



# **Health and Social Needs of Immigrant and Non-immigrant Women in a Shelter Who Experienced Intimate Partner Violence**

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# Background – IPV in the US

Lifetime prevalence of physical IPV among women, 2011 (CDC, 2014)

Hispanic	Black	White	Asian	American Indian	Multiracial
29.7	41.2	30.5	15.3	51.7	51.3

Little is known about documented and undocumented immigrant women.

# Background – immigrant women and IPV

- Intimate partner violence (IPV) among immigrant women – legal, cultural and language issues
  - Violence Against Women Act (VAWA)
    - VAWA self-petition (1994-)
      - Allows immigrant women married to a US citizen or lawful permanent resident and experiencing IPV to apply or self-petition for lawful permanent residency herself and her children without the knowledge of her spouse.
    - U visa (2007-)
      - To protect undocumented immigrants who are victims of certain serious crimes including IPV and who have cooperated with authorities in prosecution of the perpetrator

# Purpose

- To compare the physical and mental health, social support, health literacy, and socio-demographic factors among non-US born (immigrant) Spanish speakers, non-US born English speakers (immigrants), and US born English speakers (non-immigrants) to better understand the needs of immigrant women who have experienced IPV and sought help to end the violence.

# Methods

- Self-administered survey at a domestic violence shelter (Fall 2012-Spring2013)
- Measures: measured physical and mental health functioning, depression, health literacy, social support, knowledge of the Violence Against Women Act (VAWA) programs and socio-demographic information
- Participants: 109 women who experienced IPV and resided in a shelter (30 Spanish- speaking women, all of whom were non-US born; 13 English speaking non-US born; and 66 English-speaking born in the US)

# Results: Spanish-speaking immigrant participants reported more indicators of disadvantaged socio demographic status

	Total N = 109	Spanish-speaking immigrants N = 30	English-speaking immigrants N=13	English-speaking non-immigrants N=66
Days in shelter, mean (SD)	55.7 (80.68)	87.9 (101.26)	103.3 (103.1)	33.0 (55.0)
Educational Level				
Some college or higher	28 (33.9)	3 (10.0)	7 (53.8)	27 (40.9)
Current Work Situation				
Employed	26 (23.9)	3 (10.0)	4 (30.8)	19 (28.8)
Insurance				
Health insurance (Yes)	36 (33.0)	4 (13.3)	5 (45.5)	27 (50.9)
Annual household income				
<\$10,000	64 (58.7)	13 (43.3)	7 (77.8)	44 (72.1)

Results: Spanish-speaking immigrant participants and English speaking immigrant or non-immigrant participants reported similar levels of health functioning.

Spanish speakers had lower health literacy compared to English speaking immigrants and non-immigrants.

	Total N=109	Spanish-speaking immigrants N=30	English-speaking immigrants N=13	English-speaking non-immigrants N=66	<i>p</i> -value
SF-12 (Physical health and well-being)					
Physical component score (PCS)	48.66 (9.70)	50.79 (7.46)	48.77 (8.72)	47.83 (10.60)	.45
Mental component score (MCS)	37.70 (11.25)	41.00 (12.38)	38.31 (11.74)	36.28 (10.58)	.20
PHQ-9 (Depression)	10.90 (6.87)	9.96 (6.73)	11.85 (8.27)	11.09 (6.70)	.68
MOS-SSS (Social support)	3.26 (1.22)	3.13 (1.42)	3.33 (1.11)	3.29 (1.18)	.84
Health Literacy	1.55 (.62)	1.88 (.63)	1.50 (.57)	1.46 (.60)	.04

Results: A higher percentage of English-speaking immigrants compared to Spanish-speaking immigrants reported knowledge of and applying for VAWA programs.

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	Spanish-speaking immigrants N = 30	English-speaking immigrants N=13
VAWA programs		
Aware of VAWA programs	17 (56.7)	9 (75.1)
Applied for VAWA programs	9 (52.9)	7 (77.8)

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# Discussions & conclusions

- Spanish-speaking participants may have different advocacy needs compared to English-speaking immigrant or non-immigrant participants.

# Limitations

- Cross sectional
- Convenience sample
- Lack of information about what type or chronicity of abuse each participant experienced and how it may have affected our findings
- Spanish and English speaking immigrants - not homogeneous
- Small number of English-speaking immigrants

# Practice implications

- Public awareness on domestic violence in the community and the system to help victims; research on societal norms and laws related to IPV; and policy changes to modify anti-immigration sentiment (Ingram et al., 2010)
- Shelter advocacy programs need to be sure to address the fears of undocumented women as well as barriers to access to resources that are specifically designed for immigrant women who have experienced IPV.

# Thank you! Any questions?

