

Domestic Violence Among Women of Color

Webcast
Tuesday, October 10, 2006
2:00-3:30pm Eastern

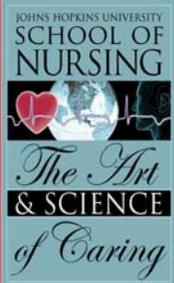


Moderator:

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The Realities and Health Disparities of Domestic Violence for Women of Color



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Is there a higher prevalence of IPV among ethnic minority women?

- Evidence mixed
 - In most studies when control for income, most of differences disappear (e.g. Walton-Moss et al '05)
 - However, when differences found
 - Past year rates rather than lifetime rates –
 - Differences in resources make it harder to address the problem – by leaving or by resolving
- Unambiguous that higher among Native American – First Nations - women
 - True of indigenous peoples all over the world
 - Historical trauma issues

Some of the Issues

- Women of color who are abused – may fight back more often (Campbell, Rose et al '98 – “Voices of Strength & Resistance)
- Importance of community & church support (Brent-Goodley '05)
- Services not culturally competent (Gillum – '06)
- Trying to protect males in a racist society
- May be more reluctant to call police
 - Fears that partners being more likely to be incarcerated (or deported) –
 - “No drop” policies may mean 3rd strike
 - Fears that they themselves will be arrested

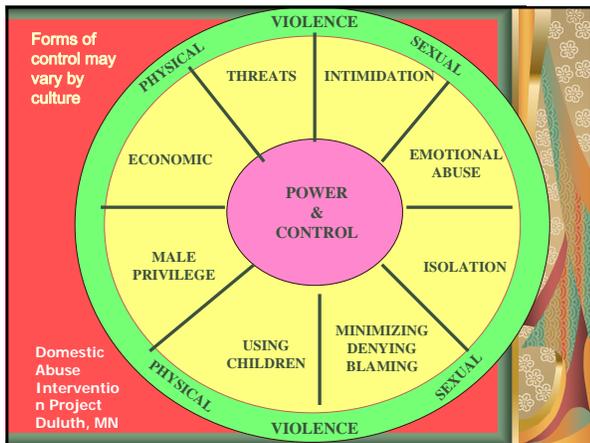
Other Issues – Multiple Trauma - Overall Prevalence of Forced Sex & DV – Plichta & Falik '01

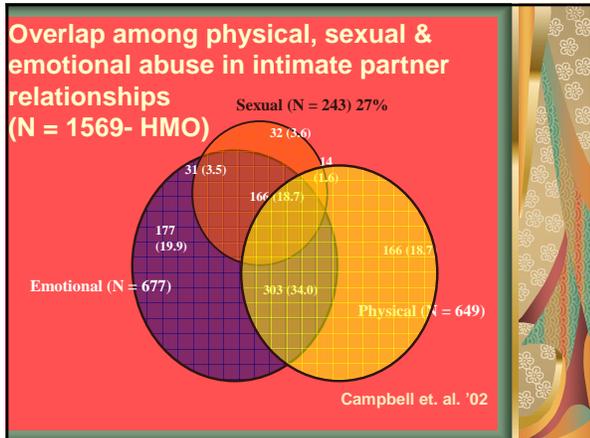
- Commonwealth Fund Survey – asked lifetime prevalence only (in health context)
 - Total reporting violence 43.7% (36 million)
 - Child abuse (physical/sexual) 17.8%
 - Physical assault (non intimate) 19.1%
 - Sexual assault/rape 20.4%
 - IPV 34.6%
- All significantly higher among ethnic minority women except IPV
 - Higher in past year

**Intimate Partner Violence -
BATTERING**

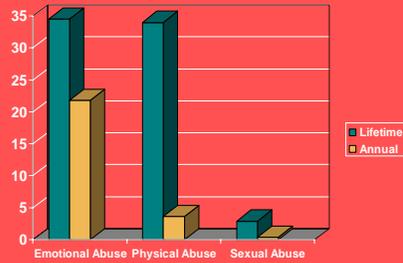
*REPEATED PHYSICAL
AND/OR SEXUAL
ASSAULT WITHIN A
CONTEXT OF COERCIVE
CONTROL*

(Campbell & Humphreys,
'93;
Campbell '04) Humphreys &





Prevalence of Intimate Partner Violence in HMO Women (N=918)



Increased risk for African American women AOR = 1.66 (p < .05) - MC, employed

THE CONTINUUM OF FORCED SEX

With or without physical violence – therefore, may include...

- Forced sex - by force or threat of force
- Painful sex – unwanted -clearly indicated
- Sexual intimidation – threats of other harm –more salience when prior violence
- Sexual degradation
- Sex without protection - nonnegotiable
- Control of all sexual behavior – contraception

Continuum of Relationships – All can include forced sex

- Stranger – may be appraising/"looking"
- Acquaintance – may be flirting/"talking"
- Friend
- "Hooking up" (being "cool" – Bermuda) – mostly for sex – no other commitment
- Date
- Boyfriend – going together
- Live in Boyfriend
- Fiancee – some commitment – not necessarily promise of marriage
- Married
- "Ex" – partner or husband

Intimate Partner Forced Sex

- “Date” Rape – when an ongoing intimate relationship
- Forced first sex within an ongoing relationship
- Most often part of violence, coercive control – 40-45% of IPV forced sex (Campbell & Soeken '99)
- Occasionally occurs by itself

Forced First Intercourse (Heise, Ellsberg & Gottemoeller '99)

- **Forced First Intercourse**
 - Argentina - 6% '98
 - Central African Republic - 21% '89
 - Jamaica - 12% - '97
 - NZ - 7% - '94 (25% of sexually active <14 yo)
 - Sierra Leone - 31%
 - South Africa - 32% of pregnant; 18% non preg.
 - US - 4% (25% of those sexually active <14yo) more likely to be minority ethnicity

Health Disparities – “Unequal Treatment” (Institute of Medicine www.nas.com)

- Disparities in the Occurrence and Severity of health conditions for women of color in comparison to majority populations
 - Behavior & environment strongly influence when & how strongly any genetic tendencies are expressed
 - Unmitigated stress as a powerful influence on the entire physiology –multiple stressors for women of color
 - “Destruction of Dreams” – Gary '05
 - Poverty neighborhoods with environmental hazards
 - Also affected by educational levels & inequities in criminal justice system

Health Disparities – “Unequal Treatment”
(Institute of Medicine www.nas.com)

- Disparities in access to health care system and treatment once you get there
 - Structural inequalities – federal, state and local – institutional racism
 - Individual provider bias – those who are the most biased think they are the least

Identified Health Disparities in Women

- Maternal Child Health Disparities
 - Increased LBW infants & infant mortality among African Americans
 - Increased prenatal depression & substance abuse among African American & Native American women
 - LBW higher among Puerto Rican women than other Hispanic Groups
 - Maternal mortality higher among African American women from all causes including homicide (Saltzman et al '05)

Identified Health Disparities in Women

- African American women disproportionately affected by:
 - Hypertension
 - Depression – also Native American and Latina women
 - Lupus
 - Chronic pain disorders
 - Fibroids
 - Substance abuse – especially drug abuse – also Native American women
 - STD's
 - HIV/AIDS

The Role of Violence in Producing Health Disparities is seldom addressed

- Most of areas of women's health disparities also shown to be related to violence by convincing research
- But seldom are connections explored
- Tend to "control for" race, ethnicity & income in research showing health effects of IPV & sexual assault rather than demonstrate differences

Child Abuse & Exposure to Parental IPV - Significant Risk Factor for adult IPV

- ACE study – Adverse Childhood Events (Felitti et. al. 1999 – 05) –
 - Childhood exposure to being abused or witnessing violence associated with many of leading causes of death in US – e.g. hypertension & cardiovascular disease – conditions also disproportionate among minority ethnic populations

IPV Physical Health Effects

- Physical Injury (Facial, fractures, dental, neurological - soft tissue, internal)
 - More IP trauma injuries among African American women (Rennison & Planty '03)
- Homicide – leading cause of death for African American women 14-34
 - 40-50% perpetrator is intimate partner
 - 70% prior domestic violence
- "falls"- Grisso '91 – Primarily African American women
- Neurological Sx - Coker '00 – African American & white women in SC, Diaz-Olavarietta '99 - Mexico

Physical Health Effects

- Chronic Pain (Back, abdominal, chest, head) (Goldberg & Tomlanovich '85; Campbell '00; Coker '99); Fibromyalgia (Alexander et. al. '98; Walker et. al. '97)
- Chronic Irritable Bowel Syndrome (Drossman et. al. '90; Leserman et. al. '98)
- Hypertension (Rodríguez '89; Coker '99; Letourneau '99)
- Smoking (30% victims; 13% controls) (Letourneau '99)
- Abuse during pregnancy - LBW infants
- Most studies do not differentiate risk between women of color & others



Differences b/tw African American & Anglo HMO Enrollees with IPV (Schollenberger, Sharps et.al.'03)

- More African American women overall to ED & past year abused African American women made most visits
- $P < .05$ difference in hypertension between those with past year abuse & those never abused - African American women only
- Significant association between abuse (ever) and fibroids & colds & flu for African American women only



HEALTH EFFECTS OF FORCED RELATIONSHIP SEX

40-45% of physically abused women INCREASED RISK OF:

- Unintended pregnancy (Campbell et. al., '96; Gazmararian et. al. '95; Goodwin et. al. '00)
- Adolescent Pregnancy (Berenson et. al. '92; Renker '99; '03)
- Abortion (Evins & Chescheir 1996)
- Vaginal bleeding (Campbell et. al. '01)
- Anal & vaginal tearing (Campbell & Alford '89)
- Painful intercourse (Campbell & Alford 1989; Eby et. al., '95; Coker '00; Leserman '98)



HEALTH EFFECTS OF FORCED RELATIONSHIP SEX

Increased Risk of:

- STD's (Eby et. al. '95; Gielen et.al.'94; Coker '99)
- HIV/AIDS(Gielen '94,'00; Maman '00,'02; Dunkle '04)
- Pelvic pain, Pelvic Inflammatory Disease, Infertility (Eby et.al. '95; Leserman '98; Schei '90)
- Urinary Tract Infections (Campbell &Alford '89; McCauley '95; Coker '99; Campbell et. al. '00)
- Risk of homicide, low self esteem (Campbell '89;'99; '03)
- Cervical Cancer (Coker et. al. '00)

New Face of HIV/AIDS – HIV/VAW interface recognized officially by UN '04

- Around globe women are the fastest group contracting HIV and fastest group converting to AIDS – for each 100 HIV+ males – 160 females
- In US – poor African American women most affected (CDC; Levenson – *The Secret Epidemic*)
- In Africa – women are dying the most from AIDS – 3:1 ratios – South Africa - Dunkle, Jewkes et. al. *The Lancet* 363:1415-1421, 04
- Women most at risk – heterosexual married women with no behavioral risk factors – contracting from husbands
- Women convert from HIV to AIDS more quickly – physiology not understood

HIV/DV Connections – Etiology (Maman et. al. '99; Garcia-Moreno & Watts '02)

- Immune system depression with stress
- Trauma of forced sex; anal sex
- Increased STD's & untreated STD's (Letourneau '99; Coker et.al. '00; King et. al. '00)
- Impossible to negotiate safe sex if a battering relationship (Champion & Shain '98; Davilla & Brackley '98; Laughon '05; Stevens & Richards 98')
- Women accused of infidelity if want to use safe sex
- Males have other partners unknown to women female & male – "down low" (WHO '04)
- Fear of being beaten for being tested; notifying partner of positive status; delay in treatment
- Substance abuse

Maternal Child Health – Maternal Mortality

- Maternal mortality – Death from all causes during pregnancy & year after delivery or pregnancy termination – Lacy Peterson case
- Homicide - leading cause of maternal mortality in US cities where measured (NYC, Chicago, DC) (Dannenberg, '95; Krulewitch '01)
- Leading cause of maternal mortality in entire state of MD (Horon & Cheng, 2001) – 20% of deaths
- Has been neglected in maternal death reviews – (perpetrator data missing) & therefore programming in US but fatality reviews increasing
- St. George – Washington Post – 12/04 1237 documented DV maternal mortalities since '90 - 88 per yr (vs. 1200+ DV femicides overall)



Maternal Child Health

- African American women more at risk for maternal mortality
 - From all causes
 - & from homicide (Saltzman et al '05)
 - But unable to determine proportion related to IPV b/c homicide & ME data bases not linked
 - New CDC project to do so – being piloted in 8 states BUT DV experts not part of these projects
- McFarlane, Campbell et. al. '02 – 12 city femicide study – abuse during pregnancy a risk factor for IP femicide
 - Also unemployment – in multivariate analysis – race not significant (Campbell et al '03)
 - But African American ethnicity independently associated with abuse during pregnancy & femicide of pregnant women

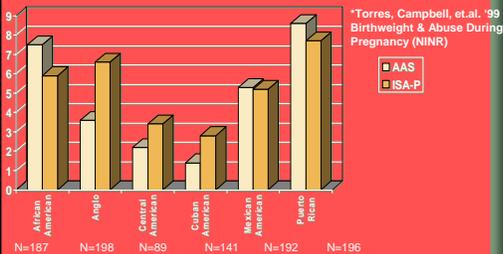


Maternal Child Health (con't)

- Meta analysis demonstrating relationship of abuse during pregnancy & LBW (Murphy '95) but not analyzed according to race
- Abuse during pregnancy linked to preterm delivery
- LBW & preterm delivery disproportionately higher among African American women (Pallito et al, '06)
- IPV associated with infant mortality – Ellsberg et al, 2003
- But linkages in two bodies of knowledge have not been made



Abuse During Pregnancy By Ethnic Group And Assessment (N=1000)



*Torres, Campbell, et.al. '99 Birthweight & Abuse During Pregnancy (NINR)

Findings (Campbell et.al '99;Torres et.al '01)

- Physical abuse - risk factor (OR = 3.29) for LBW-term infants –but not preterm-bivariate
- Evidence of mediation in multivariate LR – through low weight gain (OR = 3.4) &/or inadequate prenatal care (OR = 1.8) &/or poor obstetric Hx (OR = 3.6)
- Acculturation a risk factor for abuse during pregnancy among Latina women
- Cultural values on protection of women during pregnancy & community acceptance of wifebeating related to abuse during pregnancy

In Summary – Health Disparities Implications

- IPV disproportionately affects poor minority women *but*
 - primarily in terms of barriers to ending the violence – lack of access to means to live independently AND to culturally appropriate interventions
- IPV significantly affects health of women & children *but*
 - extent to which is responsible for health disparities for minority ethnic women to a large extent unknown – some research has addressed these issues – need more

In Summary – Health Disparities Implications

- Health care system need to do *routine* assessment for IPV – whatever small increase in IPV for women of color does not justify targeted/limited screening –
- IPV interventions for women & children must be
 - Tested separately for separate ethnic groups– large enough sample sizes so that efficacy in each group can be determined
 - Culturally appropriate and relevant
 - Collaborative with those affected
 - Information disseminated by strategic means to reach those who need information



Overall Implications

- Many conditions/health problems affect health disparities indirectly
- Or affect ability to get help for major conditions
- Need for more research to both illuminate the connections and develop and test the interventions that address intersecting problems



Innovative Approaches to Addressing Health Disparities

- Addressing related issues
 - Violence
 - “destruction of dreams” – (Gary '05)
- Partnership Paradigm – for Collaboration with community agencies
- Culturally Competent, Culturally “Proficient” research – with cultural humility
 - Measuring strengths as well as looking for deficits
- Policy – Address institutionally imbedded disparities – institutional racism
- Programs – culturally specific approaches



Ethnic Group Specific Research Modes - Afrocentric/Womanist (Collins '90; Taylor'99)

- Purpose: Empowerment of oppressed ethnic groups
- What is the effect of multiple oppressions? Conditions, contexts specific to particular ethnic groups - and how situations can be improved
- Members of the ethnic group are *most* legitimate knowers and *most* competent investigators
- Critique prior theory for ethnocentrism, revise existing theory, generate ethnic specific theory



Teen Dating Violence Theatre Performance by NuWorld Arts Ensemble – “Respect Me” intervention (CDC funded)



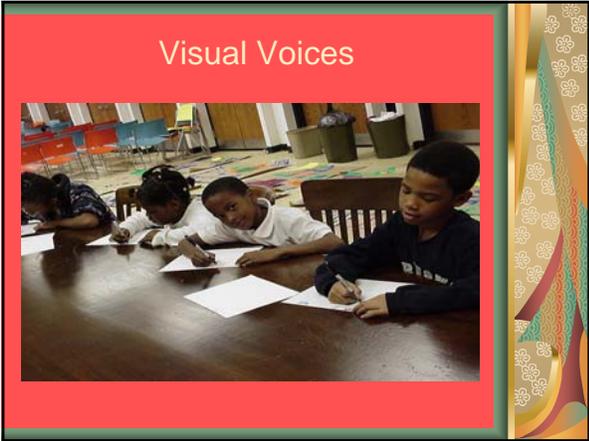
<http://www.son.jhmi.edu/research/violenceprevention/index.htm>



Culturally Specific Arts Based Intervention to Prevent Dating Violence & Associated Health Disparities

- Voices of community and youth in formation – focus group data – (Ricardo, Fredland et. al., in press)
- Collaboration with community agencies (HEBCAC, NuWorld Theatre Arts Co., schools, House of Ruth DV Shelter)
- Multiethnic research team
- Middle school youth – as dating first starts
- Most significant risk factor for dating violence victimization & perpetration – violence in home & gender – (Kub et. al. submitted)
- Preliminary evaluation data shows significant effects in intervention vs. comparison schools!!









**“A nation is not defeated
until the hearts of its women
are on the ground.
Then it is done, no matter
how brave its warriors or
how strong its weapons.”**

Cheyenne Proverb

Family violence was unacceptable behavior for the Anishinabe people in pre-reservation society. Ojibway philosophy considered men and women as equal existing in harmony and balance. There was no “battle for superiority” or power and control used to dominate.

Battering or wife abuse was rare, but there were explicit social laws to deal with the occurrence of abuse. Once a man battered his wife, the woman was free to make him leave her lodge.

If a household was broken because of abuse it was not considered a divorced family as it is today. The woman was considered honorable for having the self-respect to leave the destructive relationship.

Domestic violence affects not only the victim and the children, but also the families and the community in so many different ways. Without help and change the cycle of violence continues, not only in our lives, but the lives of our children, and continues to be passed on from generation to generation.

Understanding loss of our traditional ways is loss of Nation.

Andrea Wolfe, Lac du Flambeau Domestic Abuse Program

It is important for Native American people to look at our past to understand how the use of violence has become an accepted form of power and control within our family structures. The colonization of our lands to European society has much to do with our beliefs as Indian people today. The colonization of Indian lands and the establishments of the reservation system forced the Native American to adopt the Euro-American judicial system through the Indian Reorganization Act. Examination of the Euro-American judicial system has found that this system supports oppression and violence against women and children.

The white skinned Europeans took native lands and then shunned everything about Native American traditional ways. Native children were stolen from their homes and families, and forced to reside in boarding schools. Euro-Americans believed that Indian children needed to be trained to live in a more appropriate "civilized manner."

The boarding school children were abused physically, sexually, verbally and emotionally. Native children could no longer speak their own language, and were punished severely for following any of their traditional teachings and beliefs. The abuses endured by the boarding school children were in turn, passed on to each new generation.

HOMICIDE:

The Second Leading Cause of Death in Native Women

Violence is a learned pattern of behavior that has its roots in our early childhood experiences. We are all creatures of habit. If violence played a role in our childhood, it is very likely to play a role in our adult lives as well. Family violence serves as a training ground for our young children.

Children do not have the cognitive abilities to know what is right or wrong in adult behaviors. We have all heard the expression "Monkey see, Monkey do." If children see their family members yelling, screaming, or hitting one another they are learning that is acceptable behavior. Just because you have never hit a child, does not mean that you are not abusing a child. Any behaviors that are displayed in a threatening or intimidating manner are abusive. Many abusive parents share a childhood secret: they, too, were victims of abuse.

Sadly, the family violence has become one of the most dangerous environments in Native American society. Family violence has risen to epidemic proportions. The FBI estimates that one American will lose their life every 15 seconds to family related acts of violence. Native women are **three times more** likely to be killed in a family related act of violence than women of any other nationally, **combined**. Homicide has become the second leading cause of death for native women in the United States. An astounding 75% of these women were killed by a former/current partner or closely related family member.

The destructive pattern of family violence shatters families and continues to weaken the very fibers of our Native American traditions and values. Home is no longer a place of safety and sanctuary. Home is not a safe place where children can play, explore and learn about the world around them. Children are growing up in war zones. Consequently, the cycle of violence will continue from generation to generation.

The cycle of violence can be stopped in our lifetime. The Anishinabe values of harmony and balance live on in the hearts and spirits of the Ojibwe people today. We can strengthen those values and begin.

"Caring For Ourselves – Caring For Each other."

“WHY INDIAN WOMEN STAY”

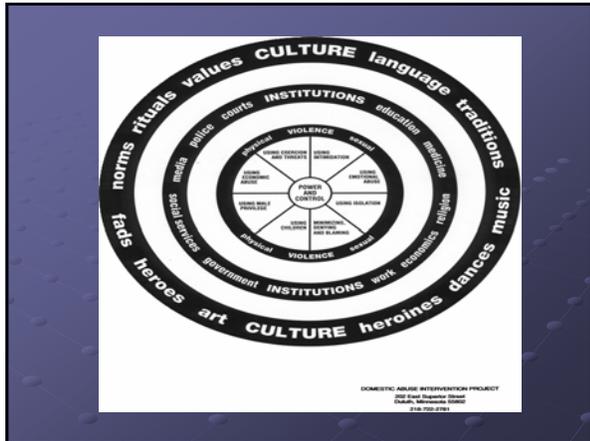
- NATIVE CULTURAL BELIEFS: “Married by the Pipe”
- ASSIMILATED CULTURAL BELIEFS: “You made your bed.” Stand by your man no matter what.
- ADVICE from a spiritual person or elder, we are told to respect those with wisdom.
- FEAR of losing children.
- BELIEVED things would get better – HOPE.
- EXPERIENCED racism from law enforcement.
- FEAR of physical harm.
- LOVE of partner, wants to be together.
- AFARID of negative impact on children.
- BLAME from parents, extended family or friends.
- HISTORICAL distrust – social services removal of children.
- AFARID of failure – what will family, friends and/or community think?

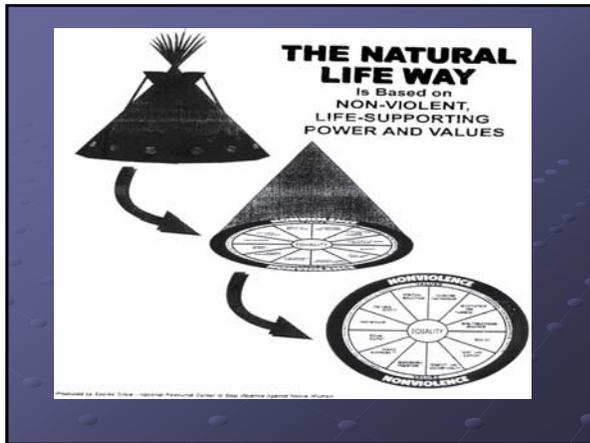
- GUILT about some things I’ve done, I feel responsible for the violence.
- LACK of financial resources.
- NEGATIVE responses from community, police, social services and court system.
- FEELING helpless, nothing will help.
- MY PARTNER was starting to do things, I had been asking for.
- WORRY that partner would do something to get me in trouble with social services.
- I NEED time to prepare and plan to leave.
- I THOUGHT I was too _____ to make it on my own.
- IF I STAYED, I knew what to expect.
- UNSURE of the unknown, unsure of change.
- LONILENESS from being without a mate/partner. This is the nest I can do.
- I WANTED to keep the violence secret from my family, friends or others.
- EXHAUSTED, too tired to do anything.

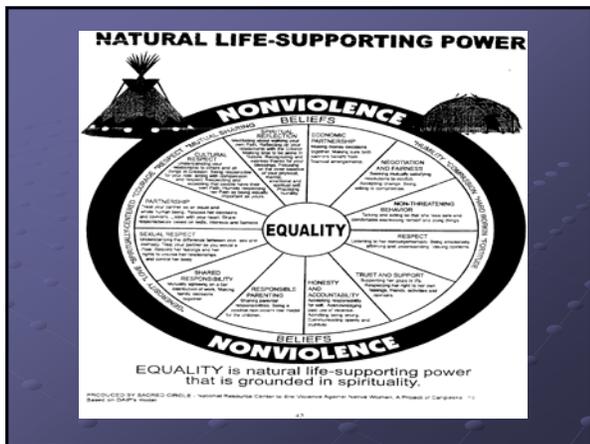
So many people ask,
“Why does she stay?”

Too few ask,
“Why does he beat her?”

Adapted from: Victim/Witness Assistance Program







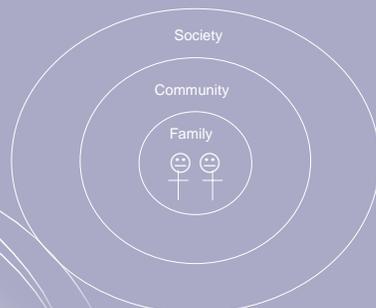
Domestic Violence in Asian and Pacific Islander Communities

Domestic Violence Among Women of Color
October 10, 2006
Presented by:
Hannah Sin, Community Outreach Director,
Asian/Pacific Islander Domestic Violence Resource
Project (DVRP)

“Asian/Pacific Islander”

- U.S. Census Bureau (2000) breaks down “Asian/Pacific Islander” into two categories: 1) ‘Asian’ and 2) ‘Native Hawaiian and Other Pacific Islander.’
- There are over 50 ethnicities that are included in the term “Asian/Pacific Islander” or “A/PI.”

Context of Domestic Violence



Domestic Violence in A/PI Communities: Potential Issues

- Multiple abusers: In-law abuse
- Confidentiality
- Culturally and linguistically competent resources



In-law Abuse

- According to Project Aware, 28.5% of women knew of a woman who was being abused by her in-laws.



Confidentiality

- Immigrant community
- Taboo relationships
 - Teen
 - Same-sex
- Small service provider community



Language Needs

- Multilingual services should be available
- Sensitivity to interpretation by family members
- Confidentiality emphasized with multilingual support

Cultural competency

- Not cultural sensitivity or cultural awareness
- Skill building
- Not predicting behavior
- Relationship based
- Self-awareness of service provider
- Continuous process

Contact Information

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African American Women and Intimate Partner Violence

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HRSA
October 10, 2006

Unique Considerations for African American Women

- African American women experience unique considerations related to IPV that heighten their risk and render particular challenges worthy of consideration.
- Challenges both internal and external to African American women warrant targeted foci on enhancing the strengths and reducing the risks experienced by these women.

African American Women's Increased Risk

- IPV has been regarded as the number one public health issue for African American Women by the Black Women's Health Project (Joseph, 1997).
- African American women are three times more likely to be killed as a result of IPV than White women (Violence Policy Center, 2005).



African Americans & IPV

- Compared to Whites, African Americans are more likely to sustain life threatening and lethal injuries (Rennison & Welchans, 2000; Tjaden & Thoennes, 2000), have children removed from the home (Bent-Goodley, 2004), contract HIV (El-Bassel, et al., 2000; Wyatt, et al., 2000) and become incarcerated due to IPV (Richie, 1996; Bent-Goodley, 2005).



The Role of Trauma

- We can't ignore the role of trauma that far too many African American women have experienced in the forms of sexual assault, childhood sexual abuse, physical and emotional abuse (Richie, 1996; West, 1999; Wingood & DiClemente, 1996; Wyatt, et al., 2000).



The Impact of Historical Trauma

- Numerous studies have documented participant's perceptions of how slavery, discrimination, and systemic racism have impacted African American male - female relationships (Bent-Goodley, 1998; Bent-Goodley & Williams, 2005).



Intersectionality of Violence

- African American women also experience the intersection of oppression related to gender, race and class. Understanding the complexity of their issues have to taken these intersections into context (Crenshaw, 1991).



Help-Seeking Behaviors

- African American women are more likely to go to friends, family and faith-based providers before any other source to get help (Bent-Goodley, 2006; Fraser, et al., 2002).
- Typically, when African American women seek services it is to stop the violence and obtain concrete services not to put men at greater risk for negative treatment.



Racial Loyalty

- “The African American woman may withstand abuse and make a conscious self-sacrifice for what she perceives as the greater good of the community but to her own physical, psychological, and spiritual detriment” (Bent-Goodley, 2001, p. 323).



Geographic Inaccessibility of Services

- Limited community-based services
 - Limited funds
 - Transportation constraints
 - Fear of going into neighborhoods outside of the community
- (Bent-Goodley, 2001)



Discriminatory Treatment

- Providers have turned African American women away from shelter treatment due to stereotypes and labels (Bent-Goodley, 2005; West, 1999).
- African Americans are more likely to experience dual arrests due to IPV (Bent-Goodley & Williams, 2005).
- Lack of cultural competence adds to isolation and ineffective treatment (Campbell & Campbell, 1996; Bent-Goodley, 2004; Bent-Goodley, 2005; Hampton & Yung, 1996).



Concluding Remarks

- While there are a number of risks and challenges that have been identified, the increasing willingness to identify and confront intimate partner violence presents signs of hope that we can turn the tide of violence in African American communities.




Domestic Violence ...among Hispanic women, in Puerto Rico



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Women in Puerto Rico – Census 2000

- Constitute 52% of the population
- Women head of the home: 27%
 - Men: 5%
- Women life expectancy, age: 80
 - Men: 72
- Women in work force, rates: 37
 - Men: 58
- Women unemployment, rates: 11
 - Men: 13

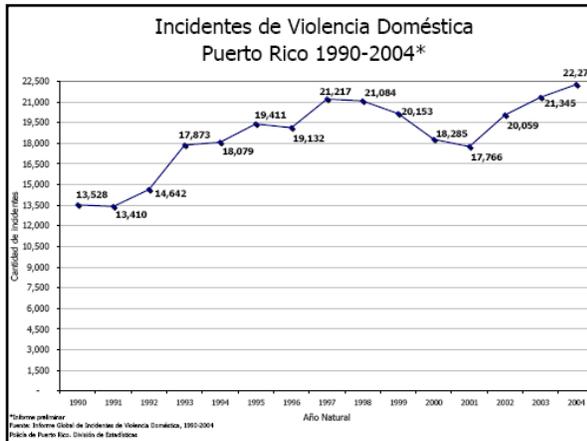
Women in Puerto Rico – Census 2000

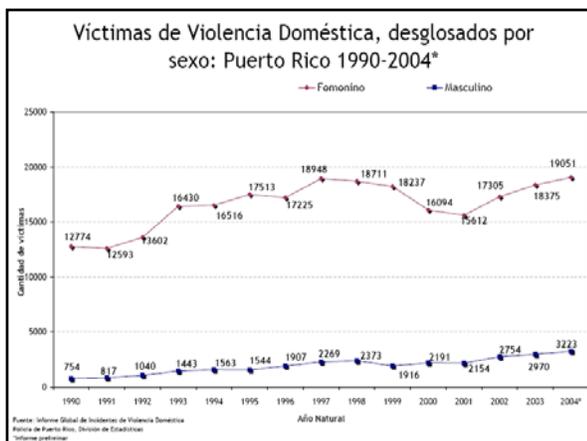
- Women below poverty level, head of family: 61%
 - Men: 48%
- Women with Political influence: 78 counties
 - 1: Mayor
 - 19%: among Representatives and Senators
- Doctoral degrees: women > men
- Diabetes and Hypertension: women > men

Puerto Rico 2004



- 51% of women murdered, were domestic violence related.
- Every 12 days, a women is murdered because of domestic violence.
- Everyday, 52 women suffer domestic violence.







Do women born Hispanic have a different set of risks for Domestic Violence?

Or

Does the particular cultural/ethnic background and environment surrounding women assign her added risks?

Puerto Rican women in Puerto Rico, have a different situation ...

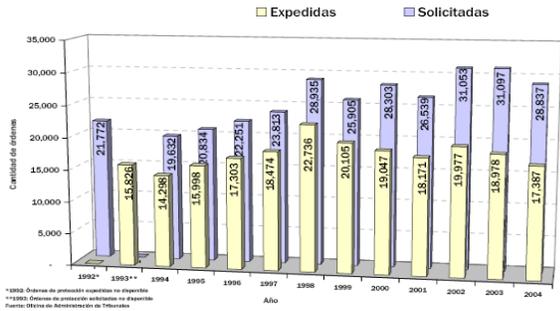
- In Puerto Rico, Hispanics are a majority.
 - In the mainland, they are minorities, other issues
- All Puerto Ricans are USA citizens, there are no immigration issues.
- Life style, similar to mainland.
- Language barrier, lack of practice.
- Lack of political identity, impacts expectations

Puerto Rican women in Puerto Rico, have a different situation ...

- It is hard to say how much a latino / hispanic influence has on our perception of domestic violence as a problem
- This has been changing:
 - education and public policy: incorporates inequity and gender issues with the message of ZERO TOLERANCE
 - From schools to work place...a process->sensitivity

Protective Orders

Órdenes de Protección solicitadas y expedidas, Puerto Rico 1992-2004

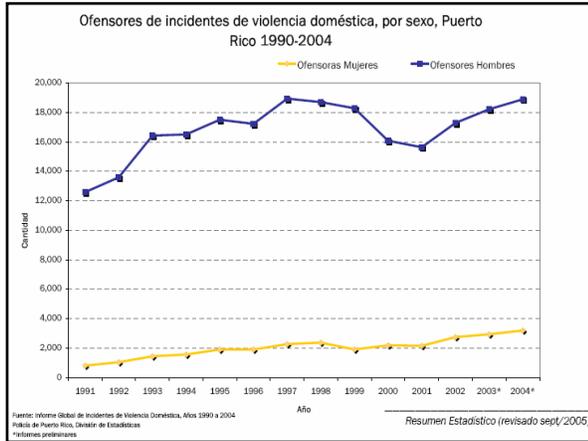


Added risks fits Puerto Rican women more...

- Domestic violence is a power issue that is beyond ethnicity and culture, change over time
- Within a same ethnic group there are different factors that favor or hinder domestic violence.
- The factors surrounding women impact her depending on the factors within women...education
- Less a Hispanic man issue, more a power-gender inequity issue

Added risks fits Puerto Rican women more...

- Still...there are some, people that believe that the women's place is at home, cleaning and cooking, and serving...and it is not seen as inequity but rather a privilege...a women's duty is to have sex with her partner



Added risks fits Puerto Rican women more...

- Still...there are some, ...less everyday
- But this is true not only for Hispanics
 - Less as more women and men are educated on gender and inequity issues
 - Slow process
 - Centuries of a way of life
 - Increasing violent society, tolerance for violent interpersonal relationships

Ley 54, 1989
for the
Intervention & Prevention
of Domestic Violence

Office of Women's Advocate
1999

Areas to work on...

- History of child maltreatment
 - Finding history of abuse
 - Especially not identified, not managed
- Behavior modification, early educational levels
 - Child development competition with the media, less parental participation in values development:
 - Cartoons
 - Songs
 - Videos
- Pro active / Operational Public Health Intervention
 - "More than a poster"

Areas to work on...

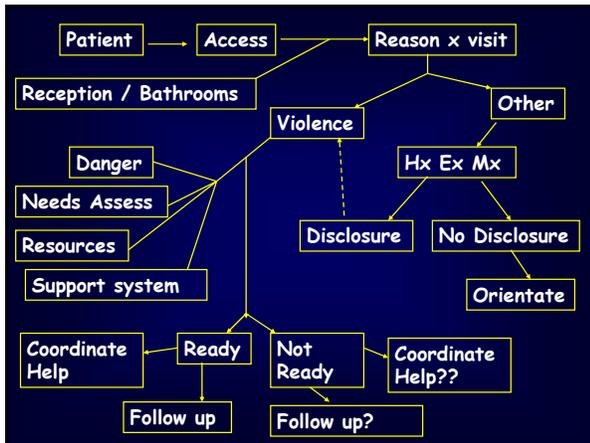
- Health Professionals: unique position to identify victims of interpersonal abuse x prevention and management
 - Everyone goes to health professionals sometime
 - Everyone sees the health profession as help, process, not punitive
 - Everyone accepts "checking to see if result is ok" or "let's keep you healthy" as a reason for F/U
 - Talking health and wellness is more acceptable than crime and bad

Areas to work on...

- Health Professionals: unique position to identify victims of interpersonal abuse x prevention and management
 - Transcends ethnic and cultural background
 - Person is the important issue, what happens to the person is part of her
 - What the person does impacts their health...couldn't we ask...
 - How are chores at home distributed?
 - Tell me...what events anger you, how do you handle it?

*"We find what we look for,
We look for what we know".
Goethe*

*"Holding the offender accountable
isn't as much a task for the victim
as it is for the professionals that
provide services to the victim"
Dr. Sandra Bloom*



Patient → Access → Reception / Bathrooms / Reason x visit

- Reception Area:
 - Educational materials on violence and its impact on health
 - Community directory for help services
- Bathrooms:
 - Posters
 - Emergency phone numbers

Let them know it's ok to talk about violence with you

Patient → Access → Reception / Bathrooms / Reason x visit

- Reason x visit
 - Other
 - Hx Ex Mx
 - Screening
 - Direct
 - Indirect
 - Messages
 - History of symptoms, establish patterns
 - Document trauma signs, measure, note if history is consistent

Remember, getting out domestic violence is a process

Patient → **Access** → **Reason x visit**

Reception / Bathrooms → **Reason x visit**

Reason x visit → **Other**

Reason x visit → **Hx Ex Mx**



Some men break more than their girlfriends' hearts.

- Most Important Intervention:
 - Many women are physically, sexually and emotionally abused. This behavior is not healthy and puts life in danger. No one deserves to be abused in any way. If you were in a violent situation, would you know what to do or get help?
 - Yes, review
 - No, orientate

Danger → **Violence**

Needs Assess → **Violence**

Resources → **Violence**

Support system → **Violence**

Reason x visit → **Violence**

Reason x visit → **Other**

Reason x visit → **Hx Ex Mx**

Hx Ex Mx → **Disclosure**

Disclosure → **Violence**



It may be hard to confront a friend that abuses his wife, but not as hard as being the wife

- Danger:** risk of death, suicide, child abuse, weapons, threats
- Needs assessed:** money, shelter, child care, medicines, transportation
- Resources:** emotional strengths, family, friends, co-workers, church
- Support system:** names, phones

- Servicios Legales: 743-9103
- Pro Bono Colegio Abogados: 746-7660
- UPR Esc Derecho: 764-0000, x3000
- UI Esc Derecho: 724-5190
- UCP Esc Derecho: 844- 4150, x198
- Emergencias: 911
- CAVV: (787) 765 - 2285 (504-2646)
- OPM: 722-2977
- PES: 749-1333
- Casa Julia de Burgos: 781-2570
- Casa Pensamiento de Mujer: 735-3200
- Casa Ruth: 855-1477
- Casa de Todos: 734-3132
- Coordinadora Paz para la Mujer: 281-7579

Violence → **Coordinate Help**

Violence → **Ready**

Coordinate Help → **Ready**

Ready → **Follow up**



HE WOULDN'T HURT A FLEA BUT HE PUT HIS WIFE IN A COMA

If you don't know what to do... ask if it's ok to consult or call a help program.

There are no easy answers.

Help her in participating in the decision making and that it's ok to ask experts in the field.

Avoid revictimizing!!!!

HE SAID HE'D NEVER HIT YOU AGAIN . .



BUT THAT'S WHAT HE SAID LAST TIME

Violence

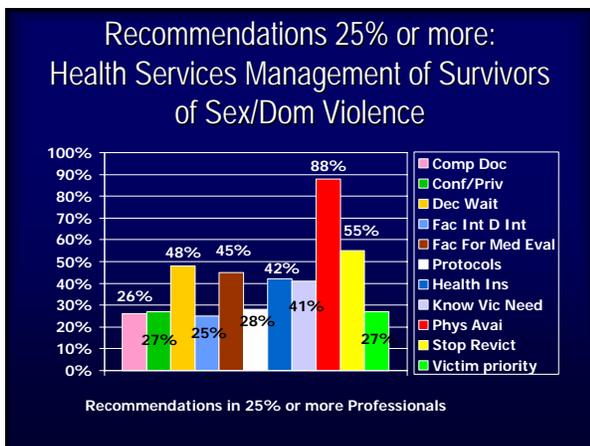
Not Ready

Coordinate Help??

Follow up?

What can we do?

Re Engineer Health Services
For Women Survivors



Women's Health STEpS
(Services Towards Empowering Survivors)
of Domestic and Sexual Violence

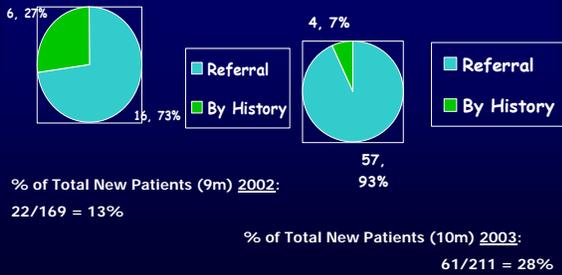
Women's Health STEpS

- Ambulatory Forensic Medical Services
 - Interview victim, support, others, evaluation
 - Management, Medicolegal report, Follow up
 - Case discussions are the "consulting colleagues"
 - Court is the "operating room"
 - Professional and community collaborative efforts, coalitions, agencies

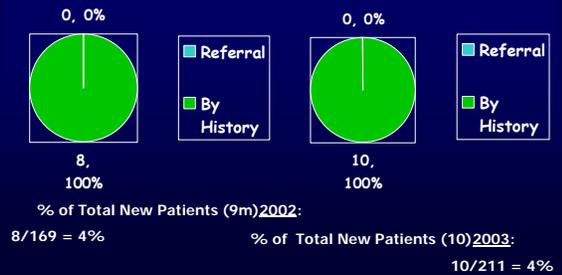
Women's Health STEpS

- Violence is a health issue with short and long term effects:
 - In the legal process:
 - F/U, minimal, q 3 months till case ends + q 6months x 2
 - Not in legal process:
 - F/U, minimal, q 3 months x 1 year

Women's Health STEpS : Sexual Violence



Women's Health STEpS : Domestic Violence



Sometimes it's not ethnicity...

sometimes it's just plain
searching and seeking it out



Thank You
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