

Bridge to Safety

Findings and recommendations from a pilot intervention to screen for and respond to domestic violence and sexual assault among refugee women in the United States

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Every year, tens of thousands of refugees fleeing violence and persecution resettle in the United States. Refugee and immigrant women face particularly high risks of gender-based violence, including domestic violence and sexual assault, during and after conflict, flight, displacement and resettlement.¹ Affecting at least one in three women worldwide, violence not only takes immediate tolls on women's physical and mental health – for refugee women in the U.S., it can also have long-term consequences that limit their prospects in resettlement. An internal assessment of the International Rescue Committee's (IRC) US Programs (USP) offices revealed that despite the well-documented breadth and gravity of the problem, refugee women in the U.S. face barriers to disclosing violence and accessing response services, and that IRC USP staff were not well equipped to respond to survivors' complex needs without specialized training.²



Approaches to screening and response:

To address this critical service gap, the IRC developed, piloted, and evaluated the Bridge to Safety (B2S) project.³ The B2S project integrates protocols for screening and responding to domestic violence and sexual assault into existing IRC resettlement service delivery models, which typically provide newly-arrived refugees with housing, community orientation, job placement, basic needs, and other essential services. The aim of B2S is to create a safe space for refugee and immigrant women to disclose violence to IRC staff; equip staff to respond to disclosures with effective follow-up support, including safety and service planning; and connect clients to appropriate external services, such as shelter, medical, psychological, and legal assistance.

The International Rescue Committee helps people whose lives and livelihoods have been shattered by conflict and disaster to survive, recover, and gain control over their futures. The IRC's US Programs work on the front lines to support refugee and immigrant individuals and families to become self-sufficient and active community members, serving over 35,000 people across 26 U.S. cities each year.

The pilot tested two screening approaches: 1) *direct screening*, which asks specifically about clients' experiences of domestic and sexual violence, and 2) *open screening*, where staff explain that the IRC is a safe space to disclose experiences of gender-based violence and seek help, without posing specific questions about clients' experiences.⁴ In addition to training non-specialized staff

on protocols for domestic and sexual violence screening and follow-up case management, B2S required pilot offices to strengthen their networks of partner organizations to ensure timely referrals to quality services.

Key Findings

The purpose of evaluating the B2S pilot project was to assess the extent to which effective screening, follow-up, and referral protocols for domestic and sexual violence among refugee women could be successfully integrated into existing resettlement programming with limited additional human and financial resources. The evaluation produced the key findings below using qualitative and quantitative data collected through staff surveys, interviews with staff, clients and partner organizations, and service delivery data.⁵ These findings will be used to improve implementation and scaling of B2S within IRC, and should also be considered by resettlement agencies and others who support refugee women survivors of gender-based violence.

With the right tools, training, and support, resettlement program staff who are not specialized in domestic and sexual violence can successfully screen for and provide appropriate follow-up support to refugee women survivors of violence.

IRC staff across the three pilot sites were able to integrate domestic and sexual violence screening and response protocols into their ongoing case management work, screening 299 women in the pilot year. Moreover, staff demonstrated a high level of commitment to helping IRC clients who are survivors of gender-based violence and to ensuring that related services are systematically incorporated into the IRC's resettlement programming. Staff noted that the training and tools provided boosted their comfort level in broaching the subject of violence with clients, and increased their confidence that they could effectively meet survivors' needs.

The B2S screening model shows promise in demonstrating to women that the IRC is a safe space for them to discuss their experiences and concerns. Direct screening was more successful in eliciting disclosures of violence.

All of the clients interviewed reported that the screening process communicated that the IRC is a safe space for women, and staff expressed their views that the screenings established an important relationship between case managers and female clients that fostered trust and and opened the door for both immediate and future disclosures of violence. Twenty-four percent of women who participated in direct screening disclosed experiences of violence, compared to 1% of women screened using the open screening approach. This is consistent with existing evidence that suggests that asking direct questions more effectively removes barriers to disclosure and invites survivors to seek support.

Disclosure rates during the B2S pilot were relatively low, suggesting that many refugee survivors of violence may not access critical response services

and that screening alone may not be enough to alleviate the complex obstacles refugee women face in accessing protection and support in the face of gender-based violence. Adapting the screening process according to lessons learned from the pilot—including feedback from staff that clients appeared more comfortable with in-person screenings in the IRC office as opposed to over the phone or at home – could result in women's increased comfort level with disclosing violence and seeking assistance from the IRC. In general, B2S serves as an critical entry point for ongoing client engagement to meet essential prevention, service, advocacy and other needs of survivors.

“We talk more about domestic violence now and staff are getting more knowledgeable.”
- IRC staff member

“...This project has made caseworkers more comfortable addressing these issues with families.”
- IRC staff member

“IRC is a good place for women.”
- Woman refugee, B2S client

“[Screening] allowed for an interaction with the client that wasn't here otherwise. Those needs fly under the radar unless the situation gets so bad.”
- IRC staff member

“The act of screening clients in a culturally appropriate and confidential setting communicates we care about their welfare. While this does not guarantee a client will feel safe to disclose, it does open the door to have this conversation. Some clients don't walk through that door immediately, but may do so later.”
- IRC staff member

Gender norms and biases act as barriers to women's disclosure of violence and access to services.

Fifty-five percent of newly-arrived refugee women in the B2S pilot offices were screened for domestic and sexual violence during the pilot period, short of the 80% target rate. While some of this shortfall may have been due to the need for improved systematization of the screening process in the earliest stages of rollout, staff also reported that meeting privately with refugee women in and of itself was a challenge to conducting screenings. Some male clients expect to be present for all conversations involving their wives or female household members, and staff tend to sometimes limit one-on-one interaction with clients to male heads of household. The lack of direct interaction with women clients not only makes screening difficult, but also potentially exacerbates women's isolation and vulnerability and poses barriers to their access to information and resources in general. Staff recommended adding an outreach component to B2S to ensure that lifesaving detection and response services reach the women most in need.

“The women who do come [to the office] are already more empowered. We're missing the women who are more isolated.”

- IRC staff member

Greater investments are needed to ensure the full range of appropriate response services are available to refugee women survivors of violence.

The evaluation showed that, due to resource limitations, the establishment of meaningful partnerships with external service providers to facilitate referrals to critical shelter, medical, psychosocial, and legal assistance was an underdeveloped aspect of the B2S project across the pilot sites. While local service agencies reported having awareness of and respect for the IRC's work with refugees, they also expressed the desire for more collaboration. The effectiveness of partnerships was limited in part by the

tendency of IRC offices to rely on personal contacts instead of comprehensive, up-to-date service directories, clear referral protocols, and partnership agreements. Investments in developing staff capacity to identify and build relationships with service providers, and to raise awareness among other organizations and government offices about the specific needs of refugee women, are critical to providing an effective and robust response to domestic and sexual violence for refugee and immigrant women. Through investments in partnership, resettlement agencies can provide a critical entry point to services that domestic violence and sexual assault agencies provide.

Additional resources are necessary to ensure that B2S is of consistent quality, sustainable, and scalable.

While the evaluation showed that integrating gender-based violence screening and

basic response services into standard resettlement case management is possible, it raised questions about the extent to which it is sustainable without additional resources. Though frontline staff as well as office leadership underscored the critical need to systematically incorporate domestic and sexual violence-related services into refugee resettlement programming, they also emphasized that more human resources are needed to do this effectively. Resettlement caseworkers already have a demanding workload, and additional personnel to support integration of domestic violence and sexual assault screening and response into existing services would better ensure survivors' needs are met.



Recommendations

The following are select recommendations based on lessons learned from the B2S pilot intended to enhance service provision for refugee and immigrant women and girls in the U.S., particularly those who are survivors of violence.⁶

Refugee resettlement agencies, community-based organizations and mutual assistance agencies, and domestic violence and sexual assault service providers should:

➤ **Strengthen service delivery for refugee and immigrant women and girls who experience domestic violence and sexual assault, as well as other forms of gender-based violence.**

- Implement domestic violence and sexual assault screening for refugee and immigrant women, taking into account that female clients of all ages may experience a wide array of violence.
- Conduct outreach in refugee and immigrant communities, recognizing that women in general and survivors in particular may be isolated and face multiple barriers to disclosing violence.
- Arrange for independent evaluations of domestic violence and sexual assault services for refugee and immigrant survivors, and promote the quality, availability and accessibility of services.

➤ **Develop and strengthen formal and informal partnerships.**

- Increase information-sharing and learning exchanges through conferences, open houses, joint coalition meetings and other activities.
- Increase representation of refugee communities in state domestic violence and sexual assault coalitions to advocate for the needs of refugee women and raise awareness about the violence they experience.

Refugee resettlement agencies and government agencies should:

➤ **Focus on refugee women's needs, regardless of whether they are listed as principal applicants for resettlement.**

- At national and local levels, assess how refugee resettlement practices may place women at a disadvantage with regard to accessing information, services, and programs.
- Identify opportunities to build community-based social support networks to decrease women's isolation and connect them with appropriate peer and professional support services, based on their needs and requests.

➤ **Address the needs of direct service personnel who are involved in responding to domestic violence and sexual assault to promote their well-being and retention over the long term.**

- Recognize and affirm the extent to which staff are, or become, highly committed to preventing and responding to violence against women.
- Create ongoing professional development and staff learning opportunities at all levels, within and across offices and organizations.

Government agencies and donors should:

- **Increase funding and resources to address violence against refugee and immigrant women and girls in the United States.**
- Increase dedicated funding to support gender-based violence prevention programming and response services in refugee and immigrant communities to meet women's and girls' critical post-migration needs.
- Incentivize partnerships between resettlement agencies, community-based organizations and mutual assistance agencies, and domestic violence and sexual assault service providers through the creation of joint funding opportunities.

Endnotes:

¹ For example, studies across ethnic communities in the US show that 30-50% of refugee and immigrant women face domestic violence. (See Raj, Anita and Jay Silverstone (2002). *Violence Against Immigrant Women, The Roles of Culture, Context and Legal Immigrant Status on Intimate Partner Violence.*)

² IRC (2012). *USP-WPE Research Findings to Address Violence Against Women and Girls in US Programs.*

³ B2S was piloted from April 2014 – April 2015 in three IRC US Program offices: Baltimore, Dallas, and Seattle.

⁴ The open screening approach was developed in response to IRC staff's concern that direct questions might be too sensitive and considered culturally inappropriate for some clients.

⁵ See full evaluation report for details on methodology.

⁶ See full evaluation report for the complete set of recommendations.

This brief was prepared by Sarah Green based on the full evaluation report: Wachter, K. and Donahue, K. (2015). *Bridge to Safety: An evaluation of a pilot intervention to screen for and respond to domestic violence and sexual assault with refugee women in the U.S.* New York, NY: International Rescue Committee.

Photos by Jenna Reich

For more information please contact Ellen Beattie, IRC USP Senior Director for Program Quality and Innovation: Ellen.Beattie@rescue.org or visit www.gbvreponders.org or www.rescue.org.

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