A WHITE PAPER ON THE DURHAM COLLABORATION PROCESS EVALUATION AND KEY FINDINGS:

A PARTICIPATORY APPROACH TO IMPROVING SERVICES FOR IMMIGRANT SURVIVORS OF INTIMATE PARTNER VIOLENCE

By

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Statement for Readers:

This master's paper is the product of a year and a half of work on a project in which I had the opportunity to be mentored and advised by Cindy Fraga and Dr. Rebecca J. Macy, both from The School of Social Work at The University of North Carolina (UNC). The project was a participatory process evaluation of a multi-agency collaboration formed to better meet the needs of immigrant Latina and South Asian domestic violence survivors in Durham County, known as *The Durham Multi-Agency Collaboration to Enhance Service Delivery to Immigrant Victims*. I participated throughout the research process, primarily in the data analysis and dissemination stages. My role consisted of translation (Spanish to English) and transcription of interviews and focus groups, coding and identification of major themes, and the translation of the findings into products for dissemination, including presentations and publications. The lessons learned from the process evaluation proved to be potentially useful information for other agencies seeking to collaborate around this issue, and as such, will be used to develop a toolkit. I have taken the lead on the development of the toolkit, and the content will reflect contributions from the entire research team. The intent is to submit the proposed toolkit for publication to CES4Health.info, an innovative online peer review process for scholarly products that are the result of university-community partnerships and not in a traditional journal form.

This document serves as the background paper for the structured narrative and proposed toolkit that will be submitted to CES4Health.info. It is intended to provide context for the proposed toolkit by describing the research process and findings in detail, and discuss the translation of these finding into a product that is accessible and useful to service providers. This paper will inform the products submitted for publication, as both the narrative, and the toolkit go through a rigorous peer review process by one academic expert and one community expert. There is a significant focus on the participatory processes, and the contributions of both academic and community researchers will be discussed in detail. If accepted for publication, both the proposed toolkit and narrative will be published and available to the public. The proposed toolkit, as described in detail below, is the product of a community-academic research team, and as such has multiple authors. Co-authors have given their consent to my master's paper being a first step in the development of the toolkit and accompanying narrative, and have generously contributed their thoughts and feedback. In addition to my readers, Dr. Vijaya K. Hogan and Dr. Rebecca J. Macy, I would like to acknowledge Cindy Fraga in for her generous contributions and frequent meetings during the writing process.
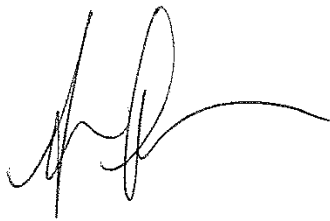
The following background paper therefore meets the requirement of an alternative master's paper, and provides evidence of my individual fulfillment of the competencies outlined in the master's handbook:

1. To demonstrate ability to communicate ideas in writing.
2. To demonstrate knowledge of a specific MCH content area.

3. To produce a product that is a contribution to the field.
4. To demonstrate competence and a theoretical base in an MCH content area.
5. To be able to formulate and test a hypothesis or hypotheses (in the case of original research).

While not original research, there are several sections of the narrative that demonstrate my ability to understand and communicate research design, sample, methods, and analysis in a format that is intended for publication and dissemination in the academic and community spheres. The paper demonstrates an in depth understanding of community-based participatory research (CBPR), using qualitative methods and an inductive, open coding approach to analysis. The project has played an important role in my development as a public health practitioner and researcher.

Thank you for reading!

Arianna Taboada, MSPH Candidate August 2012

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Abstract

Intimate partner violence (IPV) is a complex social problem, and providing survivors with high quality services often involves a cadre of providers. This paper builds on the participatory process evaluation of a multi-agency collaboration formed to better meet the needs of immigrant Latina and South Asian survivors in Durham County, known as The Durham Multi-Agency Collaboration to Enhance Service Delivery to Immigrant Victims (referred to as The Durham Collaboration). The Durham Collaboration is a unique collaboration comprised of four community-based organizations with diverse expertise in Durham County, North Carolina (Durham Crisis Response Center, El Centro Hispano, Kiran, and InStepp, Inc). These four organizations partnered with The School of Social Work at the University of North Carolina at Chapel Hill (UNC) to evaluate their collaborative efforts to improve domestic violence services for Latina and South Asian intimate partner violence (IPV) survivors. A toolkit will be developed from the learned lessons to disseminate to other organizations aiming to improve services for this population. This master's paper is intended to provide context for the proposed toolkit by describing the research background, methods, and findings in detail, and discuss the translation of these finding into a product that is accessible and useful to service providers. There is a significant focus on the participatory processes, and the contributions of both academic and community researchers will be discussed in detail.

I. Problem Statement

Intimate partner violence (IPV) cuts across all racial, socio-economic, and geographic lines in the United States[1]. It is estimated that each year in the United States, nearly 7 million women experience rape or physical assault by an intimate partner[2]. Women also experience more chronic and severe injuries from physical assault by an intimate partner than do men who are victims of IPV[2]. The effects of such physical and sexual violence also result in severe psychological repercussions[2, 3]. Symptoms of post-traumatic stress disorder (PTSD) are disproportionately represented among victims, as are sleep disorders, suicidal ideation, low emotional functioning and anxiety[1, 2]. The physical and mental health consequences of IPV have also been associated with increased morbidity and a decrease in overall quality of life[3].

In North Carolina, intimate partner violence also permeates the public health landscape. Statewide data from a representative sample of women was analyzed by Martin and colleagues in 2008[4], and revealed that 25% of women in the state reported experiencing physical/sexual violence in their adult lifetime, 82% of these women reported physical abuse by a current or former partner[4], and 69% reported sexual abuse by a current or former partner[4]. In 2009, there were 71 known IPV-related homicides in North Carolina and between 2009 and 2010, 66,320 people sought help from domestic violence centers in the state[4].

Research shows that immigrant women are a particularly vulnerable population[5, 6, 7, 8, 9, 10]. Studies conducted in other parts of the country with Latina and South Asian immigrants find

that 30% to 50% of these women have been sexually or physically victimized by an intimate

partner[7, 11]. Durham County's local domestic and sexual violence support agency, The

Durham Crisis Response Center (DCRC), is serving more immigrant survivors, particularly

Latina immigrants, than ever before[12]. DCRC's current client base is 35% African-American,

35% Caucasian and 30% Latino or "other" ethnicity[12]. A full half of the clients now served by

DCRC within the court system are native Spanish-speakers[12], which is significantly higher

than statewide average in which 10% of domestic violence clients are Latina[13]. In contrast to

the surge in Latino clients, the percentage of South Asian immigrants that DCRC serves is

extremely low (less than 1% of their total client population),[12] even though it is estimated

that 1 in 6 South Asian women have experienced some form of domestic violence in their

lifetime[11].

The main recourse for many women experiencing IPV is through formal systems of care.

However, formal, or mainstream, domestic violence organizations have conceptualized their

services as meeting the needs of battered women in general[3], and have missed the nuances

of how immigrant women's needs may differ[1]. Past research repeatedly characterizes

primary barriers to mainstream domestic violence services for immigrant populations as 1)

not being able to speak English[9, 10, 14] and 2) fear of deportation or other legal ramifications

for utilizing services[1, 15, 16].

Although formal systems of care are found to be quite important in facilitating battered

women's ability to leave an abusive situation[17], a review of the domestic violence literature

reveals that immigrant women's barriers to formal care often force them to rely more heavily on informal networks of care. Multiple studies have identified cultural factors as an additional barrier in help-seeking[18, 19, 20]. Perceptions and tolerance of abuse differ between Latinas and non-Latina women, with battered Latinas demonstrating greater tolerance of abuse[18, 21]. Torres found that Latinas identify fewer types of behaviors as abusive when compared to Anglo-American women[21], and stay in abusive relationships longer by 10 years or more[22]. Furthermore, Harris and colleagues posit that gender role attitudes can strongly influence whether a woman reports IPV and found that traditional gender role attitudes decrease the likelihood of a Latina reporting abuse[23].

Despite the recent increases of research on the topic of immigrants and IPV[1], relatively little empirical research exists that specifically examines the unique experience of non-White women utilizing domestic violence agency services. These services are for the most part considered culturally neutral[24]. Moreover, differences in service outcomes by ethnicity are typically compared to White women[6], and not necessarily attributed to cultural or linguistic competency of the services. As a result, there is limited evidence on specific needs faced by the Latina and South Asian immigrant populations and best practices for culturally and linguistically appropriate domestic violence services [1, 5, 6].

What is well documented is that immigrant women are a particularly vulnerable population, whose needs are unique and not always met by mainstream domestic violence organizations[5]. Immigrant-related factors such as limited host-language skills, isolation from family and community, lack of access to jobs, uncertain legal status, and negative

experiences with authorities influence these survivors' IPV experiences and their ability to access needed services[14]. Their IPV service needs are intertwined with the need for accessible and affordable health care, employment opportunities, integration into their host communities, and trust in public services. The experiences of immigrant IPV survivors are often exacerbated by their "*outsider status,*" which facilitates exclusion from many public services. Consequently, immigrant survivors tend to be a high need, yet underserved population.

II. Background Research: evaluation of an IPV collaboration to better serve immigrant survivors

Durham County has evidenced a rapid growth in its Latino and South Asian population[25]. The increase in the Latina and South Asian clients served by domestic violence organizations in the county reflect these demographic changes. While existing domestic violence services in Durham County are making significant efforts to serve Latina and South Asian communities, it remains unclear whether this population's specific linguistic and legal needs are being met. Anecdotal evidence from providers indicate that immigrant survivors in Durham County have been underserved by agencies in the following ways: capacity to provide linguistically specific case management and support services, court advocacy, and needs specific to their status as immigrant survivors[12]. Four community-based organizations with diverse expertise [i.e., Durham Crisis Response Center (DCRC), El Centro Hispano (ECH), Kiran, and InStepp, Inc] partnered to better reach and serve the area's growing population

of Latina and South Asian survivors. This innovative collaboration, titled *The Durham Multi-Agency Collaboration to Enhance Service Delivery to Immigrant Victims* (referred to as the Durham Collaboration), sought to develop innovative programs and to provide culturally- and linguistically-specific outreach, services, and education purposefully tailored to the needs of Latina and South Asian survivors who are recent immigrants. Given that domestic violence services are not typically provided in a culturally specific manner[24], this collaboration represents a novel approach to serving immigrant survivors.

The goals of the Durham Collaboration are aligned with past research on immigrant IPV survivors' service needs, showing that cultural and linguistic congruence are central to help-seeking[1]. The participating agencies recognized that although mainstream domestic violence organizations have traditionally been organized to meet the needs of a dominant white cultural group, ethnic minority agencies have historically led service delivery to non-white ethnic groups and communities. Furthermore, participating agency El Centro Hispano, an organization run by and for Latinos, exemplifies how ethnic minority agencies are typically staffed by members of the same ethnic group that they serve [1, 24, 26]. The Durham Collaboration sought to bridge this gap in services by forming a partnership between agencies with different programmatic goals and populations served: 1) Kiran serves South Asian immigrants who are victims of domestic violence; 2) the Durham Crisis Response Center (DCRC) serves victims of domestic violence, sexual assault, dating violence and stalking; 3) El Centro Hispano (ECH) serves Latino immigrants through education, community support, leadership development, community organizing and by establishing alliances with other communities and organizations; and 4) InStepp, Inc. helps to improve

the economic quality of life for women with a conviction history or other barriers to employment in the Triangle area. The proposed intervention was based on the exchange of diverse expertise that each agency brought to the collaboration. Kiran and ECH aided DCRC in providing better support to the two distinct and growing immigrant populations in Durham. ECH and Kiran benefitted from DCRC's training and technical assistance around serving victims of domestic violence, sexual assault, dating violence and stalking. Kiran informed the work of all three partners in better addressing and understanding violence within the South Asian Community across the state. Finally, InStepp expanded services for the first time for all survivors in the Triangle area to include economic empowerment-based programming, and be better able to serve their current clients who have experienced intimate partner violence.

The *Durham Collaboration Process Evaluation* was a critical step in determining and enhancing the effectiveness of collaboration between mainstream domestic violence agencies, ethnic minority agencies, and other organizations that serve the identified population. An evaluation of the collaborative was seen as an important contribution toward understanding the key components of culturally appropriate domestic violence service delivery, and translating these findings into best practices.

a. Methods

An evaluation was conducted during the second year of the collaboration using a community-based participatory research (CBPR) approach. The Durham Collaboration

Process Evaluation was conducted by a community-academic research team comprised of community researchers from each of the participating agencies (Durham Crisis Response Center (DCRC), El Centro Hispano (ECH), Kiran, and InStepp, Inc), as well as academic researchers: Dr. Rebecca J. Macy, doctoral student Cindy Fraga, and masters student Arianna Taboada, all from the School of Social Work at UNC. The researchers from participating agencies in the collaboration had a prior relationship with Dr. Macy at the UNC School of Social Work, who agreed to provide technical assistance in conducting the evaluation. Cindy Fraga served as the principal investigator, and Arianna Taboada as the research assistant. Seven staff members from the participating organizations served as co-investigators.

Because the research project was initiated by the Durham Collaboration, a discussion of expectations, shared work, and partnership occurred early in the research process. The research team collaboratively developed a set of guiding research questions that framed the broad categories to be explored during the process evaluation:

1. What is the infrastructure of the Durham Collaboration?
2. What are the strategies used by the collaboration staff to meet client needs?
3. What are the challenges faced by the collaboration staff in meeting client needs?

The following are examples of the specific questions posed to assess the usefulness of this collaboration in meeting the needs of the community and the clients served:

- How is the collaboration staffed?

- What is the intake and referral process of the collaboration?

- How do clients flow through the various agencies of the collaboration?

- What makes the immigrant survivors you serve different from non-immigrant survivors?

- As a staff member, what has been your experience in the Durham Collaboration's development?

- What are unique service delivery challenges you face as part of the Durham Collaboration?

- Overall, are you satisfied with the services provided to the clients of the Durham Collaboration, please explain?

Study Design

The evaluation was a qualitative study conducted with CBPR principles. Interviews and focus groups were conducted to elicit key findings regarding how well the Durham Collaboration was accomplishing its goals. The study design proposed to use focus groups as the primary data collection method, although individual, in-depth interviews were offered as an alternative to agency providers who preferred not to participate in a group discussion. The interviews followed the exact same question protocol developed for the focus groups.

All instruments used to collect data were reviewed by the research team. Fraga drafted the demographic survey, interview guides and IRB proposal, and the research team met to review and edit them. During this meeting the instruments were edited and approved by all members of the research team. The research design and analysis process was also discussed in great detail. The team reached consensus on the importance of a qualitative approach

with providers, and member checking during analysis. Member checking, also known as informant feedback or respondent validity, was incorporated to allow research participants to review the preliminary report to improve the accuracy and validity of the data. This discussion process allowed the academic researchers to contribute their expertise in drafting IRB applications, as well as valued the expertise bought forth by the community researchers given their role as service providers. Changes to documents were made accordingly and the project was submitted to the UNC Institutional Review Board and was approved under IRB number 11-0343. The IRB submission was a collaborative process with academic and community experts contributing their respective expertise.

It is worth noting the research team's awareness of language and culture during data collection and analysis. Community researchers were all of South Asian or Latina descent, while the academic research team was comprised of one Anglo and two Latina women. The Latina bilingual, bicultural doctoral student led the data collection and analysis, with assistance from a Latina bilingual bicultural masters student. While the research team was diverse, the community and academic side did not mirror each other exactly. Therefore, the contributions of all researchers during the analysis and members checking was crucial in addressing any themes that were culturally specific.

Recruitment

Providers were recruited to participate via email by members of the Durham Collaboration Process Evaluation research team. The email recruitment letter inquired about the staff members' preferences regarding format (individual interview or focus group), language

(English or Spanish), location, date, and time. Staff members, who do not respond to the recruitment email after one week, received a follow-up call from a member of the research team in order to answer any questions about the research study. At this time, the research team member inquired about the staff members' preferences regarding format (individual interview or focus group), language (English or Spanish), location, date, and time. Verbal consent was not obtained at this time, and no data (apart from logistical arrangements and additional preferred contact information) was collected. In organizing the focus groups and individual interviews, the research team accounted for staff members' preferences regarding format, language, location, date and time.

Cultural and Language Congruence

The academic researchers had been informed by the community researchers that a number of the potential participants were Spanish speaking immigrants themselves, and although fluent in English, might feel more comfortable participating in a focus group or interview conducted in their native language. Therefore, participants had the choice of participating in either a focus group or individual interview to be conducted in their preference of English or Spanish.

Data Collection

Eleven staff members from the participating agencies who worked with the Durham Collaboration during its first year of implementation participated in the evaluation. The focus groups and individual interviews were held in a private room at one of the participating agencies at a day and time that was convenient for the agency staff. Consent

was obtained individually once everyone has assembled but prior to the beginning of the focus group or individual interview. The focus group and individual interview sessions were comprised of open- and closed-ended questions regarding staff experiences with and opinions of the Durham Collaboration's implementation. A short, optional questionnaire concerned with demographic and professional background was also distributed for completion by participants during both individual interviews and focus groups.

With consent from providers, data for the focus group discussions and interviews was digitally recorded. Members of the research team also took notes during and after the focus group and individual interview sessions to supplement the digital audio files. Digital audio files were transcribed (and in some cases translated) by the research team promptly following each focus group and individual interview session.

Analysis

The qualitative information gathered from each individual interview and focus group was analyzed to identify common themes and key findings regarding the experiences of the initial implementation of the Durham Collaboration. An open coding approach was used, where each interview/focus group was coded individually by two different coders, and then merged. After initial coding, the academic researchers met with the coordinator of the Durham Collaboration to go over results and plan a meeting for member checking, where all providers who were part of the research team could confirm the data as accurate or revise data that did not accurately reflect their experience. Member checking was conducted in

person with the Durham Collaboration Process Evaluation research team. The main themes

that emerged were discussed in detail by the research team. Subsequently, a preliminary

report was drafted, and reviewed 2 more times via email so that the final version would

include input from the entire research team.

    b. <u>Findings</u>

The guiding research questions developed by the Durham Collaboration Process Evaluation

research team aimed to understand: (1) the infrastructure of the Durham Collaboration, (2)

the strategies used by the collaboration staff to meet client needs, and (3) the challenges

faced by the collaboration staff in meeting client needs.

Challenges and Strategies for Serving Immigrant Survivors

In response to the challenges and special needs of immigrant clients, providers identified

that immigrant survivors experience multiple barriers to: (a) adjust and integrate in society,

(b) seek help and receive services, and (c) gain employment. They also tend to present with

complicated cases, multiple needs, and multiple traumas. However, their needs and help-

seeking behaviors are not uniform. They differ based on acculturation and how long they

have been in the country. For example, providers recognized that their first generation

immigrant clients are more dependent on their partner and more likely to socialize with

like-minded individuals from their own culture. Their clients also experience difficulty

recognizing domestic violence as a problem. This might be related to the cultural prevalence

and acceptance of violence in countries of origin (e.g., cultural norms around violence,

gender roles, stigma of divorce/separation, familism, and belief marriage is forever). Data showed that staff members identified contextual factors as a significant challenge as well. Many immigrant clients' experience different patterns of victimization over the course of immigrating to the US (e.g., decreased victimization, constant victimization, or increased victimization) depending on circumstances such as stress, knowledge of victim rights, and isolation. Perhaps most poignant is that staff members reported that when immigrant survivors identify IPV as a problem and engage in help-seeking efforts, formal support is often considered a last resort.

All interviews and focus groups reflected the theme that currently available mainstream domestic violence services for immigrant survivors are not appropriate. Providers attributed this gap in services to the fact that mainstream organizations do not understand the cultural context in which immigrant survivors experience IPV and do not offer services that meet these survivors' unique circumstances, some of which are described above. A systematic review of domestic violence services conducted by Macy and colleagues in 2009 reveals that there is a typical package of services, including crisis services, counseling, and support groups, that generally share the goals of enhancing coping strategies, decision-making, and ensuring immediate and long-term safety for the victim[3]. However, the process of establishing long-term safety for IPV victims and their families is complex, given the role that culture, income, children, and other identified factors may play in victim's decision-making. The unique characteristics of immigrant survivors adds yet another layer of complexity. Furthermore, leaving the violent relationship is not always the best option for

immigrant clients. Some factors that impact immigrant survivors' ability to leave include: limited knowledge of available supports; fear of partner's retaliation; impact on family in home country; acceptance of victimization; cultural norms; nowhere to go and limited social support; dependency; children; unfamiliar country. Providers reported catalysts for seeking help and leaving the relationship as, severe physical abuse; wanting information on legal rights; impact of the violence on children; and extra-marital affairs. However, clients often experience manipulation by their partners around legal and separation matters, and were often threatened with deportation by the abuser. These factors make case management and following-up with immigrant survivors challenging: it takes considerable time for clients to open up; clients require long-term services; dependency on providers; difficult to empower clients; time constraints; and clients lack means of communication for follow-up (i.e. they rarely have home telephones or cell phones). As expressed in the literature, immigrant survivors need continuity of services that go beyond crisis intervention and short terms services that clients are generally provided with by mainstream domestic violence agencies[3].

Nevertheless, providers were able to identify various cultural competency factors that they employed in providing immigrant survivors with appropriate services. These factors included: linguistically appropriate services; honoring cultural beliefs, norms, and practices; a holistic approach; and bilingual/bicultural providers. It was stressed that agencies providing services to immigrants need to be aware and understanding of cultural, religious, and social differences experienced by these survivors. For example, a provider at El Centro

Hispano explained that many of her clients need assistance learning how to use the ATM or public transportation before she can begin to discuss a safety plan. Establishing trust by providing basic needs before domestic violence support services was repeatedly mentioned. A systematic review of the literature on Hispanic help-seeking strategies corroborated that most survivors seek help multiple times when providers are able to address other needs when providing services[1]. Providers also indicated that with specialized training and capacity building in domestic violence, ethnic minority agencies such as El Centro Hispano can provide the follow up care and continuity that mainstream domestic violence agencies often can't.

Culturally tailored outreach and having a presence in the community were identified as critical for serving immigrant survivors. Because of the importance of developing trust with the Latino and South Asian communities, specialized outreach efforts might be needed. Examples from the Collaboration include outreach at cultural festivals, ethnic restaurants, and the design of discrete outreach materials in client's native languages. The research team concluded that both the challenges and culturally competent strategies used to meet the unique needs of immigrants are necessary to understand and discuss for agencies collaborating to serve this population.

The Collaboration staff declared that the services provided make a difference in the lives of their clients and that clients are generally satisfied with their involvement with the

Collaboration. Findings specifically honed in on what the providers felt the Collaboration was doing right:

- Providing culturally relevant services that meet clients' unique needs. Examples of intentional decisions to increase cultural competency include: (a) providing services/materials in preferred language; (b) developing rapport/establishing relationships with clients; (c) bilingual/bicultural providers (f) providing long-term, personalized, intensive services; and (g) using culture as a strength.

- The Collaboration provides wraparound services to help clients with various issues (e.g., legal issues, shelter and transitional housing, domestic violence and sexual assault issues, transportation, food stamps, employment, social support, life skills).

- The Collaboration has positively impacted the community through its outreach and curriculum dissemination efforts. Staff have engaged in the use of multiple, deliberate and culturally appropriate outreach strategies (e.g., creating crises lines in appropriate languages; advertising through various medias; providing trainings in university settings; disseminating information about the agencies and their services to providers in the community who serve Latinos and/or South Asians and influential community leaders; attending cultural festivals and events; leaving agency information in culturally specific restaurants; and guerrilla sticker campaigns).

- The Collaboration has positively impacted the participating agencies and staff members. Staff and agencies have been positively influenced through the sharing of resources/materials and experiences; participating in trainings; and strengthening the

relationships between the participating agencies. The collaboration has helped inform

service delivery; increase capacity and efficiency; expand services.

Infrastructure Challenges

Nonetheless, there were still significant challenges staff members faced in building the

Collaboration infrastructure. Disorientation, primarily at the administrative level, impacted

the initial implementation of the collaboration. The factors that fueled the disorientation

were: non-specific language used to write grant; lack of clarity regarding roles and duties;

staff involved in implementation were not involved in the writing and development of the

grant; fit of staff and agencies in the collaboration; unclear referral process; grant started

late; initial staff and leadership turnover; difficulty truly collaborating. A key issue was that

because of initial staff turnover at the administrative level, some of the participating

agencies did not completely understand how the grant was to be implemented and the

Collaboration struggled getting started. Notably at member checking, some participants

disagreed with these findings regarding disorientation at initial implementation. These

participants declared that the collaboration's implementation and work had gone smoothly

from the beginning. Other staff members mentioned feeling as though there was still a lack

of clarity regarding their role and the role of certain other staff members and agencies

during year 2. Multiple staff members reported confusion regarding the source of their

supervision, and being unclear whether staff members should be getting supervision

through their agency or the Collaboration. However, by the time that we conducted

member checking of this document, the staff reported that this supervision issue had been resolved.

Despite disagreement by some staff during member checking, the data showed saturation of challenges related to staffing. Because of client volume, the complexity of cases, and the necessity of long-term services, staff members tend to become overwhelmed and there was high turnover. The staff discussed the need to increase capacity and number of bilingual/bicultural staff (or volunteers/interns) to address this challenge. There were also challenges related to collaboration and communication between participating agencies and staff. Some staff members felt that the Collaboration met too frequently, whereas others felt as though the Collaboration did not meet enough. Getting all the staff members to meet was challenging. Scheduling conflicts, limited staff, and high client volume impact the ability to meet as a group. Some staff members report that the Durham Collaboration needs to help facilitate better and clearer inter-collaboration communication. It was mentioned that other than the coordinator, no one really knew what is going on during the Collaboration's initial phases. However, by the time that we conducted member checking of this document, the staff reported that the implementation of a newsletter was helping keep everyone informed on the Collaboration's progress.

Unclear communication and infrastructure also resulted in challenges with referral processes and coordination of services. Although the intent of the collaboration was to provide a clear route that clients could take to receive services from all participating

agencies, staff members had mixed comments regarding the referral process between

agencies. Some staff members reported that the referral process was easy, while others

reported that the process was tedious, others reported no uniform follow-up or referral

form/method. Although there was evidence that the participating agencies did work closely

together in meeting client needs, there were also specific challenges and gaps in the current

referral process. These included: multiple points of contact during the referral process;

missing court advocacy piece in the referral process; backflow of clients after being referred

to other participating agencies; limited capacity of participating shelters; and the fact that

some clients do not follow through with referrals and never make it to the next agency.

Referrals to agencies outside of the Durham Collaboration were made for a variety of

services not offered by participating agencies including: DV/SA agencies; shelters; agencies

that provide mental health services and counseling; anger management for clients'

partners; Department of Social Services; Child Protective Services; agencies that provide

substance use/abuse services; agencies/clinics that provide health/medical services;

agencies that provide legal services; and law enforcement. As with internal referrals, some

staff members reported that referrals to outside agencies were generally smooth and

effective, whereas other staff members reported more difficulties referring to outside

agencies. Complex cases tended to be more difficult to refer. Moreover, many outside

agencies have long waitlists. The two most difficult outside services to access for clients

include legal services and shelters. These services tend to have limited capacity and a

number of restrictions. In addition, referring to outside agencies sometimes meant more

work for Durham Collaboration staff members. Most common was the need to translate when outside agencies do not have a provider who speaks the client's language or when staff at outside agencies are perceived as unhelpful and discriminatory. Many of the collaborating agencies prefer to rely on in-house services as much as possible.

Lessons Learned

Staff identified core services that were necessary to meeting the unique needs of immigrant survivors, but that none of the participating agencies could sufficiently provide. They felt very strongly that as they grew the Collaboration, they find a way to better offer these services or connect with outside agencies who could provide the following: culturally appropriate shelter and transitional housing arrangements; legal aid; more help with courts and the court process; therapy/counseling for non-English speakers; support groups; prevention and psycho-education groups; childcare; health care services; social services; transportation; help purchasing phones or calling cards; entrepreneurial training, and more extensive/formal follow-up services.

Based on their experience, staff members were able to identify key elements for a successful collaboration. Although the Collaboration experienced some initial disorientation and challenges, their strengths in the implementation stage included: having an effective coordinator; appropriate prior staff training in domestic violence; staff familiarity with available resources and partner agency services; use of preparatory research to inform services and learn about client needs; strong working relationships among staff members;

personally invested and dedicated staff members; and the opportunity and mindset to learning from each other. However, there were also elements that were not included in the initial stages of the Collaboration that staff members later realized were crucial. These include: clarifying staff and agency roles; creating a system for inter-collaboration communication and case conferencing; clarifying the referral process; creating a method for following-up with clients; consistent cross agency communication and coordination; inclusive process of grant development; adequate support from collaboration coordinator; office space for staff members; and appropriate attention to staff mental health. Staff felt strongly that both their strengths and what they missed during implementation are key elements to starting and maintaining a collaboration. Moving forward, they agreed that the Collaboration could be strengthened and sustained by: solidifying a common identity as a collaboration for outreach purposes; increasing support and direction provided to staff members; researching and sharing knowledge about services and resources available at the community and federal levels; providing more cross-cultural trainings for agencies; increasing fundraising capacity and diversifying funding; establishing themselves as a one-stop-shop for immigrant survivors; solidifying a long-term commitment plan, and eventually opening satellite locations

Summary and Discussion

Results from the process evaluation echoed past research on immigrant IPV survivor's service needs that show how cultural congruency and language are central to help-seeking[3]. Six overarching themes emerged from Durham Collaboration Process Evaluation that

revealed barriers and facilitators to the participating agencies providing culturally and linguistically appropriate services for immigrant victims:

1. Special needs of immigrant survivors and challenges to providing services – all interviewees and focus group participants addressed the complex cases they encountered and challenges in outreach and retention of clients due to distinct cultural and structural barriers.

2. Services available at mainstream domestic violence agencies and cultural competency factors – data reflected a strong stereotype of mainstream services not being culturally appropriate and providers identified specific factors that made services culturally compatible with clients needs.

3. Contextual factors concerning IPV among immigrants – the importance of services providers having basic knowledge about the immigrant experience was key. This ranged from knowing prevalence of violence in country of origin and cultural norms around violence to understanding help-seeking patterns among immigrants.

4. Durham collaboration services – there were significant data collected on the culturally relevant services provided by the collaboration, and the way in which services met client's unique needs. The quality of services and experience of participating staff is key.

5. Lessons learned – areas for improvement and future focus were identified for the collaboration to build on their success and address challenges. These were primarily related to legal advocacy and staffing, two issues that were recurring themes throughout all of the interviews and focus groups.

6. Key elements for successful collaboration to serve immigrant survivors – building on the

   lessons learned, the data lent itself well to identifying the specific aspects of what a

   collaboration needs from inception to be able to meet the challenges presented when

   serving immigrant survivors.

Limitations

As a research team, we recognize the small sample size as a limitation, primarily because

the results are not generalizable. However, the researchers were able to interview or

conduct focus groups with all 11 staff members involved in the collaboration. These 11

participants provided key information on the collaboration and fruitful discussion for the

elements of the proposed toolkit. The analysis showed saturation of the major points

discussed, and systematically identified the key themes. Further data collection and

validation are promising next steps. In particular, the research team is seeking funding to

interview the clients that received services from the collaboration, to include the

perspective of service recipients in our analysis.

III. Translation of findings into the proposed toolkit

The themes from the process evaluation relate to the specific processes of establishing,

maintaining, and sustaining the Durham Collaboration to ensure improved access to and

quality of services for immigrant survivors. After the results from the process evaluation

were shared with the participating agencies, the research team wanted to ensure that the

lessons learned and key elements identified could be translated into a format that would be

a resource for agencies engaged in similar work. The dissemination of lessons learned from collaboration and innovation in the field of domestic violence services are crucial to change the historical trend of mainstream services not meeting the needs for immigrant victims of domestic violence.

Therefore, a next step identified as a priority area for the research team was to translate these findings into a toolkit that could be shared with other communities experiencing rapid growth in immigrant populations and unmet needs for culturally and linguistically appropriate domestic violence services. A downloadable toolkit was selected as the format to make the material easily accessible to agencies. We elected to have three different sections so that agencies could make use of the tools relevant to their stage of collaboration. The toolkit format was also concise enough to enable translation into other languages. It was decided that the proposed toolkit would be developed in English, and translated into Spanish and one South Asian language. This decision reflects the Durham Collaboration's commitment to have linguistically accessible material, particularly for use by ethnic minority agencies.

a. Toolkit purpose

The proposed toolkit is the end result of the Durham Collaboration Process Evaluation and is designed specifically for agencies that recognize the disparities in services for immigrant women and are interested in collaborating with other agencies to develop more effective

and responsive services for this population. The toolkit is designed to accomplish the following 3 goals:

1. Provide context about the capacity of mainstream domestic violence services, in relation to serving ethnic and linguistic minority communities.

2. Synthesize the challenges and gaps in services, as well as essential service needs for immigrant survivors, informed by published research and lessons learned from the Durham Collaboration

3. Provide process checklists that will assist diverse agencies and institutions in completing the steps to forming strong collaborations to serve immigrant survivors, specifically in communities and geographical areas with recent growth in their immigrant populations.

The proposed toolkit is intended for staff members at organizations, including mainstream domestic violence agencies and other social support and governmental institutions, who recognize a gap in services for immigrant domestic violence survivors in their community and are seeking out resources to assist them in collaborating with other agencies to provide or improve their services. Although there is great need among this population, there is relatively little information available about best practices, and this toolkit aims to address this gap in research and support agencies in providing high quality services through establishing collaborative partnerships. The materials in this toolkit are relevant to several phases of a collaborative partnership, including staff members at agencies who identify a need for collaboration but do not yet have any partners, several agencies that are in the process of forming collaborations, or established collaborations that are interested in issues

of sustainability and growth. The expected users are individuals who have a basic understanding of domestic violence as a social issue and relevant services, but are in need of technical assistance for applying best practices in their efforts to collaborate. These individuals may be service providers at domestic violence agencies or social service organizations, advocates and policymakers, or staff members at organizations who serve this population in other ways.

The proposed toolkit is divided into specific sections that agencies can use at different points in their collaboration: 1) supporting organizations to build a collaboration for the purpose of serving immigrant IPV survivors, 2) helping established collaborations maintain their commitment to this population and improve service, and 3) assisting collaborations sustain their work in serving immigrant IPV survivors. The three technical sections of the toolkit will be designed to be relevant to diverse geographic locations and agencies that are committed to improving services for immigrant victims of intimate partner violence, and provide concrete guidance to strengthening collaborative partnerships to provide high quality services. Specifically, mainstream domestic violence agencies (i.e. organizations that were established to serve victims within a specific geographic area) and ethnic minority agencies who serve immigrant women are identified as the most appropriate audiences, although the information may also prove useful to policy organizations, law enforcement, health services, social services, and other service providers.

The toolkit instruments will be available in Spanish and Hindi, in addition to English in order to be accessible to ethnic minority organizations that employ the target population (non-English dominant immigrant women). We strongly encourage the Toolkit-users to use the document in the language in which they feel most comfortable.

b. Toolkit content

The toolkit uses the structure of similar manuals and implementation guides as a model. This structure allows the background information of the project and the product that is included in this paper to be delivered clearly and succinctly in the introductory section of the proposed toolkit. Specifically, the problem statement section of this paper will be incorporated into the toolkit introduction, as well as some of the critical reasons of why innovative and collaborative approaches are needed to provide appropriate services for immigrant survivors, as described in the findings section:

The remaining content of the toolkit is divided into three sections. Each section includes a series of process checklists designed to assist diverse agencies and institutions in completing the steps to forming strong collaborations to serve immigrant survivors. These steps were identified from the data collected during the Durham Collaboration Process Evaluation, and the research team approved the critical areas to be addressed based on the findings presented in the final report. These sections are as follows:

1. Starting a Collaboration – the themes of staff professional training in basic immigration and IPV knowledge, native language of services and service providers, legal expertise, cross-training of staff from different organizations and cultural backgrounds, and coordinated referral systems are addressed, among other elements.

2. Maintaining a Collaboration – covers topics such as preventing staff burnout, use of research and evaluation to measure the impact of culturally and linguistically specific services, strengthening cross-organizational and cross-cultural communication, and problem solving techniques.

3. Sustaining a Collaboration – key points for long term work are brought up, including continued training and professional development for staff, diversification of funding and capacity building for fundraising. Suggestions for how to evaluate progress will also be included.

      c. <u>Toolkit development</u>

One member of the research team from UNC took responsibility for drafting the toolkit outline and writing the accompanying narrative, with regular meetings to solicit input from the rest of the research team. Literature that providers from the participating agencies had reviewed to write the initial grant for the Durham Collaboration was contributed as background information for the toolkit and narrative. Academic team members were able to contribute expertise in writing for publication and formatting based on previous experience developing toolkits, and community team members ensured that language was jargon-free and accessible to lay people. As a research team, we discussed the appropriate

amount of background evidence of domestic violence prevalence and history of services to include for toolkit users. Once a first draft is available, the research team will meet in person to review as a group and provide specific edits. The editing process is scheduled to continue both in person and via email until a final draft is agreed upon. When the final version of the toolkit is ready, community researchers from the participating agencies will lead the translation of the toolkit to Spanish and Hindi. All authors will be recognized on the final product and the toolkit will be submitted once all authors have approved the final draft.

The strength of this approach lies in bringing multiple expertise to the table in the development of both the project and the toolkit, in terms of language, topical knowledge and technical expertise. The product addresses an important gap in services, especially given the rise in new immigrant destinations and communities that may not have any experience with successfully serving immigrant survivors of domestic violence. Having the toolkit written in jargon-free terms, and in multiple languages, increases its accessibility, and exemplifies the research team's strong commitment to its use by diverse agencies.

Conclusion

There is a growing body of research on IPV and immigrant women. However, there are limited evidence-based best practices for serving this population. An important step in bridging this gap in knowledge is to disseminate lessons learned from organizations working to better serve immigrant survivors. The scope and rigor of the evaluation research

conducted with The Durham Collaboration positions this toolkit as a significant contribution

to the field. Although the reality is that mainstream domestic violence agencies are likely

serving populations with greater diversity, academic and community members of the

research team were not familiar with a similar product that was designed specifically for

agencies that are committed to serving immigrant survivors *as part of a collaboration*.

While many agencies have expertise either in domestic violence services or social services

for new immigrants, few are able to provide comprehensive domestic violence services that

meet the need of this population, and therefore need to partner with other agencies. The

potential impact of this toolkit is to ease the process of collaboration around this issue of

domestic violence, and provide technical support for diverse agencies to develop, maintain

and sustain their work together.

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