as information that all women should have. It is also important to refrain from targeting any participant with personal questions.

If this were a group of abuse survivors, then individual circumstances would be acceptable for discussion. Remember that early disclosure of trauma, abuse, or mental health issues can cause a group member to feel uncomfortable and not return to the group. If a group member begins to disclose a personal abuse issue, promptly schedule some private discussion time for the purpose of referring her to a domestic violence professional.

Note to Facilitators:

Please remember that this is not a therapy group for victims. Consult with your local domestic violence program for assistance should you perceive a need for further discussion or intervention.

Assessment

The following questionnaire can be completed individually or as a group. It is designed to be an icebreaker to allow for cultural exchange and to be an introduction to cultural biases regarding domestic violence.





9. What behaviors are considered abusive in your country?

10. How is spouse abuse handled in your country?

11. How is violence in general perceived in your culture? Is the physical discipline of children acceptable?

12. What do you consider to be sexual abuse?

13. How is sexual abuse different from love between partners?

14. Do you feel safe at home?

15. Do you feel that your child is safe at home?

16. Are you satisfied with the way your partner disciplines your child?

17. Do you feel that your child is in harm's way by the way your partner disciplines your child?





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18. Do you know whom to call if you are hurt or afraid of your partner?

19. Are you familiar with shelters in your neighborhood?





Outline/Lesson Plan

Definitions of Abuse

- *Caution Concerning Labeling*

The Scope of the Problem

Risk Factors for Abuse

- *The Phases of Family Violence*

Typical Interventions

Fast Facts

Activities

- *List Game*
- *Diaries*
- *How-To Seminars*

Field Trips

Speakers

Evaluation

Definitions of Abuse

Domestic violence includes child abuse (physical and sexual abuse), domestic violence (physical or sexual abuse of spouse or intimate partner), and elder abuse (abuse or neglect of older persons). Any form of physical assault, including hitting, slapping, biting, or pushing, is considered abuse. Behaviors such as name calling, excessive rule making, and monitoring a person's whereabouts or denying them access to their money also fall within the definition of abuse.

It is important to be aware that different cultures and countries have different approaches to domestic violence. In Somalia, for instance, domestic violence is often considered to be a private issue to be addressed by family members only. The family honor may be seen as at stake and privacy is stressed. Extended family members such as parents, brothers, or uncles may become involved in mediation efforts to stop the conflict. Intervention, such as removing the woman from the home for safety, may also occur. It is also possible, however, for a woman to be encouraged to remain in an abusive relationship in order to preserve the honor of the family.

Islam does not condone domestic violence. Some people may argue that the Koran sanctions a husband hitting his wife because it is mentioned in one Surah (chapter); however, many scholars believe that in order to properly





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understand the Koran, the entire text must be read and taken into consideration. Please see References & Resources for more information.

Caution Concerning Labeling:

When discussing abuse, care must be taken not to label families as abusers, because cultural habits native to their countries could be considered as abuse in America. Understanding their cultural attitudes helps promote understanding and decrease anxiety about this very sensitive topic. For example, some Asian cultures have a view that suffering is inevitable and do not understand the nature of preventive services and other western health care technologies. Such misunderstanding often leads to mistrust and delay in seeking healthcare. Coining (rubbing a coin on the skin), hair pulling, cupping (filling a cup with burning paper, and placing it over the affected area), pinching, scratching, and other traditional practices can lead to inappropriate accusations of child abuse. Furthermore, the use of home remedies, herbal medicines, and healing ceremonies could cause the mislabeling of families.

The Scope of the Problem

Because many cases of family violence go unreported, the true magnitude of the problem can only be estimated. Though the prevalence of family abuse is not known among refugees, the consensus is that it probably parallels the situation in the United States, if not worse. In 1993, the child protective service agencies substantiated maltreatment of over 1 million children in the United States (a rate of 14/1,000 children) and over 1,028 deaths. Intentional injury is the leading cause of injury-related death in children under one year of age. Parents or other relatives are responsible for over 90 percent of reported cases of child abuse. In addition to physical injuries, children who have been victims of or witnesses to violence often experience abnormal physical, social, and emotional development; adolescents and adults who were abused as children are more likely to abuse tobacco and alcohol, attempt suicide, and exhibit violent or criminal behavior. For refugees in particular, this problem could be worsened by relocation and by previous experience with violence in their home country and in many refugee camps.

Note to Facilitators:

The following list may be adapted/translated into a handout.





Characteristics of Kids Living in Homes Where There Is Violence

—From CADA House

- ❖ Are lonely
- ❖ Feel isolated (tend not to bring friends home)
- ❖ Uses violence and threats to solve problems
- ❖ Has difficulty in developing close relationships (trouble separating self from conflict, trust)
- ❖ Blames self (fills in missing pieces of secret)
- ❖ Uses all energy to keep family secret (feels that if secret is known, then family will fall apart)
- ❖ Has a problem with trust (particularly of authority figures and peers)
- ❖ Development of "fantasy" world can go too far
- ❖ Has a fear of failure (afraid to try something new)
- ❖ Has limited physical expression (negative body image)
- ❖ Is accident prone
- ❖ Shame vs. guilt-based
- ❖ Confused about role in family (bad feelings about choosing sides, split alliance)
- ❖ Identifies with abuser—safer
- ❖ Reverses roles (sometimes encouraged by parent, sometimes from child—self-centered)
- ❖ Practices denial, minimizing (lose a piece of life, lapses in memory, mother-ambivalent)
- ❖ Exhibits pseudo maturity ("good kid")
- ❖ Exhibits developmental delays (repressed feelings, speech and motor, sensory)
- ❖ Is parent deaf
- ❖ Uses aggressive language, behavior
- ❖ Displays tantrums and other provocative behavior (only way to express)
- ❖ Is preoccupied with horror, violence
- ❖ Has an unusual degree of fear





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- ❖ Associates love with violence
- ❖ Is overwhelmed with feelings of powerlessness, helplessness
- ❖ Fears abandonment
- ❖ Is pre-delinquent
- ❖ Displays regressive behaviors formed out of being unsafe, living in fear
 - bedwetting
 - babytalk
 - fear of dark
 - suddenly afraid to sleep
 - over/under eating
 - nightmares
 - phobias
- ❖ Runs away, expresses desire to leave home
- ❖ Other





In sexual abuse cases where the abuser was known to the child, over two-thirds involved abuse by family members. Girls are victims of sexual abuse two-and-a-half times more frequently than boys. Child sexual abuse often results in severe psychological trauma, has been associated with a variety of psychological problems persisting into adulthood, and can cause medical complications such as sexually transmitted diseases (STDs). Teens who have been sexually abused are significantly more likely than nonabused teens to be sexually active, to abuse alcohol or drugs, and to have attempted suicide.

Abusive mothers are often themselves victims of physical violence by their spouse or partner, and abusive parents often experienced abuse as children. Estimates of the prevalence of domestic violence among couples in the United States vary depending on the source of data and definition of violence. For example, over 1 million women (9.3/1,000) and nearly 150,000 men (1.4/1,000) are victims each year of assault, robbery, or rape committed by their spouse, ex-spouse, or intimate partner. Of these incidents, over half result in minor injury and three percent in serious injury (broken bones, loss of consciousness, hospitalization, etc.).

Family studies indicate that both men and women engage in violence against partners, but women are the primary victims of chronic battering and episodes leading to injury. Domestic violence tends to be repetitive—female victims reported an average of six violent incidents per year. The psychological consequences of abuse can be as important as physical injuries: abused women may suffer from posttraumatic stress disorder (PTSD) and they are more likely than nonabused women to be depressed, attempt suicide, abuse alcohol or drugs, and transfer their aggression to their children. This final consequence is of particular importance among refugees who have been forced to relocate and who already may feel powerless and fearful resettling in another country.

Risk Factors for Abuse

Risk factors include poor social support, low socioeconomic status, single parent families, and unplanned or unwanted pregnancy. Abuse, however, is usually the result of multiple interacting factors, and may be affected by abuse of drugs or alcohol, which are not clear independent risk factors. Refugees, because of low socioeconomic status and social isolation, are often at higher risk of abusing their spouse and children and, further complicating the situation, there can be a negative cultural bias in terms of treatment of women and children.

Women who are under age 35, have not attended college, are of lower socioeconomic status, or are unmarried are more likely to report being victims of domestic violence. One risk factor (the witnessing of parental violence as a child or adolescent) was consistently associated with being a battered





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spouse. Pregnant women are also at risk from domestic violence. Many studies have reported an association between violence and worse outcomes in pregnancy—battered women are more likely to register late for care, suffer pre-term labor or miscarriage, or have low-birth weight infants.

The elderly are also vulnerable to physical or psychological abuse or neglect by family members or other caregivers. Factors that appear to increase vulnerability to abuse among older persons include poor or failing health, cognitive impairment, and lack of family, financial, or community support. The abuser is usually a relative, most often the spouse.

The Phases of Family Violence:

Abuse starts with Tension Building (tension and anger), leads into Battering/Abuse (batterer losing control and assigning blame, justifying reason for the battery), and finally to Contrition (batterer apologizes and promises not to repeat the incident). An understanding of the phases may help a victim plan their escape. (See *Diagram 3*.)

Note to Facilitators:

Diagram 3 can be adapted/translated into a handout.

There is also a continuum to family violence; for example, physical violence can go from simple pushing or shoving to punching, slapping, kicking, and choking to murder. Verbal and psychological abuse can go from name calling to isolation, then to threats, and finally to suicide. Sexual abuse could range from taking pictures to forced sex acts and rape. (See *Diagram 4*.)

Note to Facilitators:

Diagram 4 can be adapted/translated into a handout.

The sections about child discipline and self-esteem in Module II are also relevant to this module. The discipline section of Module II addresses child abuse and the self-esteem section addresses how family dynamics can impact the child. Both are important topics when dealing with domestic violence.





The Cycle of Violence

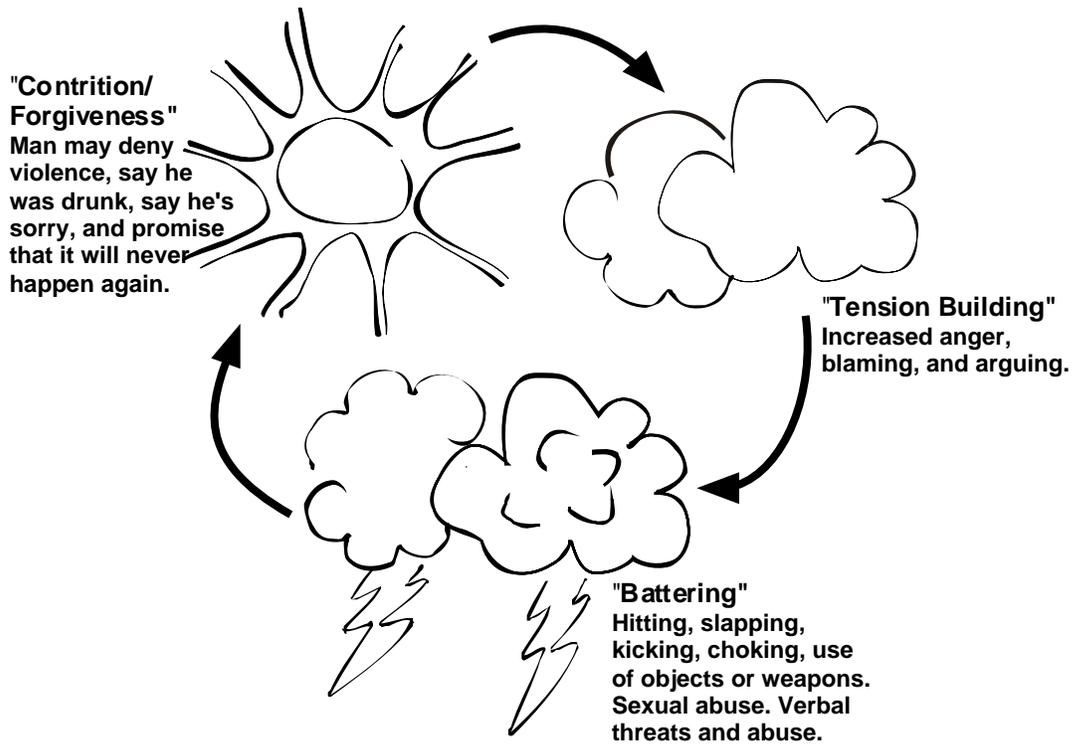


Diagram 3.





Continuum of Family Violence

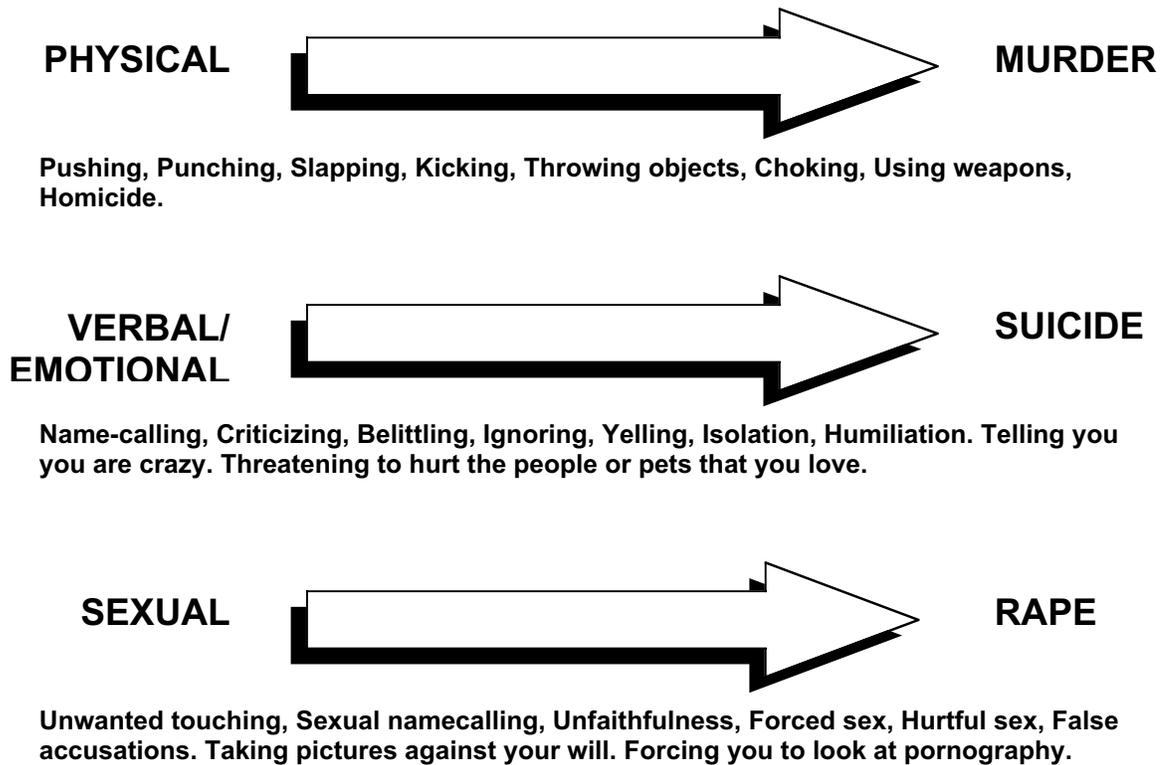


Diagram 4.





Typical Interventions

Typical interventions include social work services, law enforcement, the court systems, and sometimes even medical professionals. Most states have specific systems created to effectively address the issue of domestic violence. Women in the United States have the right to safety and independence.

Note to Facilitators:

The following lists may be adapted into translated handouts. Please refer to the educational resources provided in the Appendices, References, and Bibliography of this Manual for more detailed definitions of domestic violence, some information about the results of domestic violence, and for interventions.





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Your Bill of Rights

- ❖ You have the right to be you.
- ❖ You have the right to put yourself first.
- ❖ You have the right to be safe.
- ❖ You have the right to love and be loved.
- ❖ You have the right to be treated with respect.
- ❖ You have the right to be human and imperfect.
- ❖ You have the right to be angry and protest if you are treated unfairly or abusively by anyone.
- ❖ You have the right to your own privacy.
- ❖ You have the right to have your own opinions, to express them, and to be taken seriously.
- ❖ You have the right to earn and control your own money.
- ❖ You have the right to ask questions about anything that affects your life.
- ❖ You have the right to make decisions that affect you.
- ❖ You have the right to grow and change (and that includes changing your mind).
- ❖ You have the right to say "No."
- ❖ You have the right to make mistakes.
- ❖ You have the right not to be responsible for other adults' problems.
- ❖ You have the right not to be liked by everyone.

**YOU HAVE THE RIGHT TO CONTROL YOUR OWN LIFE AND TO
CHANGE IT IF YOU ARE NOT HAPPY WITH IT AS IT IS.**





Laws for Battered Immigrants

- ❖ Domestic Violence is a crime.
- ❖ If anyone threatens to have you deported, he/she cannot. Only the INS can do that.
- ❖ If you are married to a U.S. citizen or legal permanent resident and this person is battering you, you may be able to get your green card (permanent residency) without your spouse's help.
- ❖ If you have a conditional green card and are waiting for your second interview, you may be able to apply for the **Battered Spouse Waiver**. This allows you to get your green card without your spouse at the second interview.
- ❖ If your spouse has never filed for your green card, you may be able to **Self Petition**, which means you can file for your green card completely on your own without your spouse's help or knowledge.
- ❖ If you are already in deportation proceedings, you may be able to apply for **Suspension of Deportation** as a battered immigrant. Contact an immigration or social service agency to find out if you can apply for your card through these laws. Do not try to submit an application on your own.
- ❖ You may get a divorce in the U.S. even if you are not a U.S. citizen or legal permanent resident and were not married in the U.S. You can get a divorce even if your husband does not agree. If you divorce in the U.S., only U.S. laws will be used by the court. If you are served with divorce or annulment papers, you should contact a lawyer immediately. An annulment or divorce could terminate your immigration status.
- ❖ If you testify in immigration court, you can request that the court provide an interpreter for you.





You Have Options!

As an immigrant, no one, not your spouse, partner, lover, or family has the right to hurt or beat you.

You have the right to:

- ❖ Make your own decisions about your life.
- ❖ Live without fear and violence in your home.
- ❖ Leave anyone who is hurting you physically, emotionally, or sexually.
- ❖ Seek protection from the police and courts.
- ❖ Seek shelter if you are trying to leave an abusive relationship.
- ❖ Seek medical services if you are hurt or injured.
- ❖ Seek immigration options for battered immigrants.

Suggestions

- ❖ Do not go to the INS without a lawyer or consulting with a lawyer. Your conversation with the attorney will be confidential and he/she cannot report you to the INS. If you cannot afford to pay an attorney, contact the nearest legal services office or call one of the immigration organizations.
- ❖ Battered women's shelters will often provide free housing and food for you and your children. They may also be able to help you find a job. Call the nearest shelter for information. In most states, your husband or the father of your children may be ordered to pay you money each month to support your children if he is employed.





Fast Facts

1. Ongoing abuse is often unrecognized. Victims of domestic violence can be identified through an interview, use of a standardized questionnaire, or a physical examination.
2. Questionnaires can identify risk factors for child abuse and neglect, but they also have the potential to falsely label families as "potential abusers."
3. Eliciting evidence of child physical or sexual abuse through an interview is difficult. Young children may not be able to answer reliably, both child and parent may be ashamed or fearful of admitting to abuse, and some abusive parents may not regard their use of physical punishment as abuse.
4. Most authorities recommend exploring for potential problems with open-ended, nonjudgmental questions about parenting and discipline (e.g., "What do you do when he/she misbehaves? Have you ever been worried that someone was going to hurt your child?").
5. In a survey of studies of sexually abused children, normal examinations were reported in up to 73 percent of girls and 82 percent of boys. As a result, the reliability of screening for abuse through a physical exam is unknown.
6. Studies have shown that home visits to high-risk families decrease the rate of child abuse and the need for medical visits early in life.
7. Recurrent abuse despite interventions may occur in up to 60 percent of cases. The effectiveness of treating sexual abusers of children remains controversial; one outpatient program reduced recurrence by half.
8. The effectiveness of early intervention for domestic violence is also difficult to determine. Most interventions for spouse abuse (e.g., shelters, legal action) are crisis oriented and are directed at women who have already been injured by domestic violence.
9. The options available to women are often limited by associated factors common in abusive relationships: financial dependence on an abusive partner, fear of retribution, alcohol or drug problems, or psychological vulnerability.
10. Legislation in all states requires health care professionals to report suspected cases of child abuse.





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Activities

List Game:

1. List five risk factors for domestic violence.
2. List five adverse effects of domestic violence on children.
3. List five social and medical problems associated with domestic violence.

Diaries:

1. Education plan: college workshops, GED (High School equivalency, resume workshops).
2. Diary review of abuse and neglect and counseling.
3. Self-esteem workshop.

How-To Seminars:

1. Videotapes on abuse/family violence.
2. How to stop being a victim of family violence.
3. How to know if one or one's child is a victim or potential victim of family violence.

Field Trips

Because of the sensitive nature of domestic violence, field trips would be inappropriate. Domestic violence shelters, courts, and hospitals maintain strict confidentiality policies and walk through groups are generally not allowed. Also, keep in mind that the participants are not necessarily in abusive relationships and may not wish to spend a great deal of time focusing on this topic.

Speakers

If the group is interested in the topic, a speaker from an area domestic violence program could be invited to address the women's questions. For speakers, contact your local domestic violence hotline.

Additional materials and handouts would also be useful for the group. Materials from local shelters, hospitals, etc. would be particularly helpful.





Evaluation

After the module has been completed, it is important to take into account the participants' responses. Trainers should be prepared for several different outcomes after the initial section on domestic violence.

1. The women may be very interested and discuss the subject openly; or
2. The women may feel insulted and may act distant. They may not want to discuss the subject either openly or at all.

Follow-up discussion is very important even if the women are resistant to this subject. Sometimes the group needs time to digest the information and observe their own culture in the new context before they can openly discuss the subject. This section should serve as a review and checkpoint. Hopefully, at the end of this section the trainer will have a comprehensive understanding of the group's perceptions and understanding of this topic.

At the very least, a group discussion should take place in order to review the material and discuss impressions. If appropriate, inform the women that they can make a positive impact on the community services for women from their country. This discussion should be held one or two weeks after the original meeting.

The following questionnaire is intended to provide feedback on how well the lesson went. Trainers should also use this section to write ideas or notes on the participants' responses for improvements for future use of this module; for instance, were there any aspects of the module that caused cross-cultural conflict or confusion?





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Domestic Violence Evaluation Questionnaire

1. What were the benefits of the domestic violence section?

Refugee Women:

Trainer:

2. What did you not like about the domestic violence section?

Refugee Women:

Trainer:

3. Recommendations for future lessons on domestic violence:

Refugee Women:

Trainer:

