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# **Bringing the Global to the Local: Using Participatory Research to Address Sexual Violence with Immigrant Communities in NYC**

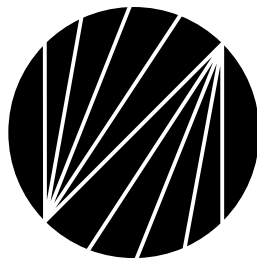
**A Research Report  
by the New York City Alliance  
Against Sexual Assault**



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# **Bringing the Global to the Local: Using Participatory Research to Address Sexual Violence with Immigrant Communities in NYC**

*By Mónica G. Paz and Deborah Fry*



**New York City Alliance  
Against Sexual Assault**

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## Foreword

The New York City Alliance Against Sexual Assault is committed to ensuring that the best practices of sexual violence intervention and prevention are available to all individuals and communities in New York City. The Alliance has a long history of working with our partners in healthcare, rape crisis programs, law enforcement, and the criminal justice system. We have adopted Participatory Action Research (PAR) as the path toward the critical next step in reaching out to communities that are underserved in these systems in order to create new partnerships.

*“Bringing the Global to the Local: Using Participatory Research to Address Sexual Violence with Immigrant Communities in NYC”* reveals, in their own voices, the experiences New York City immigrant women have with sexual violence and their thoughts on ending this victimization. Many of the women who participated in this pilot study talked about the situations they faced and the barriers they experienced in seeking help for sexual violence.

Systematic changes are impossible without active community involvement. Our research seeks innovative partnerships with New York City communities, both to prevent violence before it happens and to intervene when it occurs. This report highlights the scope of sexual violence as experienced by immigrant women, the barriers that immigrant women face when seeking help, and the issues involved in preventing such violence in their communities.

NYC has made tremendous strides in the development of best-practice interventions and has begun the necessary first steps to consider how primary prevention of sexual violence can be achieved. There is more work that needs to be done to ensure that all survivors, no matter what their documentation status or country of origin, have the support to recover from sexual violence, have a voice in determining those services, and feel empowered to be agents of change to end sexual violence.

We hope this report will inspire you to partner with us to achieve these goals.



Harriet Lessel, Executive Director  
New York City Alliance Against Sexual Assault

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## Acknowledgements

This pilot study was conducted by the research department of the New York City Alliance Against Sexual Assault, led by Deborah Fry (research director), in coordination with the Alliance research associates Daisy Deomampo and Mónica G. Paz. These women worked closely with professors and students from the New School University's spring 2006 course entitled "Assessment, Monitoring, and Evaluation II: Participatory Action Research Methods in Community-Based Inquiry."

We would like to give thanks to all the immigrant women who participated in this study. We hope that your courage in participating, allowing us to learn from your experiences, will help improve the system for others and prevent sexual violence before it ever occurs. We would also like to express our gratitude to the individuals who hosted the focus groups at their organizations, particularly Isabel Guadalupe, Shenee Anderson, Claudia Molina, Reshma Rangwani, and Zeinab Eyega.

This report could not have been written without the input offered by the 57 stakeholders on services for immigrant women; your helpful comments also aided us in guiding the formation of the pilot study. Thanks go out to those who attended the February 22, 2006 Rape Crisis Training Institute on participatory research methods, and the participants of the stakeholder workshop held on February 16, 2006 for their input on our research question and methods, and for their thoughtful discussion on the roots of sexual violence and the strengths each community has for tackling the issue. Your contributions helped us to create a meaningful project for immigrant women in NYC.

A big thank you also goes to several key people working with immigrant communities in NYC for their help in reaching out to programs: Ramesh Kathanadhi from CONNECT, Molly Waterhouse from the Arab-American Family Support Center, Angela Lee from the New York Asian Women's Center, and

Azadeh Khalili, the Deputy Commissioner for the Mayor's Office of Immigrant Affairs.

A special thanks goes to the New School University, particularly Michael Cohen, Jonathan Bach, Enrique Delamonica, and Philip Akre for believing in the importance of academic-community partnership in enhancing students' experiences in the social justice field. A huge thank you to Sarah Cooper, Danielle Jacobs, Farzana Ramzan, Jennifer Zanowiak, Kate Crowley, Kim Hafner, Naomi Erickson, Mónica G. Paz, and Sara Rowbottom for their thoughtful contributions to the pilot groups as part of the research team. Without your assistance and expertise this study would not have been possible.

A warm thank you goes to Alberto Minujin and Katy Taylor, professors of the New School University course, for your courage and support in helping us to achieve a very successful community-academic partnership in the area of sexual violence research. We are forever grateful for the countless hours devoted to this pilot project and utilizing this project to enhance students' learning. Thanks to you, many graduate students are now leaders in community-based participatory research and social justice fields globally.

And to Daisy Deomampo, former Alliance research associate, and Kajori Chaudhuri, former Alliance community organizing/social-work intern, many thanks for your hard work in mentoring the research teams and providing logistical support for the class.

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Another important thank you goes to the members of ARISE (Action Research for Immigrant Social Empowerment), a group of community-based organizations that were moved by this research into planning a citywide Participatory Action Research project to examine gender-based violence and immigrant communities. ARISE members include: Bret Denning from the Arab-American Family Support Center, Vicki Breitbart and Amanda Perez from Planned Parenthood of New York City, Asmaa Donahue and Zeinab Eyega from Sauti Yetu Center

for African Women, Sandeep Bathala from Sakhi for South Asian Women, and Kristen Liu from Garden of Hope. We look forward to working with the members of ARISE for the next phase of this project.

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Lastly, appreciative thanks go out to everyone who attended the Community Report Back meeting held in May 2006 to discuss findings from this pilot study. Your feedback and support have helped make this report possible.

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## About the Authors

**Mónica G. Paz** is the research associate at the New York City Alliance Against Sexual Assault. Mónica works on citywide research projects that include *Communicating Effectively about Support Service Information: What Works with Teens Seeking Help for Violence in Their Lives?*, and *ARISE: Action Research for Immigrant Social Empowerment*. Mónica has extensive experience in participatory and qualitative research and was one of the team members that worked on this pilot study. She also leads the Alliance's Youth Action Council, a leadership program that addresses sexual violence prevention and intervention with NYC youth. In addition to her research work, Mónica is a volunteer rape crisis advocate with Mt. Sinai's Sexual Assault and Violence Intervention Program in Queens, NY. She has experience in community organizing with Upper Manhattan Together (UMT), an affiliate of the Industrial Areas Foundation, where she worked to organize communities in East Harlem, Harlem, and Washington Heights. Mónica has a master's in International Affairs from the New School University and a law degree from Facultad de Derecho de la Universidad de San Martín de Porres, in Peru. Mónica worked in the human rights field assisting victims of torture and their relatives nationwide and worked with the team that won the first national torture case to reach the Peruvian Supreme Court.

**Deborah Fry** is the research director at the New York City Alliance Against Sexual Assault. At the Alliance, Deborah works on citywide research projects, all geared to helping improve service delivery for survivors in NYC and evaluating prevention and intervention programs. Current projects include *Healthy Relationships Survey: Dating and Conflict* with the Columbia University Center for Youth Violence Prevention, *ARISE: Action Research for Immigrant Social Empowerment* with a coalition of six community-based organizations, *Translating Research into Practice: Best Acute Care for Sexual Assault Patients*, and evaluation of the Primary Prevention Demonstration Project in NYC. Recently completed Alliance research reports include *A Room of Our Own: Survivors Evaluate Services* (2007) and *How S.A.F.E. Is NYC? The Services Available to Sexual Assault Patients in NYC's Emergency Departments* (2007). In addition to conducting primary research, Deborah also provides technical assistance to the NYC rape crisis programs and is a volunteer rape crisis advocate with the Crime Victims Treatment Center at St. Luke's-Roosevelt Hospital. Deborah has a Master of Arts degree from the Maxwell School of Citizenship and Public Affairs at Syracuse University, and her Master of Public Health from Columbia University. Deborah was also a Fulbright Research Scholar from 2001 to 2002.

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*“We need people who understand us, the culture, because when you go for help, they moralize, they say ‘is your fault because you didn’t leave him.’”*

—focus-group participant

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## Executive Summary

Between the years of 2002 and 2004, Deyanira Espinal, 39, Angela Berise Fritman Peralta, 24, and Maria Araceli Gonzales Flores, 24, worked as cashiers and general assistants at Ramco. Also during this time, they were subjected to severe sexual harassment including demands for sex in exchange for raises. When these demands were rejected, their boss retaliated by physically assaulting them (ACLU, 2007).

Sexual violence has a significant effect on the lives of immigrant women in New York City. Recognizing that this is a serious problem that requires attention, the New York City Alliance Against Sexual Assault, in conjunction with the New School University, conducted this pilot study to examine: 1) the scope and impact of sexual violence against (documented and undocumented) immigrant women; 2) help-seeking behaviors, including knowledge and attitudes about sexual violence services in their New York City communities; and 3) community-specific strategies to end sexual violence.

This pilot study used Participatory Action Research (PAR) to address the research questions. PAR is a collaborative approach to inquiry and action that enables a particular group or community to: 1) analyze their needs; 2) identify possible solutions to meet those needs; and 3) develop, implement, and evaluate a plan of action. Participatory research methods come out of a research tradition that seeks to empower marginalized groups. These methods are flexible, creative, interactive, and straightforward, and can be tailored to reach populations that other research methods cannot. Action research seeks to build a response to a particular problem, build relationships among stakeholders, and mobilize populations.

PAR also employs a variety of qualitative and quantitative methods in a learning process for the participants that shapes interventions that lead to

substantive, sustainable, and desirable change. A major strength of PAR is its ability to be innovative meeting specific needs within a particular context (CARE, 1999). In this pilot study, the use of PAR tools allowed for a rich understanding of the factors affecting immigrant women's experiences with sexual violence in New York City, and provided new knowledge and new interpretations of existing knowledge.

Taking all this into consideration, the goals of this pilot study were to:

- 1) Build partnerships with community organizations that worked with immigrant women in New York City,
- 2) Develop participatory tools that could be used by any of these organizations and that allow for the cultural diversity of the immigrant population,
- 3) Test the tools to determine their usefulness with groups of immigrant women and to identify any barriers in documenting the needs and thoughts of the immigrant women, and
- 4) Encourage empowerment and collaboration by actively working with organizations on grant writing and fund-raising for full-scale Participatory Action Research projects that ensure equality among partners in the process.

This study was approved by the appropriate Institutional Review Board and verbal consent (as opposed to written consent) was obtained to ensure the confidentiality of the research participants.

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## **Key Findings:**

### **Contrary to service providers' expectations, immigrant women want an opportunity to talk about sexual violence in a safe environment.**

During in-depth interviews with sexual and domestic violence service providers as well as providers who work with immigrant women, the majority of stakeholders mentioned that immigrant women, especially undocumented and recent immigrants, would not be open to talking about sexual violence. Our pilot focus groups with immigrant women revealed very different findings: The women told us that they do want to talk about sexual violence in a safe environment, and that they welcomed the opportunity to do so with their peers.

### **Immigrant women found the participatory tools useful and enjoyable.**

Each group of women who participated in this pilot study had an opportunity to share their thoughts on the usefulness of the participatory research tools that were used. Overall, participants welcomed the active nature of the participatory tools. They commented that they felt empowered by discussing sexual violence issues with other women, and requested more of these group sessions.

### **In this study, sexual violence was common among undocumented and recent immigrants to NYC.**

All of the women who participated in the groups had either experienced sexual violence themselves or knew someone in their community who had. Of the 34 participants, 28 (82.4%) experienced sexual violence at some point in her life. Among those reporting sexual violence, more than one-quarter (32.3%) experienced child sexual abuse (before age 15); more than half (61.7%) experienced sexual violence as an adult (after age 15); and nearly a third (32.3%) experienced sexual violence while on the job, with several women reporting multiple victimizations.

### **Immigrant women do not know where to go for sexual violence services in NYC.**

The women who participated in the focus groups said they did not know where to seek services for sexual violence in NYC. Very few women who reported sexual violence told anyone about it and those who did told their friends or relatives. They did not seek formal services, and commented that if services existed they should be advertised within immigrant communities.

### **Undocumented immigrant women face multiple barriers in seeking help for sexual violence.**

The women who participated in this pilot study recounted the barriers they (or their friends) faced after experiencing sexual violence. Overall, participants noted that being undocumented was the single most important issue faced by these women. The stigmatization and fear serve as barriers against help-seeking. Many participants also mentioned that their immigration status was used by their abusers (often intimate partners and employers) to control them, to keep them in the relationship or job, and to prevent them from telling anyone about it out of fear of deportation.

### **Immigrant women frame their attitudes about help-seeking in the context of their home countries.**

The women who participated in the intervention focus groups indicated that if it was not congruent with the cultural norms of their home countries to seek services, they—and women they knew who experienced sexual violence in New York City—would not seek services here.

### **Immigrant women want to be part of community-specific sexual violence prevention strategies in NYC.**

The women who participated in the prevention focus groups were very excited about discussing what to do to end sexual violence. The focus on possible actions generated a lot of excitement, and helped the women to see themselves as agents of change.



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*“My old boss would touch me, touched my butt, and brushed his elbow on my breast, who would have believed me? Who would I have told? I tried to wear heavy clothing and moved around when he was in the area. I needed the money...he used words and put me down every day. I had a son so I couldn’t quit.”*

—focus-group participant

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## Chapter 1: Introduction

### Why Sexual Violence and Immigrant Women?

#### Summary of Literature Review

The range of issues concerning documented and undocumented immigrants is far-reaching, with lots of current media-based attention. This study focused on one of the most vulnerable groups within this population—women. Women experience multiple forms of discrimination and violence based on their gender (Rights of Noncitizens, 2004) including sexual violence. There has been much more research devoted to examining the experiences of domestic violence in various immigrant communities.

A recent study conducted by researchers from Seattle, Washington, used Participatory Action Research in nine cultural communities to discuss the varying experiences of domestic violence. A key finding was the lack of awareness regarding domestic violence. In one of the two study sites, researchers expressed concern over the “limited local information of ethnic and sexual minority communities and their interpretations and responses to domestic violence” (Shiu-Thornton, 2005, p. 965). There was also concern about how well local government and providers were reaching out and providing service to women of color, limited English speakers, refugee and immigrant women, and lesbian, gay, bisexual, and transgender people (Sullivan, 2005). Survivors in these cases also expressed the need for interpreters and translation services, and knowledge on how to access and utilize them.

In addition, recent studies show that increasing migration has had a negative impact on the lives of women around the world, exacerbating their vulnerability to violence. Migration makes women dependent on, and at times puts them at the mercy of, their husbands or intimate partners, employers, nuclear or extended families, and their own ethnic/racial communities (Erez, 2002). Furthermore, research in the United States shows that violence

against women is one of the most common victimizations experienced by immigrants (Davis and Erez, 1998). Having undocumented legal status only aggravates the problem, because abusers of immigrant women frequently threaten to call immigration authorities if the victim reports the abuse (Supriya, 1996). Many undocumented immigrant women are isolated and do not have access to or know about the services available to them.

Violence against immigrant women does not always occur in the context of marriage. Some women may have been lured into the country with promises of jobs only to have their papers taken away, leaving them essentially enslaved by their trafficker/employer. Recent U.S. government figures estimated that 20,000 people are trafficked into the U.S. each year (NY Association for New Americans, ProjectVisa, 2005), and an estimated one-third are sex-trafficking cases (ProjectVisa workshop, 2005). Trafficking is most prevalent in cities, such as NYC, and states that serve as crossroads into other parts of the country. In addition to sex trafficking and intimate-partner violence, immigrant women also experience other forms of abuse, which includes stranger assaults, sexual harassment, female genital mutilation, incest, and assaults from acquaintances.

Our review of the literature on sexual violence also revealed that very little research has been done to determine the prevalence and scope of sexual violence among undocumented and recent immigrant women or on developing culturally appropriate intervention strategies. However, research has established that in many communities, immigrant women consistently face cultural and structural barriers in addressing domestic and sexual violence (Huisman, 1996). Multiple factors, including racism, fear of police, threats of deportation, reliance on one’s husband, and separation from social structures in origin countries result in fewer women reporting violence (Kasturirangan, Krishnan and Riger, 2004).

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## Defining Sexual Violence

The research team worked with the definition provided by the World Health Organization, WHO, which defines sexual violence as: “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.” Sexual violence can take place in different circumstances and settings. These include coerced sex in marriage and dating relationships, rape by strangers, systematic rape during armed conflict, sexual harassment, sexual abuse of children, sexual victimization of people with mental and physical disabilities, forced prostitution and sexual trafficking, child marriage, denial of the right to use contraception, forced abortion, and violent acts against the sexual integrity of women, including female genital cutting and obligatory inspections for virginity (World Report on Violence and Health, WHO, 2002).

## Immigration in New York City

It is estimated that roughly 35.7 million immigrants now live in the United States, accounting for nearly 12.4% of the nation’s population (Rick, 2006). Census reports reflect that the percentage of immigrants living in the United States increased from 2000 to 2006 (from 11.2 to 12.4%). Although it is difficult to find city-specific numbers of undocumented immigrants, the Urban Institute’s Immigration Studies Program estimates that there are 9.3 million undocumented immigrants in the country, representing 26% of the total foreign-born population (Passel, Capps and Fix, 2004). The NYC 2000 census indicated at that time the local population numbered more than eight million people, with 36% of the city’s population being foreign-born (Lobo and Salvo, 2000).

In addition, an estimated one-third of the current annual immigration flow is undocumented (Erez and Ammar, 2003). Of these numbers, 8% of the undocumented immigrants live in New York State (Erez and Ammar, 2003). Top areas of origin in NYC (including undocumented immigrants) are from Latin America with 32.0%, 20.6% from the Caribbean (non-Hispanic), 23.9% from Asia, 19.4% from Europe, and 3.2% from Africa. It is important to note that women make up a substantial share of the undocumented adult population (41.0%) (Lobo and Salvo, 2000).

Whereas 96% of undocumented men are involved in the labor force (a figure that exceeds that of men who are legal immigrants and who are U.S. citizens), undocumented women are less likely (at 62%) to participate in the labor force than women who are U.S. citizens. One reason is that proportionately more undocumented women are of child-bearing age, and undocumented women are more likely than female U.S. citizens to have children and remain in the home (Lobo and Salvo, 2000).

## Chapter 2: Methodology

### Community-Academic Partnership

The Alliance partnered with the New School University Graduate Program in International Affairs (GPIA) to conduct this pilot study. This community-academic partnership allowed the Alliance to work closely with academic experts in the field of participatory research, and with graduate-level students who had experience working with many different ethnic groups and who spoke a variety of foreign languages.

The graduate students undertook this pilot study as a semester-long action research project to assess and evaluate the needs of (documented and undocumented) immigrant women in New York City in relation to sexual violence. The Alliance considers this type of academic partnership extremely important as these students will become tomorrow's generation of gender-based-violence researchers and practitioners. By working with the Alliance, students were exposed to tools and knowledge that they are now able to apply in various situations (at the national and international levels) for assessing, monitoring, and evaluating development projects/programs/policies, and to carry out community-based research projects.

### Using Participatory Action Research

Participatory Action Research is commonly referred to as “participatory research,” “mutual inquiry,” “community-based action research,” and “empowerment research.” Commonalities in all the definitions of PAR include six traits:

- 1) meaningful community involvement in all phases of the research process,
- 2) power-sharing between researchers and the community,
- 3) mutual respect for the different provinces of knowledge the team members have,
- 4) bidirectional education of researchers and community members,
- 5) conversion of the results of research into new policy, programmatic, or social initiatives, and
- 6) stark contrast to the traditional standard for conducting research in which participants are treated as passive objects of study (White, Suchowierska and Campbell, 2004).



#### The Research Team

Back row, left to right:  
Daisy Deomampo, Deborah Fry,  
Katy Taylor, Jennifer Zanowiak,  
Kate Crowley, Alberto Minujin.  
Front row, left to right: Sara Rowbottom,  
Kim Hafner, Mónica G. Paz,  
Naomi Erickson, Danielle Jacobs,  
Farzana Ramzan.  
Not shown: Sarah Cooper.



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PAR has been used with increasing frequency in public health research (Minkler, 2000) and most recently in the domestic violence field (Sullivan, Bhuyan, Senturia, Shiu-Thornton and Ciske, 2005). PAR has been shown to increase the relevance of research, while maintaining scientific rigor. It is important to note that PAR is regarded as an orientation to research, and not as a method (White *et al.*, 2004), which is why it can be used with both qualitative and quantitative methods. Some of the benefits of using PAR include the development of more pertinent research questions, user-friendly research instruments, acceptable interventions, thorough data analyses, and effective dissemination strategies (O’Fallon, Tyson and Dearry, 2001).

Most important, PAR empowers communities to define boundaries and to come up with solutions based upon collective knowledge. It promotes partnership between researchers and the people under study, and engages all parties in a process that creates empowerment and meaningful action toward achievement of equitable communities (O’Fallon *et al.*, 2001).

This study used PAR to work with documented and undocumented immigrant women as well as with key community stakeholders to identify a set of participatory and user-friendly research instruments to assess needs regarding sexual violence intervention and prevention. Additionally, the PAR approach was chosen due to the link that is established among researchers, stakeholders, and policy-makers, and its ability to develop culturally appropriate policies for improving access to intervention services.

### **Stakeholder Analysis**

In this pilot study, stakeholders were individuals and/or organizations who had a direct interest in the research. A stakeholder analysis was conducted to provide early and essential information about who would be affected by the project (positively or negatively), who could influence the project, who was important to the achievement of the project goals, and who faced social challenges to be able to participate (*i.e.*, abused women) (Rietbergen-McCracken and Narayan, 1997). For this study, the

research team identified key stakeholder groups and used participatory methods (such as workshops and local consultations) for further exploration and relationship-building.

The research team also interviewed stakeholders about their thoughts regarding the most appropriate research instruments to examine: 1) the scope and impact of sexual violence, 2) help-seeking behavior and appropriate interventions for undocumented immigrant women about sexual violence, and 3) strategies for prevention of sexual violence. The information gained was useful and helped tailor the research goals; moreover, it shaped the design of a set of tools that could capture immigrant women’s voices on their experiences with sexual violence.

Overall, the research team interviewed 57 key stakeholders and community members in New York City on the topic of sexual violence and immigrants. This included organizations that worked in rape prevention and treatment, sexual violence, domestic violence, law enforcement and criminal justice, government and policy groups, research institutions, community-based organizations, health and human services organizations, and rights-based organizations.

According to stakeholders, marital rape and acquaintance rape are the most common forms of sexual violence. Also, sexual violence goes un- or underreported due to fear of deportation, and undocumented immigrant women are at high risk of sexual harassment and other forms of abuse due to their illegal status. The stakeholders stated that the majority of women do not ask for help and do not report domestic or sexual violence, again due to fear of deportation. In most cases, women look for community support from someone within the neighborhood whom they can trust and speaks the same language.

When stakeholders were asked about the factors contributing to sexual violence and strategies for prevention, they emphasized that education is critical. They believed there is a lack of knowledge about sexual violence, and a lack of awareness among undocumented immigrant women about the law and their legal rights. Additionally, they recog-

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nized that social, cultural, linguistic, and religious constraints must be addressed, as these are often the greatest barriers to violence prevention.

### **Developing the Research Methodology**

The stakeholders also provided substantive feedback on tool development. The research team learned that focus groups were more cost-effective and efficient to conduct than individual surveys, which require significant resources. Stakeholders provided an array of suggestions on how to set up focus groups with immigrant women:

- 1) Make women feel comfortable attending the meeting by giving them the option of telling their partners where they are going. Some suggested presenting the meeting under the guise of a different purpose, such as a meeting to talk about women's health.
- 2) Be careful to not be exploitive. Women may suffer from exploitation in many facets of their lives, and as researchers, we should not contribute to this problem.
- 3) Whenever possible, focus groups and interviews should be done in the participants' native language, and it may be beneficial if the facilitator is a formally educated member of the community. On the other hand, some felt that having an outsider who is fluent in the language may be also acceptable to the participants. In addition, there should be a mental-health professional present in case counseling services are needed.
- 4) Some stakeholders suggested that researchers should incorporate more pictures and discussion (rather than text), into their research tools in order to consider populations in which there is high illiteracy within the native language. Conversation may produce more information with non-English-writing/speaking individuals who are less literate in their native languages.

### **Research Questions**

Immediately after the stakeholder analysis, the research team was subdivided into three groups to

address scope and impact, intervention, and prevention of sexual violence. Each team was formed by three graduate students, one mentor from the Alliance, and professors from the New School University. The teams met in class and outside of the classroom with their mentors on a weekly basis to address specific topics.

### **Scope and Impact**

Initially, this research team intended to explore the forms of sexual violence documented and undocumented immigrant women faced, by whom and where, as well as the impact of sexual violence on their lives. They also wanted to identify what assets already existed within these communities. However, in discussing the research question further, the team realized that these questions would be addressed when assessing intervention and prevention of sexual violence. Instead of eliminating this question entirely, it became apparent that engaging women in discussion about the forms of sexual violence could result in them offering information about existing assets, and this became a secondary component of the research. Thus, the research question was: *"What is the scope and impact of sexual violence among immigrant women in New York City?"*

### **Intervention**

To address intervention, this team sought to learn what services, institutions, and processes must be implemented in order to serve NYC (documented and undocumented) immigrant women who have experienced sexual violence. To answer this question, the team designed the intervention component of the research project to assess the existence and quality of services available for women who experienced sexual violence, as well as the knowledge and attitudes they have around services and help-seeking behavior. The research questions to address intervention were:

- 1) Do services exist? (What are they?)
  - a. If they do, are they accessible and adequate? If not, how can they be more so?

b. If they do not exist, what should they look like and how do we develop them?

2) What are the knowledge and attitudes around services and interventions for sexual violence?

a. Do immigrant women know about the services that are available? If not, why not, and how can we reach them/raise awareness?

b. For those who do know about the services and do not access them, why aren't they?

c. For those who access services, what do they think about them?

### **Prevention**

The original question this research team focused on was: *"How can we prevent sexual violence?"* This was changed to *"How can we end sexual violence?"* for two primary reasons: 1) to reflect the project's overall goal of ending sexual violence and the research around prevention as a means to that end, and 2) to frame the research tools to elicit results about prevention that go beyond the common and potentially reflexive, automatic responses to the question of how to "prevent." This includes education, outreach, and awareness, identifying an alternate lexicon that would encourage innovative and positive solutions. This was in response to the feedback collected from stakeholders, whose typical answers were the predominant answers given by service providers and that were identified as intervention strategies.

Research into the available assets and sexual violence prevention needs of undocumented immigrant NYC women was informed and driven by answers to these five questions:

- 1) How can we end sexual violence in intimate-partner relationships?
- 2) How can we end sexual violence where women work?
- 3) How can we end sexual violence in the family?
- 4) How can we end sexual violence during the immigration/migration/border-crossing process?

5) How can we prevent perpetrators of sexual violence from reoffending?

### **Piloting the Research Tools through Focus-Group Discussions**

The research teams incorporated stakeholders' feedback into the development of the tools, which included: listing and ranking activities, a demographic survey, a vignette with an open-ended story, a picture survey, and a strategy diagram. To pilot these research tools, the teams decided to conduct focus groups with immigrant women. The format of these groups was based on two sections from the *"the Focus Group Kit"* by David Morgan and Richard Krueger (1998). Guidelines informing the women they were not required to disclose personal information and about strict confidentiality and were obtained from the *Gender-Based Violence Tools Manual* (RHRC, 2004).

Based on all this information, the focus groups were structured into three sections:

- 1) introductions and guidelines
- 2) research activities: listing and ranking activities (used by all three research teams) followed by each team's research tools—demographic survey, vignette, or strategy diagram
- 3) debriefing questions

The teams facilitated six focus groups across NYC with immigrant women in three languages—Spanish, English, and French—to pilot the tools developed.

### **A Common Tool: Listing and Ranking**

Before piloting their research tools, all three research teams used listing and ranking activities as transition questions (icebreakers) for their focus-group discussions. This tool utilizes the participatory research concept of "handing over the stick," through which roles of leadership are reversed and participants become experts with valuable knowledge to offer. For this study, the scope and intervention teams asked the women to discuss the question: *"What are the most important issues that immigrant women face in your commu-*

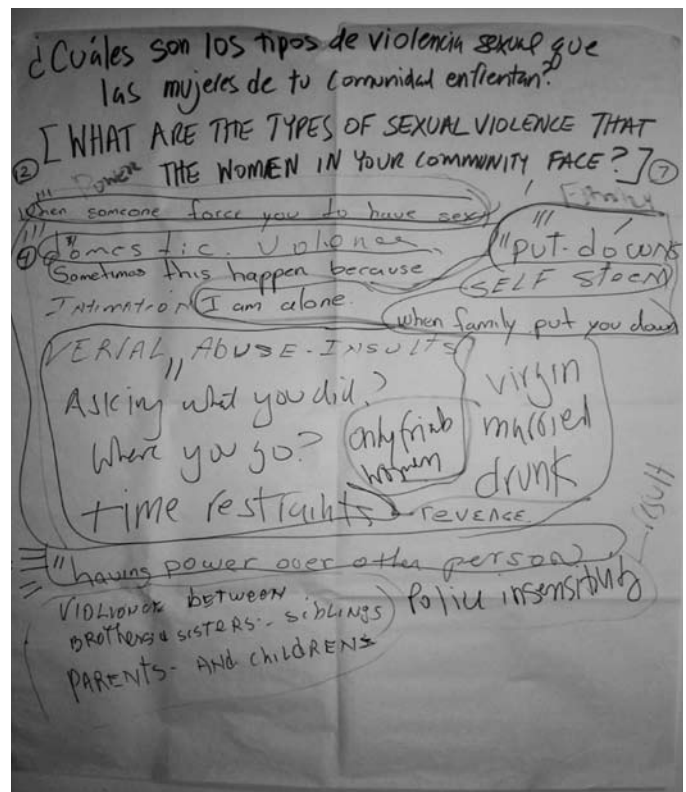
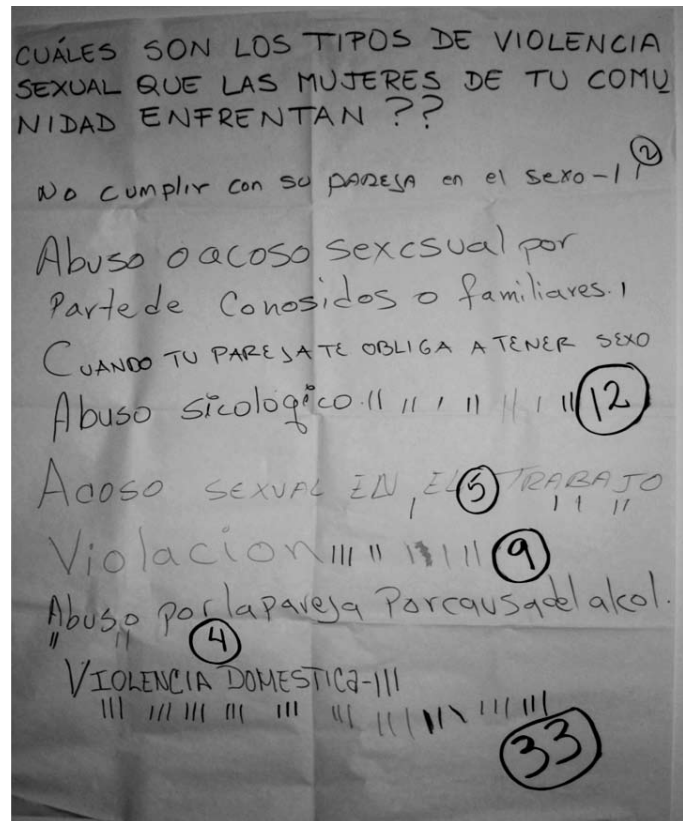
nity?" The prevention group used a variation that fit their research question: "What are the types of sexual violence that immigrant women in your community face?"

In addition to discussing these particular questions in the listing and ranking exercises, the participants were asked to write their ideas on a piece of flip-chart paper. They were encouraged to draw symbols or pictures if they were not comfortable writing or could not write. The next step of the exercise was to ask participants to "clump" together the responses they decided represented the same idea. Immediately after, each ranked the three issues they believed were the most important. Participants gave three marks to the issue they thought was the most important, two marks to the second most important, and one mark to the third. The votes were counted to find the overall top three issues that women believed affect immigrant women in their communities.

The facilitator's role was crucial in initiating the discussion, encouraging participation, and explaining the technique and the different steps. Once the participants started doing the analysis, the facilitators became observers and did not interfere.

In these exercises, participants highlighted their legal status as a central issue. Other identified issues were: the lack of work permits, their studies, lack of access to medical services, feeling disrespected, lack of job-training programs, exploitation, lack of adequate housing, and lack of information. It was unanimously accepted among the participants that all other issues they could list depended on their legal status.

In total, the research team met with 34 immigrant women, ages 17–52, from Trinidad, Panama, Liberia, Ethiopia, Mali, Senegal, Sierra Leone, Congo, Guinea, Mexico, Ecuador, and Honduras, who had been in the United States between 2 and 35 years. More details on the focus groups conducted by each team are given in subsequent sections. In addition to the focus groups, the three teams conducted individual in-depth interviews with nine immigrant women. Key findings highlighted the difficulties accessing services, the problems posed by immigration status, and ideas for community-based prevention.



Listing and ranking exercises conducted with immigrant women by the prevention research team in Queens, NY in 2006.

## Demographics of Participants

Total=34 Women\*

**Age:** between 17 and 52 years old

**Time in U.S.:** between 2 and 35 years

### Country of Origin:

Mexico - 17	Ecuador - 4
Honduras - 1	Ethiopia - 1
Mali - 2	Senegal - 1
Sierra Leone - 1	Congo - 2
Guinea - 1	Trinidad - 2
Panama - 1	Liberia - 1

### Languages Spoken:

Spanish  
French  
English  
Bambara  
Tignigna  
Mandigo  
Sarakole  
Lingala  
Teme  
Sousou

### Religion:

Catholic - 21  
Christian - 3  
Muslim - 7  
Other - 3

### Marital Status:

Almost all were married and had children, five were single, two were separated

### Level of Education:

 from primary education to college

**Occupation:** (some of the women had more than one occupation)

- 2 had their own business
- 1 was an immigrant's rights activist
- 4 women were students
- 2 were nannies
- 2 were professionals
- 23 women were homemakers
- 4 were domestic workers
- 5 were unemployed
- 4 had other activities

\* One of the participants did not complete the picture survey

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## Chapter 3: Scope And Impact Pilot

How prevalent is sexual violence among undocumented and recent immigrants in NYC? And, what impact does this violence have on the lives of women? In order to address the scope of this violence, the research team developed a picture survey to be administered anonymously in all of the focus groups to gather prevalence data, and a demographic survey to understand more about the context of women's lives.

### Scope of Sexual Violence

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***“My husband would rape me while I was asleep. I would wake up with him on top of me or his penis in my mouth. I was unsafe even when I was asleep.”***

*—focus-group participant*

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Sexual violence is prevalent in our society. However, very little research has been done to determine the pervasiveness and scope of sexual violence among undocumented and recent immigrant women. Most of the current research has focused on experiences of sexual violence within intimate partnerships of immigrant women. In a study (conducted in 2004 by Raj and colleagues) of South Asian women in the United States, 23% reported physical or sexual abuse or injury from abuse from their current male partners. Of these women, 55% reported experiencing physical assault, and 93% reported sexual assault (Raj *et al.*, 2004). Furthermore, studies with Latina, South Asian, and Korean immigrants show that 30 to 50% of these women have been sexually or physically victimized by their male intimate partners (Dutton, Orloff and Hass, 2000; Raj and Silverman, 2002).

Femicide data from NYC also indicates that immigrant women are disproportionately victims of homicide perpetrated by their male intimate partners (Frye *et al.*, 2005). This suggests that both

the prevalence and severity of intimate-partner violence may be higher among immigrant women (Raj and Silverman, 2002). Despite the scarcity of data on experiences of recent or undocumented immigrant women, there is evidence that suggests that this is a problem that requires more attention.

### Scope Tool: the Picture Survey

To develop the scope tool, the research team focused on ways to measure the prevalence of sexual violence anonymously, in a group setting, and using low-literacy methods. Participants of all focus groups completed an anonymous picture survey to assess their experience with sexual violence as well as their help-seeking behaviors and attitudes. (See Appendix A for picture survey and protocol.) The design of this survey was based on a recent study conducted by the World Health Organization, which assessed health and domestic violence against women and girls in several countries. In most sites, the WHO found a higher reported occurrence of sexual violence when prevalence was measured using an anonymous pictorially based method of reporting. This is consistent with other studies that found that respondents often find it easier to disclose highly stigmatized information using anonymous formats (Garcia-Moreno *et al.*, 2005).

To address scope, the picture survey targets four forms of sexual violence experienced by undocumented immigrant women that were identified in the stakeholder analysis: sexual violence as a child (consistent with the WHO definition as under the age of 15), sexual violence as an adult, sexual violence in the home by an intimate partner, and sexual violence while working or at a job. The research team included the question regarding sexual abuse as a child because the WHO study (and other research) has shown that women who are sexually abused in childhood are at greater risk of being physically or sexually abused as adults

(Garcia-Moreno *et al.*, 2005). These four forms are not intended to represent all forms of sexual violence, but rather to represent common forms as informed by our review of relevant research and by our stakeholder analysis.

To facilitate this anonymous individual-level survey in a group setting, participants were handed the picture survey and the facilitator read aloud the question and answer options. Respondents then checked the corresponding box according to their experiences, and once completed, folded the survey in half and placed it in a manila envelope with all the other surveys from the group. The use of pictures renders this survey a low-literacy tool, which may prove to be an effective format for lower-literacy immigrant communities. This tool aids in understanding the prevalence of sexual violence among the members of each focus group.

### **Piloting the Tool: the Picture Survey**

Participants were asked to mark whether or not they had experienced each of the four forms of sexual violence at some time in their lives. After each of the scope questions, contributors were asked six questions that addressed: help-seeking behaviors if they *had* experienced the form of sexual violence, or attitudes around help-seeking if they *had not* experienced the form of sexual violence. Participants who marked that they had experienced a form of sexual violence were asked to mark “Yes” or “No” if they told: 1) no one, 2) a friend or a relative, 3) a member of a religious group, 4) the police, 5) someone at the hospital or clinic, or 6) someone at a hotline.

#### **Picture Survey**

B.



After the age of 15?




Yes




No

1.



No one



Yes No

2.



A friend or relative



Yes No

3.



A member of religious group



Yes No

4.



The police



Yes No

5.



Someone at the hospital or clinic



Yes No

6.



Someone at a hotline



Yes No

Those who marked that they had not experienced a particular form of sexual violence were asked hypothetically if they *would* tell someone if they had this experience, or if they *wouldn't* tell anyone. They were asked to mark "Yes" or "No" if they *would* tell: 1) no one, 2) a friend or a relative, 3) a member of a religious group, 4) the police, 5) someone at the hospital or clinic, or 6) someone at a hotline. These six options were developed based on relevant literature and from information gathered from the stakeholder interviews.

### **Findings from the Picture Survey**

Experiences of sexual violence were prevalent among the immigrant women that participated in this survey. Of the 34 women who participated in the focus groups:

- 28 (82.4%) experienced sexual violence at some point in their life
- 11 (32.3%) experienced sexual violence as children (<15 years old)
- 21 (61.7%) experienced sexual violence as adults (>15 years old)
- 21 (61.7%) experienced sexual violence by an intimate partner
- 11 (32.3%) experienced sexual violence while at a job

Many women also reported experiencing multiple forms of sexual violence. It is important to note that none of the groups consisted of women already meeting to discuss sexual violence issues, despite the remarkably high incidence of sexual violence within the groups. One group was meeting to discuss domestic violence but all the other groups were meeting to talk about other issues, such as financial literacy or basic health information.

According to the results from the picture survey—in reality and in a hypothetical situation—overall, participants did not tell anyone about their experiences of sexual violence. If they did tell, or were to tell someone, they were more likely to tell a friend or relative rather than to seek formal services.

### **Lupe's\* Story**

Growing up in Mexico was not easy. I remember men being too "*machistas*" and dangerous. Women live in constant distress because they are shy and cannot say *no* to their husband's requests. Something that happened a lot in my community was that men raped women as they pleased, girls got pregnant, and the parents never knew who the father of that baby was. I remember this one time when I went *a moler maíz al molino* (to grind maize/corn at the mill), and another woman came and shut the door of the room. A man came in and I was scared, he wanted to touch me and "do things" to me. I fought with him and got myself out of there. When I came out I saw the other girl who had shut the door and who said to me "don't worry my uncle does not want to do anything to you." I also saw my godfather who didn't say anything. I was 15 then and the man was probably 32. This man was infamous for that...for raping young women in the community, and no one said anything. He was a criminal and was murdered three years after that. The only thing that you could do then was to go to the authorities and say something, but as far as I remember this was not even a choice for women when I was there. Women would be afraid to go to the police. Too many men got drunk always; they had guns, and did to women what they wanted to.

When we migrate things can get dangerous too. I met this woman two years ago who told me that when she crossed the border, the coyote\*\* put everyone in one room where they can sleep but women were placed closer to the entrance where the coyote would stay and rape them, because they could take the women out. I also met a girl who actually had a baby from this kind of abuse when she crossed the border. She wanted to have an abortion but it was too expensive, and no one wanted to be responsible for it. She ended up keeping the baby but her boyfriend in Mexico abandoned her because of this. He was supposed to come to the U.S. after her but when he found out about the baby he left her.

I was 21 when I moved to the U.S. It was rare to find girls that age still single in my town but I always felt different and wanted to do something else with my life. In Mexico, I depended on my family, and when I moved to the U.S. I worked to send money back home until most of them moved here too. I learned to be a different woman. After I got married I depended too much on my husband. I always waited for his permission to go out or do anything, later I realized that I didn't have to do that. It's not like that anymore and he understands.

\*Name changed to protect confidentiality.

\*\*Coyotes are guides that some undocumented immigrants pay to help them cross the Mexico-U.S. border.



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## Impact of Sexual Violence

Sexual violence significantly and negatively affects the physical and mental health of its victims, both in the immediate aftermath of the violence and throughout their lifespan. Due to the lack of reporting and detection, current knowledge about the specific, acute, and long-term effects of sexual assault on health is limited. From what information that researchers have gathered to-date, it is clear that the health consequences of sexual assault can be profound, and that:

- Sexual violence incurs both acute and chronic injury, and
- Sexual violence affects both the physical and mental health of survivors.

In the immediate aftermath of an incident of sexual violence, a survivor can experience physical symptoms such as bruising, general muscle tension and soreness, headaches, gastrointestinal irritability, nausea, and/or sleep and eating disruptions. Gynecological/genital complications may be present depending upon the nature of the assault. Many survivors experience fear and anxiety related to pregnancy and the transmission of sexually transmitted infections (including HIV/AIDS), any of which can occur as a result of sexual violence. In addition, researchers have found that victims of sexual violence often perceive their physical health as poorer and report a higher incidence of chronic health problems (Golding, 1999; Ullman and Brecklin, 2003).

Furthermore, most victims of sexual assault experience acute psychological reactions immediately after the sexual assault. These may include shock, uncontrollable crying, nervous laughter, withdrawal, general dissatisfaction, numbness, disbelief, or denial about what happened. Additionally, feelings of detachment, fear, anxiety, and depression are common. Many victims report an inability to concentrate, increased incidence of nightmares, sleeplessness, guilt, self-blame, anger, isolation, and difficulty having a sexual relationship (Campbell-Ruggard and Nelson, 2000).

Researchers have also found that the anxiety manifested in acute stress situations often has physical symptoms: dizziness, chest pain, and shortness of

breath. Some researchers have found that acute stress reactions, such as abdominal pain, may become learned responses to environmental fear triggers in victims of trauma, and lead to longer-term problems like chronic abdominal pain and irritable bowel syndrome (Resnick *et. al.*, 1992).

Although victims of all types feel an uncontrollable sense of vulnerability, a victim who was raped by someone she or he knew experiences an especially acute breakdown in feelings of safety and security (Gidycz and Koss, 1991). This is particularly true for victims who are recent or undocumented immigrants. While immigrant women are under-represented in this field of research, one study found that Latina rape survivors experienced more psychological distress and greater perceptions of community-victim-blaming compared to non-Latina and African-American rape survivors (Lefley, Scott, Llabre and Hicks, 1993). However, the implications of these findings are limited until they are replicated with more studies (Yuan, Koss and Stone, 2006).

### Impact Tool: Focus Group

The impact focus group was developed to explore in-depth the outcomes and experiences of women who have experienced or know someone who has experienced sexual violence. The format was based on the Reproductive Health Response in Conflict Consortium's *Gender-Based Violence Tools Manual* (RHRC, 2004) and other focus-group materials (Morgan and Krueger, 1998). The focus group was structured into three sections—transition questions, focus-group discussion on scope and impact of sexual violence, and wrap-up questions.

The first set of questions were designed to help transition the women from the listing and ranking exercise before delving into the more sensitive questions surrounding sexual violence. Safety and security questions were chosen because it seemed to flow naturally from the question asked during the listing and ranking exercise that dealt with broader issues facing women in their communities. Additional questions were asked that addressed legal status and how that affects the rate and type of violence encountered by women.

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The next questions in the discussion addressed the scope and impact of sexual violence in their lives or in the lives of women in their community. The World Health Organization's definition of sexual violence was given as a point of reference. Probing questions were included to explore the specific emotional, financial, or physical impact of sexual violence. The focus group ended with two questions that wrapped-up the in-depth discussion by reviewing what the participants said, and asking if they wanted to discuss anything not already addressed.

### **Piloting the Tool**

The pilot was conducted at an immigrant-focused service-based organization in NYC. The pilot focus group included four women, three of whom had met for 12 weeks to discuss domestic violence. Two women were from Trinidad, one from Panama, and one from Liberia, and ranged in age from 38 to 52 years old. They had been in the United States from two to 20 years, three were married, and one was single. Only one was employed.

### **Findings from the Focus Group**

When asked about the types of sexual violence they encountered, the women responded that marital rape was a common form, and that the perception was it was the wife's duty to oblige if the husband wants sex. Child molestation by a relative or familiar adult was also a form of sexual abuse frequently encountered by girls in their communities. They faced harassment in the workplace, in the form of fondling and sexual comments, and said that domestic workers in particular were at greater risk. They also faced emotional blackmail from their families.

Focus-group respondents identified a number of ways that sexual violence affects their life physically and emotionally, as well as affecting their safety and help-seeking behaviors.

#### *Physically*

For the focus-group participants, experiencing sexual violence had immediate and long-term physical consequences. One woman had contracted HIV/AIDS from an intimate partner in a sexually vio-

lent relationship. One mentioned feeling a terrible stomach pain as a result of sexual violence.

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***"I kept asking myself: Did I do something to provoke him?"***

***—focus-group participant***

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#### *Emotionally*

Overwhelmingly, the women in the group said that they felt a sense of isolation as a result of experiencing violence. Often this was a result of controlling behaviors by their intimate partners and work colleagues, who were the perpetrators of the violence. The women also reported having trouble trusting men and bringing them around their children. For some women, the emotional effect and pain of sexual violence led to suicidal thoughts.

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***"I would ride the subway to get away from him."***

***—focus-group participant***

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#### *Safety*

When answering questions about safety and security, the women said they perceived the police as the enemy, and felt the authorities would only intervene in cases of sexual or domestic violence if they could arrest the husband. For several women this perception of the police was a carryover of the role of the police in their home countries in which law enforcement could not be trusted. Many participants also mentioned that their husbands would use scare tactics about the police against them.

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***"He said if I went to the police he would kill me."***

***—focus-group participant***

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***"I am the only illegal in my family, my husband and children are documented. My husband uses this as a threat, he tells me immigration will chase me."***

***—focus-group participant***

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One woman, however, felt that the police had helped her:

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***“The police were very honest and convinced me that I could leave my husband and stood up with me against him...if they had not done this I might have died.”***

—focus-group participant

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Several women also revealed that they faced sexual harassment in the workplace and that the situation was worse as a result of not having legal status.

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***“My old boss would touch me, touched my butt, and brushed his elbow on my breast, who would have believed me? Who would I have told? I tried to wear heavy clothing and moved around when he was in the area. I needed the money...he used words and put me down every day. I had a son so I couldn’t quit.”***

—focus-group participant

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### *Help-Seeking*

Several participants emphasized the importance of religion as a means of coping with their trauma:

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***“I still have dark days when I don’t want to live, but I talk and pray for strength and comfort. I put it in the Lord’s hands, leave it at his feet.”***

—focus-group participant

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All of the respondents mentioned the difficulty that being undocumented had on seeking help and getting out of violence situations.

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***“Victims of domestic violence does not get respect because once they hear your accent, people assume that you are illegal and don’t pay much respect to you.”***

—focus-group participant

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## **Discussion**

The research team was concerned about whether the women who participated in the sessions would be comfortable talking about these sensitive issues, and felt the transition questions and the listing and ranking exercises were instrumental in building trust and a sense of security with the participants. It is important to note, though, that three of the four women had already met for 12 weeks to discuss domestic violence, so they were comfortable with one another.

The women offered valuable insight about the scope and impact of sexual violence, though it is important to note that this tool provided qualitative data, and may not be an effective tool to capture quantitative data. The contributors also expressed that this approach worked especially well for them. Discussing their experiences with sexual violence allowed them to heal, and helped break the isolation they often felt.

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***“I use my experience to help other people.”***

—focus-group participant

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***“Hearing other stories and telling my own experience is healing.”***

—focus-group participant

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***“It [speaking about the violence] helps to break the isolation I feel.”***

—focus-group participant

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Due to the sensitive nature of the topic, the discussion can easily become emotional. All of the focus groups included facilitators who were trained in crisis counseling and future impact focus groups should include this due to subject matter.

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## Chapter 4: Intervention Pilot

To address intervention, the research team sought to learn what services, institutions, and processes must be implemented in order to serve undocumented immigrant women in New York City who have experienced sexual violence. Consequently, the research team designed the intervention component of this pilot study to assess the existence and quality of services available, as well as help-seeking behaviors, knowledge, and attitudes about services among immigrant women. The intervention tool was the vignette, an open-ended story that tells the story of an immigrant woman coming to the United States.

### Services and Immigrant Women

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*“One time, like two years ago, he insult me and called me very bad words. He never hit me, but I called this hotline and I asked for help. This lady asked me: ‘He hit you?’ [I said] ‘No.’ [She answered]: ‘Okay, he don’t hit you, we can’t help you.’ So what are these people expecting? I have to come with my green [bruised] eyes and my mouth [swollen] like this? What? Or be in the hospital to help me? I think that’s not right too...so I never call them anymore.”*

—focus-group participant

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Although services for immigrant women certainly exist, they do not necessarily meet their needs regarding sexual violence. The intervention team found that the majority of women do not report—or seek help for—experiences with domestic or sexual violence. If the perpetrator is a family member, the sources of help are limited. Women usually tell a trusted family member or friend before approaching a formal service provider, especially one that does not advertise culturally specific services. The intervention team also learned that women look for neighborhood community support from those they

can trust and who speak the same language. In most cases, women go to church or a nearby religious institution. Some stakeholders felt that the typical response tended to be negative or unhelpful, causing women to rarely seek a repeat visit.

Women tend to seek help from formal services when the degree of violence they are facing becomes severe or unbearable, and they tend to choose local, community-based organizations that are specific to their cultural or ethnic background. Hospitals are a secondary help-seeking choice. Several stakeholders mentioned that many undocumented immigrant women are afraid to go to hospitals because they believe hospitals must report the crime to the police. This is not the case, although survivors are given the option of filing a police report. Due to their (or their husband’s/partner’s) undocumented status, and the economic and familial consequences resulting from their husband’s possible deportation, very few women seek law-enforcement assistance. Accordingly, women are unwilling or afraid to speak to the authorities when they arrive at the hospital.

### Barriers to Accessing Services

Why aren’t immigrant women accessing services? One of the factors that make accessing services difficult is the lack of resources in the women’s languages, which contributes to the culture of silence they are already experiencing. Service providers lack personnel who can speak the language and understand their particular culture. Lack of terminology in other languages to explain what domestic and sexual violence mean can further exacerbate these communication barriers. For example, “marital rape” is not a concept that makes sense in a culture where it is the wife’s duty to satisfy her husband’s sexual needs.

According to the stakeholders and the findings of this study, cultural and religious factors play an important role in the decision to obtain services.

## Emergency Care for Immigrant Survivors of Sexual Violence in NYC

Every hospital in New York State (NYS) must ensure that all victims of rape or sexual assault who present at the hospital are provided with care that is comprehensive and consistent with current standards of practice, regardless of documentation status, insurance status or ability to pay, and they must be offered rape crisis services and emergency contraception (NYCLU, 2007).

As of May 2006, 15 hospitals in New York City, representing 17 emergency departments, have earned the NYS Department of Health designation as specialized Sexual Assault Forensic Examiner (SAFE) Centers of Excellence in NYC (NYS DOH, 2006). In addition, Mayor Bloomberg mandated the creation of Sexual Assault Response Teams (SART) at the Health and Hospital Corporation (HHC) facilities (public hospitals). Currently there are SART programs at the Bronx, Brooklyn, Manhattan, and Queens public hospitals.

SAFE programs and clinicians aim to guarantee that sexual assault survivors are provided with competent, compassionate, victim-centered, and prompt care, while at the same time ensuring forensic evidence collection and preservation. SAFE program philosophy is based upon the belief that providing a specialized standard of medical care, advocacy, and evidence collection to victims of sexual violence will support recovery and prevent further injury or illness arising from victimization, and may increase the successful prosecution of sex offenders for victims who choose to report the crime to law enforcement (NYS DOH, 2006).

All hospitals, regardless of whether they have a SAFE program, are required to provide medical care to patients reporting a sexual assault. In 2003, a new law required hospitals that treat sexual assault patients to provide information on emergency contraception. The Department of Health was charged with developing and producing informational materials on emergency contraception to be used by all hospitals in New York State. These materials are currently available in eight languages. If requested by the victim, the hospital must directly provide emergency contraception.

Furthermore, hospitals cannot turn away a person who is seeking emergency medical services, such as for a sexual assault, if they are undocumented. New York

City Mayor Michael Bloomberg issued Executive Order Number 41 on September 17, 2003, which safeguards the confidentiality of immigrants seeking NYC services, including their immigration status, for the purpose of ensuring that immigrants can freely access the health services and emergency-room care they need. In this executive order, no city agency, officer, or employee can reveal confidential information such as a person's status as a victim of sexual assault, status as a victim of domestic violence, or immigration status to anyone else, unless such a disclosure has been authorized in writing by the individual, or the individual is a minor, or is otherwise not legally competent (NYC OM, 2003). This includes public-hospital staff, police officers, and employees of the District Attorney's office.

Costs associated with the forensic exam for sexual assault patients can be paid for through the Sexual Assault Repayment Act. The Forensic Repayment Act allows hospitals to be reimbursed up to \$800.00 for medical services provided to victims of sexual assault, regardless of immigration status. Previously, victims of sexual assault were responsible for payment of their own medical expenses. Thus, the Forensic Repayment Act means that the victim does not have to apply to the Crime Victims Board (CVB) directly for a forensic exam. The CVB does offer compensation for other expenses incurred as a result of the crime to victims and CVB claim forms should be available to patients in all emergency departments and police precincts. The crime victim's legal status is not an eligibility criteria for receiving compensation. This compensation may be requested for items such as: lost wages, medical expenses (including HIV Post-Exposure Prophylaxis and HIV follow-up care for sexual assault patients), counseling, essential personal property, and moving expenses. While crime victims seeking CVB compensation must fill out a form in English and return it to the local CVB office, rape crisis advocates (in the emergency department) and rape crisis counselors (at rape crisis programs) can help survivors fill out this paperwork.

One barrier to seeking care for immigrant sexual assault survivors may be their limited English. It is important for patients to be able to communicate in the language in which they feel most comfortable. All hospitals in NYC have a translation office for major languages and/or a language line to call for simultaneous translation between the provider and patient.

Some women believe they should seek help from their religious institutions and talk only to their religious leaders. Another factor that prevents women from reporting their abusers is fear of deportation and of the authorities. According to some stakeholders, there are no places where immigrant women feel safe. Women recognized that the immigration experience played an additional role that prevented them from seeking help, since they are not familiar with the U.S. legal system or the rights that may protect them.

### **Intervention Tool: the Vignette, an Open-Ended Story**

The intervention research team employed a vignette, or an open-ended story, about a character who experienced sexual violence. The development of the vignette tool was based on literature review as well as from the stakeholder analysis, which suggested that open-ended stories provide a space for survivors to speak about their experiences. Research shows that stories allow participants to discuss an issue without necessarily implicating themselves in the situation. As experts in the field recognize, “open-ended stories are useful for exploring people’s beliefs and opinions, and for identifying problems or solutions” (PATH/WHO, 2005).

The vignette was based on research by Fawcett *et al.*, on community responses to wife abuse in a low-income Mexican community (Fawcett *et al.*, 1999). For this study, the research team altered the framework by structuring the questions around knowledge of attitudes about services and help-seeking for both women and men. The vignette method is sometimes questioned regarding its ability to depict what participants actually do, compared to what they say the character in the story should do. The intervention team, however, did not deem this to represent a significant problem, since the interest was in knowledge and attitudes about available services.

### **Intervention Focus Group**

The intervention pilot took place with a previously existing West African women’s group in Harlem. The eight women who participated in the two focus

### **Rape Crisis Counseling for Immigrant Survivors of Sexual Violence in NYC**

Rape crisis programs are the longest-standing community-based interventions for sexual assault. Rape crisis programs began in the 1970s, when volunteer activists received training about crisis response and were on-call to come to the side of a rape victim wherever he or she was. The volunteer would also accompany him or her to the hospital, police, or neither. There are now more than 20 rape crisis programs in New York City.

Rape crisis programs are now mainly located in hospitals, with a small number located in community-based or university institutions. These programs have paid staff that can provide short-term confidential individual and/or group counseling to survivors, regardless of how long ago the assault took place or where it occurred. Most of these programs also offer their counseling services for free. All of the hospital-based rape crisis programs in NYC offer free counseling to undocumented immigrants. Increasingly, many programs are offering specialized services for adolescents, males, LGBT, and non-English-speaking survivors. In NYC, rape crisis counseling is offered in 13 languages: Spanish, Korean, Tagalog, Russian, Hindi, Urdu, Ukrainian, Polish, French, Haitian Creole, Hebrew, Mandarin Chinese, and Portuguese.

Volunteers are still an integral component of rape crisis programs and serve as advocates providing support to patients who go to the emergency department after an assault. These volunteers are carefully selected and receive 40 hours of training on crisis intervention, quality care, working with cosurvivors and the hospital, law enforcement and criminal justice systems of NYC, and are often on-call once or twice a month. Rape crisis advocates are often first responders and these volunteers may speak many languages. One program in Manhattan has many advocates, and among those can speak/translate more than 17 languages.

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groups ranged in age from 26 to 34, representing six African countries (Ethiopia, Mali, Senegal, Sierra Leone, Congo, and Guinea), and had lived in the United States for between two and 13 years. Six of the women spoke French and some English, and two of them only spoke English. Seven out of the eight participants were Muslim. Four women had a higher (university) level of education and the other four attended some years of elementary, secondary, and high school. They all had different occupations: one had a business, another woman was a student, two were homemakers or stayed at home, two were unemployed, and three had other daily activities.

### ***Piloting the Tool***

Piloting the intervention tool with an existing group of women who met regularly and had preestablished relationships, reduced the time that facilitators needed to spend on warm-up activities to build trust within the group setting, and was time-efficient for the recruitment of participants.

The intervention team piloted an open-ended third-person vignette, which told the story of an undocumented woman experiencing intimate-partner sexual violence and asked questions about her possible options, behavior, and attitudes. The objective was to encourage an open discussion of sexual violence among the participants without creating fear of personal disclosure.

The vignette questions addressed the following themes:

- 1) Help-seeking behavior of undocumented immigrant women experiencing intimate-partner sexual violence (scenarios 1 and 2),
- 2) Knowledge and attitudes, accessibility and availability of services, and/or strategies to assist a woman to leave a situation in which she experiences sexual violence by an intimate partner (scenario 3), and
- 3) Intervention of others in cases of intimate-partner sexual violence (scenario 4).

In deciding the content of the vignette, the research team chose a simple story that was relevant across cultures. The story allows for alteration of the characters' names to adapt to a particular population, making it more culturally specific. In this particular case, the story was tailored to suit French-speaking West African immigrant women. The story is a short description of the life of *Kadiatou*, an undocumented immigrant woman who suffered from sexual violence by her intimate partner *Bakary*. For this exercise, the participants were asked to perform a participatory listing exercise about *Kadiatou's* possible options for dealing with her experience.

To facilitate the exchange of ideas, the participants were divided into two groups. They were asked to answer questions (some by listing, some by discussion) regarding one of four possible choices *Kadiatou* could make:

1. *Kadiatou* decides to ask for help,
2. *Kadiatou* decides to do nothing,
3. *Kadiatou* decides to leave *Bakary*, and
4. *Kadiatou* asks someone to talk to *Bakary*.

These questions were designed to assess not only help-seeking behavior, but also knowledge and attitudes on NYC services for intimate-partner violence. The participants' responses to *Kadiatou's* possible choices and the places where she can go for help in her community informed what knowledge immigrant women have of the services available to them, as well as the attitudes they have about accessing these services (or other choices they have, such as asking for help).

## Kadiatou's Story

### Vignette:

[Kadiatou] lives with her husband [Bakary] in [Harlem] with her two children, a three-year-old son and a five-year-old daughter. [Kadiatou] and [Bakary] do not have legal papers. [Kadiatou] does not work and [Bakary] does not give her enough housekeeping money. When [Bakary] comes home drunk, he insults her and forces her to have sex even though she doesn't want to. [Kadiatou] has tried talking to him, but it's like talking to a wall. She has put up with this situation for many years. She doesn't know what to do.

*Facilitator Instructions:* Facilitator asks participants, "What are [Kadiatou's] options?" Participants list these on flipchart paper. Facilitator then splits participants into two\* groups. Each group is given two different scenarios and questions to discuss to complete the story.

### Group One

**Scenario 1:** [Kadiatou] decides to ask for help.

- 1) Where does [Kadiatou] go to ask for help?
- 2) What do they say to her?
- 3) Where should she not go? Why?
- 4) What does [Kadiatou] decide to do?

*Facilitator Instructions:*

Questions 1 & 2—Place two pieces of flipchart paper side by side. Ask participants to list responses to Q1 on the sheet on the left and then to list corresponding responses to Q2 on the sheet on the right. In Q2, encourage participants to create a list for each response that they had given in Q1.

Question 3—Participants discuss.

Question 4—Participants discuss.

**Scenario 2:** [Kadiatou] decides to do nothing.

- 1) Why does [Kadiatou] do nothing about the situation?
- 2) Why is it better or worse for her to do nothing?

*Facilitator Instructions:*

Question 1—Participants discuss.

Question 2—Participants discuss.

### Group Two

**Scenario 3:** [Kadiatou] decides to leave [Bakary].

- 1) What does [Kadiatou] need to do? What does she need to consider in order to leave [Bakary]?
- 2) Where is she going to get help?

*Facilitator Instructions:*

Questions 1 & 2—Place two pieces of flipchart paper side by side. Ask participants to list responses to Q1 on the sheet on the left and then to list corresponding responses to Q2 on the sheet on the right. In Q2, encourage participants to create a list for each response that they had given in Q1.

**Scenario 4:** [Kadiatou] asks someone to talk to [Bakary].

- 1) Who should [Kadiatou] ask to talk to [Bakary]? What should this person say?
- 2) What would [Bakary's] reaction be if someone tries to intervene?
- 3) Where should [Bakary] go for help?

*Facilitator Instructions:*

Question 1—Participants discuss.

Question 2—Participants discuss.

Question 3—Participants list.

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*Note:* Character names and location change to match the population of the focus group.

\* If there are not enough participants to divide into two groups, the single group will still answer questions for all four scenarios. However, the single group will create lists only for scenarios 1 & 3, questions 1 & 2.



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## Findings from the Vignette

### Knowledge about Available Services

During the listing and ranking exercise, conducted during the focus-group sessions, participants listed the following options of where *Kadiatou* can go to ask for help:

- Talk to her friend or other women
- Someone who had a similar experience
- Husband's friend
- Mosque
- African community-based organization
- Healthcare professional
- Social-service organization
- Elder
- Police

The participants had various ideas of what some of these providers would say to *Kadiatou*, or any other woman seeking help in this situation. They said that at a mosque, the “*imam*” (one who leads prayer, and/or is the Islamic community leader) may tell her that he will speak to her husband. Or, he may incite the husband against his wife, but that depended on the degree of her faith. If *Kadiatou* is a believer, participants said she would be subjected to the will of her husband. Some of the participants believed that at the hospital, healthcare workers would tell *Kadiatou* that she should have fewer children and look for a job. Others said that hospital workers would be able to show her where to find help and that they could assist her as well. Several women agreed that someone who had a similar experience could help *Kadiatou* psychologically and tell her how to deal with the situation.

Even though participants listed a number of places where *Kadiatou* could go for help, *they were unable to name specific service providers in their communities*. When the facilitators asked the women for more details one participant said, “*You keep asking who. I don't know exactly 'who.'*” When asked where *Bakary* should go for help, one woman responded,

“*Bakary? Help? I don't know, to be honest.*” Even though the women knew about options in general, they did not know about specific service providers to go to for help.

### Help-Seeking Behaviors and Attitudes

Overall, the women demonstrated a strong resistance to seeking formal services. One focus-group participant said, «*Elle ne doit pas aller à la police parce qu'elle n'a pas de papiers et aussi ça serait une trahison pour son mari et sa famille à cause de la mentalité africaine.*»\* (She should not go to the police because she does not have papers and also she would be like a traitor to her husband and his family because of the African mentality.) Another said: “*In the African community, in general, if the wife will complain, the relationship would spoil.*” In general, the participants felt that a West African woman has a moral responsibility to maintain the family and keep problems private. One participant said: «*Le linge sale se lave en famille donc mieux vaut nourrir la problème que le faire public.*» (Dirty laundry is washed in the family so it is better to take care of the problem rather than make it public.)

The group agreed that a woman must have some independence, so that she does not always have to ask her husband for money. If the husband refuses to let his wife work out of the home, in a factory, as a hair braider, or as a nanny, then life will be difficult for her. The women suggested that perhaps *Kadiatou* could work from the home, for example, as a babysitter.

Focus-group participants also discussed the legality of marriage as another constraint to seeking help. In Africa, marriage is paperless, so when women and their husbands are in the United States, there is no proof that the couple is legally married. The women noted that this allows men to evade responsibility to their families. *Women were not aware that in the United States it is against the law for any intimate partner to sexually assault his or her partner, and that perpetrators can be arrested for committing such acts.*

\* The findings in this section come from the pilot focus group. During the vignette exercise, women were split into two groups: one French-speaking group and one English-speaking group. For this reason, there are quotes in both French and English.

Although women articulated that elders or parents are an important mechanism for intervention in their home countries, they also noted that often these people are not in the United States with them. The participants compared their home countries in Africa to New York City, and many of them felt that there were more options in Africa and more people who could provide help. Furthermore, they illustrated their thoughts about intervention in New York City in terms of options in Africa. One woman said, "If the woman does not have parents here, she must fulfill her responsibilities [to the family]." (*«Si elle n'a pas de parents ici, elle doit prendre ses responsabilités.»*) Another said that a woman should not go to her parents because they would just tell her she has to put up with it because that is "the mentality." She added that the generations are different, so they would not understand. (*«Elle ne doit pas aller chez les parent parce qu'ils vont lui dire "mounie" ou "supporte," encore une fois à cause de la mentalité. Les générations sont différentes alors ils ne vont pas comprendre.»*)

The focus-group discussion demonstrated that regardless of whether a woman stays with her husband or not, she will have to deal with the repercussions of her decision. One participant said that *Kadiatou* cannot leave her husband because it is he who brought her to the United States; this is not a solution for her because she does not have papers. (*«Tu ne peux pas le quitter parce que c'est lui qui t'a ramenée au U.S. et il n'y a pas de solution parce qu'elle n'a pas de papiers.»*)

Additionally, when participants were asked why *Kadiatou* would decide to do nothing about her situation, they gave several responses. One woman said that she would not leave because of the children. If she leaves she risks the possibility that her husband will curse the children for the rest of their lives. Another woman suggested that *Kadiatou* send the children back to Africa while she gets herself established in order to support herself. Another woman expressed that *Kadiatou* might do nothing because of her love for *Bakary*. Another participant reemphasized that because of the culture and West African mentality, *Kadiatou* must not leave her husband. One woman noted that *Kadiatou* might do nothing out of fear of her husband's anger: "If the

wife goes and tells the friends [or family that *Bakary* drinks], he's gonna be mad..." Another participant said that when an African man brings an African woman to the United States, he tells her, "I brought you to the United States, I brought you to Paradise, so work and clean!" The husband believes that the woman must do it all because she owes him for being in the United States. (*«Il faut savoir que quand un homme africain ramène sa femme africaine aux Etats-Unis, il lui dit "Je t'ai amenée aux Etats-Unis alors je t'ai amenée au Paradis (heaven) alors travaille et nettoie!" La femme doit tout faire parce qu'elle lui doit le fait qu'elle soit aux U.S.»*)

When asked if it was better or worse for *Kadiatou* to do nothing about her situation, one participant explained that if she stays, it may kill her—*Si elle reste ça risque de la tuer, «vous savez le coeur c'est un muscle comme les autres, si on le fait trop travailler, il risque de lâcher!»* (You know the heart is a muscle like the others, if it works too hard, it may break!) In addition, if she leaves her husband, it is not guaranteed that her children will have a better life. Her children could be taken away for adoption or foster care.

Some of the focus-group participants believed that it is easier to help *Kadiatou* than it is to help *Bakary*. They said: "The thing is that *Bakary* thinks he doesn't need help. He doesn't know his problem." One participant felt that, "If *Bakary* wanted to stop he can stop himself because he know what he is doing. Nobody tell him to do that. He decide to do that to the woman." Another contributor's comments supported that opinion: "It's much easier to help *Kadiatou* than *Bakary* because *Bakary* will never admit that he has a problem. It's not like here that people want to face the truth. Most Africans are like this. They think they are always right, whatever they do is right."

Another respondent's comments demonstrated her feelings that it is less likely for men to seek or receive help so that the onus remains on the woman: "He can help himself. Maybe by listening to a friend, if he wants to save his marriage. If he really loves his wife, then he will try to fix it. But most of the case that I heard of, the wife just leaves."

## The Criminal Justice Process for Immigrant Survivors of Sexual Violence in NYC

All police officers of the New York City Police Department (NYPD) are trained on how to respond to sexual assault cases. Specialized response is available through the Special Victims Division and each borough has a Special Victims Squad. NYS is a nonmandatory reporting state, meaning that it is up to the patient whether to report a sexual assault to the police. The only exception is if there are gunshot wounds or life-threatening stab wounds, such injuries must be reported to the police (NYCLU, 2007). However, the provider or facility should not report the circumstances surrounding how the wounds occurred, because to do so would breach patient confidentiality and expose the provider to potential legal and professional sanctions (NYCLU, 2007).

A uniformed police officer is often called as first response on a case of reported sexual assault. The detectives—regular or Special Victims—are called in later and often arrive at the hospital emergency room after the survivor's arrival. In cases where uniformed officers are not involved, the police may be notified by the hospital if the survivor wishes to report an incident. When this happens the detectives may be the first response officers. In either case, the role of the detective is, in many ways, quite different from the role of the uniformed officer. One of the primary goals in the investigation of an adult sex crime is the identification and arrest of the perpetrator.

In the detective bureau, investigators are given the executive laws that require that a private setting be used for an interview with a sex-crime victim, and that allow a rape crisis counselor (advocate) to be present during an interview, unless the victim objects. Executive Order number 41 also states that "it shall be the policy of the Police Department not to inquire about the immigration status of crime victims, witnesses, or others who call or approach the police seeking assistance" (NYC OM, 2003). While the police will not ask about the documentation status of sexual-assault victims, they may ask about the documentation status of the perpetrator. This may present a potential barrier to undocumented immigrant women who are assaulted by their husbands, intimate partners, or family members in reporting the crime to the police. This barrier may

be especially strong if the partner is the sole provider, there are children in common, or due to the negative community stigma around reporting the crime.

Since the police officers work in direct contact with victims, it is important for them to have the capacity to understand multiple languages. In March 2004, the Language Line Program was launched, which equips all police precincts with direct, instant access to language interpreters 24 hours per day. Each precinct stationhouse has special dual-handset telephones with access to interpreters in more than 150 different languages. Now victims who do not speak English can tell their stories to the police and get the help they need. Since the inception of the program, Language Line phones have been used more than a thousand times in more than 30 languages including: Arabic, Bengali, Cantonese, Farsi, Greek, Haitian-Creole, Hindi, Japanese, Korean, Mandarin, Punjabi, Russian, Spanish, and Urdu (OCDV, 2004).

Each borough in New York City has a District Attorney's (DA's) office that has the responsibility and authority to investigate and prosecute crimes in that borough. Sexual assaults are among the most underreported crimes in the United States (NYDA, 2006). The prosecution of such cases is difficult and demands considerable expertise. In 1974, the New York County District Attorney's Office, recognizing the need to dedicate resources and special attention to crimes of sexual violence, became the first prosecutor's office in the nation to establish a sex crimes prosecution unit (NYDA, 2006).

A Sex Crimes Unit now exists in each of the DA's offices in the five boroughs. Each of the Sex Crimes Units work closely with the NYPD's Special Victims Squad, frequently interacting with detectives from the moment a rape case is reported to the police.

Each of the DA's offices also offers counseling services to survivors of sexual assault both for the initial crisis and through the often difficult components of the criminal justice process. The criminal justice process in NYC does not depend on the crime victim's immigration status since the DA's office does not provide direct services for the client; instead they represent the state in a case against the perpetrator. In addition, there are special provisions for victims of sex trafficking as detailed in the text boxes on U and/or T visas.

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## Discussion

The debrief exercise following the focus group demonstrated that participants found the open-ended story to be a realistic situation that could happen to anyone. They expressed that it was a good exercise because if this situation happens to them or their friends they will know different possible solutions. They admitted, however, that it is easier to think about this [delicate topic] when they were not involved. («*C'est plus facile d'y penser quand tu n'es pas devant le fait accompli.*») One participant suggested that there is a big difference between people who are intellectuals and those who are not; intellectuals are more open-minded and they would act differently. («*Il y a une grande différence entre les gens qui sont intellectuels et ceux qui ne le sont pas, les premiers sont plus ouvert d'esprit et ils vont agir différemment.*»)

The vignette gathered useful information about participants' help-seeking activities and attitudes about sexual violence and the different forms through which intimate-partner abuse is manifested. However, it also provided mixed results with regards to answering one component of the multipart research question: "Do immigrant women know about the services that are available? If not, why not, and how can we reach them/raise their awareness?" The intervention research team learned that, overall, *immigrant women do not have specific knowledge about formal or informal intervention services to get help for experiences of sexual violence*. They were unable to identify specific places in their communities where they could access help, either because they did not know such places existed or because they did not believe that such places would be open to undocumented women.

Knowing that women have little knowledge about intervention services, the research question regarding outreach and awareness-raising is important to the next phase of research. The vignette questions were not targeted enough to examine effective and culturally specific means to raise awareness about places women could go for help in their communities. In communities where there is a general resistance to seeking formal services for sexual violence (as we learned may exist in the West African immigrant community), it is crucial

for intervention measures to incorporate strategies that are appropriate in the home countries (*i.e.*, informal networks) if they are to be effective. A vignette about an immigrant group that identifies sexual violence as a problem within its community can engender discussion about how to explicitly raise awareness, foster the creation of informal networks, and train community members to intervene before police are called.

With regard to the question: "For those who do know about the services and do not access them, why aren't they?" the research team found that immigrant women frame attitudes about help-seeking and available interventions within the context of their home country. Focus-group participants consistently mentioned intervention strategies that were appropriate for sexual violence in their country of origin, and how these influenced their options here in the United States. Interviewees demonstrated that if it was not congruent with their cultural norms to seek assistance, they—and women they knew who experienced sexual violence in New York City—would not seek services here. In their native land, intervention services are generally quite expensive, and the women are unaware there are NYC services that are free and available to all women, regardless of documentation status.

The study's vignette provided information about intimate-partner violence, and not about other forms of abuse experienced by immigrant women, such as harassment while working, or sexual violence by an acquaintance. To understand the different contexts within which these forms occur, it is important to design vignettes for other modes of sexual violence. Though the situations and experiences of these women may be similar in some ways to those who experience intimate-partner violence, further research is necessary to examine how theirs are different, if effective intervention strategies are to be developed with and for them.

## U and T Visas

The U visa was created through the Victims of Trafficking and Violence Protection Act of 2000 to provide legal immigration status to immigrants who are victims of crimes and who assist authorities with crime investigations. U visa regulations were issued by the U.S. Citizenship and Immigration Services (USCIS) in September 2007, and they have been effective since October 2007.

USCIS can only grant U visa status to 10,000 noncitizens in each fiscal year. This number does not include spouses, children, or parents of the applicants. Once the annual cap of 10,000 is reached, victims requesting U visa applications will be placed in a consecutive waitlist and will be issued deferred action (victims are no longer eligible for deportation). Although there are no caps for family members, USCIS will not approve a family member until the primary U visa petitioner's petition is approved.

### **How Does the U Visa Work?**

Some of the criminal activities covered under this visa are: rape, torture, trafficking, incest, domestic violence, sexual assault, abusive sexual contact, prostitution, and sexual exploitation. U visas can be granted when the criminal activity violates U.S. law or occurs in the United States (including Native American reservation land and military installations) or its territories and possessions. It is for noncitizen victims of crimes who:

- 1) Have suffered substantial physical or mental abuse from criminal activity,
- 2) Have information regarding the criminal activity, and
- 3) Assist government officials in the investigation or prosecution of such criminal activity.

In addition, the regulations specify that the abuser does not need to be a U.S. citizen or lawful permanent resident, and that the victim does not have to be married to the abuser to be eligible. Furthermore, it is not required to be physically present in the U.S. to qualify for a U visa and qualified crime victims can apply from abroad as long as the criminal activity violated U.S. law or occurred in U.S. territories.

### **Benefits of U Visas**

Once the U visa is approved, the applicant can be granted temporary legal status and work authorization. After three years, that person will be eligible to apply for lawful permanent resident status. Something important that applicants must keep in mind is that U visa holders can remain in the U.S. for a period up to four years with a

possible extension in certain cases. The Secretary of the Department of Homeland Security and other government officials must provide U visa holders referrals to nongovernmental organizations, which may provide information about options in the United States and resources that are available to a U visa holder.

### **What Makes Someone Eligible for a U Visa?**

In order to be eligible for a U visa, applicants must prove:

- That they have suffered “substantial physical or mental abuse” as the result of one of the following forms of criminal activity (or “similar” activity) conducted in the U.S.: rape, torture, trafficking, incest, domestic violence, sexual assault, abusive sexual contact, prostitution, sexual exploitation, female genital mutilation, being held hostage, peonage, involuntary servitude, slave trade, kidnapping, abduction, unlawful criminal restraint, false imprisonment, blackmail, extortion, manslaughter, murder, felonious assault, witness tampering, obstruction of justice, perjury, or attempt, conspiracy, or solicitation to commit any of the above-mentioned crimes.
- That they possess information concerning the criminal activity.
- That they can provide a certification that states that they are being, have been, or are likely to be helpful to the investigation or prosecution of the criminal activity (this certification must come from a federal, state, or local law enforcement official, prosecutor, judge, or authority that is investigating the criminal activity).
- That the criminal activity violated U.S. law or occurred in the United States (including Native American reservation land and military installations) or its territories and possessions.

For more information on U visas, please visit the Website [www.WomensLaw.org](http://www.WomensLaw.org).

Source: *Information for Immigrants, U Visa Laws and Procedures*, [WomensLaw.org](http://WomensLaw.org).

### **Trafficking Law and T Visas**

The T visa was created through the Victims of Trafficking and Violence Protection Act of 2000 to provide temporary lawful status for people who have been trafficked into the United States for illegal purposes and that are willing to cooperate with law enforcement officials. In February 2002, the U.S. Department of Justice issued interim regulations establishing the procedure to apply for T visa status and the standards under which eligibility will be

determined. Individuals may adjust to lawful permanent resident status after they have been in T visa nonimmigrant status for three years. The U.S. Citizenship and Immigration Services (USCIS) will separately issue regulations concerning the process for this adjustment of status.

### **Who Is Eligible?**

Non-U.S. citizens who are admissible to the U.S. may be classified by USCIS as T-1 nonimmigrants if they demonstrate they:

- are or have been the victim of a “severe form of trafficking in persons,”
- are physically present in the United States, Samoa, the Mariana Islands, or a port of entry,
- would suffer extreme hardship involving unusual and severe harm if they were removed from the United States, and
- have complied with any reasonable request for assistance in a trafficking investigation or prosecution (cooperation is not required if the victim is less than 18 years of age (TVPRA 2005)).

Additionally, the regulation requires that in order to be granted T visas, individuals must have had contact with a law enforcement agency (LEA), either by reporting a crime or by responding to inquiries from an LEA. The regulation also restricts the definition of an LEA to include only Federal law enforcement or prosecuting agencies authorized to investigate or prosecute trafficking crimes. Thus, state or local LEA’s conducting a criminal investigation would have to contact a Federal agency in order to be able to assist a victim in obtaining a T visa.

“*Severe form of trafficking in persons*” includes trafficking for the purpose of obtaining or providing a person to engage in a commercial sex act in which the act is induced by force, fraud, or coercion, or which is performed by a trafficked person who is younger than 18 years of age. It also includes recruiting a person through force, fraud, or coercion for the purpose of subjecting the person to involuntary servitude, peonage, debt bondage, or slavery. Victims must have been subjected to some form of force, fraud, or coercion to provide labor or services, or to engage in a commercial sex act, except in the case of victims younger than 18 years of age who were induced to perform a commercial sex act.

“*Physically present*” means that the applicant is physically present in the United States, American Samoa, the Mariana Islands, or a port of entry, on account of having been the victim of a severe form of trafficking in persons. Persons may be considered to be physically present on

account of trafficking if they were the victims of trafficking in the past and their presence in any of the areas mentioned is directly related to trafficking.

“*Extreme hardship if removed*” may not be based upon current or future economic detriment, or the lack of, or disruption to, social or economic opportunities. In determining whether the applicant would suffer extreme hardship, USCIS must take into account factors it has traditionally taken into account in making such determinations, plus any factors associated with the applicant’s having been a victim of a severe form of trafficking in persons. Some examples are:

- serious physical or mental illness of the applicant that requires medical or psychological attention not reasonably available in the foreign country,
- physical and psychological consequences of the trafficking activities, and/or
- the reasonable expectation that laws, social practices, or customs in the applicant’s country would penalize the applicant severely for having been the victim of trafficking.

The types of evidence already used to establish hardship in other immigration law contexts may also be employed to document eligibility for the T nonimmigrant visas.

“*Compliance with LEA requests for assistance*” requires an LEA endorsement describing how the T visa applicant assisted the LEA in investigating or prosecuting a trafficking crime. This document is considered secondary evidence that the victim has reasonably complied with a request for assistance. Although an LEA endorsement is not a requirement, USCIS strongly recommends that applicants obtain one. Applicants who do not submit an endorsement must submit an explanation describing their attempts to obtain one and why their request was refused. If USCIS determines that an applicant has not complied with a reasonable request for assistance from an LEA, the application can be denied or an approved application can be revoked.

For more information on T visas, please visit the NY Anti-Trafficking Network Website at <http://ny-anti-trafficking.com>.

Source: Anti-Trafficking Network.

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*“One time, my husband hit me. And I said, ‘You’re going to regret this,’ and I really right away opened the door and started yelling in the whole of my apartment, and he took the keys and he ran away. They feel afraid [when you react to their violence].”*

*—focus-group participant*

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## Chapter 5: Prevention Pilot

The prevention team took on the task of developing a research tool that could help identify ways that sexual violence could be prevented before it occurred. The objective was to find out the specific types of sexual violence that were prevalent in a particular immigrant community and to determine what women thought could be done at the individual and community level to prevent those types of violence. This research team had a set of goals to address prevention with immigrant women, and learn more about:

- the social, cultural, economic, and other circumstances that enable sexual violence to occur
- barriers undocumented immigrant women face to reducing their risk
- pinpoint moments in women’s lives when prevention can do the most good
- existing community resources that could put prevention activities into practice
- potential prevention activities

When discussing prevention with stakeholders, important barriers were identified that influence women’s responses to violence, such as educational, social, cultural, financial, and religious constraints. Stakeholders indicated that there is a lack of knowledge about sexual violence among immigrant women, as well as a lack of awareness of the U.S. laws that protect them. Furthermore, stakeholders expressed that sexual violence is a controversial problem and there is church resistance to discussing the issue. There are faith-based communities that have rigid boundaries regarding women’s rights, and *machismo* remains the rule among many ethnic groups.

The financial considerations influencing women’s responses have two aspects: the need for long-term assistance and the means to access that help, and financial dependence. According to stakeholders, resources for prevention are still minimal since funding is given more for crisis intervention and

postassault services. They expressed that funding was offered for short-term services such as crisis counseling (for six months or less) while in reality, problems related to sexual victimization against women have long-term consequences that could, in most cases, necessitate long-term therapy. In addition, the fact that immigrant women are often financially dependent on their husbands represents a problem that needs to be taken into account when working with them. Stakeholders suggested that the Crime Victim’s Compensation Fund, as well as more effective immigrant welfare programs should play a bigger role in providing for women who are victims of violence, so they are not afraid to report their abusive partners due to their economic dependence. Immigration policies were identified as another barrier, particularly, the lack of services as a result of federal laws that prohibit aiding and abetting undocumented immigrants. It was suggested that perhaps this prevents some organizations from helping more immigrants due to fear of lost funding.

### Defining Sexual Violence Prevention

To *prevent* means to stop or hinder something from happening, especially by advance planning or action. According to Prevention Connection, a project of the California Coalition Against Sexual Assault, prevention is “a systematic process that promotes healthy environments and behaviors and reduces the likelihood or frequency of an incidence, condition, or injury occurring” (CALCASA, 2008). Accordingly, “to prevent” implies anticipation. Prevention strategies can be applied before and after sexual violence occurs. In that sense, we can identify types of strategies applied at three stages called the “prevention continuum”—primary, secondary, and tertiary prevention strategies (CALCASA, 2008).

Primary prevention is a set of approaches that takes place *before* sexual violence has occurred, to prevent initial perpetration or victimization;



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these strategies address behaviors and conditions that support, condone, and lead to sexual violence (Recommendations to Prevent Sexual Violence in Oregon, 2007). Secondary prevention is an array of immediate responses after sexual violence has occurred to deal with the short-term consequences of violence; some studies refer to these strategies as designed to decrease risk factors because they help recognize and avoid those that can lead to future perpetration or victimization (Oregon, 2007). Finally, tertiary prevention has to do with the long-term responses after sexual violence has occurred, and deals with the lasting consequences of violence and sex-offender treatment interventions.

It is important to note that preventing sexual violence is different from reducing the risk of being sexually assaulted. Risk reduction refers to activities or interventions aimed at potential victims to reduce the risk of experiencing sexual victimization. Interventions aimed at self-defense, whistle campaigns, pepper spray, don't talk to strangers, etc., are considered strategies for risk reduction, and their effectiveness at preventing sexual violence is widely debated.

### **Prevention Tool: the Strategy Diagram**

To develop the tool, the prevention research team took two issues into consideration:

- 1) The project's overall goal of ending sexual violence and the research about prevention.
- 2) The need for a research tool that would capture prevention beyond the common, automatic responses to the question of "how to prevent." This is a response to stakeholders' predominant answers, which focused only on intervention strategies rather than on prevention. The objective of this team was to identify an alternative terminology that would encourage innovative and positive solutions in different areas: education, outreach, and awareness.

The development of the strategy diagram was based on research by Moser and McIlwaine (2000) on participatory urban appraisal techniques for violence prevention. According to their research on strategies and solutions for dealing with and

reducing violence, people view these techniques as closely linked, while researchers look at them as distinct. The authors explain that "coping strategies refer to the short-term measures people have to take to avert violence. Solutions are usually longer term and tend to be associated with actions of outside agencies and organizations" (Moser and McIlwaine, 2000).

The use of the strategy diagram has been extremely successful in communities in Guatemala and Colombia when assessing basic information on strategies and solutions to avert violence (Moser and McIlwaine, 2000). To address prevention, the strategy diagram was developed to be both specific in its focus and comprehensive in its conception of solutions. As a relatively new participatory tool, the strategy diagram is similar to others, such as causal flow analysis and problem trees.

### ***Prevention Focus Group***

The prevention research team had the opportunity to pilot their exercises with three groups of women from the South Bronx and Queens. These groups met on a regular basis, once a week.

- 1) South Bronx group: This pilot had seven participants, all of them felt more comfortable speaking Spanish; therefore, the exercise was conducted in that language.
- 2) Queens Spanish-speaking group: Eleven women participated in this group, all in Spanish.
- 3) Queens English-speaking group: Four Spanish-speaking women preferred to do the exercise in English.

Overall, there were 22 participants from Latin America: 17 from Mexico, four from Ecuador, and one from Honduras. The time they had been in the U.S. ranged between two and 35 years. They were between 17 and 43 years old and almost all were married and had children; two were single, and two were separated. In addition, all of them were Catholic, had some level of education, and almost all were homemakers.

**Dangerous Situation**  
(The answer from listing and ranking is placed here.)

<p>What would be your first reaction? What would you do first?</p>	<p>To whom or where would you go for help?</p>	<p>What can we do more broadly to prevent this from ever happening in our community?</p>	<p>What do we need in our community to implement these strategies?</p>
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**Piloting the Tool: the Strategy Diagram**

*“...What we learn here, we can share with somebody else...I think we are strong because we really start talking about this. This is the first step...”*

*—focus-group participant*

As explained initially, this research team piloted a variation of the listing and ranking exercise aimed at finding specific types of sexual violence prevalent in a particular immigrant community. The strategy diagram later built on the answers from the listing and ranking, which the prevention team called “dangerous situations.” The first part of the exercise encouraged women to list the types of sexual violence they thought women faced in their community.

The second part of the exercise asked participants to take the types of sexual violence they indicated are the biggest problems in their community and identify different strategies and solutions to address the risk and possible solutions at the individual and community level.

The strategy diagram (as seen above) had four questions to help analyze the problem. The participants were asked to place the form of sexual violence identified as most important under the “dangerous situation,” so they could start analyzing the problem from a preventive perspective.\*

**Findings from the Prevention Tools**

*From listing and ranking exercise:*

The team began by asking the participants: “What are the types of sexual violence that women face in your community?” Immediately following the listing and ranking exercise, they were asked to rank the problems in order of importance or seriousness to the community. The top-ranked problems were:

Bronx Group	Child sexual abuse
Queens Spanish-Speaking Group	Domestic violence oftentimes associated with alcohol abuse
Queens English-Speaking Group	Power (based on gender roles within an intimate-partner relationship)

In the Bronx group, the women identified the most serious problems in their community to be child sexual abuse, domestic violence, and sexual harassment (in order of importance). Particularly, the participants mentioned their illegal status and people taking advantage of their vulnerability as a problem, especially when referring to sexual harassment. Other problems mentioned that were not ranked among the top three were: being forced by their partners to have sex, and sexual abuse, and harassment (around their legal status) from the police.

The Queens Spanish-speaking group was a large group with 11 women. Domestic violence was identified as the biggest problem in their

\* The Bronx group adopted a slightly different format. The facilitator tried the exercise having the participants giving answers for several problems at the same time, instead of one by one as it was originally intended. Although the answers given by this group were more about intervention strategies, the women were successful at distinguishing these from prevention strategies.

community, and women linked this to alcohol abuse by their partners. Here, domestic violence encompassed sexual abuse, as well as physical and verbal violence. They believed that many of the issues listed seemed to fall under the broader problem of domestic violence. The second-most important problem for the group was psychological abuse, followed by rape by an acquaintance or by a stranger. The group discussed other problems, such as sexual harassment when looking for jobs, sexual abuse by a partner as a result of alcoholism, not having sex when the partner wants, and sexual assault by a relative or someone known.

The Queens English-speaking (smaller) group was composed of four people. They identified power (within a relationship) as most important for them and emphasized, as an example, when they were forced to have sex with their husbands (especially when the men were drunk). The participants listed domestic violence second. They thought this could be manifested in different forms: abuse within the family (such as having to ask for money), getting questioned on why they go outside and whom they talk to, and the controlling of their time by a partner. Third was being put down by your family. They gave examples of how this could happen: raising boys to be *machos*, being encouraged to stay in relationships (marriages) even if they were abusive, what others would think if they left (because of their culture), being put down if you got a new boyfriend, and sexual violence between siblings and other family members.

Overall the participants identified a number of other problems. They suggested that calling the authorities often does not help because the police would not do anything to help them; further, the women believed that the authorities were not sensitive to immigrant women's needs and culture. Most important, they thought that if the police were called they did not do anything, and that made women more vulnerable, fearing their husband's or partner's revenge.

Another factor mentioned was the issue of being alone, which the participants thought worked either to their benefit or to their disadvantage. For instance, being alone and not being a citizen represented a problem because they would not have

a place (friends, family, or relatives) to go for help; they found themselves alone, with no friends, with only their children. This could make a woman more vulnerable to sexual and domestic violence, especially if she has a controlling husband or boyfriend, and if she does not speak English. The participants felt women are generally scared in these kinds of situations, and men often prey on women who are alone. In contrast, several women shared that coming to the United States married and alone (without knowing anyone here) was better, because they did not have to deal with pressure from their family and/or culture.

### From the Strategy Diagram

The findings of this exercise are explained in the order of the questions posed to the participants. Also, answers from all the three groups are provided here individually. Note that "Queens S" refers to the Queens Spanish-speaking group, and "Queens E" refers to the Queens English-speaking group.

#### WHAT WOULD BE YOUR FIRST REACTION? WHAT WOULD YOU DO FIRST?

**Bronx:** In the case of child sexual abuse, most of the women in the group said that they would go to the authorities or would take care of the problem personally. Additionally, some of the participants responded by saying that they would probably act violently against the perpetrator.

**Queens S:** For domestic violence, the women had a variety of answers: they would ask for help from institutions, someone they knew or a relative, they would turn him in, or they would let it happen. In addition, they also considered they could fight back, call the police, or leave the house (a young woman mentioned that she watched her mother be hit by her father and she never left. The young woman said she would have just left). Perhaps the most surprising answer came from a woman who said that committing suicide was sometimes the only way to get out of an abusive relationship. She shared her personal story with the researchers indicating that when she found herself in an abusive

relationship she did not know what to do, where to go, or to whom she could ask for help. She further stated that when a woman does not have information, does not know what to do, where to go, she could sometimes feel desperate to the point of killing herself.

**Queens E:** The issue of power elicited interesting answers from the group. They mentioned that their first reaction would be to say “don’t touch me,” yell and fight, go to a friend’s house, be angry, call the police, run away and knock on doors of other apartments to get people’s attention. The woman who brought up the last answer felt that there were negative repercussions on all accounts and shared a story about when she brought attention to herself and people saw her as a “troublemaker” (instead of someone in need of help) and she felt ashamed.

#### TO WHOM OR WHERE WOULD YOU GO FOR HELP?

**Bronx:** *Child sexual abuse*—support groups, probably psychologists, and the family.

**Queens S:** *Domestic violence*—look for help in the family, a good friend, a social worker, in a shelter, or in the church. Important comments were made regarding the lack of information when immigrant women first arrive in the country; for instance, one participant said: “When I moved here, I arrived alone, expecting a baby, and I didn’t know what to do.” She wrote on the strategy diagram: “I wouldn’t know who to go to.” The same woman also shared that after some time she learned about her options and that she would probably go to a support group or her friends.

**Queens E:** *Power*—The participants mentioned that Latina women never really talk about the violence and they keep these kinds of problems to themselves. Nevertheless, after some prompting from the facilitator, they were able to answer and say that maybe they would tell a friend, their mothers, a church minister—last resort, look for professional help, possibly a psychologist at a child’s school. It was also mentioned that the “absolute” last resort would be a shelter, and because of their children they really wouldn’t go there. Some other

comments from this group were about people they have asked for help before, and highlighted that “People won’t help you again if they’ve helped you out of a situation before. They will feel that you will only go back to an abusive situation again.” They also acknowledged that the help they would be getting would not just arrive overnight, and that getting out of an abusive relationship entailed a series of steps, such as getting a place to live and finding a school for their children.

#### WHAT CAN WE DO MORE BROADLY TO PREVENT THIS FROM EVER HAPPENING IN OUR COMMUNITY?

**Bronx:** *Child sexual abuse*—This group thought that as mothers they needed to know their surroundings well, such as people who lived around them, and with whom their children were spending time, in order to prevent this from happening at all.

**Queens S:** *Domestic violence*—It was mentioned that educating women was important because some immigrant women were illiterate. The women were aware that they could be empowered through education, and this could make an enormous difference in their lives. They also felt that it was important to have more information in Spanish, and more diffusion in the media around this type of problem. They mentioned that going to support groups, and having more communication with other women was also a way to prevent this problem, because they shared experiences and learned from each other.

Another important aspect highlighted by the participants was the need for stronger laws and harsher punishment for perpetrators. Perhaps most important, they recognized that educating men was a key prevention strategy. Reflections around this led them to accept that oftentimes men behaved violently because that was the kind of behavior they were exposed to from childhood within their own families.

A unanimous concern arose about their children witnessing the abuse. The participants recognized that their problem could turn into a vicious cycle for their children. Several participants mentioned having witnessed violence between their own parents, and that they suffered in silence because their

mothers would not say or do anything about the abuse. A “culture of silence” was the general rule for many of them within their families.

**Queens E: Power**—This group felt that strategies should include having workshops, even at their kids’ schools. Similar to the previous group, they expressed their feelings about men getting more involved, suggesting participation in anger-management classes, and workshops for men at the workplace on issues related to sexual harassment. They also felt they needed better places than shelters where they could go. The women discussed some strategies to deal with sexual violence, such as basic education for women, education about services, and more available services and places they could go with their children. Finally, the group emphasized that the police should work with the community at a deeper level of involvement, for example, through community meetings.

#### WHAT DO WE NEED IN OUR COMMUNITY TO IMPLEMENT THESE STRATEGIES?

This last question of the strategy diagram investigated ways in which the previous answers (solutions and strategies) could be implemented in their communities, and what was needed in the community to put them into place. Due to the similarity in their answers around this particular question, they are presented as a set of solutions proposed by all participants:

1) Create programs for men. Some women suggested that this could be implemented by law so men are forced to go and would not be able to refuse. They creatively suggested that this program could engage men by offering a comfortable environment where a meal is provided, where men could have an activity they enjoy, and at the same time discuss issues about violence. One participant added to the discussion by suggesting a program in a bar where soccer matches are shown and inviting a stripper to come—an attractive woman wearing leather and carrying a whip, with messages about prevention pasted all over her. They felt the men would respond to her.

- 2) Programs for women. Overall, the women emphasized the need for more support groups, and perhaps working with the NYC Alliance Against Sexual Assault on issues like the ones addressed.
- 3) The women felt the need for more programs in hospitals where they can access information and can speak with someone without (necessarily) going to the emergency room.
- 4) Access to marriage therapy.
- 5) More places for family recreation. The women felt there were only bars and cantinas in their neighborhoods, nothing that really encouraged family time.
- 6) In terms of resources, they suggested that more communication in Spanish, more interpreters working at hotlines, and more necessary information available to them in their language.
- 7) A very important point was mentioned in relation to service providers: The participants stressed that they needed people who could understand them and their culture. They commented that when they looked for help, some service providers moralized and judged them saying, “It was your fault because you didn’t leave him.” They felt service providers needed to be more sensitive to the women’s problems.
- 8) Last but not least, the political aspect was not left out. The participants stated that politicians must stop cutting programs that are helpful.

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## Discussion

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*“We are thinking about us—the woman—but, the men have to be involved in order to for this to benefit the whole community... workshops...even when they go to jail, they should have something for them...anger management...”*

*—focus-group participant*

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Regarding the focus-group exercises, women liked the activities the research team presented and found them easy to follow. They felt empowered addressing issues that concerned them within an environment of trust with their peers. The contributors commented that it was important for women to talk about these issues, adding that it is a problem because of how men are raised, referring to *machismo*; keeping women “*siempre debajo*” (always down) is learned from childhood, and they are obligated to follow the rules of culture and religion. They also thought the way they were raised in their countries had a lot to do with the way they reacted or responded to violence.

The strategy diagram exercise was warmly welcomed by the participants. They liked the thinking process about ways to prevent sexual violence. The research team asked the women whether they had ever been exposed to similar activities, obtaining a negative response. The women indicated that oftentimes, the groups they attended were mainly focused on ways to get help or things to do, but this exercise (the strategy diagram) was good for thinking about prevention strategies, what causes violence, and how to end it. They felt the exercise

kept them on track, allowing them to focus specifically on prevention and its importance. Almost all the women wanted to work with the research team in the future, with similar activities.

Undoubtedly, there is an agreement between stakeholders and focus-group participants about working with men and encouraging their participation in men’s groups that address the issue of sexual violence. The implementation of more programs to work with men (starting at a young age) was suggested, which would include the participation of key male community leaders. Likewise, it was decided more immigrant men should have access to information about the problem.

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*“I wasn’t first coming today, but I knew you [the research team] were coming. I said, I’m going to learn something today, and that’s why...when they always have workshops, I always try to be there even if it’s not my day to be there, but I like to be there because I always learn. I’m always learning from everybody...”*

—focus-group participant

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## Chapter 6: Moving Forward

The immigration experience is extraordinarily challenging, and many factors can play a role in aggravating that experience—particularly for women. This study helped recognize there is still much work to be done in order to meet the needs of immigrant women regarding sexual violence prevention and intervention. More participation from the immigrant population, both documented and undocumented, should be encouraged in the design of services offered.

Those who participated in the study were able to identify challenges and barriers that should be considered when providing intervention services and planning prevention programs:

- Language barriers—The language capacity of service providers is still short when confronted with the diverse and ever-increasing NYC immigrant population.
- Culture sensitivity—Women felt that service providers needed to be more sensitive and aware of their cultural backgrounds. For immigrant women, having services where people are culturally sensitive lessens the barrier preventing them from seeking help.
- Better policies for immigrants—Although we have made great progress through the U and T visa programs, there should be policies solely focused on addressing the needs of immigrant women who experience sexual violence. Participants frequently cited the need for adequate training for police officers, healthcare professionals, and other service providers concerning sexual violence and its impact on immigrant women.
- Additional education on sexual violence within immigrant communities—As we previously mentioned, immigrant women want to talk about this problem, and to learn more about it. They also suggested that the dissemination of information should include existing formal and informal services in their communities, as well as immi-

grants' legal and medical rights. Women cited ethnic media as a possible outlet for advertising the services of sexual violence and domestic violence resources.

- Changing social norms among immigrant communities—Perhaps one of the greatest challenges will be to work toward decreasing the acceptance of certain forms of sexual violence *e.g.*, intimate-partner violence, due to cultural and/or social beliefs, and the taboo of speaking out. Nonetheless, working toward a greater identification of sexual violence as a problem could allow more immigrant women to report their abuse and seek help.
- Working with men—When addressing prevention strategies with immigrant women, they indicated that men needed to play a role in sexual violence prevention. The women advocated for male participation in programs that address sexual violence. They also wanted to see more information and resources available to men to raise awareness about the problem.

### Reflections on Participatory Action Research

The New York City Alliance Against Sexual Assault believes in the effectiveness of PAR to engage communities in: 1) examining the root causes of sexual violence in New York City, 2) defining sexual violence and its impact on the community, 3) research on community-specific concerns regarding sexual violence, 4) defining and planning prevention in NYC, and 5) defining and providing the best care to survivors, and advocating for positive changes in New York City.

In this pilot study, participatory methods proved to be a dynamic and successful tool for engaging NYC immigrant women in discussions on sexual violence. Based on participant feedback, the tools created a nonthreatening environment that allowed women to feel safe expressing their thoughts and



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experiences. From an analytical viewpoint, these tools yielded rich data, the depth of which could not have been achieved using more extractive research methods.

Through this study, our purpose was to provide immigrant women with:

- 1) an opportunity to describe the impact that sexual violence has on their lives,
- 2) a forum to reflect on the options women in their communities have when seeking help for sexual violence,
- 3) a place to reflect on how sexual violence could be prevented in their community, and
- 4) a supportive and interactive environment to discuss a long-silenced danger in their lives.

### **ARISE—Action Research for Immigrant Social Empowerment**

Believing that empowering immigrant communities should be part of researching the issue of domestic and sexual violence against women, the Alliance engaged with several citywide immigrant-focused CBOs to identify and address the needs of these communities. Founded in 2006 in New York City, ARISE (Action Research for Immigrant Social Empowerment) seeks to engage immigrant communities in effective ways to address sexual and domestic violence and promote awareness through education, research, and advocacy in order to effect policy changes at the local and national levels. ARISE utilizes PAR to work with immigrant communities as partners in identifying barriers to seeking care for gender-based violence and initiating community-based solutions for prevention.

Including the New York City Alliance Against Sexual Assault, members of ARISE include:

- **The Arab-American Family Support Center**, which is New York City's first Arabic-speaking social service agency and has been serving New York's 405,000-person Arab community since 1993. The Center offers five major programs that focus on empowering new immigrant families and serves nearly 1,300 people annually. It includes programs for legal advice, healthcare-access

assistance, education, youth, women's empowerment, and being the lead partner for a new public school offering intensive Arabic instruction.

- **Garden of Hope**, which provides domestic violence and sexual-assault-related services in Mandarin and Cantonese and is specifically geared to the city's 800,000 immigrants from China's mainland, Hong Kong, and Taiwan. The group also facilitates seminars, workshops, and trainings on domestic and sexual violence and conducts outreach to educate families and empower newcomers on issues ranging from marriage counseling to childcare.
- **Planned Parenthood of New York City (PPNYC)**, which has been a beacon of hope for more than 90 years for thousands of women, teens, and families who rely on its reproductive healthcare services, educational programs, and effective advocacy. PPNYC's Immigrant Outreach (IO) program provides free reproductive health workshops to West African, Caribbean, and Latino immigrants in their native languages and with sensitivity to their cultural backgrounds. IO also provides healthcare services on a mobile medical van to immigrant communities.
- **Sakhi for South Asian Women**, which is an organization committed to ending violence against South Asian women by creating a safe place with support, friendship, and a full range of culturally sensitive, language-specific information, services, and advocacy to South Asian women facing abuse in their lives.
- **Sauti Yetu Center for African Women**, whose name means "Our Voice" in Swahili, empowers immigrant African women and girls to protect their human rights. Sauti Yetu focuses on gender-based violence, reproductive, and sexual health and rights, and enhancing women's and girls' leadership. Sauti Yetu provides services to women and girls from New York City's 100,000-strong African immigrant community and advocates for their rights at the national level.

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## **Final Comments**

This report serves as a foundation for future research on the needs of documented and undocumented immigrant women in New York City. This document also offers an important opportunity to hear the voices of local immigrant women on sexual violence issues. The Alliance believes in the effectiveness of Participatory Action Research to work with communities to examine the root causes of sexual violence and its impact on the community. Furthermore, implicit in the PAR approach is a commitment for social change that is shared by everyone involved.

These pilot groups were empowering, uplifting, and effective for the women involved and for the researchers. The New York City Alliance Against Sexual Assault continues to work with immigrant communities and organizations, not only to improve services for survivors of sexual violence, but also to end sexual violence in New York City.

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## References

- American Civil Liberties Union, ACLU. *ACLU Wins Settlement for Immigrant Women in Sexual Harassment Case*. Retrieved September 2007 from <http://www.aclu.org/womensrights/employ/31484prs20070829.html>.
- Campell-Ruggard, J., & Nelson, T. S. (2000). *Coping with sexual assault: A guide to resolution, healing, and recovery*. Oxford, OH: Victims' Rights Advocacy.
- CARE. (1999). *Embracing Participation in Development: Wisdom from the Field*. Retrieved April 2006 from [www.careusa.org](http://www.careusa.org).
- Cohen, Larry; Davis, Rachel; and Tubbesing, Greta. *Toward a Community Solution: Advancing Primary Prevention of Violence Against Women*. Web Conference November 30, 2006. Retrieved February 2008 from <http://www.preventconnect.org/display/displayTextItems.cfm?itemID=103&sectionID=252&sectionID=248>.
- CUS Program for Ethnicity, Migration, and Social Work (2003). *The Vignette Method as an Instrument in the Evaluation of Social Work*. Retrieved April 2006 from <http://www.sos.se/socialtj/CUS/cuse/Etne/etnempe.htm#thevignette>.
- Davis, R.C. and E. Erez (1998). "Immigration Population as Victims: Toward a Multicultural Criminal Justice System," *Research in Brief*. National Institute of Justice.
- Dutton, M., Orloff, L.E., & Hass, G.A. (2000). Characteristics of help-seeking behaviors, resources, and service needs of battered immigrant Latinas: Legal and policy implications. *Georgetown Journal on Poverty Law and Policy*, 7, pp. 245-305.
- Erez, E. (2002). "Migration/Immigration, Domestic Violence and the Justice System." *International Journal of Comparative and Applied Criminal Justice* 26(2): pp. 277-299.
- Erez, E and N. Ammar (2003). "Violence Against Immigrant Women and Systemic Responses: An Exploratory Study." NIJ report for grant #98-WT-VX-0030.
- Fawcett *et al.* (1999). Changing Community Responses to Wife Abuse: A Research and Demonstration Project in Iztacalco, Mexico. *American Psychologist*. 54, 1, 41-49.
- Frye, V., Hosein, V., Waltermaurer, E., Blaney, S., & Wilt, S. (2005). Femicide in New York City: 1990-1999. *Homicide Studies*, 9(3), pp. 204-228.
- Garcia-Moreno, C., Jansen, H.A.F.M, Ellsberg, M., Helse, L. & Watts, C. (2005). *Multi-country study on women's health and domestic violence against women: Initial results on prevalence, health outcomes and women's responses*. WHO: Geneva.
- Gidycz, C.A. & Koss, M.P. (2001). Predictors of long-term sexual assault trauma among a national sample of victimized college women. *Violence Victims*, 6(3), pp. 175-90.
- Golding, J.M. (1999). Sexual-assault history and long-term physical health problems: Evidence from clinical and population epidemiology. *Current Directions in Psychological Science*, pp. 191-194.
- Huisman, Kimberly (1996). *Wife Battering in Asian American Communities: Identifying the Service Needs of an Overlooked Segment of the U.S. Population*, University of Southern California.
- Kasturirangan, Aarti, Krishnan, Sandhya and Riger, Stephanie (2004). *The Impact of Culture and Minority Status on Women's Experience of Domestic Violence*.
- Koss, M.P., Dinero, T.E., Siebel, C.A. & Cox, S.L. (1988). Stranger and acquaintance rape: Are there differences in the victim's experience? *Psychology of Women Quarterly*, 12, pp.1-24.
- Lefley, H.P., Scott, C.S., Llabre M., & Hicks, D. (1993). Cultural beliefs about rape and victims' responses in three ethnic groups. *American Journal of Orthopsychiatry*, 63, pp. 623-632.

- Lobo, Arun Peter, and Salvo, Joseph J. NYC Department of City Planning. Population Division (2004). *The Newest New Yorkers 2000: Immigrant New York in the New Millennium*. Briefing Booklet.
- Minkler M. (2000). "Using Participatory Action Research to Build Healthy Communities." *Public Health Reports* 115: pp. 191-197.
- Moser, Caroline and Cathy McIlwaine (2000). *Perceptions of Urban Violence: Participatory Appraisal Techniques*. The World Bank: Socially Sustainable Development Sector Management Unit of the Latin America and Caribbean Regional Office.
- New York Association for New Americans ProjectVisa Pamphlet.
- O'Fallon LR, Tyson FL, A Dearry. (2001) *Successful Models of Community-Based Participatory Research: Final Report*. Retrieved September 2006 from <http://www.niehs.nih.gov/translat/cbr-final.pdf>.
- Oregon Department of Human Services and the Office of Family Health and the Attorney General's Sexual Assault Task Force (2006). *Recommendations to Prevent Sexual Violence in Oregon: A Plan of Action*. Retrieved August 2007 from [http://www.ocadsv.com/OCADSV\\_WhatYouShouldKnow\\_SexualAssault.asp](http://www.ocadsv.com/OCADSV_WhatYouShouldKnow_SexualAssault.asp).
- PATH/WHO (2005). "Chapter 9: Tools for Collecting Qualitative Data," *Researching Violence Against Women: A Practical Guide for Researchers and Activists*. Retrieved March 2006 from [http://www.path.org/files/GBV\\_rvaw\\_ch9.pdf](http://www.path.org/files/GBV_rvaw_ch9.pdf).
- Passel JS, Capps R, and M Fix (2004). *Undocumented Immigrants: Facts and Figures*. Urban Institute Immigration Studies Program.
- ProjectVISA: Victims of Trafficking, Integrated Services, and Awareness at the Center for Women and Families at the New York Association for New Americans. "Human Trafficking: What Service Providers Need to Know." Workshop on November 30, 2005, New York, NY.
- Raj, A. & Silverman, J.G. (2002). Violence against immigrant women: The roles of culture, context, and legal immigrant status on intimate partner violence. *Violence Against Women*, 8(3), pp. 367-398.
- Raj, A., Silverman, J.G., Mcleary-Sills, J. & Liu, R. (2004). Immigration policies increase South Asian immigrant women's vulnerability to intimate partner violence. *Journal of the American Medical Women's Association*, 60, pp. 26-32.
- Resnick, H.S., Kilpatrick, D.G., Dansky, B.S., Freedy, J.R. (1992) *Emotional and physiological responses during a variety of traumatic events*. Presented at the annual meeting of the Association for the Advancement of Behavior Therapy; Boston, November.
- Reproductive Health Response in Conflict (RHRC) Consortium. (2004). *Gender-Based Violence Tools Manual: For Assessment & Program Design, Monitoring & Evaluation in Conflict-Affected Settings*. RHRC, New York.
- Rietbergen-McCracken, Jennifer and Deepa Narayan (1997). *Stakeholder Analysis—Participatory Tools and Techniques: A Resource Kit for Participation and Social Assessment*." The World Bank.
- Shiu-Thornton, Sharyne (2005). "Like a Bird in a Cage" Vietnamese Women Survivors Talk About Domestic Violence. *Journal of Interpersonal Violence* 20:959-976. Sexual Assault Response & Awareness Program, Retrieved September 2007 from [http://alexandriava.gov/oow/pgm/sara\\_risk\\_reduction.html](http://alexandriava.gov/oow/pgm/sara_risk_reduction.html).
- Sullivan, Marianne (2005). "Participatory Action Research in Practice. A Case Study in Addressing Domestic Violence in Nine Cultural Communities." *Journal of Interpersonal Violence* 20: pp. 977-995.
- Sullivan M, Bhuyan R, Senturia K, Shiu-Thornton S, and S Ciske (2005). "Participatory Action Research in Practice: A Case Study in Addressing Domestic Violence in Nine Cultural Communities." *Journal of Interpersonal Violence* 20(8): pp. 977-995.

---

Supriya, K.E. (1996) "Confessionals, Testimonials: Women's Speech in/and Contexts of Violence." *Hypatia* 11(4): pp. 92-106.

The Rights of Non-Citizens, *Joint Statement to the Committee on the Elimination of Discrimination*. Retrieved March 2004 from [http://hrw.org/english/docs/2004/03/01/cerd\\_jointstatement.pdf](http://hrw.org/english/docs/2004/03/01/cerd_jointstatement.pdf).

Ullman, S.E. & Brecklin, L.R. (2003). Sexual assault history and health-related outcomes in a national sample of women. *Psychology of Women Quarterly*, 27, pp. 46-57.

White GW, Suchowierska M, and M Campbell (2004) "Developing and Systematically Implementing Participatory Action Research." *Arch Phys Med Rehabil* 85(suppl2): S3-12.

Yuan, N.P., Koss, M.P. & Stone, M. (2006). *The psychological consequences of sexual trauma*. Applied Research Forum: Vaw.net, Retrieved on September 2007 from [http://new.vawnet.org/category/Documents.php?docid=349&category\\_id=695](http://new.vawnet.org/category/Documents.php?docid=349&category_id=695).

# Appendix A: Picture Survey

Page 1

A.



Before you were 15 years old?



Yes



No

1.



No one

Yes No

2.



A friend or relative

Yes No

3.



A member of religious group

Yes No

4.



The police

Yes No

5.



Someone at the hospital or clinic

Yes No

6.



Someone at a hotline

Yes No

B.



After the age of 15?



Yes



No

1.



No one

Yes No

2.



A friend or relative

Yes No

3.



A member of religious group

Yes No

4.



The police

Yes No

5.



Someone at the hospital or clinic

Yes No

6.



Someone at a hotline

Yes No

C.



By a husband, boyfriend, or partner?



Yes



No

1.



No one

Yes No

2.



A friend or relative

Yes No

3.



A member of religious group

Yes No

4.



The police

Yes No

5.



Someone at the hospital or clinic

Yes No

6.



Someone at a hotline

Yes No



D.



While working or at a job?



Yes



No

1.



No one

Yes No

2.



A friend or relative

Yes No

3.



A member of religious group

Yes No

4.



The police

Yes No

5.



Someone at the hospital or clinic

Yes No

6.



Someone at a hotline

Yes No

---

### **Protocol for giving the picture survey:**

Hand each participant a manila envelope and pages 1 through 4.

Read the protocol corresponding to each page.

Once the last page is completed, participants will place the picture survey into the envelope. You may then collect the envelopes from the participants.

Thank them for their time and let them know their participation is very much appreciated and a great help to this research project.

---

### **Protocol for survey page 1:**

I would like you to turn to page 1. On the top of this page is a picture of a *little girl*. Underneath this picture, you will see a sad face and a happy face.

No matter what you have already told me, I would like you to put a mark below the sad face if someone has ever touched you sexually, or made you do something sexual that you didn't want to, *before you were 15 years old*.

Please put a mark below the happy face if this has never happened to you.

Now, please look at the six pictures underneath the picture of the little girl. I will give you separate instructions based upon whether you marked the sad face or the happy face in response to the last question.

If you marked the sad face, I would like you to think about whether you ever told anyone about your experience, or if you told no one. Please mark "Yes" or "No" if you told no one, a friend or a relative, a member of a religious group, the police, someone at the hospital or clinic, or someone at a hotline.

If you marked the happy face, I would like you to think about whether you *would* tell someone if you had this experience, or if you *would* tell no one. Please mark "Yes" or "No" if you would tell no one, a friend or a relative, a member of a religious group, the police, someone at the hospital or clinic, or someone at a hotline.

### **Protocol for survey page 2:**

I would like you to turn to page 2. On the top of this page is a picture of a *woman*. Underneath this picture, you will see a sad face and a happy face.

No matter what you have already told me, I would like you to put a mark below the sad face if someone has ever touched you sexually, or made you do something sexual that you didn't want to, *after you were 15 years old*.

Please put a mark below the happy face if this has never happened to you.

Now, please look at the six pictures underneath the picture of the woman. I will give you separate instructions based upon whether you marked the sad face or the happy face in response to the last question.

If you marked the sad face, I would like you to think about whether you ever told anyone about your experience, or if you told no one. Please mark "Yes" or "No" if you told no one, a friend or a relative, a member of a religious group, the police, someone at the hospital or clinic, or someone at a hotline.

If you marked the happy face, I would like you to think about whether you *would* tell someone if you had this experience, or if you *would* tell no one. Please mark "Yes" or "No" if you would tell no one, a friend or a relative, a member of a religious group, the police, someone at the hospital or clinic, or someone at a hotline.

---

### Protocol for survey page 3:

I would like you to turn to page 3. On the top of this page is a picture of a *home*. Underneath this picture, you will see a sad face and a happy face.

No matter what you have already told me, I would like you to put a mark below the sad face if a *husband, boyfriend, or partner* has ever touched you sexually, or made you do something sexual that you didn't want to.

Please put a mark below the happy face if this has never happened to you.

Now, please look at the six pictures underneath the picture of the home. I will give you separate instructions based upon whether you marked the sad face or the happy face in response to the last question.

If you marked the sad face, I would like you to think about whether you ever told anyone about your experience, or if you told no one. Please mark "Yes" or "No" if you told no one, a friend or a relative, a member of a religious group, the police, someone at the hospital or clinic, or someone at a hotline.

If you marked the happy face, I would like you to think about whether you *would* tell someone if you had this experience, or if you *would* tell no one. Please mark "Yes" or "No" if you would tell no one, a friend or a relative, a member of a religious group, the police, someone at the hospital or clinic, or someone at a hotline.

### Protocol for survey page 4:

I would like you to turn to page 4. On the top of this page is a picture of *money*. Underneath this picture, you will see a sad face and a happy face.

No matter what you have already told me, I would like you to put a mark below the sad face if someone has ever touched you sexually, or made you do something sexual that you didn't want to, *while you were working or at a job*.

Please put a mark below the happy face if this has never happened to you.

Now, please look at the six pictures underneath the picture of the money. I will give you separate instructions based upon whether you marked the sad face or the happy face in response to the last question.

If you marked the sad face, I would like you to think about whether you ever told anyone about your experience, or if you told no one. Please mark "Yes" or "No" if you told no one, a friend or a relative, a member of a religious group, the police, someone at the hospital or clinic, or someone at a hotline.

If you marked the happy face, I would like you to think about whether you *would* tell someone if you had this experience, or if you *would* tell no one. Please mark "Yes" or "No" if you would tell no one, a friend or a relative, a member of a religious group, the police, someone at the hospital or clinic, or someone at a hotline.

Once you have marked these pages, please put them into your envelope. This will ensure privacy, and that I do not know any of your answers.

---

## Appendix B: Vignette

### Vignette: Tool for Focus-Group Pilot

#### *[Kadiatou's] Story*

[Kadiatou] lives with her husband [Bakary] in [Harlem] with her two children, a three-year-old son and a five-year old daughter. [Kadiatou] and [Bakary] do not have legal papers. [Kadiatou] does not work and [Bakary] does not give her enough housekeeping money. When [Bakary] comes home drunk, he insults her and sometimes he forces her to have sex even though she doesn't want to. [Kadiatou] has tried talking to him, but it's like talking to a wall. She has put up with this situation for many years. She doesn't know what to do.

The facilitator asks the groups, "What are [Kadiatou's] options?" These are listed on flipchart paper. If there are many people in the group we will split into two groups. Each group will receive a card with two different scenarios and questions to discuss to complete the story.

#### **Group One**

\*[Kadiatou] decides to ask for help:

- 1) Where does she go to ask for help?
- 2) What do they say to her?
- 3) Where should she *not* go? Why?
- 4) What does she decide to do?

[Kadiatou] decides to do nothing:

- 1) Why does she do nothing about the situation?
- 2) Why is it better or worse for her to do nothing?

#### **Group Two**

\*[Kadiatou] decides to leave [Bakary]:

- 1) How is she going to do that?
- 2) Where is she going to get help?

[Kadiatou] asks someone to talk to [Bakary]:

- 1) Who would [Bakary] listen to? What should this person say?
- 2) What would [Bakary's] reaction be if other people try to intervene?
- 3) What reasons does [Bakary] give for treating [Kadiatou] this way?
- 4) Where should [Bakary] go for help?

*Note:* Names and location will change to match the population of our focus group.

If the focus group does not have enough participants to split into separate groups, then we will ask the whole group the two situations with an \* only.

This vignette was adapted from work conducted by Fawcett *et al*, (1999).

---

## Appendix C: Focus-Group Guide

### List of things to bring to the focus group:

Flipcharts (*make sure that one page of the flipchart has the WHO definition of sexual violence*),

Marking pens,

Check recording equipment if we are recording and make sure there are enough cassettes, pads and pencils,

Copies of the focus-group questions and script,

Surveys,

Masking tape to hang stuff on walls,

Box of tissues, and

Refreshments.

### Preparation before meeting:

*Everyone should plan on being at the location one hour before the scheduled meeting.*

Arrange the room. At least one of the focus-group leaders should be close to the door so she/he can greet latecomers.

Set up flip charts and recording equipment.

Set up refreshments.

Be prepared to make small talk as people come into the room.

### Introduction and signing of confidentiality form (10 minutes):

I'd like to welcome everyone today and thank you so much for agreeing to meet with us.

I am \_\_\_\_\_. I am a student at the New School University. Two more students are here with me as well \_\_\_\_\_ and \_\_\_\_\_. We are working together on a project with the New York City Alliance Against Sexual Assault, which also has representatives here, \_\_\_\_\_ and \_\_\_\_\_.

We are here because we believe that you can help us with our project.

What we would like to do with you today is test a research tool that we have developed to conduct meetings such as this one. You were selected because as recent immigrants you are the best people to advise us about what questions to ask and how to ask them. You are also more familiar with your community and can advise us regarding specific cultural issues that we should be sensitive to.

Our questions focus on the types of abuse and violence, particularly sexual violence, experienced by immigrant women in your community. Another group is dealing with research tools related to prevention and intervention; that is, how to prevent such violence from occurring or how to help people when the violence occurs.

We've prepared some questions for today and what we would like to do is go through the questions and your answers to them as if you were an actual focus group and then circle back to discuss your thoughts on the questions. The questions are general questions about what you know. We are not asking you to tell us personal information about yourself.

There are no wrong answers here. We are interested in each of your views, so we hope that you will each feel free to say what you think. On the other hand, if you are uncomfortable about answering a question, it's okay to say so and not answer the question. We will be writing things down [recording] because we will use what we learn here today to improve our process. But we will keep whatever you say here today strictly confidential and we ask that you also respect each other's privacy by keeping what is said here confidential. We have a confidentiality form that we will go over in just minute and in that form we will ask each of you to sign an agreement in which we all commit to keep what we say here today confidential. The name cards in front of us and in front of you are strictly for the meeting so that we can call each other by our first names, which I hope is okay with you. We will not be using your names in any report.

---

Perhaps we can take a minute right now to look at the form and get it signed.

Before we get started, I would like to ask you to help us with a couple of things. First, it's really important that you speak loudly so we can hear you. Also, since we will be trying to get everything written down [recorded], it's important that only one person speak at a time. We have about ten questions that we want to ask. We will start off with an exercise that we will work on together.

*[Suggestion: If the discussion gets out of hand, people are not speaking up, or too many are speaking at once—we can put a reminder on the flipchart, like, “Please speak up” or “One at a time, please.”]*

**Introductory icebreaker exercise, listing and ranking exercise (15 minutes):**

Thanks, \_\_\_\_\_. Our first question is this:

**What do you think are the most important issues faced by immigrant women in your community?**

Perhaps we can go around the room and get each person's view.

Ok, thanks for everyone's input. As I said at the beginning, what we are trying to do here is test our research tools.

**Debrief (15 minutes):**

So now (name) will ask you some questions about the process we just went through.

**Focus-group session (50 minutes):**

Ok, now we are going to ask you the questions we will be asking in our focus group. The first few questions are about the safety and security of immigrant women and girls in your community.

*1. Are you aware of problems with the safety and security of immigrant women and girls in your community? Can you give us some specific examples?*

Probes—to get at more recent immigrants and those without legal status. (Follow terminology used by the group.) Possible probing question—do you think legal status affects rate or types of violence?

*2. Are you aware of problems with the safety and security of immigrant women and girls in the workplace? Can you give us some specific examples?*

Probes—to get at more recent immigrants and those without legal status. (Follow terminology used by the group.) Possible probing question—do you think legal status affects rate or types of violence?

*3. Without mentioning names, which groups of women do you think feel the least safe, or feel the most at risk?*

Now we are going to move into questions about violence and sexual violence that you or someone you know may have experienced. We are not asking about your specific personal experiences but about what you know about in general. And again, please don't feel like you have to answer the questions if you are uncomfortable.

*4. So, let's talk about specific forms of sexual violence against immigrant women and girls.*

And let me stop here for a moment and describe what we mean by sexual violence just so we have a common starting point. You may not agree with this definition, but I would ask you to use it for the purpose of our discussion.

*Sexual violence is forced sexual intercourse or other forms of forced sex. Sexual violence occurs when someone is physically forced to have sexual intercourse when she doesn't want to, or has sexual intercourse when she does not want to because she is afraid of what her partner might do, or is forced to do something sexual that she finds degrading or humiliating. This might happen with a women's husband or partner or it could happen with someone who is not her husband or partner—maybe someone that she knows or a stranger.*

Are there any questions?

Without mentioning names or indicating anyone, do you know immigrant women in this community who have experienced sexual violence? If so, what types of violence have occurred?

---

*Probes:*

- raped by a stranger,
  - raped by a group,
  - kidnapped or sold against their will in order to work for people who demand that they perform sexual acts in exchange for money,
  - forced to provide sexual favors at work in order to keep their job,
  - forced to perform sexual acts by a relative when they didn't want to,
  - forced to perform sexual acts by a husband or partner when they didn't want to,
  - genital mutilation without consent.
5. *Which of these forms of sexual violence do you think is the biggest problem? Why? [Ranking]*
6. *What problems has this caused for these women? [Impact]*
- Prompt: emotional, financial, physical, familial, community.
7. *Based on what you have told us, it seems like our research should focus on the following types of violence...have we understood what you have said?*
8. *Is there anything we should have talked about but didn't?*
9. *Because we plan on focusing our research on undocumented women, could you please give us some feedback on how you think these women would react to the introduction and to these questions.*

**Debrief (20 minutes):**

This completes the portion of our meeting in which we discuss questions together. We have two more tools that we would like to test with you as well. One is something called a demographic survey, in which you tell us a little bit about yourself and the other tool relates to some pictures that we will show you and ask you to give us your reactions.

**Picture and demographic survey (10 minutes)**

**Debrief on pictures and survey (10 minutes)**

Closing:

Again, I would like to thank you for meeting with us and especially for being so generous with your time and your thoughts. This has been extremely helpful. As I said in the beginning, the purpose of this discussion was to help us test these questions as a research tool and you've given us some great ideas.

Please remember that we all agreed to keep this discussion confidential. Please do not share with others what was said here. People may be curious and you may have to say something—I suggest you tell them that we were asking questions about women and men and health issues, just gathering information. Please do not give details of what was said here so that we can try to preserve confidentiality and the safety of people who are exposed to violence.

How does that sound to you? Do you have questions? If any of you would like to speak privately with any of us, we will stay here for awhile after we end.

Again, thank you for your help.

---

## Appendix D: Strategy Diagram

### Strategy Diagram—Prevention Group

Welcome and introductions—ten minutes (go through informed consent form with the group).

Thank you for coming today. We appreciate that you took the time to participate in this important project.

Explain research project (simply).

Now we'd like each of you to introduce yourselves and tell a little bit about yourselves. For example, are you married, do you have children, what kind of work you do, etc. We'll start there.

#### Go through consent form.

#### Rules and norms for participation:

- Everything that is said here is not to be shared with anyone outside of the room.
- Everyone will write up their own ideas.
- Respect everyone's ideas; even if you do not agree with what someone has said, allow them to talk.
- Only talk when you are holding the marker or "stick."

#### Prevention listing and ranking exercise (20 minutes):

Question: "*Cuales son los tipos de violencia sexual que las mujeres de tu comunidad enfrentan?*"

Explain: We'd like to find out what types of sexual violence women face in your community. Please come up (individually) and write what types of sexual violence you think women face in your community. (Give the person coming to write the marker.)

Prompts (if needed):

- Has anyone you know experienced sexual violence? What kind?
- Have you ever experienced sexual violence? What kind?

- Have you heard of anyone who has experienced sexual violence? What happened?

Grouping: Let's look at our list and see if there are any ideas that are really saying the same thing that can be grouped together (encourage the group to do the clumping, and circle the ones that they determine go together).

Ranking: Now each person is going to come up and put three marks beside the clumped types of sexual violence that you think most common, two marks next to the next-most common, and one mark for the third-most common.

Last we will determine the top five types of sexual violence.

#### Debrief on listing and ranking exercise (15 minutes):

Overall, what did you think of this exercise?

Was it clear to you what to do?

What did you think of the question "*Cuales son los tipos de violencia sexual que las mujeres de tu comunidad enfrentan?*"

Did it make sense?

Do you have ideas for other questions that might be better?

What about asking about the major issues facing undocumented immigrant women?

How did you feel starting out with this exercise?

Did it help break the tension of a new group?

Any final comments on what we should do differently/change when we do this listing and ranking exercise again?



**Participatory methods—the strategy diagram (50 minutes total, see below for breakdown):**

Now, we are going to use the results from the listing and ranking exercise to do another group exercise called a strategy diagram, as seen below. You have determined what are the “situaciones de peligro” (dangerous situations in which they feel/ felt at risk) for them.

**Strategy diagram (30 minutes):**

Explain: The overall goal of the strategy diagram is to find the ways in which you all think that sexual violence could be prevented in your community. We are going to look at the types of sexual violence that we listed and look at how they could be prevented... *[move listing and ranking to beginning of strategy diagram; three clean pieces of paper for strategy diagram should have been posted on wall beforehand].*

Como prevenir violencia sexual? *[How to prevent sexual violence?]*

*[For strategy diagram, don't put up all questions at once. Put up sheets of paper in advance, but only write questions one at a time, as you go along. Choose the number-one ranked problem from list and rank to discuss for the diagram; discuss each question for strategy diagram one at a time, having each participant write their thoughts on the paper (as for list and rank). When there are no new responses or discussion seems exhausted then move on to next question in diagram. If there is time, do the number-two ranked problem from the listing and ranking exercise.]*

**Group Three—strategy diagram debrief:**

Overall, what did you think of this exercise?

Was it clear to you what to do?

What did you think of the questions?

Do you have ideas of ways to word the questions differently?

Were there any questions we should not have asked?

Were there any questions that made you feel uncomfortable?

Were there any questions that you felt disrupted the flow of the conversation?

Were there any questions we left out?

How did you feel doing this exercise after the initial listing and ranking exercise?

Did it flow well?

Do you feel the discussion was led well?

Any comments for improvement?

Any final comments on what we should do differently/change when we do strategy diagram exercise again?

**Situaciones de Peligro (Dangerous Situations)**

**[Answer from listing and ranking exercise goes here.]**

**Cuál sería tu primera reacción?**

**[What would you do first?]**

**Prompt: Qué harías al respecto? [What would you do about it?]**

**En quién o dónde buscarías ayuda?**

**[To whom or where would you look for help?]**

**De manera general, como podemos poner fin a este problema en nuestra comunidad?**

**[What can we do more broadly to prevent this from happening in our community?]**

**Como podemos implementar estas estrategias en nuestra comunidad?**

**[What do we need in our community to implement these strategies?]**

---

**Interview data (20 minutes) [also can be used as prompting questions for strategy diagram exercise]:**

- 1) What are the main strategies women in your community use to prevent sexual violence?
- 2) Who do you trust in your community to talk to about sexual violence?
- 3) What are the resources in your community to prevent sexual violence?
- 4) Can you think of other resources that are not listed here?
- 5) How do you think these resources could better mobilized to prevent sexual violence in the community?
- 6) How can we involve men in preventing sexual violence (if this comes up)?
- 7) How do you think substance abuse (drugs, alcohol) relates to sexual abuse?

**Picture and demographic survey (ten minutes).**

**Debrief on demographic survey and pictures (ten minutes).**

# We Need Your Help ▶ Because Sexual Violence Is Still a Problem.

The New York City Alliance Against Sexual Assault develops and advances strategies, policies, and responses that prevent sexual violence and limit its destabilizing effects on victims, families, and communities. As the only sexual violence organization in the country conducting citywide primary research on sexual violence, we are in a unique position to raise public awareness and

create sustainable change. Our work is made possible by the generous contributions of people like you; people who share the commitment of engaging all communities in addressing sexual violence. Together we can ensure survivors of sexual violence receive the best care and dare to envision a world without sexual violence. All we need is you! Please give today.

## Please select how you would like to direct your gift:

- Give to the Alliance/Community Fund**
- Innovative Research
- Immigrant Women
- Youth
- Survivor Access to Best Care
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Please select your gift amount:

- \$25    \$50    \$100    \$250
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I would like my contribution to be in honor of:

\_\_\_\_\_  
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Fax your completed form to **212.229.0676**

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To learn more about the Alliance or to donate online,  
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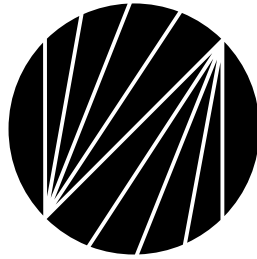
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**New York City Alliance  
Against Sexual Assault**

## **NYC Alliance Against Sexual Assault**

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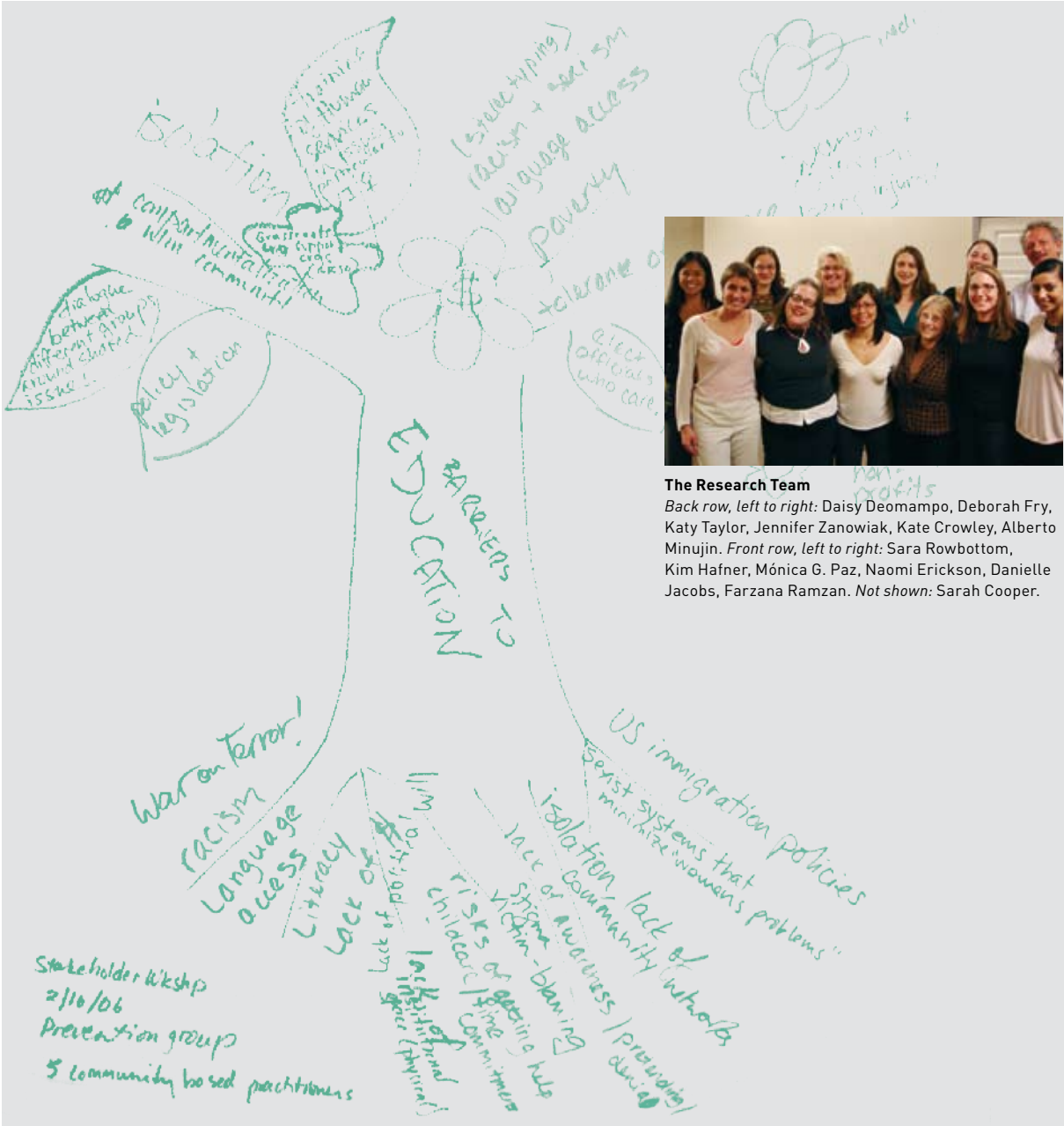
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 Against Sexual Assault**

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