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

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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

Social support groups → Social Support → Family management skills → Decrease Stress → Decrease Self-esteem → Decrease Self-efficacy, empowerment → Decrease Improved quality of life
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*

• Current project
  *We can help each other: Domestic Violence Intervention*
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• Seattle Partners for Healthy Communities