

Preventing partner violence in refugee and immigrant communities

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For many refugees and other forced migrants, sexual and gender-based violence does not necessarily stop after resettlement; for some, that may be when it starts.

Although some research suggests that domestic or intimate partner violence (IPV) is no more or less prevalent among minority groups in the United States than in the general population, refugees and immigrants face special barriers to receiving appropriate services. The causes of violence are multiple and complex but the intense stress associated with adjustment to a new life can create tension and conflict that may make IPV more likely. In the US, changes involving greater female empowerment or independence may disrupt a previously established balance of power within a family and precipitate forms of emotional, psychological or physical abuse. It has also been argued that the psychological effects of experiencing the normalisation of violence in

countries at war may be contributing factors for intimate partner violence.

Although there is no universally accepted definition of IPV, it is generally understood as actual or threatened acts of physical, sexual, psychological, financial and verbal harm, including stalking. Intimate partners include current or former spouses (including common-law), boyfriends, girlfriends and persons wishing to be in a romantic relationship. They may or may not be cohabiting.

Over the past decade, a growing body of research suggests that there is not one but several types of violence that occurs in intimate relationships and that these different types require different kinds of interventions. What is not yet

known is the extent to which IPV as experienced by refugees and immigrants falls into the same types.

Addressing IPV in refugee and immigrant communities is complicated by a number of factors. The domestic violence prevention community in the US is largely organised around separating perpetrators and victims. The assumption is that violence occurs in a cycle and that separating the perpetrator and victim is the best and most long-lasting solution. However, for cultural reasons and due to the vulnerability created by migration, separating a refugee or immigrant IPV survivor from her or his family may not be the most advisable course of action; many refugees prefer to find remedies within their relationships. As one service provider put it, "Over the last decade, I've learned that the priority [among refugee clients], rather than safety, is family preservation."

Other factors that complicate prevention include the use by perpetrators, victims or service providers of 'tradition' or 'culture' to justify abusive behaviour. Some service providers engage in a process of questioning destructive or unhealthy practices and use a human rights or social justice framework to communicate the fact that – regardless of the way a person may have been treated in the past – every individual is entitled to specific rights and freedoms under US law. However, traditional norms and cultural practices can also be protective, as well as contributing factors to IPV.

Many prefer to keep partner violence private and seeking help may be seen as a form of betrayal. Privacy is also sought to avoid inciting discrimination and stigmatisation from the host community. This reluctance to disclose violence underlines the importance of creating an environment in which refugees and immigrants can address the issues themselves within their own families and communities.

Tolerance thresholds and definitions of abuse are far from universal. One advocate told the story of a Somali refugee who requested and was offered shelter when her husband left her without food and electricity to provide for another wife. She insisted she had not been abused but was merely destitute. During her stay in the shelter, the provider said, "She started to understand that your husband hitting you is violence. Only when she started to understand more about IPV did she begin to talk about the violence she had experienced from her husband."

Good practice?

There is a significant gap in knowledge about the most effective psychosocial interventions and prevention strategies for refugees who are either at risk of or are experiencing IPV. A new three-year initiative entitled 'Preventing Partner Violence in Immigrant Communities: Strengthening What Works'¹ aims to generate practice-based evidence to fill this gap, enabling the organisations involved to identify, strengthen and promote creative and innovative approaches.

The eight organisations working on the programme have seen some success in embedding IPV education in other services such as English language teaching, sessions about US law in general and even financial literacy workshops. Meanwhile, they are evaluating potentially promising practices to address IPV, including the following:

Engaging young people whose attitudes are still forming to speak about IPV among their peers.

For example, Asian Task Force Against Domestic Violence believes that overlapping forms of racial, ethnic and gender inequality are the root cause of violence. They suggest that by teaching youth to recognise and address these inequalities, healthy relationships and communities can be built. In 2010 refugee youth and US-born children of refugees and immigrants created an electronic magazine with anti-violence content including photographs, poetry and articles.

Engaging spiritual and community leaders to target unhealthy traditional or religious practices.

Spiritual leaders are often instrumental in helping their communities to examine the values, norms and beliefs that can be used by some to justify violence.

Overcoming shame and stigma, and drawing on informal networks of support.

The Asian Women's Shelter was finding that survivors of abuse in the Asian and Pacific Islander lesbian, gay and transgender community were hesitant to access services due to fears of sexism, racism and homophobia. They developed the 'Chai Chat' programme, providing a space to meet and explore issues of relationships, sexuality and safety from violence.

Including men and women in programming.

As part of an effort to challenge community norms that support IPV, Migrant Clinicians Network in Austin, Texas, has designed a project called Hombres Unidos Contra la Violencia (Men united against violence) that uses role-playing to provide men with skills to prevent episodes of IPV.

Building community capacity or 'social capital'.

Early on it became clear that organisations serving refugees and immigrants recognised the complexity of issues surrounding IPV in their communities, and that strengthening formal and informal social networks, creating links between organisations and decreasing people's sense of isolation are all important features of a community-level response to IPV.

Building community capacity or social capital may contribute to IPV prevention through mechanisms such as dissemination of information about healthy and unhealthy relationships and about healthy norms of behaviour. This parallels discoveries within the humanitarian community that the response to sexual and gender-based violence must engage refugees, be multi-sectoral, and rebuild family and community support networks.

Conclusion

IPV is both a human rights issue and a public health concern. Many lessons have been learned about preventing and responding to sexual and gender-based violence in complex humanitarian emergencies and camp-based settings. Sexual and gender-based violence is now a common (although many would say as yet insufficient) part of international humanitarian monitoring and evaluation efforts. It is now time to link these efforts with those that can be made to protect refugees and immigrants after resettlement. The eight organisations in the programme are being supported in evaluating their practices with a view to creative and innovative approaches being identified, strengthened, and disseminated.

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1. www.strengtheningwhatworks.org/, a programme of the Robert Wood Johnson Foundation.