2018

Access to Domestic Violence Services for Philadelphia Residents with Limited English/Spanish-proficiency

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Acknowledgements

This report was written by Ayesha R. Anwar, MSW, a student and social work intern at the School of Social Policy and Practice at the University of Pennsylvania, with assistance from Katherine Cristaudo, Clara Warden, and Katherine Yun. Ms. Anwar's social work internship (Fall 2016-Spring 2017) was supervised by Katharine Cristaudo, MSW at Nationalities Service Center of Philadelphia (NSC), Leigh Wilson, MSW at PolicyLab, and Katherine Yun, MD MHS at PolicyLab and the University of Pennsylvania Perelman School of Medicine. Ms. Anwar conducted interviews and reviewed materials provided by participants. The full project team collaborated on the final report.

The project team extends our deepest thanks to the dedicated professionals who shared their time and insight for this report: Kiera Kenney, Heather LaRocca, Jingyao Yu, Nancy Nguyen, Alicia Rivera, Wah Wah Kyaw, Leela Kuikel, Sarorng Sorn, Olivia Taduran, Stephanie Costa, Brenda Gorski, Sarah Janicki and Shannon Healey. We thank Gretchen Shanfeld and other members of the Philadelphia Refugee Health Collaborative for feedback.

February 8, 2018

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I. INTRODUCTION

Philadelphia has one of the largest and fastest growing metropolitan immigrant populations in the US, with immigrants comprising approximately eleven percent of the current population [1]. Immigrants experience domestic violence (DV) at similar rates to other populations [2,3]. However, limited English proficiency, poverty, social isolation, and fears related to immigration status may make accessing assistance more difficult for immigrant victims/survivors [2-5]. As a result, immigrant communities — particularly communities that speak languages and dialects for which there are fewer bilingual, bicultural services — may not be aware that DV services exist, know how to access services, or feel comfortable doing so [6]. For example, in recent surveys of the Bhutanese and Karen refugee communities in Philadelphia, only 38% of Bhutanese respondents and 11% of Karen respondents reported that they would be able to call the Philadelphia Domestic Violence Hotline if they needed help (personal communication with Dr. Katherine Yun, Mr. Leela Kuikel, and Ms. Wah Wah Kyaw, 5/9/2017).

Philadelphia has approximately 39,700 households (6.8% of households in the city) in which no one 14 years or older speaks English "very well" [7]. In over half of these households (~60%), adults speak neither English nor Spanish proficiently. The proportion of households with limited English proficiency (also known as linguistically-isolated households) is particularly high in Asian and Pacific Islander communities. Overall, 40-44% of Philadelphia households that speak Asian or Pacific Island languages are linguistically isolated.

This project seeks to describe access to domestic violence services for linguistically-isolated residents of Philadelphia, focusing on the experiences of individuals whose primary language is neither English nor Spanish.

Approach

From October 2016 - March 2017 we conducted twelve semi-structured individual interviews with thirteen individuals.[1] Interview participants represented Philadelphia's four mainstream DV service organizations, three well-established immigrant-focused nonprofits providing a wide range of legal and social services, and five community-based organizations serving African, Caribbean, Middle Eastern, South Asian, and Southeast Asian communities in Philadelphia. Interview participants from larger organizations were program managers familiar with the organization's DV services. Interview participants from smaller organizations were most often the organization's executive director, founder, or co-founder. We were unable to meet with representatives from all of Philadelphia's immigrant communities or with multiple representatives of each community, and this is a limitation that should be addressed in future work. Interview and field notes were coded and analyzed to identify notable and recurrent themes.

[1] Women Against Abuse (WAA), Women In Transition (WIT), Lutheran Settlement House (LSH),Women Organized Against Rape (WOAR), Hebrew Immigrant Aid Society of Pennsylvania (HIAS-PA), Nationalities Service Center of Philadelphia (NSC), Southeast Asian Mutual Assistance Association Coalition, Inc. (SEAMAAC), African Family Health Organization (AFAHO), Karen Community of Philadelphia (KCP), Bhutanese American Organization- Philadelphia (BAO-P), VietLead, and the Cambodian Association of Greater Philadelphia.

II. MAINSTREAM DOMESTIC VIOLENCE SERVICE ORGANIZATIONS

Overview

Philadelphia has four non-profit organizations that provide core DV services to victims/survivors throughout the city. These services include:

I. Philadelphia Domestic Violence Hotline (PDVH)[2];
II. Case management, safety planning, and counseling;
III. Individualized referrals; and
IV. Community education and professional training.

In Philadelphia, all four mainstream DV organizations offer the core services listed above; two of the mainstream DV service organizations offer legal assistance and transitional housing; and one of the mainstream DV organizations operates emergency shelters. In addition, some offer other programs, such as self-defense classes, financial literacy education, substance abuse treatment, and campaigns advocating for better public policies to support victims of DV. One of the mainstream DV service organizations has also translated legal forms and DV resource guides in five languages (Spanish, French, Russian, Vietnamese and Chinese). These materials are available online and have been distributed to many immigrant-serving organizations [9].

Services across all the mainstream organizations are offered regardless of insurance or immigration status. Many of the services are located in West, North, or Northeast Philadelphia; serve a predominantly female client population; and are offered in English or Spanish. Their point of access is typically the PDVH [8], although two of the four organizations see walk-in clients. Additionally, if immigrant-focused service providers have a professional relationship or informal collaboration with a staff member from any of the mainstream DV organizations, these immigrant-focused organizations can facilitate "warm referrals."[3]

When DV victims/survivors call the PDVH, they are greeted by a staff person in English. There is no telephone tree or automated menu. When all operators are engaged with other callers, an English-language recording asks the caller to call back later. To request assistance in other languages, callers must state their preferred language and the hotline staff person will engage a telephonic interpreter service.

[2] The Philadelphia Domestic Violence Hotline (PDVH) is a multilingual citywide initiative that provides toll free 24-hour access to crisis intervention services for victims/survivors of domestic violence. In Philadelphia, the hotline is operated and managed in collaboration with Lutheran Settlement House (LSH), Congreso de Latinos Unidos, Women Against Abuse (WAA) and Women In Transition (WIT). The primary objective of the hotline is to provide callers within 24-hour access to crisis intervention and counseling services.

[3] A warm referral is an informal process that involves contacting another service or resource on the client's behalf through a personal phone call or in person visit. Immigrant-focused organizations reported that their clients are more likely to access mainstream DV services when they use the warm referral method.

The provision of language services for other mainstream DV programs varies. Case management, safety planning, legal services, and communication in a shelter setting may be conducted by multilingual staff members, although such individuals are not always available. Alternatively, organizations may use telephonic interpreters for these services. Counseling and educational workshops are typically offered in English or Spanish, with some use of telephonic interpreters when feasible.

Needs and Challenges

From our interviews, we learned that mainstream DV organizations are aware of many challenges in providing services for non-English and non-Spanish speaking clients, and their perspective was corroborated by interviewees from immigrant-focused nonprofits and community-based organizations. The provision of culturally and linguistically appropriate services is particularly challenging within emergency shelters, during counseling and case management, and during community outreach.

Emergency shelters

Emergency shelter is a critical service for DV victims/survivors and their dependents. However, all of the interview participants for this project reported that emergency shelters (which include both domestic violence shelters and other emergency shelters serving individuals who have lost their homes) pose additional challenges for victims/survivors (generally women) who speak neither English nor Spanish. These women — who may speak any one of the over 100 languages spoken in Philadelphia — are less likely to have access to bilingual staff members or bilingual written materials (e.g., rules for behavior at the shelter). As a result, they are often unsure of expectations or rules and are likely to be left out of group activities and workshops. Additionally, they may face unfamiliar foods and household customs for the first time. Communication barriers, lack of opportunities for participation, and lack of access to familiar foods and customs all compound the social isolation that they are already likely to feel. As a result, some immigrant women may leave emergency shelters prematurely before an alternative safety plan is in place. Additionally, a belief that emergency shelters are not “for us” may arise within some immigrant communities. This belief may be reinforced by Philadelphia’s limited number of emergency shelter beds.

Staff training

Mainstream, immigrant-focused, and community-based organizations reported that there is a need for additional staff recruitment and training to ensure that agencies can communicate effectively with immigrant/refugee clients. Suggestions include additional staff training on the efficient and effective use of telephonic interpretation services, hiring staff who speak multiple languages, and consistently integrating and implementing cultural competency practices. Existing workflows (e.g., long client questionnaires) coupled with less efficient use of language services can result in an unusually lengthy intake process for clients with limited English/Spanish proficiency, e.g., when they contact the PDVH. For instance, one of the mainstream service providers interviewed for this project reported that the intake process often feels longer and subjectively more intrusive when an interpreter is needed. Two

interviewees reported that some immigrant/refugee clients — particularly those who work in low-wage, hourly jobs with limited employee protections — have decided not to pursue further assistance because they are not able to take time off from work or secure childcare to complete the prolonged intake or referral process.

Language services

Nearly all the individuals interviewed for this project reported that despite the availability of telephonic interpretation, both DV service providers and clients experience challenges using language services. For example, one of the service providers reported they have had cases where clients knew the telephonic or in-person interpreter personally. This is more likely to happen in smaller immigrant communities and can make some clients feel uncomfortable, as it may raise concerns about breaches of confidentiality. Additionally, interviewees reported that clients and staff are often uncomfortable with telephonic interpretation. As one interviewee noted, "for non-English and non-Spanish speaking clients they know there is always information lost or missing…."

Serving undocumented clients

Challenges are particularly acute for undocumented victims/survivors. As undocumented individuals are ineligible for federal benefits [10] and many local shelters require social security numbers or identification cards, services for undocumented clients are typically more limited. These services mainly consist of counseling, health or pro bono legal services. Additionally, interview participants reported that undocumented victims/survivors are often reluctant to seek help due to fear of the legal implications, as they may want the abuse to stop but may not want the perpetrator to be deported. Furthermore, barriers to legal employment [11,12] make it more challenging for undocumented individuals to achieve financial independence from abusive partners, and this may make it difficult for them to leave abusive relationships.

Coordination/communication with immigrant-focused organizations

Mainstream and immigrant-focused organizations reported that because of the complexity of serving immigrant/refugee clients (particularly those with limited English/Spanish proficiency), individuals from immigrant/refugee communities often find themselves being referred from one organization to another. For example, an immigrant-focused organization might refer a client to the PDVH, which might in turn refer them back to the immigrant-focused organization. The cycle of being pushed from one service provider to another builds distrust, may result in re-traumatization as victims/survivors are asked to repeatedly share their story, and may deter clients from seeking further services. Four of the respondents interviewed for this project raised concerns about this pattern of referrals.

Other challenges

Immigrant-focused and community-based organizations reported there are sometimes differences between the goals of mainstream DV service organizations and immigrant/refugee victims/survivors.

For instance, when asked to describe a recent DV case, a staff member at a community-based organization shared the story of a client who had been uncomfortable when mainstream DV service providers recommended leaving the abusive partner, having hoped that someone from the organization would instead intervene and end the cycle of abuse without separating the family. Similarly, two other community-based service providers shared stories about victims/survivors who had reached out to the ethnic community-based service provider and who had declined referral to mainstream DV service organizations. Instead the victims/survivors asked staff at the ethnic community-based organization to mediate with the abusive partner.

III. IMMIGRANT-FOCUSED ORGANIZATIONS

Overview

Immigrant-focused organizations fall into two groups: Larger organizations that provide services for many different immigrant/refugee communities and smaller organizations that focus on one or more specific ethnic communities. Relative to ethnic community-based organizations, larger immigrant-focused organizations have access to a larger network of resources (i.e., budget, staff, office space, etc.) and staff with more formal professional training. However, they may be more reliant on language services and may be more geographically removed from immigrant neighborhoods. Smaller ethnic community-based organizations are typically located within the same neighborhoods as their clients.[4] They are less likely to require language services or cultural mediation, as staff are often members of the target communities, but they often have more limited resources. Because they are based within communities, they often serve individuals who have limited contact with mainstream social services.

The larger immigrant-focused agencies that participated in this project provide diverse social services, including health and wellness programs, case management, English as a Second Language (ESL) classes, and linguistically- and culturally-appropriate community workshops focused on DV. Two of the three also provide immigration-specific legal services and DV-specific legal services for low-income clients. At present, the DV-specific legal services at the organizations that participated in this project are mainly supported by grants that focus on serving the Latino community, so DV-specific legal programs for clients with limited English/Spanish proficiency are more limited. The larger immigrant-focused agencies have organizational policies for addressing DV.

The services offered by ethnic community-based organizations varied between organizations. Most offer general case management, social engagement programs, ESL classes, and community education, including education tailored to individuals with very limited literacy. Only one of the ethnic community-based organizations that participated in this project has a DV-oriented case management program. Some ethnic community-based organizations have organizational policies for addressing DV, but many do not.

Service providers reported that victims/survivors of DV are often referred to immigrant-focused organizations by friends, family, or community leaders. Interview participants from multiple immigrant-focused organizations (both larger organizations and ethnic community-based organizations) noted that existing clients (e.g., in an ESL program) who are experiencing DV have sought help after they have built a connection with the organization.

There is a mixed approach to addressing DV cases. Half of the immigrant-focused organizations interviewed have formal policies for working with clients who have reported DV. These organizations refer clients to mainstream DV services if the client is open to the referral. When possible, they will perform a “warm referral” to a specific organization that has assisted their clients in the past. Ethnic

[4] The organizations that participated in this project were based in West and South Philadelphia.

community-based organizations may also refer clients to larger immigrant-focused organizations with DV case management and/or legal programs. However, as noted above, ethnic community-based organizations may also mediate for victims/survivors seeking to first address the problem within the community and family. This typically comprises placing social pressure on the perpetrator to alter their behavior and developing an informal safety plan with the victim/survivor. Examples reported by interviewees from ethnic community-based organizations included trying to identify other community members that would provide shelter if abuse were to escalate and counseling the victim/survivor to set aside money.

Five of the immigrant-focused organizations that participated in this project reported that many clients chose not to seek assistance from mainstream organizations. Their perception is that clients are uncomfortable with unknown organizations, particularly those that do not have an established reputation for working with their community. Furthermore, clients are often reluctant to seek services where they will be reliant on telephonic interpretation or might not be consistently offered interpretation or translation.

Needs and Challenges

Lack of resources

More than half of the immigrant-focused organizations that participated in this project reported that their clients often feel more comfortable and at ease accessing services at immigrant-focused organizations. One interviewee specifically noted that their clients "feel that [the organization] is a safer place to meet their needs—provide services using the lens of the cultural perspective." However, both types of immigrant-focused organizations report being under-resourced and under-funded. Limited capacity is especially prominent within their DV programs or lack thereof. For instance, two interviewees from ethnic community-based organizations articulated that smaller community organizations do not have the resources to hire staff who have undergone DV training and lack funding to send existing staff members to these trainings. As a result, staff may have a limited understanding of what happens when you call the PDVH, how to help a client secure emergency housing, or how to navigate the court system when helping clients obtain a Protection from Abuse order. This also makes it difficult to provide appropriate reassurance and counseling to community members who are hesitant to contact mainstream services because they do not know what to expect. Another leader from an ethnic community-based organization noted that even after completing DV training for professionals, staff may need additional training to feel confident in their understanding of the intake process and eligibility criteria for services offered by mainstream organizations in Philadelphia.

Uncompensated effort

Immigrant-focused organizations also reported challenges associated with uncompensated effort, particularly time spent serving as unofficial interpreters for other agencies. For instance, when case managers from immigrant-focused organizations are asked to serve as interpreters during the intake process for a mainstream organization, this takes time away from other clients and is typically

uncompensated. When serving as interpreters for their clients and offering cultural competency training, they also reported feeling that their contributions are not always valued.

Stigma and family separation

Immigrant-focused organizations believe the stigma associated with DV prevents many of their clients from disclosing abuse and seeking assistance. One interviewee noted that some of their clients "were afraid to take action because they didn't want to be blamed for breaking up their families, particularly when they weren't sure what legal implications or repercussions could follow."

A need for services that includes the family was also emphasized. Multiple interview participants from ethnic community-based organizations described working with victims/survivors who had requested family mediation. And due to the "unspoken cultural expectation to make marriage work" among their clients, one interviewee emphasized the need to think "about solutions on how to frame DV services that do not necessarily focus on just the victims but also perpetrators in order to "bring families together."

Serving undocumented clients

Immigrant-focused organizations face specific challenges when referring undocumented clients to mainstream organizations. Many undocumented clients live in fear and do not want to access mainstream services. This is often due to concern that doing so many affect their immigration status or that of family members. As also noted by interviewees from mainstream DV service organizations, undocumented women typically have limited access to welfare and medical benefits, as compared to documented clients [13,14].

IV. COLLABORATIONS AND PARTNERSHIPS

Nine of the twelve organizations interviewed described some level of partnership or collaboration either with mainstream organizations or with immigrant-focused organizations. For example, the city of Philadelphia is currently leading an innovative, coordinated community response effort known as "Shared Safety" to educate and train a range of providers in Philadelphia to identify signs of DV and link victims/survivors with appropriate services.[5] In addition to this initiative, both mainstream and immigrant-focused organizations typically collaborate with one or two other organizations with which they have built longer-term relationships. These collaborations have been for the most part positive and have improved the delivery of DV services. Successes have included increased knowledge, support and understanding of DV among immigrant community leaders, and increased cultural competency among mainstream DV service organizations. In addition, immigrant-focused organizations report that their clients who receive services from mainstream organizations often like to know that the immigrant-focused organization is "following along" and following up.

Both types of organizations experience challenges with collaboration. As noted above, the time and effort that immigrant-focused community organizations dedicate to helping mainstream DV service organizations serve communities with limited English/Spanish proficiency is often uncompensated. This contributes to concerns that improving services for clients with limited English/Spanish proficiency is not consistently prioritized. Both immigrant-focused and mainstream DV service organizations felt that other organizations had not always shown sufficient interest in sustaining or building upon potential partnerships.

[5] *Shared Safety* is designed and coordinated by Women Against Abuse (WAA) and has engaged over twenty partners, including Philadelphia's Department of Public Health, Behavioral Health (DBHIDS), Congreso de Latinos Unidos, Women In Transition (WIT), Lutheran Settlement House (LSH), and Women Organized Against Rape (WOAR). The response is focused on five key challenges related to DV intervention: Ensure DV-informed screening and access to services; embed DV-informed practices into human service agencies; expand capacity for emergency housing; establish a system that allows for safety, self-reliance, and well-being; and assure people who act abusively are offered alternatives to violence.[15]

V. RECOMMENDATIONS/CONCLUSIONS

Service providers in Philadelphia are committed to equitably addressing domestic violence. Since the start of this project in 2016, there has been significant innovation around the provision of DV services for immigrant victims/survivors, e.g., introduction of an immigration-focused resource sheet for hotline providers, additional training on language access, introduction of additional culturally-appropriate food choices in emergency shelters, and continued collaboration between mainstream DV service providers and immigrant-focused agencies. However, resource limitations, language barriers, and cultural differences remain challenges to ensuring that victims/survivors from communities with limited English/Spanish proficiency have adequate access to support services.

To address this gap, the organizations and individuals who participated in this project made a number of recommendations. Chief among these was that mainstream and immigrant-focused organizations convene to develop stronger, sustained partnerships. This would allow mainstream organizations to continue building additional capacity for the provision of linguistically- and culturally-appropriate services. It would allow immigrant-serving organizations to better facilitate referrals to mainstream organizations, enhance staff training, and develop formal DV policies.

Ethnic community-based organizations also suggested making written descriptions of intake protocols and eligibility criteria for mainstream DV services available to their staff. Doing so would allow them to better prepare clients for referrals, e.g., by helping clients collect necessary demographic information or other documents. Similarly, they suggested streamlining intake protocols for victims/survivors reliant on language services.

We also suggest that funders require that organizations seeking grant or contract support for DV programs include line items budgeting for the provision of language services (interpretation and translation and/or hiring multilingual staff members) [16-19]. Doing so will help to ensure that Philadelphia has the resources necessary to provide equitable and appropriate DV services for all residents.

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