



*We Can Help Each Other:*  
Partnering Across Cultures to  
Address Domestic Violence

Presentation prepared for  
**Community-Based Participatory Research Workshop**  
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# Partners

- Presented by:

Sharyne Shiu-Thornton, PhD, UW, Health Services

Beruke Giday, MNPL, Manager, DV Program, ReWA

Kirsten Senturia, PhD, PHSKC

- Research project team:

Rupaleem Bhuyan, MA, University of Washington (UW), Social Work

Rujuta Gaonkar, MPH, Public Health--Seattle & King County (PHSKC)

Marianne Sullivan, MPH, PHSKC

- Refugee Women's Alliance (ReWA) project team:

Sofia Lutsky

Molly Mell

Farhiya Mohamed

Tigist Negash

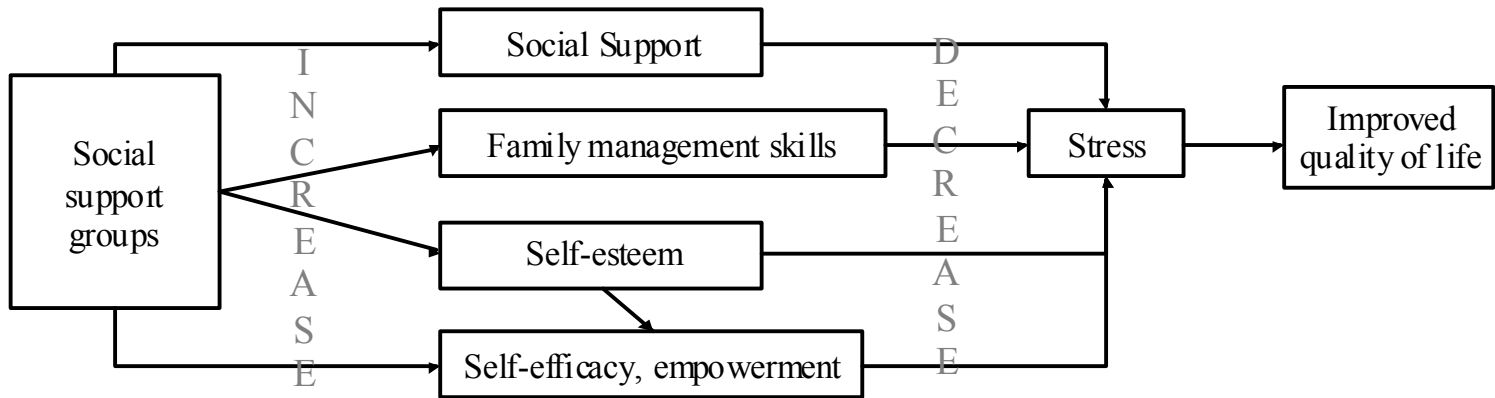
# Cultures Represented in the Project

- Academia (U.W.)
- Local public health department (Seattle-King County)
- Community-based organization (ReWA)
- Immigrant/refugee
- Spiritual traditions
- American Indian
- South Asian
- European American
- Ethiopian
- Cambodian
- Russian
- Chinese
- Somali

# Description of the project

- Domestic violence
- Social support and skill-building groups
  - Two phases, seven months each
  - Conducted in first language/culture
- Cambodian, Ethiopian, Russian and Somali survivors and advocates
- 58 women; group size 5-14
- Funded by CDC through Seattle's Urban Research Center grant

SOCIAL DETERMINANTS OF HEALTH MODEL  
FOR  
SOCIAL SUPPORT AND DOMESTIC VIOLENCE



# Phase One

## February-August 2002

- Seven months; 14 sessions
- 39 women participated; group size 5-14
- Cambodian, Ethiopian, Russian, Somali
- 36 completed pre- and post-test surveys
- 24 completed pre- and post-test qualitative interviews

# Demographics

- Age: Mean 35.5; median 35.0 years
- Time in U.S.: Mean 7.8; median 6.0 years
- 31% spoke English well; 25% read English well
- 50% completed high school (country of origin)
- 55% enrolled in an ESL class
- 41% employed; 47% on governmental assistance
- 70% lived with children; 14% lived with partner

# Findings:

## History and Frequency of DV

- ↓ Decreased *incidence of DV* in past six months (from 64% to 17%) ( $p < 0.0001$ )
- ↓ Decreased *frequency of DV* (from 2.36 score to 2.13 score on a scale of 0-4) ( $p < 0.05$ )

[Data were analyzed using the paired  $t$  test and Wilcoxon matched-pairs signed-ranks test.]

# Findings: Other Significant Indicators

- ↑ Increased knowledge of *where to get help for DV* (from .86 responses to 1.56 responses)  
( $p < 0.001$ )
- ↑ Increased *social support* (from 9.23 to 10.94)  
( $p < 0.01$ )
- ↑ Increased *daily living skills* (from 9.14 to 11.17)  
( $p < 0.01$ )
- ↓ Decreased *perceived stress* (from 6.65 to 5.06)  
( $p < 0.05$ )

# Why?

- The idea came from the women
- Participants developed the curriculum
- Content was specific to participant needs
- Facilitators/participants shared language and culture
- Facilitators were trained and supported
- Training/learning was reciprocal

# Steps to Develop Relationship: Background

- Groundwork laid through initial assessment project with nine cultural groups
- Follow-up meetings to prioritize action steps
- Grant written by Public Health with ReWA to find funding for an intervention
- Informal meetings between researchers and ReWA continued during non-funded period

# Steps to Develop Relationship: Planning and Design Phase

- Established regular meetings at ReWA between researchers and ReWA advocates
- Mutual decision-making identified cultural groups to be included
- Developed and continually refined instruments through back-and-forth dialogue
- Training

# Steps to Develop Relationship: **Intervention Phase**

- Individual facilitator debriefings
- Ongoing logistical support for facilitators
- Support on client issues
- Ongoing regular meetings
- Social events, potlucks, family parties
- Advocate support group (social support and professional development for facilitators)

# The Advocates' Support Group

- Not in original proposal
- Need identified
- Precedence
- Recognition and support from management

# Steps to Develop Relationship: Evaluation Phase

- Selection of interpreters
- Dissemination of preliminary data findings to ReWA staff for formative use
- Confirmation of findings validity with ReWA staff prior to outside dissemination
- Discussions about appropriate products from the research project

# Challenges in Partnership Research

- Overcoming communication barriers
- Building trust
- Power sharing

# Solution:

## Strategies for Effective Communication

- Limiting jargon across professional cultures
- Organizing regular check-ins between researchers and facilitators
- Using multiple forms of communication: telephone, e-mail, face-to-face meetings, informal social interactions

# Solution:

## Building Trust in Relationships

- Personal connections as individuals, colleagues, friends
- Decisions made with, never for, one another
- Honoring and accommodating religious and cultural contexts
- Flexibility across professional roles (helping with intervention logistics)

# Solution:

## Sharing Power and Ownership

- Sharing meeting facilitation responsibilities
- Meetings held at ReWA
- Being inclusive when writing professional papers and making presentations
- Respect for boundaries across and within organizations

# Respect for Boundaries

- Time
- Agency responsibilities

# Conclusions

- Concessions to priorities and flexibility regarding research design may be necessary
- Shared vision across agencies and between individuals is critical to long term success
- Lethality and safety issues require that researchers and providers work together smoothly
- Finding common ground

# For more information:

- Initial NIJ funded research report

***Cultural Issues Affecting Domestic Violence Service Utilization in Ethnic and Hard to Reach Populations***

<http://www.metrokc.gov/health/dv/dvreport.htm>

- Current project

***We can help each other: Domestic Violence Intervention***

[kirsten.senturia@metrokc.gov](mailto:kirsten.senturia@metrokc.gov)

[rujuta.gaonkar@metrokc.gov](mailto:rujuta.gaonkar@metrokc.gov)

- Seattle Partners for Healthy Communities

<http://depts.washington.edu/hprc/SeattlePartners/>