

Domestic Violence in a Refugee Context

Violence operates at the individual, relationship, community, and societal level. Domestic violence can impact all socio-economic, cultural, and gender groups. The exposure to or use of violence as a way of responding to conflict, coupled with past traumatic experiences, can be transferred to the home and may increase the prevalence of domestic violence within all cultures including US culture. Domestic violence, when it occurs in refugee families, presents unique difficulties and challenges. Many victims never seek help and therefore are not identified. This is not only dangerous for the victim and the family, but also makes assessing the true scale of domestic violence virtually impossible. What can be viewed as inaction on the part of the victim, may also be a deliberate decision to ensure the victim's and their family's safety. **Perpetrators have often been taught to resort to violence and victims have often been taught to accept violence** as a normal way to deal with problems. Be on the lookout for overprotective partners who will not leave the client alone. Even the most charming person can be a perpetrator.

"Domestic Violence" refers to abuse by any member of a household committed against any other member and can be comprised of threatening or committing physical, financial, sexual, or emotional abuse or any other controlling behaviors.

Examples:

- **Physical:** hitting, kicking, slapping, pushing, beating
- **Sexual:** forced sexual intercourse, demeaning one's sexuality or sexual performance, pressure to engage in sexual acts, threats if one doesn't engage in sexual acts, attacking sexual areas of the body
- **Emotional:** insults, humiliation, intimidation, threats
- **Financial:** control of finances, threats to take away finances
- **Controlling Behaviors:** isolation from friends and family, monitoring movements, restricting access to education, medical care, employment

CHALLENGES FOR SERVICE PROVIDERS:

- Victims are often wary of talking about personal, painful and perhaps shameful experiences
- Ensuring survivors of their safety when they leave the perpetrator
- Ensuring survivors that the basic needs of themselves and their children will be met
- Convincing clients that the police and courts have their best interests in mind
- Developing community support networks
- Challenging cultural norms

CONSIDERATIONS FOR SERVICE PROVIDERS:

- Seek new ways to identify victims and perpetrators. Victims and community members may fear that addressing or openly talking about abuse may make the community susceptible to criticism
- Have a comprehensive understanding of the dynamics and consequences of domestic violence
- Be able to build trust and safety. A refugee victim of domestic violence may be intimidated by a Western service provider or legal expert especially if the victim has had negative experiences with authorities in their home country
- Be able to provide a safety plan that includes temporary shelter and explain how to call for help *
- Understand the legal options available as well and be able to explain them to the client
- Be able to introduce clients to resources for legal, food, economic, mental health counseling, and life skills training
- Understand the social and cultural background of clients
- Be able to communicate with the client in their native language
- Understand the political and environmental landscape of the U.S. The anti-immigrant sentiment in some areas may discourage refugees from talking about familial or community problems

* Safety plan included on page 3

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BARRIERS TO SEEKING ASSISTANCE:

- Power and control of the perpetrator
- The perpetrators may use the victim’s immigration status to intimidate especially if the perpetrator is a US citizen and the victim is not
- Threat or fear of deportation for victim and perpetrator
- Fear of retaliation
- Poverty and lack of economic support
- Real or perceived lack of family and friend support
- Concern for children, including fear of losing children
- Lack of familiarity or confusion with legal rights
- Fear of insensitivity, hostility, discrimination from service providers
- Lack of trust in service providers
- Stress of assimilating to a new cultural and social structure
- Language difficulties or barriers keeps victims from seeking help and allows perpetrators to act as the sole interpreter thereby controlling information and the victim’s behavior
- Religious beliefs
- Social isolation which can be exasperated by patriarchal beliefs about male dominance and their roles
- Social attitudes—feeling the need to save the image of oneself, family, or community
- Stigma of divorce
- Love of the partner

PSYCHOLOGICAL SYMPTOMS:

- Depression
- Anxiety
- Suicidal ideation
- PTSD
- Substance abuse
- Eating disorders
- Sleep disorders
- Low self-esteem
- Unsafe sexual behavior
- Somatic conditions without physical cause

PHYSICAL SYMPTOMS:

- Delays between physical injuries and treatment
- Wounds on upper extremities
- Bruising on abdomen, back, breasts, face, genitals, head, neck
- Headache
- Vague or chronic symptoms
- Fatigue
- Shortness of breath
- Hypertension
- Asthma that is often aggravated
- Sexually transmitted diseases

PSYCHO-EDUCATIONAL TOPIC OPTIONS:

- Discuss norms and laws regarding domestic violence in the US
- Discuss cultural and religious norms and beliefs
- Recognize traditional roles of men, women and children and how they differ in the new community
- Explore different ways in which violence may have been transplanted from country of origin to the country of resettlement
- Identify symptoms commonly associated with domestic violence
- Understand cultural norms about sharing those symptoms
- Explore ways in which domestic violence may impact the family and community

THERAPY OPTIONS:

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| <ul style="list-style-type: none"> • Cognitive Behavioral Therapy • Relaxation Techniques • Feminist Therapy • Interpersonal Therapy • Group Therapy | <ul style="list-style-type: none"> • Psychopharmacological Intervention • Narrative Therapy • Employment and Career Counseling • Spiritually Focused Interventions • Art, Play, Music, Dance/Movement, Drama Therapy |
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Domestic Violence Safety Plan *

When a person has been screened for domestic abuse and has been identified as a victim or suspected victim, it is important to speak to her or him about immediate and future safety before she or he leaves the clinic. The severity of the current injuries or the abuse is not always an accurate predictor of future violence. Assisting the victim in making a safety plan can help her or him think through various options, and help the clinician assess the situation and offer better support. The following check-list will help you initiate these important discussions.

If he or she is planning to leave:

- Does the client have a friend or supportive family member that lives nearby with whom they can stay?
- Does the client have a friend that will stay with them to minimize the violence?
- Does the client want to go to a battered woman's shelter, homeless shelter, or use other housing assistance services such as hotel vouchers from social services or advocacy programs?
- Does the client want to call the police, obtain an order of protection or an emergency protective order?

If she or he is NOT planning to leave:

- Would the client call the police if the perpetrator becomes violent? If the victim couldn't get to the phone, could she or he work out a signal with a neighbor to call the police or teach the children to call 911? Does the client know how to dial 911?
- What kind of strategies have worked in the past to minimize injuries? Does the client think these strategies could continue to work?
- Can the client anticipate an escalation of violence and take any precautions?
- Does the client have a support network or friends or family that live nearby who could help when she or he needs assistance?
- Are there weapons in the home? Can they be removed or placed in a safer area separate from the ammunition?

If the perpetrator has been removed from the home:

- Discuss safety measures such as changing the locks on the doors and windows, installing a security system, purchasing rope ladders, outdoor lighting sensitive to movement, smoke detectors and a fire extinguisher, if affordable.
- It is important to teach children how to use the phone and make collect calls in case the perpetrator kidnaps them. Make arrangements with schools and daycare centers to release children to designated persons only.
- Encourage the client to tell her or his neighbors, family, and friends that the perpetrator has left and to call 911 if they are seen around the home.

Being prepared to get away:

- Discuss the following component of a safety plan with your client:
- Encourage the client to keep in a safe place:
 - keys (house and car)
 - important papers: social security cards, birth certificates, drivers license, etc.
 - cash, food stamps, credit cards, etc.
 - medication for parent and children, children's immunization records
 - important phone numbers and addresses
 - loose change or pre-paid calling card
 - change of clothes and personal care items
- Have the client plan with the children. Identify a safe place for the children.
- Contact local domestic violence program to find out about laws and community resources before they are needed.

*Adapted from the Family Violence Prevention Fund www.endabuse.org

For a sample family safety plan that can be adapted to suit the needs of your client, click [here](#).

The [National Partnership for Community Training](#) and the [Florida Center for Survivors of Torture](#) are programs of Gulf Coast Jewish Family & Community Services. This publication was funded by the Office of Refugee Resettlement. For more information on this document and for research purposes, please contact partnership@gcjfcs.org. (305) 805-5060
 NPCT is a training and technical assistance program which enhances awareness about the impact of political torture and teaches skills to respond appropriately using trauma-informed care principles. It is a partnership of the Florida Center for Survivors of Torture (FCST), the Harvard Program in Refugee Trauma (HRPT) and the Bellevue/NYU Program for Survivors of Torture (PSOT).

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