

APPENDIX A: Minnesota Advocates for Human Rights Methodology

**FACT-FINDING METHODOLOGY FOR EVALUATING THE STATE'S
RESPONSE TO DOMESTIC VIOLENCE AGAINST IMMIGRANT AND
REFUGEE WOMEN IN THE TWIN CITIES**

MINNESOTA ADVOCATES FOR HUMAN RIGHTS

I. INTRODUCTION

Domestic violence is a violation of the fundamental, universal human right to security of person and freedom from violence. Governments are obligated both to protect individuals from violence, including through the prosecution of perpetrators of such violence, and to provide assistance and remedies to victims when these rights are violated.

Although domestic violence is a serious and significant problem for women of all backgrounds, refugee and immigrant women are particularly vulnerable to certain forms of abuse and face unique problems in accessing services and gaining protection from violence. As a result, the measures taken by the government to protect and assist refugee and immigrant victims of domestic violence must adequately address their particular needs and concerns. Particularly in the wake of September 11, 2001, anecdotal evidence indicates that the government is not complying with its obligation to address the needs and concerns of refugee and immigrant victims of domestic violence.

II. OBJECTIVES AND STRATEGIES

Research and documentation can be an important first step in working to eliminate violence and to ensure that victims are provided with access to necessary services. The goal of this fact-finding is to gather the information necessary to objectively evaluate the government's compliance with its international obligations to protect refugee and immigrant women from domestic violence and to provide victims with necessary legal, medical and social services. This evaluation will take the form of a report that can then be used to raise awareness of the problems facing, and needs of, refugee and immigrant victims of domestic violence in the Twin Cities.

Working together with local organizations that focus on women, refugees, immigrants and women immigrants, the fact-finding team will use the following strategies to gather the information necessary to achieve each objective.

In implementing each of these objectives, particular care must be taken to distinguish between different communities and statuses, including between the experiences of women in different refugee or immigrant communities, as well as the experiences of women who are documented and undocumented.

Throughout the information gathering and evaluation stages, information will be continually cross-referenced with and verified through information from other sources to ensure the reliability of the data.

A. Objective One: Identify the ways in which refugee and immigrant women are particularly vulnerable to abuse and the barriers they face in accessing services.

1. Identify the kinds of abuse to which refugee and immigrant women are vulnerable because of their legal and social status as refugees or immigrants (*i.e.*, legal status, language, cultural differences, lack of familiarity with legal and social service systems, isolation).
2. Identify the barriers to service that are caused by legal and social status as a refugee or immigrant (*i.e.*, legal status, language, lack of familiarity with the legal and social services processes, fear of deportation, economic barriers, and cultural differences).

B. Objective Two: Determine whether the government is adequately protecting refugee and immigrant women from domestic violence.

1. Investigate whether refugee and immigrant women are seeking protection from abusers. Identify the kinds of protection they seek (*i.e.*, calling the police, filing for an Order for Protection, seeking refuge at a shelter), and reasons they do not seek protection.
2. Evaluate the adequacy and effectiveness of the protection provided, and determine whether it is the kind of protection desired.
3. Determine whether individuals charged with protecting women from violence also refer refugee and immigrant women to other necessary legal, medical and social services.
4. Investigate and evaluate the government's prosecution of batterers of refugee and immigrant women. Identify reasons why prosecutions of batterers are not initiated or are discontinued.

C. Objective Three: Determine whether the government is ensuring the provision of adequate assistance and services, assistance that is both functional and effective, to refugee and immigrant victims of domestic violence.

1. Determine whether legal, medical and social services that are accessible to battered refugee and immigrant women exist. Assess the number of women seeking assistance from these sources. Identify reasons women are not seeking assistance. Identify the sources of assistance that women most often seek out.

2. Evaluate the assistance provided to refugee and immigrant women, in terms of whether they receive the array of services and protection they desired.
3. Determine whether service providers refer women to other needed medical, legal and social services, and assist women in obtaining protection from violence.
4. Determine whether the actions of these agencies have any unintended consequences for or effects on battered immigrant and refugee women.
5. Determine whether the funds that the government allocates to legal, medical and social services agencies for the purpose of assisting refugee and immigrant victims of domestic violence are sufficient and are being used to effectively serve refugee and immigrant women.

D. Objective Four: Based on findings from Minnesota Advocates' research, identify and disseminate appropriate program and policy recommendations.

1. Create action steps that will enhance the protection of battered refugee and immigrant women and improve the accessibility and quality of services for these women.

III. DEFINITIONS

A. Domestic Violence

For the purposes of this methodology, the term “domestic violence” is a pattern of abusive and threatening behaviors that may include physical, emotional, economic and sexual violence as well as intimidation, isolation and coercion, the purpose of which is to establish and exert power and control over an intimate partner.

B. Immigrant Women

Generally, the methodology uses the term “immigrant women” to indicate non-citizen women. Citizen women may experience the same barriers to service as non-citizen women, particularly with reference to the need for culturally competent services. A number of distinguishing factors make citizenship an appropriate initial demarcation for the purposes of this methodology. First, a non-citizen woman’s ability to access government-funded legal, social and medical services is particularly limited. Second, citizen women are not subject to the same fear of deportation as both documented and undocumented non-citizen women.

C. Refugee Women

The methodology uses the term “refugee women” to indicate non-citizen women who are granted refugee status in another country and are subsequently admitted to the United States. It is anticipated that refugee women and immigrant women will be vulnerable to similar kinds of abuses and face similar barriers in accessing services. To the extent that refugee women seek protection or assistance, they may do so through different channels than do immigrant women (*i.e.*, resettlement agencies). It is also important to consider the effect that being a refugee may have on women, including the acute need for medical attention and the effect of resettlement on family dynamics.

D. Documented Versus Undocumented

The term “documented” refers to individuals who are lawfully present in the United States. “Undocumented” indicates individuals who are not lawfully present in the United States. In many respects, the experiences of documented and undocumented immigrant women will differ, both in terms of the increased vulnerability of undocumented women as well as the increased barriers, both perceived and legally mandated, to accessing services.

E. Culturally Competent

The methodology uses the term “culturally competent services” to mean services that allow for and have the flexibility to be consistent with different cultural practices and beliefs. For example, a culturally competent medical service would include informing women of the option to request a female doctor and providing women such a doctor on request.

IV. FOCUS GROUPS WITH ADVOCATES

Focus groups with legal, medical and social service advocates who work with battered refugee and immigrant women can help identify the relevant issues and provide information that will be necessary in developing questions for other interviewees. These focus groups can also provide information regarding all objectives.

The success of a focus group depends on the gathering of a group with a shared interest in violence against women, but with diverse perspectives to provide breadth of insight. Focus groups with these participants might be between one to one and a half hours in length, allowing the facilitator to present approximately five to six questions. It is crucial that these questions are both open-ended and clear, in order to allow ample opportunity for informative conversation.

V. THE LEGAL COMMUNITY

A. Interview Legal Professionals

1. Police Officers

Police officers can give information about whether women are seeking police assistance and the effectiveness of the police's response, particularly with regard to the particular needs of refugee and immigrant victims of domestic violence.

2. Attorneys

In particular, the fact-finding team should interview family law and immigration attorneys. Attorneys who have represented domestic violence victims in these contexts can be identified through the pro bono networks relied on by domestic violence advocates and through public and private legal clinics. Legal aid attorneys are another resource. Public defenders who have represented batterers of refugee and immigrant women can be identified through the state public defender's office or possibly through legal organizations of public defenders. Other attorneys who have represented abusers may be identified through information from legal advocates.

Attorneys representing victims and abusers can provide information about how individual women are treated by the legal system. In particular, these attorneys can provide information about barriers faced by battered immigrant and refugee women, the kinds of legal relief women seek, and whether women are successful in obtaining both the relief they desire as well as referral to comprehensive legal, medical and social services.

3. Prosecutors

Prosecutors may be able to provide important information about whether the government is complying with its obligation to protect refugee and immigrant victims by prosecuting batterers. In particular, interviews with prosecutors may yield information regarding whether refugee and immigrant women are seeking legal protection, whether these cases are being prosecuted, and reasons why cases may not be prosecuted.

Although any relevant comparison would be between cases involving refugee/immigrant and non-immigrant victims, the perpetrator's status as an immigrant may have a positive correlation with the victim's status as a refugee or immigrant and is therefore a relevant line of inquiry.

4. Judges

Judges can discuss how domestic violence cases involving refugee and immigrant victims are handled in the courts, whether women receive adequate and effective

protection from violence, and whether women are receiving other kinds of legal, medical and social services.

5. INS Officers and Immigration Judges

Interviews with officers in the INS's local field office and local immigration judges can provide insight into any obstacles that women may face in accessing domestic violence-related immigration relief.

B. Review Court Records

Review of civil court records can provide information regarding the kinds of protection refugee and immigrant women are seeking, their success in obtaining and the effectiveness of this protection, and whether women are also seeking legal, medical and social services. Review of criminal records can yield information about the government's prosecution of batterers of refugee and immigrant women and the impact of immigration consequences of deportation on prosecution.

Relevant records may be identified through information collected by domestic violence advocates. Relevant criminal records may be identified by domestic violence advocates or the prosecutor's office.

VI. THE MEDICAL COMMUNITY

A. Interviewing Physicians & Other Health Professionals

Physicians are often responsible for evaluating, treating and documenting injuries related to episodes of domestic violence. The information gathered in medical reports can be used to legitimize legal claims, obtain health insurance coverage of treatment and care, and provide referrals for victims. Interviewing physicians can provide insight into how domestic violence is documented, how physicians interact with immigrant and refugee victims, and the degree to which doctors are able to assist patients in seeking legal action (through documentation, referral, etc.).

There are a variety of other health and medical professionals that come into contact with immigrant and refugee victims of violence, including nurses, case managers, medical translators, health educators and other medical personnel. Often these individuals have more contact with patients than physicians and may have more opportunity for personal exchange with patients.

B. Review of Medical Records

With the assistance of clinic and emergency room staff it may be possible to review medical records to assess the documentation of domestic violence. In reviewing

medical records there may be issues of maintaining confidentiality of patients that make it difficult to access records.

C. Review of Existing Health Education Materials

It may also be informative to review the existing literature regarding legal and social services related to domestic violence available to health professionals to share with patients who use emergency rooms and clinics. Review of this literature could provide insight into the referral patterns of physicians, nurses and other medical and health professionals, as well as the amount of culturally specific information available to immigrant and refugee victims of violence in the medical setting.

VII. COMMUNITY ORGANIZATIONS

Community organizations can provide information regarding each of the above objectives. Interviews should be conducted with individuals who work on behalf of refugee and immigrant women, as well as with those who work primarily on refugee's, immigrants' or women's rights.

The insight of those who serve refugee and immigrant women will be very useful in ascertaining, in particular, the forms of abuse and barriers experienced by these women. Other organizations that provide services to predominately immigrant and refugee communities may provide information about some of the barriers faced generally by immigrants and refugees in accessing the legal, medical and social service systems, as well as about perceptions of and attitudes toward domestic violence in the community.

VIII. SOCIAL SERVICE AGENCIES

A. Financial Assistance Agencies

Financial assistance or public welfare agencies can provide information about the availability of financial and other kinds of assistance to immigrant and refugee women. Such assistance can be critical in ensuring that battered women have available to them a wide range of options for protecting themselves and their children.

B. Child Protection Agencies

Because of the connections between child abuse and spouse abuse, child protection agencies are often involved in family situations in which spouse abuse is also present. Particularly when family members are immigrants or refugees, child protection agencies have significant power and authority when they intervene, and their actions may have unintended negative effects on battered women. Interviewing child protection agencies can be an important way of assessing how these agencies respond to situations involving domestic violence.

IX. INTERPRETERS

Interpreters who may work in situations involving immigrant and refugee victims of domestic violence can be identified through lists maintained by immigrant and refugee advocates, medical centers, state agencies, and the administrative offices of the court systems. Interpreters may be able to provide useful information about the accessibility of legal, medical and social services.

X. BATTERED IMMIGRANT AND REFUGEE WOMEN

Individual interviews with women in refugee and immigrant communities could help to confirm or disprove information gathered from other sources, and may yield better insight into the main reasons women may or may not seek medical, legal or social services. Such interviews can also help provide important perspectives on women's experience of the legal, medical and social service systems, and the impact these systems have on their safety and autonomy.

Careful planning can help ensure that the interview process minimizes the intrusion and trauma that may be associated with such questions. For example, the fact-finding team can inform advocates who work with battered refugee and immigrant women that they would be interested in talking with women on a volunteer basis.

Before beginning, interviewers should take great care to explain who they are, what they are doing, and why. Interviewers must ensure that women are informed of what would be done with the information they share—that, for example, the information, without any revealing characteristics, would be published in a report, but that all personal data would be kept strictly confidential. The interviewers must also make sure that the women's participation in the interview is voluntary.

XI. EVALUATION

Develop marketing and distribution plan that details steps for using report as advocacy tool. Generate criteria for evaluating fact-finding process and advocacy campaign.