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3 BETHESDA METRO CENTER • SUITE 400 • BETHESDA, MD 20814 • TEL (301) 215-9100 • FAX (301) 215-6969

November 10, 2006

Nicole Gaskin-Laniyan, Ph.D.
Social Science Analyst
Office of Research and Evaluation
National Institute of Justice
810 Seventh Street, NW
Washington, DC 20531

**Reference: Use and Outcomes of Protection Orders by Battered Immigrant Women
Grant Number 2003-WG-BX-1004
REVISED Final Technical Report**

Dear Dr. Gaskin-Laniyan:

Enclosed is one unbound hard copy of the revised Final Technical Report for the above referenced project. This revision addresses the comments and suggestions outlined in your two e-mails, both dated November 7, 2006. Accompanying the revised Final Technical Report is a CD-ROM containing the following items:

- 1) REVISED Final Technical Report (MS Word and PDF);
- 2) Electronic copy (MS Excel) of both data sets, Initial and Follow-up;
- 3) A codebook (PDF) for each data set, Initial and Follow-up; and
- 4) A copy of each data collection instrument (PDF), Initial and Follow-up.

An updated matrix that details how and where in the revised Final Technical Report that we responded to and addressed each of the reviewers' comments, including your comments on November 7th, follows this transmittal letter.

Lastly, the two copies of the Categorical Assistance Progress Report are included in this submission. The final Financial Status Report (SF-269) will be submitted no later than 90 days after the termination of the grant, as required.

If you have any questions regarding the enclosed materials, please feel free to contact me at (202) 687-1997.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mary Ann Dutton'.

Mary Ann Dutton, Ph.D.
Principal Investigator

MAD/dt
Attachments

**Use and Outcomes of
Protection Orders by
Battered Immigrant Women**

REVISED FINAL TECHNICAL REPORT

**Mary Ann Dutton
Nawal Ammar
Leslye Orloff
Darci Terrell**

November 10, 2006

Prepared for:
**National Institute of Justice
Office of Justice Programs
U.S. Department of Justice
810 Seventh Street, NW
Washington, DC 20531**

ACKNOWLEDGEMENTS

The authors wish to thank the following for their support during this study: our National Institute of Justice project monitor, Nicole Gaskin-Laniyan, Ph.D., and the myriad of organizations and individuals from across the country who gave their time to the study by reviewing the study instrument, recruiting and consenting study subjects, and administering the study instrument. These individuals and organizations include:

Iowa Coalition Against Domestic Violence (Des Moines, IA): Sonia Parras, Maria Lazzarino, Kristen Schmidt, Kelly Davydov, Christine Kellogg, Chinyere Ukabiala, Tina Fisher, Xochitl Villeneuve, Sarabeth Anderson, Benjamin Bermmann, Jessica Armstrong, Jessica Taylor, Isabel Conn, Alejandrina Menjivar, and Josie Mines.

Texas Rio Grande Legal Aid (Austin, TX): Laura Martinez, Lori Barrios, Elaine Ramirez, and Juanita Coria.

A Woman's Place of Merced County (Merced, CA): Diana Almanza, Jesse Diaz, C.J. Wunder, and Alice Wiley.

Alliance for Battered and Abused International Women (Cincinnati, OH) (with assistance from YWCA of Greater Cincinnati, Legal Aid Society of Greater Cincinnati, Su Case Hispanic Center of Greater Cincinnati, and Legal Aid of the Bluegrass (Covington, KY): Amelia Berry, Seán Arthurs, Carson Wasserman, Monica Ibarra-Burke, and Whitney Benson.

The Bridge – A Refuge for Women (Pasadena, TX): Karen Amaya, Jenny Martinez, Alice Leal, and JoAnn Estrada.

Shelter for Abused Women and Children (Naples, FL): Susana Colaluci

Task Force on Family Violence (Milwaukee, WI): Nou Vang

Family Tree – Housing and Family Services (Wheat Ridge, CO): Linda Barringer and Eva Rivera

Ayuda (Washington, DC): Soraya Fata

Domestic Violence Resource Project (Washington, DC): Srijana Chettri, Anjali Nagpaul, Jane Hwang, and Stella Choi.

Legal Aid Society of Minneapolis (Minneapolis, MN): Kirsten Olson

Legal Assistance Corporation of Central Massachusetts (Worcester, MA): Arose Nielsen

Florida Immigrant Advocacy Center (Miami, FL): Maria Jose Fletcher

Manavi (New Brunswick, NJ): Soma Dixit

Tapestri, Inc. (Atlanta, GA): Aparna Bhattacharyya, Aisha Deshmukh, Aleksandra Lissowska, Juana Perez, Julia Perilla, and Danuta Przada.

The authors gratefully acknowledge the hundreds of immigrant women who shared their personal experiences with protection orders and intimate partner violence with the study team. Their contribution is the cornerstone of this study.

The authors would also like to thank other persons who contributed to the completion of the project and the report. From COSMOS Corporation: Katherine Page and Alissa Fujimoto. From Legal Momentum: Joyce Noche, Ericka Echavarria, Olivia Garcia, Msia Clark, and Satayam Barakoti. From Kent State University: Robert Weaver, Ph.D.

This project was supported by Grant Number 2003-WG-BX-1004 awarded by the National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. Points of view in this document are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

ABSTRACT

Based on a summary by the World Health Organization of a multicountry large-scale study on women's health and domestic violence against women in both industrialized and developing countries, the proportion of ever-partnered women who had ever experienced physical or sexual violence, or both, by an intimate partner in their lifetime, ranged from 15 to 71 percent, with most study sites reporting between 29 and 62 percent (WHO, 2005). Increasingly, a growing body of research indicates that large numbers of immigrant women experience intimate partner violence after they come to the United States (Ammar, 2000; Ammar, Orloff, Dutton, & Hass, 2005; Abraham, 2000a & b; Ahmad et al., 2004; Hass, Dutton, & Orloff, 2000; Dutton, Orloff, & Hass, 2000; Orloff, Dutton, Hass, & Ammar, 2003; Raj & Silverman, 2002).

The overall goal of the study was to examine the decision-making factors, accessibility, and effectiveness of civil protection orders for immigrant women abused by their intimate partners. The study included a total of 153 predominately low-income study participants, 21-46 years of age ($M = 31$ years, $SD = 6.52$), who were recruited from 14 partner organizations that offer advocacy services to battered immigrant women. Women served by these partner organizations spoke 19 different languages and represent nine geographic regions. The immigration status of most participants was undocumented (43.85%). The *COSMOS Study Questionnaire* was used in face-to-face structured interviews to assess the specific domains of demographic information, acculturation, intimate partner violence, protection orders, depression, and posttraumatic stress disorder.

Results reported in this final technical report indicate that overall, the level of violence experienced by this sample of immigrant women seeking services related to intimate partner violence (IPV) was reportedly high. Most women reported being worried about their own or their children's safety. Before seeking help from the agency from which they were recruited, most women (60.9%) in the sample had no prior knowledge of protection orders. Most of the sample had filed a protection order against their abusive partner ($n = 104$, 68%). Most women who had filed for a protection order reported them to be helpful (22.7%) or very helpful (65.2%), although a substantial proportion of women (36.8%) reported that they felt the protection order would increase their danger. A significant proportion of participants reported experiencing symptoms of posttraumatic stress disorder, a condition associated with exposure to traumatic events or experiences (American Psychiatric Association, 2000). Women in the sample reported high levels of exposure to violence in addition to IPV with an average of three prior trauma exposures. Results of the study suggest that protection orders are effective in reducing acts that would constitute violations of protection orders, which include not only violent and abusive behaviors, but also other types of violations. Lastly, participants in the sample who obtained protection orders reported greater appraisal of IPV-related risk and were more likely not to be undocumented.

EXECUTIVE SUMMARY

Introduction

Violence against women, including intimate partner violence (IPV), has been recognized as a major issue in the justice system, a violation of human rights, and a problem leading to ill health among women. Based on a summary by the World Health Organization of a multicountry large-scale study on women's health and domestic violence against women in both industrialized and developing countries, the proportion of ever-partnered women who had ever experienced physical or sexual violence, or both, by an intimate partner in their lifetime, ranged from 15 to 71 percent, with most study sites reporting between 29 and 62 percent (WHO, 2005).

Increasingly, a growing body of research indicates that large numbers of immigrant women experience intimate partner violence after they come to the United States (Ammar, 2000; Ammar, Orloff, Dutton, & Hass, 2005; Abraham, 2000a & b; Ahmad et al., 2004; Hass, Dutton, & Orloff, 2000; Dutton, Orloff, & Hass, 2000; Orloff, Dutton, Hass, & Ammar, 2003; Raj & Silverman, 2002). Immigrant women face unique dynamics of violence. Four significant barriers have been highlighted by research (Abu Ras, 2003; Dutton et al., 2000; Hass et al., 2000; Ammar, 2000; Abraham, 2000a; Peeks, 2002; Srinivasan & Ivey, 1999; Rodriguez, 1999) that impede battered women's ability to either leave their abuser or stop the abuse. These barriers include: 1) fear of deportation/immigration as a tool of abuse, 2) severity of the abuse, 3) fear of losing custody, and 4) language access.

In particular, research studies have found that abusers of immigrant domestic violence victims often use their power to control their wife's and children's immigration status and threats of deportation to lock their partners in the abusive relationship (American Bar Association, 1994; Ammar, Orloff, Dutton, & Hass, 2005; Natarajan, 2003; Orloff, Dutton, Hass, & Ammar, 2003; Raj & Silverman, 2003; Ramos & Runner, 1999; Raj, Silverman, McCleary-Sills, & Liu, 2005). Additionally, immigrant women often suffer higher and severer rates of battering than U.S. citizens (Orloff et al., 1995). For example, a general population study of Latina immigrant women (Hass, Dutton, & Orloff, 2000) found that 49.3 percent of 280 immigrant women reported some type of physical IPV and 42.1 percent reported severe physical IPV from a current or former intimate partner during their lifetime, figures which are consistent with other studies of Latina immigrant populations (Coalition for Immigrant and Refugee Rights and Service (CIRRS), 1990; Perilla, Bakerman, & Norris, 1994; Rodriguez, 1995). Another study found a 61 to 80 percent lifetime prevalence of IPV among immigrant and U.S. born women of Japanese descent in the U.S. (Yoshihama, 1999; Yoshihama & Sorenson, 1994). A study in New York City found that 51 percent of intimate partner homicide victims were foreign-born, while 45 percent were born in the United States (New York City Department of Health Bureau of Injury Epidemiology, 2003). IPV can rise to almost three times the national average when a citizen's intimate partner is foreign born (Hass, Ammar, & Orloff, 2006). Taken together, studies of intimate partner violence prevalence and severity among immigrant women in Latina, South Asian, and Korean communities report abuse rates that range from 30 to 50 percent (Dutton, Orloff, & Hass, 2000; Raj & Silverman, 2003; Rodriguez, 1995; Song, 1996). These rates are

higher than the lifetime prevalence of domestic violence in the U.S. general population, which is estimated at 22.1 percent (Tjaden & Thoennes, 2000).

Changes in demographics and legislation have identified the need for research on how to best improve services for immigrant women facing IPV. In the past decade a number of studies have been conducted in a variety of immigrant communities to ascertain the prevalence and severity of IPV, the unique domestic violence and power and control dynamics facing immigrant women who experience IPV, barriers to seeking services and justice system protection, help seeking among battered immigrant women, and difficulties immigrant victims have in accessing the relief created in the VAWA legislation (Abraham, 2000a & b; Ahmad et al., 2004; Ayyub, 2000; Haas et al., 2000; Hass et al., 2006; Pendleton & Block, 2001; Orloff, & Kaguyutan, 2002; Orloff & Sullivan, 2004; Natarajan, 2003; Raj et al., 2005; Rodriguez, 1999, Warriar, 2002; Yoshihama, 1999). However, little research has been conducted on the experiences of battered immigrant women seeking help from the civil or criminal justice systems (Ammar, 2000, Ammar et al., 2005; Orloff et al., 2003; McFarlane et al., 2003). This study contributes to this area of research and is the first research to focus entirely on immigrant women's experiences in obtaining civil protection orders in the United States.

The overall goal of the study was to examine the decision-making factors, accessibility, and effectiveness of civil protection orders for immigrant women abused by their intimate partners. Specific objectives of the study were:

1. To examine the factors (e.g., level of acculturation, level of IPV, immigration status, intent to end the abusive relationship, lifetime exposure to traumatic events, symptoms of posttraumatic stress and depression) that affect the decision to file a petition for a civil protection order among battered immigrant women seeking help for IPV;
2. To examine the systemic (representation by an attorney, language access to the courts, permission for an advocate to speak in court, requirement to provide tangible evidence of physical abuse), community (level of perceived social support for the battered woman), and individual (woman's appraisal of IPV-related threat) factors that affect whether a woman who petitions actually obtains a full protection order; and
3. Compare the outcomes for women who obtain a full protection order; who file for, but do not obtain a full protection order; and who do not file for a protection order.

Method

A total of 153 study participants were recruited from 14 partner organizations that offer advocacy services to battered immigrant women. Women served by these partner organizations represent the Asian, Latino, African, Middle Eastern, and European communities.

COSMOS Study Questionnaire

Measurement of the relevant constructs was obtained via face-to-face structured interviews using specific measures that comprise the *COSMOS Study Questionnaire*. The measures that comprise the *COSMOS Study Questionnaire* were reviewed and revised for use with a diverse immigrant population. The *Study Questionnaire* included the following domains: demographics, acculturation, intimate partner violence, protection orders, depression, and posttraumatic stress disorder.

The demographic measure included items to assess the subjects' age, number of children, immigration status (naturalized citizen/lawful permanent residency, temporary legal immigration status, undocumented immigration status), country of origin, ethnicity, marital relationship status with abusive or "index" partner for whom participant is seeking services, intent regarding "index" relationship (remain in, leave, or return to relationship), and other demographics. The **Stephenson Multigroup Acculturation Scale (SMAS)** (Stephenson, 2000) was used to assess acculturation. The **Conflict Tactics Scale (CTS-2)** (Straus, Hamby, Boney-McCoy, & Sugarman, 1995), a revision of the original Conflict Tactics Scale (Straus & Gelles, 1990), was used to measure the frequency of physical violence, injury, and sexual coercion by the "index" partner. The **Psychological Maltreatment of Women Inventory-Short Form (PMWI)** (Tolman, 1989, 1999) is a 14-item measure of dominance/isolation and verbal/emotional types of psychological abuse. The **IPV Threat Appraisal Scale** (Dutton, 2001) is a 16-item scale that was used to assess subjects' expectation that IPV will occur within the next 12 months. Information pertaining to the subjects' experience with protection orders was assessed quantitatively using a set of items that ask the subject whether: 1) the subject filed for an ex parte protection order; 2) the subject returned to obtain the temporary full order, and if so, how many times before obtaining the order or deciding to stop trying; 3) the subject was represented by an attorney; 4) the court permitted the advocate to speak in court; and 5) tangible evidence of physical abuse was required. Qualitative questions were also included to capture each subject's experience in pursuing a protection order, any decisions to drop the petition or have the protection order rescinded, specific remedies requested and obtained, and level of satisfaction with the protection order process. Two scales, the **Posttraumatic Stress Disorder Checklist (PCL)** (Weathers, Litz, Herman, Huska, & Keane, 1993) and **Center for Epidemiological Studies–Depression Scale (CES-D)** (Radloff, 1977) were used to assess the subjects' mental health symptoms associated with IPV/trauma exposure. Ten items from the **Lifetime Trauma and Victimization History** (Widom, Dutton, Czaja, & DuMont, in press) were used to assess the subjects' exposure to traumatic events during their lifetime. Perceived social support was assessed with the **Interpersonal Support Evaluation List (ISEL)** (Cohen, Mermelstein, Kamarack, & Hoberman, 1985).

A number of multilingual/multicultural committees were involved in developing the questionnaire. An initial committee comprised of persons bilingual in English and Arabic (multiple dialects), French, Hebrew, Spanish, Tagalog, and Urdu formulated the central questionnaire. Committee members included social scientists, lawyers, and direct-service advocates. The study team followed three types of equivalences often cited in the literature regarding translation of questionnaires (Behling & Law, 2000; Bloch, 2004; and Pan & de la Puente, 2005). The first kind of equivalency is Semantic, which refers to literal meaning in the translation (Pan & de la Puente, 2005, p.5). The second kind of equivalency is Conceptual and refers to “the degree to which a given concept is present in both the U.S. and the various immigrant languages and cultures” (Pan & de la Puente, 2005, p.5). The final equivalency is Normative and refers to the “extent to which the translated text successfully addresses the difficulties created by differences in societal rules between English and other languages” (Pan & de la Puente, 2005, p.6). A number of norms were brought into question. These ranged from gender roles, to the role of women, to how to define marital rape across cultures.

The Study Team

The study team was comprised of academic researchers and battered immigrant women’s advocates spanning the disciplines of psychology, anthropology, and law situated within a private research firm, in partnership with two universities and a women’s public policy organization. The study team brought together skills in qualitative and quantitative research, law, public policy, cultural diversity, and research methodology, as well as expertise in the areas of domestic violence, immigration, acculturation, and criminal justice. The study team was assisted by a host of partner organizations that were responsible for recruiting and consenting study subjects, and administering the study instrument.

Questionnaire Administration

The *COSMOS Study Questionnaire* was administered between June 2004 and May 2006 (initial and follow-up interviews). The questionnaires were administered by staff from 14 partner organizations (described above). A total 153 initial questionnaires and 36 follow-up questionnaires were completed. An \$85 incentive was provided per recruited subject for the partner organizations to schedule and conduct the initial and follow-up interviews. Study subjects received \$15 for completion of the initial questionnaire and \$25 for completion of the follow-up questionnaire.

Results

1. Demographic description of sample of battered immigrant women, including country of origin, family constellation, and immigration status:

- Most (58.6%) of the sample reported being involved with the agency from which they were recruited for the first time;
- The 153 women in the study reported living in the U.S. for an average of 9.0 years (SD = 6.14), with a range of 1-30 years. Most women (67.3%) had lived in the U.S. for 10 years or less;
- Mean age was 31 years (SD 6.52) with a range of 21-46 years;
- Most (86.7%) women had children with a range of 0-10 children and a mean number of 2.4 (SD 1.8) children;
- The total family income of the sample reflected a relatively low income: 44 percent reported an annual income of less than \$10,000; 67 percent less than \$15,000; and 85 percent less than \$25,000;
- The sample represented nine geographic regions of origin;
- The women in the sample spoke 19 different first languages;
- Immigration status of the sample was as follows:
 - i. Citizen, n = 12 (5.9%)
 - ii. Lawful permanent resident, n = 36 (23.5%)
 - iii. Undocumented, n = 67 (43.8%)
 - iv. Temporary, n = 33 (21.6%)
 - v. Refugee, n = 3 (2%)
 - vi. Don't know, n = 2 (1.3%)

2. Type and level of IPV exposure:

Overall, the level of violence experienced by this sample of immigrant women seeking services related to IPV was high (see Exhibit 1). Most women reported being “somewhat” or “very” worried about their own or their children’s safety (see Exhibit 2). The level of psychological abuse was also high, including both emotional/verbal abuse and dominance/isolation. Further, participants reported forms of psychological abuse that included abused related to her immigration status (e.g., threatened or actually withdrew immigration papers, 39.5% sometimes, often, or very often; threatened or actually turned participant into immigration officials, 51% sometimes, often, or very often) (see Exhibit 3).

3. Knowledge and use of protection orders:

- Before seeking help from the agency from which they were recruited, 60.9 percent of the sample had no prior knowledge of protection orders.
- Most of the sample had filed a protection order against their abusive partner (n = 104, 68%), although a substantial minority had not (n = 49, 32%). 44.9 percent of those who filed had filed within the past six months.

Exhibit 1

PERCENTAGE OF WOMEN WHO REPORTED VIOLENCE IN THE LAST YEAR

Question: In the last year...	Percentage of Women Reporting, by Frequency Categories				Yes, but not in last year
	0	1-2	3-10	10+	
1. S/He grabbed me.	12.4	18.3	30.1	29.4	9.8
2. S/He pushed or shoved me.	12.4	15.0	37.9	26.1	8.5
3. S/He threw something at me that could hurt.	28.8	8.5	26.8	20.9	15.0
4. S/He slapped me.	32.0	15.0	21.2	17.6	11.1
5. S/He twisted my arm	32.2	24.3	18.4	14.5	10.5
6. Pulled my hair	37.5	27.4	20.4	13.2	6.6
7. S/He kicked me.	39.7	21.9	17.2	11.3	9.9
8. S/He punched or hit me with something that could hurt.	34.6	21.6	19.6	12.4	11.8
9. S/He slammed me against a wall.	31.6	20.4	27.0	12.5	8.6
10. S/He choked me.	39.9	30.1	11.8	7.2	11.1
11. S/He burned or scalded me on purpose.	90.8	5.9	1.3	0	2.0
12. S/He beat me up.	30.1	20.3	18.3	17.6	13.7
13. S/He used or threatened to use a knife or gun.	47.4	21.7	15.1	8.6	7.2
14. S/He forced me to have sex.	35.5	14.5	13.8	23.0	13.2
15. S/He refused to wear a condom during sex.	50.0	11.8	11.2	19.1	7.9
16. S/He used physical force when pregnant	52.4	13.1	10.3	5.5	18.6
17. I had sex with him because I was afraid of what s/he would do if I didn't.	34.0	13.1	16.3	27.5	9.2
18. I felt physical pain that still hurt the next day because of his abuse.	17.8	23.7	23.0	23.0	12.5
19. I had a sprain, bruise, or small cut because of his abuse.	25.8	24.5	19.9	19.2	10.6
20. I passed out from being hit on the head by him.	72.2	14.6	4.6	3.3	5.3
21. I had a broken bone from his abuse.	92.1	3.9	.7	0	3.3
22. I went to a doctor because of his abuse.	62.2	21.2	4.0	0	8.6

Exhibit 2

TYPE AND LEVEL OF SUBJECTIVE APPRAISAL OF WORRY RELATED TO IPV

Worries About Safety	Percentage of Women Reporting			
	Not Worried	A Little Worried	Some-what Worried	Very Worried
23. Worried about keeping self safe	13.8	24.3	25.7	36.2
24. Worried about keeping children safe	22.4	15.4	16.1	26.2

Exhibit 3

PERCENTAGE OF WOMEN WHO REPORTED PSYCHOLOGICAL ABUSE WITHIN FREQUENCY CATEGORIES

Question: In the last year...	Frequency Categories			
	Never	Some Times	Often	Very Often
1. S/he called you a bad name, swore, yelled or screamed at you	8.5	20.3	26.1	45.1
2. S/he treated you like less than s/he was	9.9	16.4	17.8	55.9
3. S/he watched over your activities or insisted you tell him/her where you were	11.8	11.8	14.5	61.8
4. S/he used your money or made financial decisions without talking to you	26.1	13.7	11.1	49.0
5. S/he was jealous or suspicious of you friends	15.8	14.5	15.1	54.6
6. S/he accused you of having an affair with another man/woman	22.4	17.8	21.7	38.2
7. S/he interfered with your relationships with family or community members	22.2	20.9	17.0	39.9
8. S/he tried to keep you from doing things to help yourself	23.5	16.3	13.1	47.1
9. S/he controlled your use of the telephone	24.8	18.3	15.7	41.2
10. S/he told you that your feelings were crazy	17.0	17.6	17.0	48.4
11. S/he blamed you for his/her problems	15.0	15.0	11.1	58.8
12. S/he told you s/he would or actually took your children away	40.6	15.4	11.2	32.9
13. S/he told you s/he would or actually threw or locked you out of the house	32.9	25.0	12.5	29.6
14. S/he told you s/he would or actually locked you in the house or a room	61.2	16.4	10.5	11.8
15. S/he told you s/he would take away or not give you money	30.3	11.8	15.1	42.8
16. S/he told you s/he would or actually turned you in to immigration officials	49.0	11.3	10.6	29.1
17. S/he told you s/he would or actually failed to file or withdrew immigration papers	61.5	5.4	11.5	21.6
18. S/he told you s/he would hurt you or your unborn child when you were pregnant	66.9	11.7	7.6	13.8
19. S/he destroyed your property	47.7	17.0	11.1	24.2

4. Subjective experience of involvement in court process to seek protection order:

- Most women who had filed for a protection order reported it to be helpful (22.7%) or very helpful (65.2%), although a substantial proportion of women (36.8%) reported that they felt the protection order would increase their danger. Nevertheless, the vast majority of women (98.1%) stated that they would recommend another woman that they knew to get a protection order, if needed.

5. Level of posttraumatic responses associated with IPV:

A significant proportion of participants reported experiencing symptoms of posttraumatic stress disorder, a condition associated with exposure to traumatic events or experiences (American Psychiatric Association, 2000) (see Exhibit 4).

6. Prior trauma exposure other than IPV:

Women in the sample reported high levels of exposure to violence in addition to IPV with an average of three prior trauma exposures (see Exhibit 5). Half of the women had three or more prior traumatic exposures. Only 14 percent of the sample reported previously experiencing none of the traumatic events listed below.

7. Acts within the last six months that constitute violation of a protection order:

Participants were asked if they had experienced a range of behaviors from their abusive intimate partners within the previous six months. Results indicate that some behaviors occurred at relatively high rates (e.g., 43.8% abuse; 54.9% unwanted contact). However, most often those behaviors occurred when there was no protection order in place, suggesting that protection orders may have been effective in reducing these behaviors for some abusive partners.

8. Correlates of protection order status:

Comparison of participants with and without protection orders on covariates produced the following results:

- Undocumented participants were less likely to obtain a protection order compared to all other participants;
- Participants with a protection order perceived their risk of future intimate partner violence to be greater than those without a protection order; and
- Participants with a protection order report having been exposed to a greater number of previous traumatic events (non-IPV) compared to those without a protection order.

Exhibit 4

PROPORTION OF WOMEN REPORTING POSTTRAUMATIC SYMPTOMS

Posttraumatic Symptom	Percentage Of Women Reporting Symptom
1. Had repeated, disturbing memories, thoughts, or images of the abuse?	80
2. Had repeated disturbing dreams about the abuse?	61
3. Suddenly acted or felt as if the abuse was happening again (as if you were reliving it)?	84
4. Felt very upset when something reminded you of the abuse?	55
5. Had physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of the abuse?	67
6. Avoided thinking about or talking about the abuse?	25
7. Avoided activities or situations because they reminded you of the abuse?	70
8. Had trouble remembering important parts of the abuse?	47
9. Felt a loss of interest in activities that you used to enjoy?	61
10. Experienced feeling distant or cut off from other people?	69
11. Felt unable to have loving feelings for those close to you?	50
12. Been upset by things that usually don't bother you?	56

Exhibit 5

TRAUMATIC EXPOSURE FROM SOMEONE OTHER THAN AN ABUSIVE PARTNER

Type of Traumatic Event	Number and (Percentage) of Women Reporting
Beaten	52 (34.4)
Hit	66 (43.4)
Forced sex	52 (34.4)
Natural disaster	48 (31.4)
Lived in war zone	33 (21.6)
Serious accident	33 (21.6)
Threatened with weapon	56 (36.8)
Held captive	30 (19.9)
Was present when another was raped, beaten, or killed	34 (22.4)
Witnessed physical violence between adults in the home	66 (43.1)

Conclusions

This Final Technical Report describes the process of conducting a study of battered immigrant women's experience with protection orders. Substantive results will appear in subsequent journals and other publications and dissemination channels. Conclusions include the following:

- Conducting research in the immigrant community requires members of the research team to be imbedded and respected in that community. That is a necessary, but not sufficient, condition for a successful research endeavor. Beyond compensation to participants and to agency staff for their time, successful involvement of community partners requires dedication and commitment by either someone within a community agency who has the power and authority to ensure that the research activity is completed or by advocates, attorneys, or agency volunteers who as individuals are committed to completing the work and who often choose to conduct interviews by devoting additional time above and beyond what is required by their agency. Involvement of community advocates who have a trusted relationship with the target population was essential to the successful recruitment and interviewing of the study participants.
- A research team representing a broad range of methodological skills, substantive areas of expertise, and experience is necessary to conduct community-based research involving the complex issues represented by immigrant women's exposure to domestic violence and their use of the justice system – specifically protection orders – as a remedy. Access to the many individuals who provided formal and informal consultation throughout the course of the project was invaluable to its successful completion.
- A strong capacity for project coordination and administration is essential for successfully completing the complex process of involvement of many community partners across diverse ethnic communities and geographic locations. Successful project completion would not be possible without this infrastructure.
- Partnership with funding agency and research team is essential for adapting to the inevitable adjustments and modifications that are required to respond to unexpected contingencies in research design and implementation. Flexibility allows for midcourse adjustments that maximize the productivity of the research endeavor.

- Substantive results offer several conclusions:
 - Immigrant women seeking help within community agencies for domestic violence report an extremely high level of domestic violence exposure. Compounding the situation, most women also report a prior history of trauma exposure. Chronic trauma exposure increases the battered woman's vulnerability to adverse health, economic, and social outcomes.
 - Immigrant women seeking help for IPV report an ongoing concern for the safety of themselves and their children.
 - Knowledge of civil protection orders is not something most immigrant women reported prior to contact with the community agency where they were seeking services. Confirming that immigrant victims lack information about what legal options are available to help them, and indicating the need for greater public awareness among immigrant women and their female support providers of options for responding to domestic violence within communities.
 - Battered immigrant women's experience in the civil court process is perceived as positive for most women, although a substantial minority was not satisfied with this process. Importantly, a sizeable proportion perceived that the protection order increased their danger related to domestic violence.
 - The level of posttraumatic symptomatology is extremely high among this sample of battered immigrant women, indicating an immense mental health burden to the woman, her family and extended community, and to society. The need for integrated services to address these needs within the justice system is clear.
 - Many immigrant battered women who participated in the survey reported forms of posttraumatic symptomatology that could directly interfere with an immigrant victim's ability to present testimony and evidence in a court proceeding or in an affidavit submitted to the Department of Homeland Security in an immigration case. They reported having trouble remembering important parts of the abuse (47%), avoided thinking about the abuse (25%), and felt very upset when something reminded them about the abuse (55%). These findings confirm that immigrant victims are very unlikely to be able to obtain protection orders or immigration relief on their own without the assistance of trained advocates and attorneys. Advocates and attorneys working with immigrant victims need to be trained how to support victims with posttraumatic symptomatology and need to develop resources in their communities to provide linguistically accessible and culturally sensitive mental health treatment to immigrant

victims. Additionally, judicial officers and government agency adjudicators need to be trained to be sensitive to and understand that mental health effects of domestic violence and multiple lifetime victimization can affect how immigrant victims present testimonial evidence in domestic violence cases.

- Protection orders may be associated with fewer acts that would constitute violations of protection orders. This would suggest that protection orders are effective in reducing these acts, which include not only violent and abusive behaviors, but also other types of violations.
- Participants who obtain protection orders report greater appraisal of IPV-related risk, are more likely not to be undocumented, and report fewer prior exposures to non-IPV traumatic events. Each of these represents a potential barrier to obtaining protection orders for intimate partner violence.

Study Limitations

The study was limited by several considerations:

- Potential participant bias;
Participants in this study were recruited from agencies providing immigrant services, including but not limited to legal services. This study may not represent battered immigrant women who do not seek similar services. Thus, generalization to all battered immigrant women may be limited.
- No comparison groups;
This study included only women who were both born outside the U.S. and who had experienced violence from an intimate partner. We did not include a comparison group of non-immigrant women exposed to intimate partner violence nor did we include a comparison group of immigrant women who had never been exposed to intimate partner violence. Comparisons to each of these groups are important for furthering our understanding of battered immigrant women.
- Sampling methods.
This study utilized convenience sampling as a method for obtaining study subjects. This method may result in study bias since it does not systematically sample potential participants from the population. Alternate methods of representative sampling from the population were too expensive to consider. Another potential method, cluster sampling, was not feasible since we were unable to systematically sample all agencies providing services to immigrant women. Thus, our sample may be biased by our sampling method and not represent all battered immigrant women.

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1. INTRODUCTION TO THE STUDY

1.1 DESCRIPTION OF THE PROBLEM

Prevalence of Intimate Partner Violence (IPV) Among Immigrant Women in the U.S.

Violence against women, including IPV, has been recognized as a major issue in the justice system, a violation of human rights, and a problem leading to ill health among women. Based on a summary by the World Health Organization of a multicountry large-scale study on women's health and domestic violence against women in both industrialized and developing countries, the proportion of ever-partnered women who had ever experienced physical or sexual violence, or both, by an intimate partner in their lifetime, ranged from 15 to 71 percent, with most study sites reporting between 29 and 62 percent (WHO, 2005). A United Nations Children Fund study (2000) estimated that up to half of all women and girls studied had experienced physical violence at the hands of an intimate partner or family member.

Increasingly, a growing body of research indicates that large numbers of immigrant women experience intimate partner violence after they come to the United States (Ammar, 2000; Ammar, Orloff, Dutton, & Hass, 2005; Abraham, 2000a & b; Ahmad et al., 2004; Hass, Dutton, & Orloff, 2000; Dutton, Orloff, & Hass, 2000; Orloff, Dutton, Hass, & Ammar, 2003; Raj & Silverman, 2002). Immigrant women face unique dynamics of violence. Four significant barriers have been highlighted by research (Abu Ras, 2003; Dutton et al., 2000; Hass et al., 2000; Ammar, 2000; Abraham, 2000a; Peeks, 2002; Srinivasan and Ivey, 1999; Rodriguez, 1999) that impede battered women's ability to either leave their abuser or stop the abuse. These barriers include: 1) fear of deportation/immigration as a tool of abuse, 2) severity of the abuse, 3) fear of losing custody, and 4) language access.

In particular, research studies have found that abusers of immigrant domestic violence victims often use their power to control their wife's and children's immigration status and threats of deportation to lock their partners in the abusive relationship (American Bar Association, 1994; Ammar, Orloff, Dutton, & Hass, 2005; Natarajan, 2003; Orloff, Dutton, Hass, & Ammar, 2003; Raj & Silverman, 2003; Ramos & Runner, 1999; Raj, Silverman, McCleary-Sills, & Liu, 2005). Additionally, immigrant women often suffer higher and severer rates of battering than U.S. citizens (Orloff et al., 1995). For example, a general population study of Latina immigrant women (Hass et al., 2000) found that 49.3 percent of 280 immigrant women reported some type of physical IPV and 42.1 percent reported severe physical IPV from a current or former intimate partner during their lifetime, figures which are consistent with other studies of Latina immigrant populations (Coalition for Immigrant and Refugee Rights and Service (CIRRS), 1990; Perilla et al., 1994; Rodriguez, 1995). Another study found a 61 to 80 percent lifetime prevalence of IPV among immigrant and U.S. born women of Japanese decent in the U.S. (Yoshihama, 1999; Yoshihama & Sorenson, 1994). A study in New York City found that 51 percent of intimate partner homicide victims were foreign-born, while 45 percent were born in the United States (New York City Department of Health Bureau of Injury Epidemiology, 2003). IPV can rise to

almost three times the national average when a citizen's inmate partner is foreign-born (Hass, Ammar, & Orloff, 2006). Taken together, studies of intimate partner violence prevalence and severity among immigrant women in Latina, South Asian, and Korean communities report abuse rates that range from 30 to 50 percent (Dutton, Orloff, & Hass, 2000; Raj & Silverman, 2003; Rodriguez, 1995; Song, 1996). These rates are higher than the lifetime prevalence of domestic violence in the U.S. general population, which is estimated at 22.1 percent (Tjaden & Thoennes, 2000).

Concerns about children and their safety are factors that complicate immigrant women's experience with IPV (Dutton et al., 2000; Hass et al., 2000; Ammar et al., 2004). Abusers of immigrant women often intimidate them by threatening to take the children if the immigrant victim leaves the marriage (Ammar, Orloff, Hass, & Dutton, 2004). The fear that abusers will redirect the violence towards the children is a legitimate concern since in 60 percent of households where women face abuse, children are also abused (Ammar & Orloff, 2006; Pendleton & Maher, 2000).

New National Institute of Justice-funded research published by the National Center for State Courts (NCSC) was released in July of 2006, documenting the need for language access to protection order courts by Limited English Proficient (LEP) battered immigrant women. It is clear from the countries of origin of immigrant women (Greico, 2003), the NCSC study (Uekert, 2006), and the experiences of victim advocates over the last two decades that most immigrant women in the United States are not fluent in English. Research published by Ammar, Orloff, Dutton, and Hass (2005) shows that the overwhelming majority (75.6%) of the battered immigrants participating in their study of 280 Latina women spoke little or no English. This inability to speak English creates a linguistic barrier that prevents immigrant victims from learning about their legal rights in the United States and from seeking help that is available to victims. Very often an immigrant woman's spouse serves as her translator or her language teacher (Ammar, 2000; Orloff et al., 2003). Seeking assistance from shelters, victim service programs, legal service offices, police departments, prosecutor's offices, and courts is difficult for battered immigrant women whose spoken English is not fluent. When victim services programs do not have employees who can understand an immigrant woman's native language and do not provide interpreters, these programs effectively shut their doors to immigrant victims in their communities (Ammar and Orloff, 2006). These linguistic limitations can also seriously impede immigrant women's potential to escape the harms of intimate partner violence (Orloff et al., 2003; Abraham, 2000a and b; Ammar, 2000; Ammar and Orloff, 2006).

The need for programs to expand services to immigrant victims of intimate partner violence has become more urgent in recent years for two major reasons. The first lays in the demographic changes in the U.S. population during the last quarter of a century and the dramatic changes in immigrant settlement patterns since 1990. The population of the United States is diverse, composed of a great variety of cultures, races, ethnic groups, and religious and linguistic communities. Eighteen percent of the U.S. population age five and over speak a language other than English at home (Shin, H.B. and Bruno, R. 2003). The United States experienced a steady rise in the absolute number of immigrants living in the United States during each decade over the past 65 years (Nowak, 2004). Since the 1990s more females than males have immigrated to the

United States (Greico, 2002). This immigration pattern, combined with a persistent annual rate of natural increase (births minus deaths), has led to the estimation that 60 percent of the population increase in the United States between 1994 and 2050 will be attributed to immigration (Nowak, 2004). According to the U.S. Census Bureau, by 2005, 25 percent of the U.S. population were themselves foreign-born or had at least one foreign-born parent (Ewing, 2005).

Secondly, the *Violence Against Women Act* (1994, 2000, and 2005) creates an imperative that justice, social service, health care, and victim services programs are fully accessible to offer help to immigrant and non-English speaking victims. The *Violence Against Women Act (VAWA)* is the first piece of ground-breaking legislation mandating expanded legal protection and services to all victims of violence against women. First passed in 1994, VAWA was the first piece of federal legislation designed to involve all three branches of federal government (Congress, the courts, and federal government agencies) in curbing domestic violence in the United States (Orloff and Kaguyutan, 2002; Hass, Ammar, and Orloff, 2006). VAWA explicitly required that the full range of legal protections and victim's services be open to all immigrant victims without regard to their immigration or citizenship status in the United States (Section 40002(a)(32) of the *Violence Against Women Act of 1994*).

The *Violence Against Women Act of 1994, 2000, and 2005* EACH contained several provisions designed to prevent abusers from using immigration as a tool to control their victims. Specifically, *VAWA 1994* made it possible for battered immigrants to obtain lawful permanent residency (green cards) without the cooperation of their abusive spouse (Ammar and Orloff, 2006). VAWA self-petitions and VAWA cancellation of removal are two such forms of relief (Pendleton and Block, 2001). On October 28, 2000, VAWA was reauthorized to expand the protections for victims of domestic violence, sexual assault, stalking, trafficking, and other violent crimes. *VAWA 2000* made it easier for many more battered immigrant women to leave their abusers, receive culturally competent services, and to help prosecute their abusers. It created special rules to allow non-citizen battered women and children to remain in the United States, expanding immigration protections to immigrant victims of sexual assault, trafficking, and immigrant victims of domestic violence left out of *VAWA 1994* protections (Orloff and Kaguyutan, 2002; Ammar and Orloff, 2006).

On January 5, 2006, VAWA was authorized once again (*VAWA 2005*) enhancing relief to victims of violence against women including immigrant women and children. *VAWA 2005* extends VAWA immigration protection to immigrant victims of elder abuse and improves protections for immigrant victims of child abuse and incest. VAWA stops the deportation of immigrant victims and assures that Department of Homeland Security enforcement officers can no longer arrest immigrant victims at shelters, rape crisis centers, or at courthouses when the immigrant victims have come there seeking protection orders and custody of their children. Additionally, *VAWA 2005* guarantees that all immigrant victims of domestic violence, sexual assault, and trafficking can access legal services and receive legal work authorization at a much earlier point in the process of filing for and receiving legal immigration relief. (Lin and Orloff, 2006).

The above changes in demographics and legislation have identified the need for research on how to best improve services for immigrant women facing IPV. In the past decade a number of studies have been conducted in a variety of immigrant communities to ascertain the prevalence and severity of IPV, the unique domestic violence and power and control dynamics facing immigrant women who experience IPV, barriers to seeking services and justice system protection, help seeking among battered immigrant women, and difficulties immigrant victims have in accessing the relief created in the VAWA legislation (Abraham, 2000a and b; Ahmad et al., 2004; Ayyub, 2000; Haas et al., 2000; Hass et al., 2006; Pendleton and Block, 2001; Orloff, and Kaguyutan, 2002; Orloff and Sullivan, 2004; Natarajan, 2003; Raj et al., 2005; Rodriguez, 1999, Warriar, 2002; Yoshihama, 1999). However, little research has been conducted on the experiences of battered immigrant women seeking help from the civil or criminal justice systems (Ammar, 2000, Ammar et al., 2005; Orloff et al., 2003; McFarlane et al., 2003). This study contributes to this area of research, and is the first research to focus entirely on immigrant women's experiences in obtaining civil protection orders in the United States.

The Civil Protection Order as a Remedy for IPV

Civil protection orders were developed to provide a justice system option for victims of domestic violence, separate from the criminal court system, in which the victim could seek court intervention to stop ongoing abuse and to provide a broad range of victim-controlled remedies and protections (Klein and Orloff, 1993). Civil protection orders serve as a future deterrent to violence, do not require criminal prosecution of the abuser (Malecha et al., 2003), and are often used by IPV victims for protection from ongoing abuse (Gist et al., 2001; Weisz et al., 1998). Protection orders allow women to decide on the remedies according to their needs, which may include: ordering the batterer to refrain from further abuse, evicting the abuser from the residence, awarding the victim custody and child support, stay away orders, property allocation, court costs, and any other relief that could help reduce future violence and tension in the relationship including ordering the abuser not to contact immigration authorities regarding the victim (Klein and Orloff, 1993). Research has shown that broader, comprehensive relief provisions in protection orders "increase the likelihood of reducing the man's abuse and promoting the woman's autonomy" (Finn, 1991; Hart, 1992).

Most jurisdictions have a two-tiered civil protection order system in which the victim petitioner first petitions the court on an ex parte basis and receives a temporary protection order (Klein and Orloff, 1993). The abuser respondent is served with the pleadings in the protection order case and is given notice and opportunity to appear at a hearing before the court issues a full protection order. The petitioner and respondent must both return to the court anywhere between 10 and 30 days after a temporary protection order has been issued for a full protection order hearing, at which the court will decide whether or not to issue a permanent protection order. At this point the judge can amplify any temporary protection order issued and grant a permanent order for any length of time up to the statutory maximum which varies from state to state (Chaudhuri and Daly, 1992; De-Jong and Burgess-Proctor, 2006). Permanent orders last anywhere between one to five years, or they can be indefinite. Most state statutes require that the petitioner establish a legally recognized relationship (Grau et al., 1985; De-Jong and Burgess-

Proctor, 2006). Violation of the terms of a protection order can lead to a civil or criminal contempt proceeding or a criminal prosecution (Klein and Orloff, 1993). Violation of a civil protection order is a criminal offense, even when the acts committed in violation of the order are not in and of themselves separate crimes (De-Jong and Burgess-Proctor, 2006).

VAWA included provisions to facilitate the use of protection orders including “a full faith and credit” provision to ensure law enforcement protection in any state or U.S. jurisdiction, regardless of the state in which the protection order was issued. VAWA also made crossing state lines to continue abuse a federal offense (Malecha et al., 2003; De-Jong and Burgess-Proctor, 2006). The Model Code on Domestic and Family Violence (National Council of Juvenile and Family Court Judges, 1993) and recent statutory reforms have improved on some important aspects of the protection order and are designed to help all battered women. These improvements include the waiver of filing fees, increasing forms of relief that are listed as available remedies in the civil protection order, and increasing the length of the order. However, access to protection orders remains difficult for battered immigrant women due to language access issues (Uekert et al., 2006), lack of knowledge about the U.S. legal system (Orloff and Sullivan, 2004), and the practical impossibility of LEP battered immigrant women navigating the U.S. court system on their own – pro se – without bilingual and bicultural lawyers and advocates to assist them.

Effectiveness of Protection Orders for IPV

The emerging body of research examining the effectiveness of protection orders for reducing the risk to victims of IPV (Gist et al., 2001; Kaci, 1994; Keilitz, Hannaford and Efkehan, 1997; Holt et al., 2003; Malecha et al., 2003; Ptacek, 1999) agrees generally that women report a lower level of IPV for up to two years after obtaining a protection order. Studies of protection orders that examine only pre- and postcomparisons (Carlson, Harris, and Holden, 1999), without inclusion of a control group, do not account for potential confounding factors, such as time. A study by Harrell and colleagues (Harrell and Smith, 1996) found that permanent protection orders were effective in reducing recurrent psychological, but not physical, IPV.

The effectiveness of protection orders may be impeded when police do not respond appropriately to reported protection order violations. Research has found that victims benefit from protection orders upon issuance (Dutton et al., 2000). Women should be able to choose when, how, and whether they can safely enforce their protection order, and women will often explore alternative approaches before calling the police. A victim must weigh whether calling the police to enforce her protection order will enhance safety or danger in her particular case. When victims do call the police for help to enforce their protection order, police should take such calls seriously. Police response to calls for help following the issuance of a protection order can often be unsatisfactory. A study of Canadian police officers found that they reported making an arrest in only 21 percent of cases following a protection order violation (Rigakos, 1997). A recent study of battered immigrant women involving the investigators of this study (Orloff, Dutton, Hass, and Ammar, 2003) found that police were more likely to make an arrest

following a domestic violence call when the woman had a protection order, further supporting the important role of protection orders.

There is only one published paper about immigrant women seeking protection orders (McFarlane et al., 2004), which reports on 42 women of whom 40 were born in Spanish-speaking countries. This study found that when immigrant women succeeded in accessing the justice system and obtaining protection orders, levels of violence fell significantly in a way comparable to U.S.-born women. Significantly, this study also found that immigrant women experience “double jeopardy”: while they report a level of postprotection order violence that was similar to that of the U.S. women in the sample, immigrant women do not have the “proficiency of English, income, or education to deal with the abuse” (McFarlane et al., 2002, p. 248). A recent study by the National Center for State Courts found that protection order courts across the country were not fully accessible to LEP battered women due to lack of interpreters, sparse information on protection orders in languages other than English, lack of outreach to LEP communities, and lack of relationships with community-based organizations serving LEP communities (Uekert et al., 2006).

Predicting Who Gets Protection Orders

Understanding who among battered immigrant women gets protection orders is important for reducing barriers to legal protections. According to Logan, Shannon, Walker and Faragher (2006), studies of IPV victims seeking protection orders do not report consistent data on race/ethnicity and employment. On the one hand some studies (Carlson, Harris, and Holden, 1999; Gist et al., 2001, McFarlane et al., 2004) report an equal number of African American, white, and Latina women filing for protection orders; on the other hand, some studies (Chaudhuri and Daly, 1992; Keilitz et al., 1997) identify that African Americans file at a higher rate. Further, these race/ethnicity studies do not focus on immigration status. In terms of employment, some studies show that between 40 to 50 percent of those filing for protection orders were employed (Gondolf et al., 1994), while other studies report that about 90 percent of women petitioning for protection orders were employed (part-time or full-time) (Chaudhuri and Day, 1992; McFarlane et al., 2004; Wolf, Holt, Kernic, and Rivara, 2000).

The majority of studies agree on a range of other demographic indicators that are helpful to predict which victims are more likely to seek protection orders. These include education, relationship with the perpetrator, number of children, place of residence at time of filing, victimization history, and help-seeking patterns (Logan, et al., 2006, pp. 186-191). Women filing for protection orders were more likely to have high school education, be in a relationship that has lasted on average between four to nine years, be married (77% of the time), have on average one to two children, and be living with the partner at the time of filing. Women filing for protection orders also were more likely to have severe histories of violence, and pursued help from multiple sources including the police, family and friends, health care services, counseling, religious services, shelters, and legal services (Logan et al., 2006, p. 190).

There is no comparable data for understanding battered immigrant women's use of protection orders. The current study provides data on the socio-demographic characteristics of battered immigrant women who seek protection orders, examines immigrant women's decision-making regarding whether to seek a protection order, and explores the effectiveness of protection orders for battered immigrant women.

Following is a brief review of factors relevant to this study on battered immigrant women's use and outcomes of protection orders.

1.2 FACTORS RELEVANT TO THE STUDY: RESEARCH DESIGN VARIABLES

Acculturation

Acculturation has been defined as the process of psychological and behavioral change that individuals and groups undergo as a result of long-term contact with another culture (Zea, Asner-Self, Birman, and Buki, 2003). Contemporary views of acculturation recognize the multidimensional and bilateral process through which individuals are transformed (Berry and Sam, 1997; Stephenson, 2000).

Acculturation is an important construct for understanding battered immigrant women's use of civil protection orders. Filing a petition for a protection order and returning to obtain a full order involves accessing an institution within a mainstream culture to address a problem that may be considered to be private and within the domain of the family or ethnic community. To do so may require adaptations from one's original culture in terms of knowledge, language, and behavior. Thus, greater acculturation would be expected to play a role in battered immigrant women's decision to utilize protection orders as a means of addressing IPV.

Specifically, the woman's level of acculturation often determines her English speaking ability, her knowledge of her legal rights and the resources available to assist her, and her ability to navigate the justice and service systems. The greater her level of acculturation, the more likely she is to know that domestic violence is a crime in the U.S. and that there are civil and criminal remedies available to victims. She also is more likely to know of available resources, or at least know how to find the services she needs, and more likely to feel comfortable in accessing these services for assistance. Knowing how the system works helps reduce her anxiety over the legal procedures and makes her more willing to file.

Unique Patterns of Intimate Partner Violence Among Immigrant Women

Previous research has shown that greater severity of IPV is associated with greater use of all types of strategies for dealing with IPV, including protection orders (Dutton, Goodman, and Bennett, 1999; Goodman, Dutton, Weinfurt, and Cook, 2003). However, a recent study suggests that physical assault to family members may be even more relevant to women's decisions to seek an order than physical assault or injury to themselves (Wolf, Holt, Kernic, and Rivara, 2000). Further, it may be that it is not merely the level or type of prior IPV, but the level or type of IPV expected in the future, that determines a victim's decision concerning protection orders.

Immigration Status

Fear of deportation is a major factor that keeps immigrant victims of domestic violence from seeking any form of justice system assistance to stop abuse. Immigration status has been found to play a role in the victim's treatment by the justice system (Pogrebin and Poole, 1990; Russell, 1998) and in women's strategic responses to IPV (Yoshihama, 2002). Prior research involving immigrant Latinas (Orloff et al., 2003) found that battered immigrant women's willingness to call the police for help is significantly related to the stability of their immigration or citizenship status. Immigrant women with more stable immigration status (naturalized citizens or lawful permanent residents) were more likely than immigrant victims with temporary legal immigration status (e.g., student, work or spouse dependent visas) or undocumented victims (lacking legal immigration status) to seek help from the social service and justice systems for domestic violence. Further, a victim's immigration status may affect whether she will choose to separate from her abuser. Accordingly, she may need a full-contact, rather than a no-contact, protection order that requires her abuser to stop his violent acts against her, but does not necessitate that the parties separate.

Intent to Leave an Abusive Relationship

Women in many cultures struggle with the decision to leave, return to, or remain in an abusive relationship. Anecdotal evidence suggests women who are not prepared to leave an abusive relationship may not file for protection orders or return to obtain the full order. Yet, little empirical evidence exists to address this issue—especially among immigrant women. Cultural influences that consider divorce and separation as shameful pressure women to remain in marriages, and ostracize women from their communities when they separate—even from abusive partners (Ayyub, 2000; Maglizza, 1985). Cultural concerns also discourage women from using available justice system resources. Further, if an IPV victim believes that protection orders are available only to women who leave, she will be deprived of the remedies that a protection order potentially may provide. When an abuser commits repeat acts of IPV, a protection order can offer recourse that is not available if no order is in effect, even for victims who remain with or return to live with their abusive partner. Understanding more about the relationship between a woman's intent to remain in an abusive relationship and her decision to

seek a protection order would inform the ability of advocates and others in offering domestic violence services to IPV victims.

Social Support

Emotional and tangible support are central factors in women's ability to protect themselves and their children from IPV and to address the emotional aftermath of abuse (Barnett, 2001; Dutton, Hohnecker, Halle, Burghardt, and et al., 1994; Fraser, McNutt, Clark, Williams-Muhammed, and Lee, 2002; Rose, Campbell, and Kub, 2000; Thompson et al., 2000). Studies of battered immigrant Latinas found that battered women tended to speak about domestic violence to female friends or relatives, but not to other members of the community, including helping professionals (Dutton, Orloff, and Hass, 2000). Fewer than half of the women in these studies reported receiving emotional support related to IPV from the first person with whom they spoke. Battered immigrant women are particularly vulnerable because of: 1) cultural perceptions regarding domestic violence which call on them to subsume their individual needs to the interests of family or the community; 2) their limited access to the outside world; and 3) systems and services that do not provide language access or outreach to immigrant communities and effectively silence immigrant victims (Ammar et al., 2005; Orloff and Kaguyutan, 2002; Raj and Silverman, 2002; Dutton et al., 2000; Orloff and Sullivan, 2004; Uekert, et al., 2006).

Strategies for how to provide effective services and care to recent immigrant victims have only recently been studied and understood (Rodriquez, 1995; Ammar and Orloff, 2006). Most service providers are not knowledgeable about basic information on immigrant victims' legal rights. They do not understand the available remedies and cultural tools to completely serve non-English speaking clients and often do not address culturally based needs. This has become more problematic, especially in the new destination states that have seen an increase in immigrant populations by 90 percent or more between 1990 and 2000 (Fix, Passel, and Sucher, 2003). Many service providers and justice system personnel in these states have had limited previous experience serving immigrant victims.

Immigrant Women and Court-Related Issues

Institutional barriers can prevent IPV victims from obtaining the resources they need to protect themselves and their children from further abuse. Barriers that are particularly relevant for battered immigrant women often include several of the following: 1) lack of access to qualified interpreters to help them throughout the protection order process—from filing through receipt and enforcement of their protection order; 2) the inability to obtain representation by an attorney; 3) court-imposed requirements for the submission of corroborating evidence of abuse; and 4) failure to allow advocates to speak in court. Generally, among battered women in the United States, lack of representation by an attorney is one barrier that can influence whether a woman is successful in her attempt to obtain a protection order, since women are more likely to obtain an order if they are legally represented (Murphy, 2002, in press).

Although a woman may be accompanied by a domestic violence advocate in court, some courtrooms do not allow advocates to speak in court as a support to the battered woman. Battered immigrant women are more likely to be able to secure assistance of a battered women's advocate to accompany them to the protection order hearing than she is to obtain representation from an attorney, particularly one with experience helping victims in domestic violence cases. In the case of unrepresented battered immigrant women, an advocate can often serve as a facilitator to help the court understand the needs of the woman seeking the protection order. A battered immigrant woman who is not represented by an attorney and whose advocate is not allowed to speak on her behalf in court must face an unfamiliar legal system alone.

The extent to which a petitioner is required to present tangible evidence of physical abuse (vs. verbal report) also hampers the ability of battered immigrant women to access protection orders because the women may not have reported the abuse to police, sought medical help for violence, or sought help from victim's services programs due to fear of deportation, language access, cultural barriers, or lack of information about these services. The fear, safety, and cultural issues may have even deterred immigrant victims from telling family members or members of her cultural community about the abuse. Other factors that can influence a battered immigrant woman's willingness to obtain a protection order or access other forms of legal protection include: variations in a battered immigrant woman's ability to articulate in English or through a qualified interpreter her experiences and needs, information the immigrant victim has heard from other women about a victim's ability to access legal immigration status without the cooperation of her abuser, or the willingness of the court to grant custody of the children to immigrant women particularly when the abuser is a citizen. These factors are important to consider in terms of their role in understanding battered immigrant women's efforts to successfully obtain relief through civil protection orders.

Finally, the dramatic growth of the immigrant population in new destination states has created a critical need for interpretation (into languages other than English) for bilingual social services, health care, and justice system personnel (Orloff et al., 2003). According to the U.S. Census Bureau, in 2000, almost 45 million people, or 18 percent of the U.S. population, who are 5 years and older speak a language other than English at home. Of those, 10.5 million either speak English "not well" or "not at all" (Pan and de la Puente, 2005). Access to someone with whom an immigrant woman can communicate in their own language either directly or through a qualified interpreter who is sensitive to domestic violence issues and also is knowledgeable about VAWA's protections for immigrant victims and immigrant victims' legal rights poses a major barrier that the justice and services systems must redress in delivering services to help battered immigrant secure their safety.

1.3 PURPOSE, GOALS, AND OBJECTIVES OF THE STUDY

On September 29, 2003, COSMOS Corporation was awarded a grant from the National Institute of Justice, U.S. Department of Justice, to conduct the study “Use and Outcomes of Protection Orders by Battered Immigrant Women.” The study was led by Dr. Mary Ann Dutton, Georgetown University Medical Center (Principal Investigator), Dr. Nawal Ammar, Kent State University (Co-Principal Investigator), Leslye Orloff, Legal Momentum (Co-Principal Investigator), and a team of researchers from COSMOS, Kent State University, and Legal Momentum (formerly NOW Legal Defense and Education Fund).

The overall goal of the study was to examine the decision-making factors, accessibility, and effectiveness of civil protection orders for immigrant women who are abused by their intimate partners. Specific objectives of the study were:

1. To examine the factors (e.g., level of acculturation, level of IPV, immigration status, intent to end the abusive relationship, lifetime exposure to traumatic events, symptoms of posttraumatic stress and depression) that affect the decision to file a petition for a civil protection order among battered immigrant women seeking help for IPV;
2. To examine the systemic (representation by an attorney, language access to the courts, permission for an advocate to speak in court, requirement to provide tangible evidence of physical abuse), community (level of perceived social support for the battered woman), and individual (woman’s appraisal of IPV-related threat) factors that affect whether a woman who petitions actually obtains a full protection order; and
3. Compare the outcomes for women who obtain a full protection order; who file for, but do not obtain a full protection order; and who do not file for a protection order.

The study objectives are detailed in the next section, Study Design and Methodology.

2. STUDY DESIGN AND METHODOLOGY

2.1 STUDY DESIGN

Theoretical Framework

The number of immigrants entering the United States since the 1970s has increased three-fold, with the largest influx taking place during the 1990s (Fix and Passel, 2001). In addition to the increase in numbers of immigrants arriving in the United States, there also has been a significant demographic shift where immigrant families are settling once they arrive in the United States. The recent research on immigration distribution patterns shows that immigrants are settling in new states—many of which have not seen this level of immigrant population growth for over 100 years (Saenz, 2004; Fix, Passel, and Sucher, 2003). Among the top immigrant-receiving states are North Carolina, Georgia, Nevada, Arkansas, Utah, and Tennessee (Saenz, 2004; Fix, Passel and Sucher, 2003). The shift in settlement patterns among immigrants has galvanized an upsurge in greater interest in research on immigrant victims. Often the influx of immigrants to the United States has contributed to a conceptual formulation that too easily blames domestic violence on cultural differences (Jiwani, 2005; Narayan, 1997). As Jiwani notes (2005, p. 852) “the focus on culture quickly becomes one of implicitly or explicitly comparing a seemingly backward, traditional, and oppressive cultural system to the modern, progressive, and egalitarian culture of the U.S.” Hence, instead of using a cultural argument, this study explores the experiences of battered immigrant women with civil protection orders within a structural analysis. This study’s general theoretical framework is nested in the ecological model of social behavior (Bronfenbrenner, 1986, 1992), which recognizes the importance of context and various structural conditions such as ethnicity, gender, and poverty in understanding behavior. The theory has been adapted for understanding battered women’s response to IPV (Dutton, 1996) in recognition of the many different factors that influence how women respond to IPV, such as varying experiences in the host country, economic resources, institutional barriers, social networks involving community and family ties, social norms, and individual variables. This study examines factors within several of these contextual layers and their intersectionality to understand battered immigrant women’s involvement with protection orders.

Study Hypotheses

The original study hypotheses were modified in accordance with study design changes (see below). Original study hypotheses and revisions follow.

1. Among women seeking help for IPV, we expect that the decision to seek a protection order will be predicted from: 1) higher levels of acculturation, 2) higher levels of IPV, 3) greater permanence in legal immigration status, 4) the intent to leave an abusive relationship, and 5) having children who witnessed IPV. (Revised hypothesis unchanged from original hypothesis);

2. Among women who file for a protection order, we predict that actually obtaining a protection order will be predicted from: 1) representation by an attorney (systemic), 2) permission for advocate to speak in court (systemic), 3) requirement to provide tangible evidence of physical abuse (systemic), 4) low levels of community support for the woman (community), and 5) high levels of the woman's appraisal of IPV-related threats. (This hypothesis was dropped as a formal hypothesis since small follow-up sample size resulted in insufficient statistical power to detect significant differences. However, beta weights will be examined to estimate effect sizes for planning future research to address this hypothesis); and
3. Women who obtain a protection order will report: 1) lower levels of IPV, 2) lower levels of IPV-related injury, 3) lower levels of IPV-related threat appraisal, and 4) higher quality of life at follow-up compared to women who either filed for but did not obtain an order or women who did not file for an order. (This hypothesis was dropped as a formal hypothesis since small follow-up sample size resulted in insufficient statistical power to detect significant differences. However, beta weights will be examined to estimate effect sizes for planning future research to address this hypothesis).

Additional descriptive research questions that will provide important direction to the field can also be answered with the data collected during the study. The domains of these questions include:

1. Demographic description of this convenience sample of battered immigrant women, including country of origin, family constellation, and immigration status, among other variables;
2. Level of acculturation and its relation to other study variables;
3. Type and level of IPV exposure including psychological abuse, physical violence, and sexual abuse and its relation to other study variables;
4. Type and level of subjective appraisal of IPV threat and fear;
5. When and from whom participants first learned about protection orders;
6. Positive and negative expectations related to obtaining a protection order;
7. Immigrant victim's decision-making about whether to obtain a protection order;
8. Description of the process of obtaining a protection order and current protection order status;
9. Specific remedies included in obtained protection orders;
10. Subjective experience of involvement in the court process to seek a protection order;
11. Injury reduction as reported by victims in cases of those who sought protection orders compared with those who did not;
12. Violations of protection orders as reported by respondents;
13. Women's behavioral response to protection order violations and related outcomes;

14. Level of posttraumatic responses (PTSD, depression) associated with IPV;
15. Prior trauma exposure other than IPV; and
16. Level of current appraised social support.

Sample and Subject Selection Criteria

A total of 153 study subjects were recruited. Study subjects were drawn from 14 partner organizations that offer advocacy services to battered immigrant women. Women served by these partner organizations represent the Asian, Latino, African, Middle Eastern, and European communities.

Formal subject selection and disqualification criteria were developed by the study team. Each potential subject must have met ALL the selection criteria in order to be eligible to participate in the study, AND the subject did not qualify for the study if they met any one of the disqualification criteria. The selection and disqualification criteria are outlined in Exhibit 1.

Exhibit 1

SUBJECT SELECTION AND DISQUALIFICATION CRITERIA

Subject Selection Criteria:

- 1) female status;
- 2) age 18 years or older;
- 3) born outside the U.S.;
- 4) seeking help due to IPV from one of the partner organizations within the previous six months; and
- 5) the most recent IPV incident having occurred within the past 12 months.

Subject Disqualification Criteria:

- 1) subject was not physically or sexually abused in the U.S.;
- 2) subject does not –by law- meet the qualification to receive a protection order (e.g., women who were emotionally abused only);
- 3) subject has a current serious mental illness (includes women who are acutely suicidal);
- 4) subject has serious mental retardation;
- 5) subject has serious hearing impairment that would prevent verbal administration of the questionnaire;
- 6) subject has acute intent to harm others; and
- 7) subject has alcohol or other substance intoxication.

The rationale for limiting recruitment to those women who have experienced IPV within the previous 12 months and seeking help related to IPV from the collaborating organizations

within the previous six months was to increase the likelihood that the protection order and non-protection order samples would be comparable in terms of IPV recency. Female status was included as a recruitment criterion since the study team expected that issues involving IPV against male immigrants would be qualitatively different and, thus, would deserve a separate focus. Inclusion of women 18 years and older ensured that participants were legal adults in order to provide consent to participate in the study and in order to ensure that both the protection order and non-protection order samples were comparable in terms of age. Finally, the recruitment criterion of having been born outside the U.S. is intended to operationalize the term “immigrant” as used in the study.

The rationale for disqualifying women with serious mental illness, mental retardation, and hearing impairment was to ensure that subjects were able to fully understand and consider first and foremost, the consent discussion, but also the myriad of items on the study questionnaire. Women with hearing impairment who had access to resources that would enable them to fully understand and consider both the consent discussion and the study questionnaire (e.g., through an interpreter) were not disqualified from participation in the study. The rationale for disqualifying women who exhibited an acute intent to harm others was to prevent the possibility of exacerbating any existing tendencies towards violence that might be caused by discussing the sensitive topics (e.g., history of interpersonal violence and lifetime trauma) included in the study questionnaire. Women exhibiting substance intoxication were temporally disqualified and invited to reschedule the survey administration. Lastly, women who were not abused in the U.S. or who, by law, were not eligible (for any other reason) to receive a protection order were disqualified to ensure that the study sample included only women who were eligible to receive a protection order in the U.S.

2.2 DEVELOPMENT OF THE *COSMOS STUDY QUESTIONNAIRE*

Description of the Measures in the *COSMOS Study Questionnaire*

Measurement of the relevant constructs was obtained via face-to-face structured interviews using specific measures that comprise the *COSMOS Study Questionnaire*. The measures that comprise the *COSMOS Study Questionnaire* were reviewed and revised for use with a diverse immigrant population. Each measure in the questionnaire is described below.

Demographic Characteristics

The questionnaire included items to assess the subjects’ age, number of children, immigration status (naturalized citizen/lawful permanent residency, temporary legal immigration status, undocumented immigration status), country of origin, ethnicity, marital relationship status with abusive or “index” partner for whom participant is seeking services, intent regarding “index” relationship (remain in, leave, or return to relationship), and other demographics. (The “index” partner is defined for this study as the person the subject was seeking protection from, at the time of the interview, from the partner organization.) Demographic items were included at

the initial interview and selected items (items with potential variance) were updated at the follow-up interview.

Acculturation

The **Stephenson Multigroup Acculturation Scale (SMAS)** (Stephenson, 2000) was used to assess acculturation. The measure was developed and validated on a multiethnic sample of first to fourth generation immigrants from both community (62%) and student (38%) groups. The advantage of the SMAS is that it is the only acculturation scale that has been developed and validated for use with a multiethnic group. The SMAS provides scores for two subscales: dominant society immersion (DSI) and ethnic society immersion (ESI). Each scale was to be examined in the analyses, although the hypotheses are focused on DSI. The scale was cross-validated with an independent multiethnic sample. Cronbach alpha coefficients for the ESI and DSI are .94 and .75, respectively. The SMAS was administered at the initial interview only.

Intimate Partner Violence (Prevalence, Severity, Types, Risk, and Lethality)

The **Conflict Tactics Scale (CTS-2)** (Straus et al., 1995), a revision of the original Conflict Tactics Scale (Straus and Gelles, 1990), was used to measure the frequency of physical violence, injury, and sexual coercion by the “index” partner. In a recent study, Cronbach alpha coefficients using the CTS-2 for low income, urban, predominately African American women ranged from .75 for the injury subscale to .90 for the physical assault subscale (Goodman, Bennett, and Dutton, 1999). The CTS-2 was administered at the initial and the follow-up interviews.

The **Psychological Maltreatment of Women Inventory-Short Form (PMWI)** (Tolman, 1989, 1999) is a 14-item measure of dominance/isolation and verbal/emotional types of psychological abuse. Participants indicated the frequency of each event on a Likert-type scale ranging from “never” to “very often.” The reliability of the two subscales of the PMWI form is quite good (Cronbach’s alpha = .88 for dominance/isolation and .92 for verbal/emotional). The factor loadings of the short form have been found to be comparable to the longer, 58-item form (Tolman, 1999). The PMWI was administered at the initial and the follow-up interviews.

The **IPV Threat Appraisal Scale** (Dutton, 2001) is a 16-item scale that was used to assess participants’ expectation that IPV will occur within the next 12 months. The scale was modified to capture a 12-month timeframe. Participants were asked to rate the likelihood of risk in their present situation based on seven dimensions of batterer-generated risks. These include 1) physical injury, 2) death threat, 3) psychological harm, 4) child-related risks, 5) financial risks, 6) risks to family and friends, and 7) risks involving arrest and legal status (Davies, Lyon, and Monti-Catania, 1998). Ratings are made using a Likert-type scale ranging from “not at all [likely]” to “definitely [likely].” Reliability analyses yielded coefficient alphas of .91 for the total score; .81 for child-related threat, .85 for violent threat, and .85 for nonviolent threat subscales. The IPV Threat Appraisal Scale was administered at the initial and at the follow-up interviews.

Protection Order Information

Information pertaining to the subjects' experience with protection orders was assessed quantitatively using a set of items that ask whether: 1) the subject filed for an ex parte protection order; 2) the subject returned to obtain the temporary full order, and if so, how many times before obtaining the order or deciding to stop trying; 3) the subject was represented by an attorney; 4) the court permitted the advocate to speak in court; and 5) tangible evidence of physical abuse was required. Qualitative questions also were included to capture each subject's experience in pursuing a protection order, any decisions to drop the petition or have the protection order rescinded, specific remedies requested and obtained, and level of satisfaction with the protection order process. The protection order information was collected at the initial and selected items (items with potential variance) were updated at the follow-up interview.

Symptoms of Posttraumatic Stress and Depression

Two scales, the **Posttraumatic Stress Disorder Checklist (PCL)** and **Center for Epidemiological Studies – Depression Scale (CES-D)** were used to assess the subjects' mental health symptoms associated with IPV/trauma exposure. The PCL (Weathers et al., 1993) requires participants to indicate on a 4-point scale the degree of distress they have experienced for each of the posttraumatic stress disorder (PTSD) symptoms included in the DSM-IV diagnosis. For the purposes of establishing a diagnosis, symptoms that are rated as moderately severe or greater are classified as present. The PCL has good reliability with structured interviews for PTSD (Blanchard, Jones-Alexander, Buckley, and Forneris, 1996). An NIH-funded longitudinal study that involved low-SES battered women found Cronbach's alpha to be .94. Self-reported, current depressive symptomatology were assessed using the CES-D (Radloff, 1977). Respondents reported the number of times they have experienced each of 20 depressive symptoms over the week before the interview. The total score reflects severity of depression. Preliminary research with low income, urban, battered women in the court system found Cronbach's alpha to be .91 (Dutton, 1998; Goodman, Bennett, and Dutton, 1999). The PCL and CES-D scales were administered at the initial and follow-up interviews.

Exposure to Traumatic Events

Ten items from the **Lifetime Trauma and Victimization History** (Widom, Dutton, Czaja, and DuMont, in press) were used to assess the subjects' exposure to traumatic events during their lifetime (the full scale was not given in order to reduce participant burden). Items assess exposure to specific traumatic experiences, age of first and last exposure, and frequency of exposure. This measure was administered at the initial interview and selected items (items with potential variance) were updated at the follow-up interview.

Social Support

Perceived social support was assessed with the **Interpersonal Support Evaluation List (ISEL)** (Cohen et al., 1985). The ISEL measures the perceived availability of social resources. The ISEL was modified in a preliminary research study by the PI and colleagues (Dutton, 1998; Goodman et al., 1999) for use with a low income population by simplifying the language and using more appropriate references. Alpha coefficients in the study ranged from .71 (self-esteem) to .87 (belong). For the current study, scales were combined to yield total scores for two scale scores (tangible and emotional support), a procedure based on high intercorrelations between three scales (appraisal, belonging, self-esteem) (House and Kahn, 1985). The ISEL was administered at the initial and the follow-up interviews.

The measures above were compiled to create an instrument to use in collecting data for the current study. The instrument was named the *COSMOS Study Questionnaire* (the generic name for the instrument was purposefully selected for safety reasons—i.e., to allow subjects and team members to conceal the nature of the study, if necessary). An “introduction script” was developed and included as part of the instrument to remind and guide administrators in reiterating: 1) the purpose of study, 2) confidentiality of information and data, and 3) potential risks of participating in the study (these and other issues—including the full consent discussion—were discussed with the subject prior to the administration of the questionnaire, and are discussed in detail in Section 2.4). The *COSMOS Study Questionnaire* (both the initial and follow-up versions) also included a “debriefing script,” which included an offer of assistance in the event that the subject was distressed as a result of the interview (“assistance” would have included counseling by the administrator (if qualified) or referral to other resources within or outside of the partner organization), a reminder that the subject would be contacted to schedule the follow-up interview (at the initial interview only), and an offer to ask the administrator any questions about the questionnaire, the study, or anything else. Also, both the initial and follow-up *Questionnaires* allowed the administrators to note their impressions of the interview, including the level of subject engagement, subject demeanor, unusual or unique subject circumstances, special considerations for follow-up, or other issues that might be noteworthy (Appendices A and B contain the initial and follow-up versions of the *COSMOS Study Questionnaire*). Lastly, the team developed a series of slides to use as visual aids to assist the subject in understanding certain questions with potentially confusing concepts or response options (Appendices A and B also contain copies of the visual aids for each questionnaire).

Item Development for the *COSMOS Study Questionnaire*

The grant budget did not allow for translation to the multiple languages that were spoken by study subjects. However, there was extensive debate among the study team members and the partner organizations over translating the questionnaires to Spanish (since Spanish speaking immigrants in the U.S. comprise the majority of the population of non-English speakers (60 percent of the 45 million individuals who reported speaking a language other than English at home, Pan and de la Puente, 2005)). However, three issues convinced the team to adapt the instrument conceptually to a variety of immigrant communities and to seek the use of

interpreters and translators—if necessary—in the interview interaction. These issues were: 1) the necessity of accessing immigrants who speak languages other than Spanish, 2) the results of the Spanish language *American Community Survey* that specified that even some well-translated questions still pose conceptual problems as well as other concern for Spanish-speaking respondents (Lornea, 2003), and 3) a variety of human resource and budgetary limitations.

Temple (2002, p.847) notes that researchers often disregard the “linguistic imperialism central to an unquestioning use of English as a baseline language.” The study team was very aware of such problems and followed a method that required a focus on the meaning of the questions across languages and cultures, rather than simple translation (Behling and Law, 2000; Bloch, 2004). Additionally, the numerous languages the respondents speak made using English a practical issue since it was the only common language to all those involved in the research project. To ensure cultural equity in using English questionnaires, the approach required the use of a number of procedures listed in the literature about questionnaire translation (Harkness, 2003; Lehman-Winzig, 2001; Link et al., 2006; Peters and Passchier, 2005; Tran, Ngo, and Conway, 2003) including preparing the questionnaires by multilingual/multicultural committee, establishing clear criteria for cross-cultural comparisons/translation, and pretesting/piloting the questionnaire with a variety of linguistic groups.

Multilingual/Multicultural Committee

The study utilized an initial questionnaire and then a follow-up questionnaire (which was an abbreviated version of the initial questionnaire). A number of multilingual/multicultural committees were involved in developing the questionnaire. An initial committee comprised of persons bilingual in English and Arabic (multiple dialects), French, Hebrew, Spanish, Tagalog, and Urdu formulated the questions of the central questionnaire. The initial committee members included social scientists, lawyers, and direct-service advocates. The questionnaire developed by this committee was then reviewed and pretested by bilingual persons in a number of languages including Polish, a variety of Indian languages, and Spanish. After these initial revisions, the first questionnaire was pretested again and revised. Finally during the training of the initial groups of questionnaire administrators (who spoke a variety of the above languages, in addition to Iranian) feedback was received and the questionnaire was revised a final time.

Establishing Clear Criteria for Cross-cultural Comparisons/Translation

The study team followed three types of equivalences often cited in the literature regarding translation of questionnaires (Behling and Law, 2000; Bloch, 2004; and Pan and de la Puente, 2005). The first kind of equivalency is Semantic and it refers to literal meaning in the translation (Pan and de la Puente, 2005, p.5). During the development of the questionnaire the study team focused on the possibility of literally translating certain terms and statements. For all questions, the team used English words that would easily translate to other languages (see Exhibit 2 for examples).

Exhibit 2

EXAMPLES OF SEMANTIC EQUIVALENCY EDITS TO ITEMS IN THE *COSMOS STUDY QUESTIONNAIRE*

Initial Questionnaire – Demographics In Question 22, the term “your/his place” was used to denote residential arrangements because it is an easier term to translate in an interview interaction.
Initial Questionnaire - Stephenson Multigroup Acculturation Scale (SMAS) In Question 3, the term “social circle” was used rather than only one term such friends, or co-workers, or neighbors to make it easier to translate across languages.
Initial and Follow-up Questionnaires - Psychological Maltreatment of Women Inventory In Question 1 and subsequent questions the term “called me a bad name” was used to enable translation across languages.
Initial and Follow-up Questionnaires - Conflict Tactics Scale In Question 12, the statement “I had sex with him/her because I was afraid of what he/she would do if I didn’t,” was used instead of using marital rape statements.

The second kind of equivalency is Conceptual and refers to “the degree to which a given concept is present in both the U.S. and the various immigrant languages and cultures” (Pan and de la Puente, 2005, p.5). The committee developing the questionnaire was very aware of these problems in translation. In all questions, the study team used English words that would conceptually translate to most cultures (see Exhibit 3 for examples).

Exhibit 3

EXAMPLES OF CONCEPT EQUIVALENCY EDITS TO THE *COSMOS STUDY QUESTIONNAIRE*

Use of visual aids to help the respondents answer questions on the Likert scale and to graphically demonstrate other complex response categories.
Provided definitions of complex concepts , such as “immigration status,” to the respondents clearly for them to choose an answer.
To assess country of origin, two different questions were asked (place of birth and home country) since in many instances those are not the same.
In the Conflict Tactics Scale, Question 12, the statement “I had sex with him/her because I was afraid of what he/she would do if I didn’t,” was used instead of using marital rape statements.

The final equivalency is Normative and refers to the “extent to which the translated text successfully addresses the difficulties created by differences in societal rules between English and other languages” (Pan and de la Puente, 2005, p.6). A number of norms were brought into question. These ranged from gender roles, to the role of women, to how to define marital rape across cultures (see Exhibit 4 for examples).

Exhibit 4

EXAMPLES OF NORMATIVE EQUIVALENCY EDITS TO THE *COSMOS STUDY QUESTIONNAIRE*

Question 15 in **Stephenson Multigroup Acculturation Scale (SMAS)** required defining the meaning of women's role in the United States. Hence it was reworded as following, "I am comfortable with the role of women in the United States as equal partners with men and as having more rights than women in my country."

Question 13 in **Stephenson Multigroup Acculturation Scale (SMAS)** inquired about a concept that cannot be translated normatively across cultures. Hence, to many immigrants the idea of "American food" is not translatable, so the team opted for "foods that Americans eat."

Pilot Testing of the COSMOS Study Questionnaire

The *COSMOS Study Questionnaire* was pilot tested by staff at the study's first partner organization, Tapestri, Inc.—the Immigrant and Refugee Coalition Challenging Gender Based Oppression. Tapestri members are refugee and immigrant advocates and survivors that represent and serve a multitude of refugee and immigrant communities in metro Atlanta, Georgia. Tapestri staff administered the draft questionnaire staff person-to-staff person and to several of their clients. In addition to piloting the draft instrument, the pilot test included a mock screening interview and consent discussion. Extensive feedback was received from Tapestri and included suggestions to shorten the questionnaire and suggestions to reword or delete specific items.

Development of Subject Consent Forms and Administrative Tracking Forms

A consent form was developed which outlined the purpose of the study, the number of respondents, general plan of the research, benefits and risks of participation, inclusion criteria, confidentiality of data, and rights as a research subject (a copy of the consent form can be found in Appendix C). The team also developed a wide array of forms required for the tracking and administration of the *COSMOS Study Questionnaire*, including tracking logs, a fee acknowledgement form, and a screening checklist (copies of these administrative forms can be found in Appendix D). The forms are discussed in detail below in Section 2.4.

2.3 THE STUDY TEAM

The study team was comprised of academic researchers and battered immigrant women's advocates spanning the disciplines of psychology, anthropology, and law situated within a private research firm, in partnership with two universities and a women's public policy organization. The study team brought together skills in qualitative and quantitative research, law, public policy, cultural diversity, and research methodology, as well as expertise in the areas of domestic violence, immigration, acculturation, and criminal justice. The study team was

assisted by a host of partner organizations that were responsible for recruiting and consenting study subjects, and administering the study instrument.

Recruitment of Partner Organizations

Original Partner Organization: Tapestri, Inc.

The original grant proposal for the study included Tapestri, Inc., as the sole partner organization who would be responsible for recruiting study subjects and administering the study questionnaires (in addition to assisting in developing and pilot testing the questionnaires). Tapestri is a coalition of community-based service providers based in metro Atlanta, Georgia. Tapestri member organizations (Tapestri, Raksha, Caminar Latino, and Refugee Family Services) include refugee and immigrant advocates and survivors that represent and serve a myriad of refugee and immigrant communities in and around Atlanta.

The original budget plan provided for nearly 2,500 hours for research assistants (unnamed and unnumbered) at Tapestri to recruit and administer the study questionnaire. It was anticipated that these interviewers would be bilingual in a number of languages, particularly those spoken by the proposed study participants. Based on estimates from Tapestri, we anticipated 428 subjects to be recruited over a period of 12 months. Bilingual interviewers would conduct interviews in the language of the women participating in the study who were seeking services from one of Tapestri's member organizations. The goal was to hire a multilingual group of interviewers that would include staff from Tapestri's member organizations and other paid volunteers. By working with a group of interviewers who were bilingual, interpreters would not be required for questionnaire administration. In addition to the interviewers, a senior program director at Tapestri was slated to provide overall supervision at Tapestri (for a total of 240 hours), including serving as the study's primary contact at Tapestri, supervising the bilingual interviewers, assisting with coordinating Tapestri's recruitment efforts, and assisting in management of other day-to-day activities. Tapestri's original budget was \$46,288.

During February and March 2004, the study team negotiated a new budget and modifications to the work plan with Tapestri to accommodate their assertion that their proposed budget was insufficient. Based on Tapestri's new projections of level of effort and the associated budgetary implications, the estimated sample size was reduced to 306. The new project budget, which was accepted by Tapestri, accommodated Tapestri's request to increase their budget by reducing the remaining study partners' efforts by 5 percent. On March 15, 2004, the revised project budget and modifications to the workplan were submitted to the NIJ project officer, and approval was received on March 19, 2004.

In April 2004, the study team was informed by Tapestri that, after additional review, the revised project budget and work plan that they had agreed to (and was submitted to NIJ) would not be acceptable. The study team worked with Tapestri during April, May, and June 2004 to arrive at a plan that would accommodate the overall project budget and not compromise the project work plan. However, the team was unable to arrive at a compromise or resolution. The

primary issues that remained unresolved included: 1) the project could not meet Tapestri's proposed budget of \$107,440 (a 132% increase over the original grant amount of \$46,288), requested in January 2004 and restated in June 2004; and 2) the project budget did not allow for either written translation of the questionnaire into 12 languages or use of professional interpreters (as requested by Tapestri).

Despite the lack of a compromise on the working relationship between the study team and Tapestri, it should be noted that from November 2003 (the beginning of the study) through March 2004, Tapestri staff made a significant contribution to the study by assisting with the development of the questionnaire and pilot testing the questionnaire. In addition, several Tapestri staff members (representing a variety of cultural, racial, and ethnic backgrounds) reviewed the draft questionnaire and provided substantial input regarding semantic, normative, and concept equivalency (described above under "Item Development for the COSMOS Study Questionnaire").

In July 2004, the study's Principal Investigator informed the NIH Project Officer of the impasse with Tapestri, and that the team had begun to contact other agencies to ascertain their interest in serving as partner organizations. On October 5, 2004, a meeting was held with the NIH Project Officer, study team members, and staff from Tapestri to discuss the impasse. At that time, the study team confirmed that they had been successful in recruiting new partner organizations and would be glad to pay Tapestri for the services rendered to the study. On December 31, 2004, the study team submitted payment for the services of one interviewer and the project supervisor for the period December 2003 through April 2004, effectively closing Tapestri's involvement in the study.

Recruitment and Training of First Wave of New Partner Organizations

Beginning in May 2004, the study team began to investigate other potential partners to replace Tapestri's role in the study. The study team undertook a different recruiting strategy for this new effort to recruit partner organizations. Co-Principal Investigator Leslye Orloff is a co-founder and co-director of the National Network to End Violence Against Immigrant Women, which is an organization with over 3,000 members across the country, most of whom are agencies that provide advocacy or legal services to battered immigrant women (Co-Principal Investigator Nawal Ammar serves on the advisory committee of the National Network). The study team decided to reach out to specific Network member organizations from geographically distinct locations across the country. Organizations were sought that worked with different population groups of immigrant women in an effort to ensure that participants included immigrant victims from Latino, Asian, African, Middle Eastern, and Eastern European immigrant communities. Each of the new partner organizations had significant experience working with battered immigrant women to provide advocacy services and assistance in obtaining civil protection orders. Additionally, each new partner organization had a staff member or a program director who had worked for many years on collaborative projects with Legal Momentum's Immigrant Women Program, directed by Leslye Orloff (one of the study's co-Principal Investigators). The goal was to identify new partners who understood the

importance of the research study and who had a track record for following through on collaborative projects.

By December 2004, the study team had identified six agencies that agreed to sign Statements of Work formalizing their participation in the study. These six new partner organizations included: 1) Texas Rio Grande Legal Aid (Texas), 2) Iowa Coalition Against Domestic Violence (Iowa), 3) Ayuda (District of Columbia), 4) Asian Pacific Islander Domestic Violence Resource Project (District of Columbia), 5) Manavi (New Jersey) and 6) The Legal Aid Foundation of Los Angeles (California). The study team believed that this new multisite configuration would produce study findings that were more representative of the overall experience of battered immigrant women throughout the U.S. The inclusion and exclusion criteria for study subjects remained the same (see Exhibit 1). The partner organizations agreed to reimbursement at the rate of \$85.00 per recruited subject. This amount covered all costs related to:

- Training for their staff on administration procedures and survey content;
- Recruiting and consenting the subject;
- Conducting the initial interview;
- Maintaining interim contact with the participant to ensure ability to conduct a second interview at a 3-4 month interval and to schedule the follow-up interview;
- Conducting the follow-up interview;
- Providing the completed original study instruments to the project team for data entry when and where instructed; and
- Providing biweekly email updates to the project team on the progress of recruitment, and initial and follow-up questionnaire administration.

In order to provide an incentive for the partner organizations to schedule and conduct the follow-up interview, the \$85 per subject fee was prorated as follows: \$30 paid to the organization after the completion of the initial interview and submission of the completed study instrument to the study team; and the remaining \$55 after the completion of the follow-up interview and submission of the completed study instrument.

The first training was conducted simultaneously with two partner organizations, Ayuda and the Domestic Violence Resource Project (DVRP), at COSMOS's offices in Bethesda, MD, on January 24, 2005. Both Ayuda and DVRP are located in the Washington metropolitan area, and thus no funds were required for travel or related expenses. The next three organizations were trained via teleconference as follows: Manavi and Texas Rio Grande Legal Aide on April 26, 2005; and Iowa Coalition Against Domestic Violence on May 17 and May 26, 2005. These trainings were conducted by the Principal Investigator or a Co-Principal Investigator, and at least one other person from the study team. The training for the sixth project partner the Legal Aid Foundation of Los Angeles was never scheduled, because after agreeing to participate in the study and signing the Statement of Work the Executive Director of that organization decided to not allow agency staff to participate in the study.

Members of the study team were in regular contact (by telephone and e-mail) with the new partner organizations following the trainings to gauge progress in administering the questionnaire and to provide technical assistance. The new partner organizations had varying degrees of success in meeting their recruitment goals (see Exhibit 5).

The first wave of new partner organizations reported several recruitment barriers and challenges to recruitment of study participants and conducting the surveys. Some programs did not have as many eligible clients seeking services from their program as they had anticipated. Others found that women who were eligible to participate in the survey chose not to participate out of fear about discussing their domestic violence history because they feared that their abuser would find out. However, the most significant barrier was lack of time. Agency staff who committed to conduct interviews had difficulty clearing time in busy advocacy and client representation schedules to conduct interviews. By February 2006 (three months prior to the end of the data collection period), only 47 subjects had been recruited by the first wave of partner organizations (the figures noted in Exhibit 5 below represent the final recruitment figures).

It was clear however, that at least one program partner—the Iowa Coalition Against Domestic Violence (ICADV)—was more successful in following through on their projected recruitment of study participants than the other program partners. Co-Principal Investigator Leslye Orloff interviewed the lead staff members at two of the first wave partner organizations to gain insight into what was working, what was not working, and why. Following those discussions she also contacted another National Network-affiliated organization, the Florida Immigrant Advocacy Center (FIAC), for assistance in developing future recruitment strategies that were likely to be more successful.

It was determined that there were significant differences between partner organizations that were able to successfully complete the questionnaires and those who had not. The most important factor was that at the successful organization (ICADV), a staff member with management responsibilities over staff members who were administering the questionnaires made a management-level commitment to making survey completion a priority. In comparison, at other partner organizations, when the lead person interested in moving the project forward was a staff member who had to rely upon other co-equal staff members at the agency to fit this work into their work schedules—project work kept stalling and agency management did not take steps to ensure completion. Client services work took precedent over completion of the agency's commitment to complete questionnaires for the study.

Exhibit 5

SUBJECT RECRUITMENT BY THE FIRST WAVE OF NEW PARTNER ORGANIZATIONS

Partner Organization	Anticipated Recruitment (as stated in their SOW)	Actual Recruitment	
		Initial Questionnaire	Follow-Up Questionnaire
1. Iowa Coalition Against Domestic Violence (Des Moines, IA)	50	46	35
2. Texas Rio Grande Legal Aid (Austin, TX)	20	18	1
3. Ayuda (Washington, DC)	50	9	0
4. Asian Pacific Islander Domestic Violence Resource Project (DVRP) (Washington, DC)	15	5	0
5. Manavi (New Brunswick, NJ)	15	2	0
Totals	150	80	36

Discussions between Legal Momentum, ICADV, FIAC, and Texas Rio Grande Legal Aid staff led to a new suggested approach to recruiting survey participants that would build on the commitment of individual staff members at agencies serving immigrant victims that would hopefully avoid many of the agency related bureaucratic issues that had undermined partner success to date. Instead of requiring that individual agencies commit to administering the questionnaires, the study team would recruit individual professionals (advocates, attorneys) who work with battered immigrants in these agencies. These individuals would administer questionnaires to their eligible clients and the individual interviewers would be paid \$50 per survey. The individual and their agency could choose whether the \$50 fee for the completed interview would be paid to the advocate/attorney interviewer or to their organization. For at least one original partner organization this approach resolved most of the previous roadblocks to survey completion. Texas Rio Grande Legal Aid was able to recruit their organization's volunteers who would be paid \$50 per completed questionnaire. In the end, this strategy enabled Texas Rio Grande Legal Aid to administer most of their questionnaires.

Following these discussions, the study team decided to recruit a wide range of new project partners through the National Network to End Violence Against Immigrant Women and its listservs. The goal was to recruit advocates and attorneys who were Network members from across the country to individually commit to administering questionnaires for the project.

Recruitment and Training of Second Wave of Partner Organizations

In a meeting with the NIJ Project Officer on February 27, 2006, a new plan was agreed to in which a second wave of new partner organizations would be recruited in order to maximize the number of completed initial questionnaires before the end of the data collection period on

April 30, 2006. The new subject recruitment goal was set at 100, and the data collection period was extended one month to May 31, 2006. The goal was to work through the National Network to End Violence Against Immigrant Women (which is co-directed by the study's co-Principal Investigator at the Immigrant Women Program at Legal Momentum) to recruit new project partner interviewers. The outreach would be specifically directed to individual professionals (advocates/lawyers/social services providers) who work in agencies serving a broad range of immigrant victims. Interviewers would have the option of administering the questionnaire on their own time or as part of their work for their agency. Interviewers were asked to interview clients of their agency. The decision was made to focus on completing only the initial interview per subject, and the payment made to the interviewers (or organizations) was restructured and increased from \$30 to \$50 as payment for completion of the initial questionnaire. The incentive fee for the subject remained at \$15 for completion of the initial questionnaire. Existing partner agencies were encouraged to persuade their staff and volunteers to conduct interviews after regular work hours for which they would receive payment directly. This helped at least one current partner, Texas Rio Grande Legal Aid, increase the numbers of questionnaires they were able to complete.

The second wave of new partner organizations were recruited via an invitation letter (see Appendix E) from Leslye Orloff, a Co-Principal Investigator and a founder of the National Network to End Violence Against Immigrant Women who used her relationships and reputation with allies involved in the Network and made a personal appeal for their assistance. This letter explained the importance of the project, what the study team was asking interviewers to do, and the timeline for completion of the work. The invitation letter was distributed to all of the Network's active listservs on March 22, 2006. These listservs were: VAWA updates (1231 participants); VAWA experts (255 participants); Public Benefits (199 participants); Family Law (259 participants); and the Network Advisory Committee Listserv (45 participants). Persons receiving the invitation were encouraged to share it with others they thought might be interested in participating in the study. Only the initial interview was to be conducted; no follow-up interview was required.

The invitation letter provided a description of the study and the data collection methods, the screening and consent requirements, and appealed to organizations that were interested and could agree to administer a minimum of 10 questionnaires. The inclusion and exclusion criteria for study subjects remained the same (see Exhibit 1). Individual interviewers had to be affiliated with an organization to which battered immigrant victims turned for help so that study subjects could be recruited from that agency's clients. The new partner organizations were required to complete, sign, and return to the study team a Statement of Work, which requested information about the organization, contact person, number of subjects that the organization expected to recruit for the study, and a general description of the ethnic composition of the target population from which the subjects would be recruited.

Outreach through the National Network proved to be an extremely successful recruitment approach. The study team received over 70 responses to the invitation via e-mail and telephone from organizations interested in assisting with subject recruitment and questionnaire administration. The study team set a cut-off date of April 30, 2006, for recruitment of new

organizations. By May 1, 2006, 10 new organizations had completed, signed, and returned their Statements of Work, and were approved by the study team to serve as new partner organizations. Each new partner organization received individual orientation and training via conference call. The study team maintained weekly contact with each new organization to provide technical assistance.

Of the 10 new partner organizations recruited during wave 2, only one organization was not able to recruit any subjects or administer the questionnaire. Four of the remaining nine partner organizations met or exceeded the minimum of 10 initial interviews, and the other five organizations completed between three and nine initial questionnaires. The new partner organizations recruited during wave 2 completed a total of 73 initial questionnaires (See Exhibit 6). The new method instituted for administering questionnaires also helped the first wave of partner organizations reach their recruitment goals. As a result, in three months the study team exceeded the target of 100 initial questionnaires by over 50 percent. This approach led to completion of 153 initial surveys and 36 follow up surveys. Exhibit 7 shows the total number of questionnaires completed during waves 1 and 2.

Lessons Learned

This research study provided an opportunity to learn many valuable lessons that shed light on how research among battered immigrant women subjects can be successfully conducted.

Partnering with Agencies vs. Hiring Agency Staff and Volunteers as Interviewers. The study team learned that the best approach is to work with agencies that serve battered immigrant clients in identifying interviewers willing to work as independent contractors. This strategy worked because it provided a mechanism through which individual staff members or agency volunteers who were bilingual and who had access to and relationships with battered immigrant clients could choose to work additional hours to administer the questionnaires, without taking time away from their regular job duties. The problem that arose in virtually all agencies was that the demands of direct service work combined with shifting management priorities undermined the ability of agencies to deliver on their commitment to completion of the numbers of questionnaires as promised. Only when a management supervisor was herself invested in and pushing the project, and was able to control competing demands, did contracting with the agency produce expected results. Working through individual interviewers rather than agencies appeared to be more effective as well because individuals were better at predicting the numbers of interviews they would be able to conduct within the specified time frame than the agencies. Further, increasing the compensation rate to \$50 for each completed interview, requiring only one interview, and paying interviewers directly made the process of conducting the interview simpler, faster, and more efficient.

Exhibit 6

**SUBJECT RECRUITMENT BY THE SECOND WAVE OF
NEW PARTNER ORGANIZATIONS**

Partner Organization	Anticipated Recruitment (as stated in their SOW)	Actual Recruitment (Initial Questionnaire Only)
1. A Woman's Place of Merced County (Merced, CA)	15	15
2. Alliance for Battered and Abused International Women (Cincinnati, OH)	10	10
3. The Bridge – A Refuge for Women (Pasadena, TX)	10	10
4. Shelter for Abused Women and Children (Naples, FL)	10	10
5. Task Force on Family Violence (Milwaukee, WI)	10	9
6. Family Tree – Housing and Family Services (Wheat Ridge, CO)	10	9
7. Legal Aid Society of Minneapolis (Minneapolis, MN)	10	4
8. Legal Assistance Corporation of Central Massachusetts (Worcester, MA)	10	3
9. Florida Immigrant Advocacy Center (Miami, FL)	30	3
Totals	115	73

Exhibit 7

**TOTAL SUBJECT RECRUITMENT BY THE FIRST AND SECOND WAVES OF
NEW PARTNER ORGANIZATIONS**

Wave Number	Number of Initial Questionnaires	Number of Follow-up Questionnaires
Wave 1 (5 partners)	80	36
Wave 2 (9 partners)	73	0
Totals	153	36

Hiring Bilingual Interviewers Worked, Interpreters Were Not Needed. A second important lesson is that there are growing numbers of bilingual and bicultural advocates and attorneys working in agencies that serve immigrant victims across the country. These bilingual service providers can be trained to use an English language survey tool to administer an oral interview to victims who speak multiple languages. Working through agencies who are already providing services to immigrant victims in a variety of languages and who had developed the language expertise in their agency among their staff and volunteers was key. Hiring of additional interpreters was not needed.

Outreach Recruitment of Interviewers and Subjects Using the National Network to End Violence Against Immigrant Women Listservs Works. Outreach to potential partner agency staff through listservs run by Legal Momentum and the National Network to End Violence Against Immigrant Women produced extraordinary results in a very short time frame. The study team received affirmative responses from many more organizations than could have been partnered with to complete the project. The use of listservs as an avenue for contacting potential partner organizations provided significant diversity from which the research project benefited. Participants included shelters, legal aid offices, housing and social services agencies, and immigrant rights advocacy groups. There was geographic diversity in the location of the agencies and demographic diversity in the populations of battered immigrant women they served. Importantly, this method of recruitment produced positive results very swiftly.

2.4 ADMINISTRATION OF THE *COSMOS STUDY QUESTIONNAIRE*

The *COSMOS Study Questionnaire* was administered between June 2004 and May 2006 (initial and follow-up interviews). The questionnaires were administered by staff from 14 partner organizations (described above). A total 153 initial questionnaires and 36 follow-up questionnaires were completed.

Management of Risks to Subjects

Safety concerns were paramount in all project procedures and in all contacts with research subjects. Subject safety was maximized by utilizing informed consent, individualized safety protocols for contacts with subjects, Institutional Review Board (IRB) review of the data collection procedures, and unique identifiers for each participant. These safety mechanisms are described below.

Consent Form and Process

An informed consent document (see Appendix C) was developed to ensure that subjects understood the purpose of the study, the nature of participation in the study, study procedures, potential risks and benefits to them, and persons who they could contact to inquire further about their participation. Once a person agreed to participate in the study and was deemed eligible, the next step was to introduce the consent process and consent form.

The interviewer presented a brief overview of the consent process to the participant to explain why they must read the consent form and why they must sign it if they wished to participate in the study. The interviewer did not assume that the participant would be familiar with consent forms, the issue of confidentiality, or their rights as research participants. A script was developed to assist interviewers in introducing the consent process to participants. This “consent presentation” is provided below.

Consent Presentation:

“In order for you to participate in the study, you must read a consent form that explains:

- *What this study is about;*
- *What you will be asked to do;*
- *The risks and benefits of participating in the study; and*
- *The steps the researchers will take to protect (or keep private) the information that you give us.*

I will be happy to explain any part of the form or answer any questions you may have. Once you read the consent form, you will be asked to sign the form. By signing the form, you are saying that you read the form, that anything you didn't understand was explained to you, and that you agree to participate in the study.

I would like to remind you that your participation in the study is voluntary, which means you do not have to participate if you don't want to.

If you would like, I can read the form to you. Would you like to read the form yourself or would you like me to read the form to you? If you choose, you may take the unsigned consent form home to read more carefully and return at a later time to complete the consent process. Upon signing the form, you will receive a copy of the form, unless you prefer not to. The original form will be kept in a locked drawer and will be destroyed at the end of the study.

The research team will combine all the information that participants tell us; we will not report information for individual participants, but for all participants as a whole. We will not write your name on the questionnaire, only an ID number. The only people that can connect names to ID numbers are the principal investigator and the project coordinator. Results of this study may

be reported in meetings or publications; however, the identity of specific study participants will not be disclosed. In other words, the results of the study will be reported overall, not about specific people.

In order to finalize the consent process, both the subject and the interviewer were required to sign the consent form.

Safety Protocol

A detailed safety protocol was developed and included in the *Training Manual for Questionnaire Administrators* (discussed below) to codify the procedures for minimizing the risks to the study's subjects and others, as follows:

- If at any point, the interviewer or the subject herself believes that the subject might be in increased danger due to her participation in the study, their involvement will be terminated immediately, until such time as the increased danger is no longer present.
- If the subject tells the interviewer of their intent to harm someone else or themselves, the interviewer should probe to determine if the intent is legitimate, and if so, should terminate the interview immediately. The interviewer should then contact their organizational supervisor and follow their organization's guidelines for mandatory reporting. The interviewer should then contact the principal investigator (Dr. Mary Ann Dutton, 301-526-0658) to discuss the incident. If the principal investigator is not available, the interview should contact the project coordinator (Darci Terrell, 301-215-9100). Additional contact information for the principal investigator and project coordinator can be found in Section 1 of this Manual.
- If the subject begins to tell of a child that is being abused, the interviewer should remind the subject of the mandatory reporting requirements. If the subject tells of a child that is being abused, the interviewer should terminate the interview immediately. The interviewer should then contact their organizational supervisor and follow their organization's guidelines for mandatory reporting. The interviewer should then contact the principal investigator (Dr. Mary Ann Dutton, 301-526-0658) to discuss the incident. If the principal investigator is not available, the interview should contact the project coordinator (Darci Terrell, 301-215-9100). Additional contact information for the principal investigator and project coordinator can be found in Section 1 of this Manual.
- All interviews will be conducted in private.
- A careful debriefing will be conducted following each interview to ensure that participants have not been upset by the nature of the interview, and to provide appropriate referrals if appropriate.
- All participants will be given referrals to community agencies that can provide emergency service or other assistance.

- When calling the subject to schedule the follow-up interview, use caution when leaving a message and refer only to the “COSMOS Study.”

Institutional Review Board (IRB) Review of the Data Collection Procedures

The Georgetown University’s Institutional Review Board (IRB) served as the IRB of record for the study (the Principal Investigator is employed by Georgetown University). In addition, the study was reviewed by the IRB at Kent State University (the employer of one of the Co-Principal Investigators) as a requirement of her participation in the study. Initial applications were submitted to each IRB along with all required documentation including the study protocols, consent forms, etc., and the study received approval from both IRBs to conduct data collection (Georgetown University IRB #03-302 and Kent State IRB #4-135). Annual review reports were required and submitted each year to the IRBs to provide updates on subject recruitment and progression of the study.

Unique Identifiers

Each subject was assigned a unique identification (ID) number. The ID number appeared only on the consent form, the questionnaire, and the master tracking log (maintained by the study coordinator). The ID number is the only identifying information that appeared on the questionnaire, and all questionnaires and consent forms were stored in separate locked drawers within COSMOS’s locked office. Only the Principal Investigator and the Study Coordinator have access to these documents.

Training for Questionnaire Administrators

A training manual (Appendix F) was developed, and formal training was conducted with all questionnaire administrators prior to the administration of the questionnaires (two organizations received in-person training, the remaining partners received training via conference call). The training was conducted by at least one of the Principal Investigators and consisted of two phases. The first phase of the training consisted of an overview of the project, and details about administering the questionnaire. The first phase of the training included the following modules: 1) Introduction to the Project; 2) Screening Potential Participants; 3) Informed Consent and Confidentiality; 4) Logistics for Initial Questionnaire Administration; 5) Logistics for Follow-up Questionnaire Administration; and 6) Team Collaboration and Information Sharing. The second phase of the training consisted of a detailed review and discussion of the study questionnaire. The entire training (both phases) lasted approximately four hours.

Subject Recruitment and Screening

The partner organizations recruited subjects from their current roster of clients and, according to the study's eligibility criteria, were also allowed to recruit former clients that sought help from their agency within the previous six months. Two recruitment incentives were implemented: 1) Subjects were paid a total of \$40 for their participation in the study. This amount was prorated so that subjects received \$15 for completion of the initial interview and \$25 for completion of the follow-up interview; and 2) a limited amount of funds were available to compensate subjects for transportation. When partner organizations only administered the initial questionnaire, the subject only received \$15.

A potential subject was first approached with a request to determine their interest in hearing more about the study. The following script was utilized:

Request To Conduct Screening:

[Name of Organization] is working on a study to find out if immigrant women use protection orders, and if so, if the protection orders were helpful. We will be interviewing a lot of women, like yourself, to find out about their decisions and experiences with protection orders. I would like to ask you a few questions to see if you would qualify to participate in the project. Everything you tell me will be kept private. It is okay if I ask you a few questions?

If the client agreed to answer the screening questions, the interviewer next determined if the client met the study's selection and disqualification criteria (see Section 2.1, Sample and Selection Criteria). The interviewer completed a Screening Checklist (see Appendix G) for each client that was screened to document the screening's findings.

If the client met the selection criteria for the study, AND was not disqualified from participation, the interviewer then determined if the client was still interested in participating in the study. The following script was utilized:

Request To Participate In The Study:

You are eligible to participate in the study. If you choose to participate, we will interview you two times, now and again in about 3-4 months. Each interview will take about 1 ½ hours to complete. We will pay you \$40 total to complete both interviews; you will receive \$15 in cash to complete the first interview, and we will pay you \$25 in cash when you complete the last interview in 3-4 months. In the interviews, we will ask questions about you and your family, how you have adapted to living in the U.S., how happy you are with your life, the threat of danger you feel from your partner, your experience with protection orders, and other related

questions. You do not have to participate in the study if you don't want to and this will not affect your eligibility to receive services from [agency]. If you would like to participate, we would ask you to sign a consent form that explains what the study is about, what you will be asked to do, the risks and benefits of being in the study, and the steps we will take to protect (or keep private) all the information that you give us. Are you interested in reading the consent form?

If the client expressed interest in reading the consent form, the interviewer proceeded with the consent discussion (detailed above).

Administration of the Initial and Follow-up Questionnaires

The questionnaires were administered by trained staff from 14 partner organizations (described above under Section 2.3) to eligible and consented subjects. Prior to administration of the questionnaire, subjects were offered the opportunity to ask any questions about the study, the consent form, the questionnaire, etc. Questionnaire administration proceeded as a structured interview. The interview was conducted one-on-one by the interviewer and, if necessary, an interpreter (from the partner organization) was present to provide translation and interpretation (note: the partner organizations all serve immigrant women in some capacity, and therefore, all have staff that speak the languages of the clients they serve). Interviews were required to be completed in a private room, where the subject could be assured of their privacy. A limited number of interviews (less than five) were conducted over the telephone in cases where the subjects were not able to acquire transportation. In these cases, the interviewer alerted the subject to additional safety concerns (primarily that the interviewer could not assure the subject that other persons hearing the interview on the subject's end of phone line would keep the information confidential). Interviewers utilized visual aids to assist with specific questions dealing with complicated concepts or response categories like Likert scales. The visual aids consisted of a series of laminated 8"x11" slides (Appendices A and B contain copies of the visual aids for each questionnaire). Subjects were allowed to skip any question that they did not want to answer. At the conclusion of the interview, a debriefing was conducted with subject to offer resources in the event that the subject was in any way distressed and to allow the subject to ask any questions. Subjects were asked to sign or initial a fee acknowledgement form (see Appendix D for a copy of this form) to indicate that the recruitment incentive payment was provided. At the conclusion of the initial interview, subjects were also asked for contact information (see Appendix D for a copy of this form) where they could be reached to schedule the follow-up interview. Completion of the screening and consent discussions and the initial interview required approximately 1.5 hours.

The interviewers were instructed to contact the subject approximately two months after the initial interview for the purpose of scheduling the follow-up interview (the follow-up interview was slated for 3-4 months following the initial interview). The interviewers contacted the subjects an average of 4.4 months following the initial interview (SD = 2.74). Most participants

(72%) were contacted more than one month following the initial interview. The variability in length of time between the initial and follow-up interviews was reported by the questionnaire administrators to be due to several conditions:

1. The bulk of the initial interviews were conducted towards the end of the data collection period, and the administrators attempted to conduct the follow-up questionnaire even though it was prior to the three-month follow-up mark;
2. The subjects' conditions changed before three months, and since the subjects were often difficult to contact, the administrators went ahead and conducted the follow-up when the women came back to get the protection order; and
3. Related to the above, since the subjects were sometimes difficult to contact, the administrators went ahead and conducted the follow-up if the woman happened to be in the office.

Administration of the follow-up interview was similar to that of the initial interview, though the follow-up interview had significantly fewer questions. Subjects were rescreened and interviewers again conducted the consent discussion. Similar to the process described for the initial interview, at the conclusion of the follow-up interview the subject again signed or initialed the fee acknowledgment form after receiving the recruitment incentive payment of \$25, and a debriefing was conducted to ascertain if the subject showed any signs of distress. Completion of the rescreening, consent discussion, and the follow-up interview required approximately one hour.

The interviewers encountered some challenges in administering the *COSMOS Study Questionnaire*, including:

- When using an interpreter, the interview took longer to complete;
- Despite assurances from the interviewer, some subjects were reluctant to or did not answer specific questions (because of fear and/or reluctance to recount traumatic events);
- A common response of both administrators and subjects was that the interviews were lengthy and required considerable emotional effort and time to complete. During the questionnaire development phase, the study team endeavored to find the balance between participant burden and maximizing the information obtained;
- The questionnaire section titled "Pathway to Services and Experiences with Protective Orders" (section VI in the initial questionnaire; section V in the follow-up questionnaire) was the most difficult section for administrators due to the complexity of the skip patterns, the large number of follow-up questions, and the large number of response options. For these reasons, this section was particularly difficult for administrators to navigate once in the midst of the interview; and
- Keeping both the initial and follow-up interviews focused on the "index partner" (defined as the person the subject was seeking protection from at that time) was challenging particularly if the subject had been involved and

abused by more than one partner. In order to ensure that the questions were answered about the index partner, a reminder was added to the instructions at the beginning of each section that reiterated that all questions about their “partner” referred to the index partner.

Tracking and Processing Completed Questionnaires and Administrative Forms

Questionnaire administrators were responsible for managing a wide variety of forms and materials, including the questionnaire, consent form, screening checklist, fee acknowledgement receipts, domestic violence resource lists, cash money for subject incentive fees, and various logs for tracking the forms and fees. A coordinator was appointed at each site to be responsible for compiling, tracking, and distributing the materials and funds to questionnaire administrators; tracking, logging, and conducting quality reviews of completed questionnaires; tracking subject incentive fees and receipts; and transmitting all materials to COSMOS for processing.

The procedures for tracking and processing completed questionnaire materials coming from the field involved a series of quality checks to ensure that all questionnaires, subject incentive funds, tracking logs, consent forms, screening checklists, and other forms were accounted for and recorded for tracking purposes. The following quality checks were completed and recorded at COSMOS for incoming questionnaire materials from each site:

- Count the number of completed questionnaires;
- Review each questionnaire to ensure that the instrument is complete;
- Ensure that all associated materials are present for each questionnaire (i.e., consent form, screening checklist, fee acknowledgement form);
- Match the incoming questionnaire ID numbers with the Master Tracking Log (see Appendix D), which tracks the outcome for each ID number (i.e., questionnaire complete, questionnaire incomplete, questionnaire not completed for that ID number) and records the screening results for each ID number (i.e., subject eligibility and consent); and
- Complete a thorough reckoning of subject incentive fees and organization payment fees, and process payments to the partner sites.

Electronic Data Scanning

Both the initial and follow-up version of the *COSMOS Study Questionnaire* were formatted using TeleForm¹ software to enable electronic scanning of the questionnaire data, thus avoiding the entry errors and extensive labor associated with manual data entry. The study team also developed the underlying databases that would house the scanned data and conducted internal testing of the scanning process using “dummy” questionnaires to ensure that the database structure and scannable format functioned properly.

All electronic data scanning was conducted by a study team member at COSMOS. After processing and tracking all of the incoming questionnaire materials, the questionnaires were electronically scanned to an Access database via TeleForm software. The procedures for transferring data from paper surveys to the Access database are outlined in Exhibit 8.

2.5 DATA ANALYSIS

Both the baseline (initial) and follow-up data were read from Microsoft Access into SPSS (version 14.0) and were analyzed separately, as well as together. The SPSS data files included baseline survey data for 153 respondents, and follow-up survey data for 36 respondents.

Initial data validation procedures began with assigning variable labels and value labels in adherence to the respective questionnaires. After establishing meaning to the data, responses were examined for completeness and correctness. In addition to scrutinizing the data, logic checks were developed and conducted for confirmation of skip patterns and assurance of in-range values that reflect response validity. Data were cleaned, so that data for respondents who did not espouse proper data compositions were removed from the data file. The final data file included 153 respondents and the resultant follow-up survey data included 36 respondents.

Scales were calculated from items to measure the components outlined in the conceptual framework. In the baseline data, eight main scales and their subscales were computed: 1) SMAS (Acculturation) Scale, 2) PMWI (Psychological Abuse) Scale, 3) CTS (Violence) Scale, 4) IPV (Threat Appraisal) Scale, 5) PCL (Post Traumatic Stress Disorder) Scale, 6) CES-D (Depression) Scale, 7) Prior Trauma (Summary Exposure Score) Scale, and 8) Social Support Scale. The follow-up data had the same scales and subscales computed as the baseline data, but did not include the SMAS (Acculturation) Scale.

¹The questionnaire framework was constructed using Verity software’s TeleForm Elite (Designer module). TeleForm Designer is a powerful application that creates forms for collecting data via facsimile, mail, by hand, or the Internet. Completed forms can be retrieved via facsimile, scanner, modem, or Internet, and then are read automatically by TeleForm.

Exhibit 8

PROCEDURES FOR ELECTRONICALLY SCANNING QUESTIONNAIRE DATA VIA TELEFORM

TeleForm Processing Steps	Description of Processing Steps
1. Scan surveys	<ul style="list-style-type: none"> • Scan completed surveys into PDF format • Save scanned surveys in a centralized folder on COSMOS's network
2. Batch creation	<ul style="list-style-type: none"> • Compile scanned surveys into small batches (5-10 surveys) • Process surveys by batches using TeleForm
3. Batch reading	<ul style="list-style-type: none"> • Review created batches • Reject or accept the individual batches
4. Batch identification	<ul style="list-style-type: none"> • Batch matched with correct form template for purposes of correction and data entry
5. Batch evaluation	<ul style="list-style-type: none"> • Remove duplicates, blank pages, and miscellaneous error pages
6. Batch correction	<ul style="list-style-type: none"> • Conduct manual correction of TeleForm's reading of the data, where necessary: <ul style="list-style-type: none"> - Ex. Correction of misread numbers - Ex. Clarification of unreadable responses due to stray marks, illegible writing, and scratched-out responses • Conduct data cleaning: if multiple responses were checked in a field requiring only one response, all responses for that question were removed in order to continue batch processing, resulting in a blank response.
7. Batch committal	<ul style="list-style-type: none"> • Following evaluation and correction, transfer batches to Microsoft Access database

Data analysis methods primarily included running descriptives and frequencies on all the variables, scales, and subscales in the baseline and follow-up data. These procedures allowed for an overview of the results from the data's respective questionnaires. Additional analyses will be conducted for inclusion in follow-up manuscripts for publication.

The data analytic plan for subsequent analyses will include linear and logistic regression analyses for predicting relevant outcomes (e.g. filing for a protection order, obtaining a final order, reabuse). Prediction models incorporate appropriate numbers of predictors to accommodate the final sample size. These analyses will be conducted using SPSS v. 14 and MPlus v. 4.1 in order to address missing data.

3. RESULTS OF THE STUDY

Preliminary results are presented here. Further results will be presented in subsequent manuscripts submitted to professional journals (citations and links to these manuscripts will be posted on COSMOS's website at <http://www.cosmoscorp.com/publications.html>).

1. Demographic description of sample of battered immigrant women, including country of origin, family constellation, and immigration status:

- Most (58.6%) of the sample reported being involved with the agency from which they were recruited for the first time;
- The 153 women in the study reported living in the U.S. for an average of 9.0 years (SD = 6.14), with a range of 1-30 years. Most women (67.3%) had lived in the U.S. for 10 years or less;
- Mean age was 31 years (SD 6.52) with a range of 21-46 years;
- Most (86.7%) women had children with a range of 0-10 children and a mean number of 2.4 (SD 1.8) children;
- The total family income of the sample reflected a relatively low income: 44 percent reported an annual income of less than \$10,000; 67 percent less than \$15,000; and 85 percent less than \$25,000; and
- The sample represented nine geographic regions of origin, including:
 1. Mexico
 2. Central America
 3. South America
 4. Europe
 5. Africa
 6. North America
 7. Japan
 8. India
 9. Asia
- The women in the sample spoke 19 different first languages, including:
 1. 104 Spanish
 2. 12 Hmong
 3. 7 English
 4. 5 Russian
 5. 2 Japanese
 6. 2 Mandarin/Chinese
 7. 2 Romanian (one person speaks both Romanian and Hungarian)
 8. 1 Albanian
 9. 1 Arabic
 10. 1 Assamese
 11. 1 Cantonese
 12. 1 Czech
 13. 1 Dutch
 14. 1 Hungarian (this person also speaks Romanian)
 15. 1 Ibo
 16. 1 Igbo
 17. 1 Kejja
 18. 1 Mienh
 19. 1 Vietnamese
- Immigration status of the sample was as follows:

- vii. Citizen, n = 2 (5.9%)
- viii. Lawful permanent resident, n = 36 (23.5%)
- ix. Undocumented, n = 67 (43.8%)
- x. Temporary, n = 33 (21.6%)
- xi. Refugee, n = 3 (2%)
- xii. Don't know, n = 2 (1.3%)

2. Type and level of IPV exposure:

Overall, the level of violence experienced by this sample of immigrant women seeking services related to IPV was high (see Exhibit 9). The level of psychological abuse was also high, including both emotional/verbal abuse and dominance/isolation. Further, participants reported forms of psychological abuse that included abuse related to her immigration status (e.g., threatened or actually withdrew immigration papers, 39.5 percent sometimes, often, or very often; threatened or actually turned participant into immigration officials, 51 percent sometimes, often, or very often) (see Exhibit 10). Most women reported being “somewhat” or “very” worried about their own or their children’s safety (see Exhibit 11).

3. Knowledge and use of protection orders:

- Before seeking help from the agency from which they were recruited, 60.9 percent of the sample had no prior knowledge of protection orders.
- Most of the sample had filed a protection order against their abusive partner (n = 104, 68%), although a substantial minority had not (n = 49, 32%). 44.9 percent of those who filed had filed within the past six months.

4. Subjective experience of involvement in court process to seek protection order:

- Most women who had filed for a protection order reported it to be helpful (22.7%) or very helpful (65.2%), although a substantial proportion of women (36.8%) reported that they felt the protection order would increase their danger. Nevertheless, the vast majority of women (98.1%) stated that they would recommend another woman that they knew to get a protection order, if needed.

5. Level of posttraumatic responses associated with IPV:

A significant proportion of women reported experiencing symptoms of posttraumatic stress disorder, a condition associated with exposure to traumatic events or experiences (American Psychiatric Association, 2000) (see Exhibit 12).

Exhibit 9

PERCENTAGE OF WOMEN WHO REPORTED VIOLENCE IN THE LAST YEAR

Question: In the last year...	Percentage of Women Reporting, by Frequency Categories				Yes, but not in last year
	0	1-2	3-10	10+	
25. S/He grabbed me.	12.4	18.3	30.1	29.4	9.8
26. S/He pushed or shoved me.	12.4	15.0	37.9	26.1	8.5
27. S/He threw something at me that could hurt.	28.8	8.5	26.8	20.9	15.0
28. S/He slapped me.	32.0	15.0	21.2	17.6	11.1
29. S/He twisted my arm	32.2	24.3	18.4	14.5	10.5
30. Pulled my hair	37.5	27.4	20.4	13.2	6.6
31. S/He kicked me.	39.7	21.9	17.2	11.3	9.9
32. S/He punched or hit me with something that could hurt.	34.6	21.6	19.6	12.4	11.8
33. S/He slammed me against a wall.	31.6	20.4	27.0	12.5	8.6
34. S/He choked me.	39.9	30.1	11.8	7.2	11.1
35. S/He burned or scalded me on purpose.	90.8	5.9	1.3	0	2.0
36. S/He beat me up.	30.1	20.3	18.3	17.6	13.7
37. S/He used or threatened to use a knife or gun.	47.4	21.7	15.1	8.6	7.2
38. S/He forced me to have sex.	35.5	14.5	13.8	23.0	13.2
39. S/He refused to wear a condom during sex.	50.0	11.8	11.2	19.1	7.9
40. S/He used physical force when pregnant	52.4	13.1	10.3	5.5	18.6
41. I had sex with him because I was afraid of what s/he would do if I didn't.	34.0	13.1	16.3	27.5	9.2
42. I felt physical pain that still hurt the next day because of his abuse.	17.8	23.7	23.0	23.0	12.5
43. I had a sprain, bruise, or small cut because of his abuse.	25.8	24.5	19.9	19.2	10.6
44. I passed out from being hit on the head by him.	72.2	14.6	4.6	3.3	5.3
45. I had a broken bone from his abuse.	92.1	3.9	.7	0	3.3
46. I went to a doctor because of his abuse.	62.2	21.2	4.0	0	8.6

Exhibit 10

PERCENTAGE OF WOMEN WHO REPORTED PSYCHOLOGICAL ABUSE WITHIN FREQUENCY CATEGORIES

Question: In the last year...	Frequency Categories			
	Never	Some Times	Often	Very Often
1. S/he called you a bad name, swore, yelled or screamed at you	8.5	20.3	26.1	45.1
2. S/he treated you like less than s/he was	9.9	16.4	17.8	55.9
3. S/he watched over your activities or insisted you tell him/her where you were	11.8	11.8	14.5	61.8
4. S/he used your money or made financial decisions without talking to you	26.1	13.7	11.1	49.0
5. S/he was jealous or suspicious of you friends	15.8	14.5	15.1	54.6
6. S/he accused you of having an affair with another man/woman	22.4	17.8	21.7	38.2
7. S/he interfered with your relationships with family or community members	22.2	20.9	17.0	39.9
8. S/he tried to keep you from doing things to help yourself	23.5	16.3	13.1	47.1
9. S/he controlled your use of the telephone	24.8	18.3	15.7	41.2
10. S/he told you that your feelings were crazy	17.0	17.6	17.0	48.4
11. S/he blamed you for his/her problems	15.0	15.0	11.1	58.8
12. S/he told you s/he would or actually took your children away	40.6	15.4	11.2	32.9
13. S/he told you s/he would or actually threw or locked you out of the house	32.9	25.0	12.5	29.6
14. S/he told you s/he would or actually locked you in the house or a room	61.2	16.4	10.5	11.8
15. S/he told you s/he would take away or not give you money	30.3	11.8	15.1	42.8
16. S/he told you s/he would or actually turned you in to immigration officials	49.0	11.3	10.6	29.1
17. S/he told you s/he would or actually failed to file or withdrew immigration papers	61.5	5.4	11.5	21.6
18. S/he told you s/he would hurt you or your unborn child when you were pregnant	66.9	11.7	7.6	13.8
19. S/he destroyed your property	47.7	17.0	11.1	24.2

Exhibit 11

TYPE AND LEVEL OF SUBJECTIVE APPRAISAL OF WORRY RELATED TO IPV

Worries About Safety	Percentage of Women Reporting			
	Not Worried	A Little Worried	Some-what Worried	Very Worried
47. Worried about keeping self safe	13.8	24.3	25.7	36.2
48. Worried about keeping children safe	22.4	15.4	16.1	26.2

Exhibit 12

PROPORTION OF WOMEN REPORTING POSTTRAUMATIC SYMPTOMS

Posttraumatic Symptom	Percentage Of Women Reporting Symptom
1. Had repeated, disturbing memories, thoughts, or images of the abuse?	80
2. Had repeated disturbing dreams about the abuse?	61
3. Suddenly acted or felt as if the abuse was happening again (as if you were reliving it)?	84
4. Felt very upset when something reminded you of the abuse?	55
5. Had physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of the abuse?	67
6. Avoided thinking about or talking about the abuse?	25
7. Avoided activities or situations because they reminded you of the abuse?	70
8. Had trouble remembering important parts of the abuse?	47
9. Felt a loss of interest in activities that you used to enjoy?	61
10. Experienced feeling distant or cut off from other people?	69
11. Felt unable to have loving feelings for those close to you?	50
12. Been upset by things that usually don't bother you?	56

6. Prior trauma exposure other than IPV:

Women in the sample reported high levels of exposure to violence in addition to IPV with an average of three prior trauma exposures (see Exhibit 13). Half of the women had three or more prior traumatic exposures. Only 14 percent of the sample reported previously experiencing none of the traumatic events listed in Exhibit 13.

7. Acts within the last six months that constitute violation of a protection order:

Participants were asked if they had experienced a range of behaviors from their abusive intimate partners within the previous six months. If they responded “yes,” they were asked if there was a protection order (any type) in effect during the period of time in which the act occurred. For only for those women who responded “yes” to the second question would there be a violation of a protection order. However, rates of occurrence of the acts provides a comparison so that we can estimate what proportion of the time when these behaviors occur do they occur when a protection order is in effect. Results indicate that some behaviors occurred at relatively high rates (e.g., 43.8% abuse; 54.9% unwanted contact). However, most often those behaviors occurred when there was no protection order in place, suggesting that protection orders may have been effective in reducing these behaviors for some abusive partners (see Exhibit 14).

Exhibit 13

TRAUMATIC EXPOSURE FROM SOMEONE OTHER THAN AN ABUSIVE PARTNER

Type of Traumatic Event	Number and (Percentage) of Women Reporting
Beaten	52 (34.4)
Hit	66 (43.4)
Forced sex	52 (34.4)
Natural disaster	48 (31.4)
Lived in war zone	33 (21.6)
Serious accident	33 (21.6)
Threatened with weapon	56 (36.8)
Held captive	30 (19.9)
Was present when another was raped, beaten, or killed	34 (22.4)
Witnessed physical violence between adults in the home	66 (43.1)

Exhibit 14

ACTS WITHIN THE PREVIOUS SIX MONTHS THAT CONSTITUTE VIOLATIONS OF A PROTECTION ORDER

Acts that Constitute a Protection Order Violation	Percentage of Respondents Reporting that the Act Occurred within Previous 6 Months	Percentage of Respondents with a Protection Order
1. Used physical abuse toward you	43.8	7.2
2. Refused to stay away from you even though you asked him/her to or s/he was ordered to do so	47.1	19.0
3. Had contact with you (in person or via phone, email, mail, or through other people) even though you asked him/her not to or s/he was ordered not to	54.9	26.8
4. Stayed at your home (even if you asked him/her to leave or s/he was ordered to leave) and you now share it with him/her	24.8	8.5
5. Returned to your home even though you asked him/her not to or s/he was ordered not to	29.4	12.4
6. Kept personal property/documents when s/he was supposed to give them to you	32.7	15.7
7. Refused to give you access to, or copies of, any documents supporting your immigration application even though you asked him/her to or s/he was ordered to	19.6	9.2
8. Continued to use the car or other possessions even though you asked him/her not to or s/he was ordered not to	7.8	3.9

(Continued)

Exhibit 14 (Continued)

Acts that Constitute a Protection Order Violation	Percentage of Respondents Reporting that the Act Occurred within Previous 6 Months	Percentage of Respondents with a Protection Order
9. Refused to give you access to your children even though you have custody	7.8	3.3
10. Did not follow required supervision (or other conditions, e.g. return times, no contact with you during exchange of children) when visiting the children	10.5	7.2
11. Removed the children from the court's jurisdiction when there was an order not to	1.3	1.3
12. Removed the children from the United States when there was an order not to	1.3	1.3
13. Did not turn over the children's passports to you or the court even though ordered to do so	3.9	3.9
14. Sought a visitor's visa or any other visas for the children from an embassy or consulate	1.3	1.3
15. Did not provide financial support for the children even though you asked or s/he was ordered to do so	19.6	8.5
16. Did not provide you with financial support even though you asked or s/he was ordered to do so	24.2	7.2
17. Did not pay your (or your children's) medical expenses or health insurance costs even though you asked or s/he was ordered to do so	13.7	4.6
18. Did not pay for repair of property s/he damaged (e.g., broken door, window) even though you asked or s/he was ordered to do so	11.8	3.9
19. Did not attend batterer treatment or treatment for anger management program, even though ordered to	7.8	5.9
20. Did not attend drug or alcohol counseling, even though ordered to	7.2	5.2
21. Did not give up his/her gun(s) or other weapons from his or her possession, even though ordered to	1.3	1.3
22. Withdrew your application for permanent residency, which had been filed on your behalf	5.2	2.0
23. Interfered in some other way with your application for permanent residency being approved	17.6	7.8
24. Did not pay fees associated with your or children's immigration cases, even though ordered to	3.9	2.6
25. Called the immigration authorities to report you	8.5	4.6
26. Contacted the U.S. Consulate, or the Embassy about your immigration status	3.9	3.9
27. Did not sign a form to help obtain his/her birth certificate even though ordered to	2.0	2.0
28. Did not sign a form to request information from an immigration case s/he filed, even though ordered to	4.6	2.0
29. Did not turn over copies of documents about previous marriages and divorces, including where each occurred, even though ordered to	2.6	2.0
30. Was there anything else s/he was ordered to do that s/he did not do? If yes, specify	11.1	5.9

8. Correlates of protection order status:

Comparison of participants with and without protection orders on covariates produced the following results (see Exhibit 15):

- Undocumented participants were less likely to obtain a protection order compared to all other participants.

This finding suggests that undocumented status may be associated with greater barriers to seeking a protection order, even among those who have made contact with an agency that can provide help to petition for such orders.

- Participants with a protection order perceived their risk of future intimate partner violence to be greater than those without a protection order.

These data do not allow us to determine whether the increase appraisal of risk occurred prior or subsequent to obtaining a protection order. However, this finding suggests those with protection orders report the greater level of perceived risk – yet it is unclear whether this is the case before, after, or both before and after obtaining a protection order.

- Participants with a protection order report having been exposed to a greater number of previous traumatic events (non-IPV) compared to those without a protection order.

This finding suggests that prior exposure to non-IPV related traumatic events creates a barrier to obtaining a protection order.

Exhibit 15

**COMPARING THOSE WITH PROTECTION ORDER VS. THOSE WITH NO PROTECTION ORDER
(UNIVARIATE ANALYSIS OF VARIANCE)**

ACCULTURATION – ETHNIC SOCIETY CULTURE (SMAS ESI SUBSCALE)

IV	n	Mean	SD	F	df	p
No	43	29.40	5.98	3.64	1	.058
Yes	110	31.18	4.88			

ACCULTURATION – DOMINANT CULTURE (SMAS DSI SUBSCALE)

IV	n	Mean	SD	F	df	p
No	43	25.33	4.26	.003	1	.958
Yes	110	25.36	3.98			

PSYCHOLOGICAL ABUSE (PMWI) SCALE

IV	n	Mean	SD	F	df	p
No	43	49.44	12.56	.01	1	.935
Yes	110	49.23	15.24			

PHYSICAL IPV (CTS) SCALE

IV	n	Mean	SD	F	df	p
No	43	35.26	19.36	.50	1	.480
Yes	110	37.91	21.41			

IPV THREAT APPRAISAL SCALE

IV	n	Mean	SD	F	df	p
No	42	30.52	10.04	5.04	1	.026*
Yes	109	35.38	12.53			

IMMIGRATION STATUS: UNDOCUMENTED VS. SOME LEGAL STATUS

IV	n	% with PO		χ^2	df	p
Other	41	62.7		5.86	1	.017*
Undocumented	108	80.5				

FREQUENCY OF PRIOR TRAUMA SCALE

IV	n	Mean	SD	F	df	p
No	34	6.65	6.54	.49	1	.484
Yes	85	8.49	14.75			

(Continued)

Exhibit 15 (Continued)

EXPOSURE PRIOR TRAUMA SCALE

IV	n	Mean	SD	F	df	p
No	43	3.84	2.17	7.20	1	.008*
Yes	110	2.77	2.22			

POSTTRAUMATIC SYMPTOMS (PCLS) SCALE

IV	n	Mean	SD	F	df	p
No	43	31.05	6.37	3.30	1	.071
Yes	109	28.60	7.88			

DEPRESSION (CESD) SCALE

IV	n	Mean	SD	F	df	p
No	43	55.49	8.89	.33	1	.569
Yes	110	54.44	10.72			

SOCIAL SUPPORT SCALE (ISEL)

IV	n	Mean	SD	F	df	p
No	43	28.70	6.46	.000	1	.993
Yes	110	28.71	6.93			

4. CONCLUSIONS

This Final Technical Report describes the process of conducting a study of battered immigrant women's experience with protection orders. Substantive results will appear in subsequent journals and other publications and dissemination channels. Conclusions include the following:

- Conducting research in the immigrant community requires members of the research team to be imbedded and respected in that community. That is a necessary, but not sufficient, condition for a successful research endeavor. Beyond compensation to participants and to agency staff for their time, successful involvement of community partners requires dedication and commitment by either someone within a community agency who has the power and authority to ensure that the research activity is completed or by advocates, attorneys, or agency volunteers who as individuals are committed to completing the work and who often choose to conduct interviews by devoting additional time above and beyond what is required by their agency. Involvement of community advocates who have a trusted relationship with the target population was essential to the successful recruitment and interviewing of the study participants.
- A research team representing a broad range of methodological skills, substantive areas of expertise, and experience is necessary to conduct community-based research involving the complex issues represented by immigrant women's exposure to domestic violence and their use of the justice system – specifically protection orders – as a remedy. Access to the many individuals who provided formal and informal consultation throughout the course of the project was invaluable to its successful completion.
- A strong capacity for project coordination and administration is essential for successfully completing the complex process of involvement of many community partners across diverse ethnic communities and geographic locations. Successful project completion would not be possible without this infrastructure.
- Partnership with funding agency and research team is essential for adapting to the inevitable adjustments and modifications that are required to respond to unexpected contingencies in research design and implementation. Flexibility allows for midcourse adjustments that maximize the productivity of the research endeavor.

- Substantive results offer several conclusions:
 - Immigrant women seeking help within community agencies for domestic violence report an extremely high level of domestic violence exposure. Compounding the situation, most women also report a prior history of trauma exposure. Chronic trauma exposure increases the battered woman's vulnerability to adverse health, economic, and social outcomes.
 - Immigrant women seeking help for IPV report an ongoing concern for the safety of themselves and their children.
 - Knowledge of civil protection orders is not something most immigrant women reported prior to contact with the community agency where they were seeking service. Confirming that immigrant victims lack information about what legal options are available to help her, and indicating the need for greater public awareness among immigrant women and their female support providers of options for responding to domestic violence within communities.
 - Battered immigrant women's experience in the civil court process is perceived as positive for most women, although a substantial minority was not satisfied with this process. Importantly, a sizeable proportion perceived that the protection order increased their danger related to domestic violence.
 - The level of posttraumatic symptomatology is extremely high among this sample of battered immigrant women, indicating an immense mental health burden to the woman, her family and extended community, and to society. The need for integrated services to address these needs within the justice system is clear.
 - Many immigrant battered women who participated in the survey reported forms of posttraumatic symptomatology that could directly interfere with an immigrant victim's ability to present testimony and evidence in a court proceeding or in an affidavit submitted to the Department of Homeland Security in an immigration case. They reported having trouble remembering important parts of the abuse (47%), avoided thinking about the abuse (25%) and felt very upset when something reminded them about the abuse (55%). These findings confirm that immigrant victims are very unlikely to be able to obtain protection orders or immigration relief on their own without the assistance of trained advocates and attorneys. Advocates and attorneys working with immigrant victims need to be trained how to support victims with posttraumatic symptomatology and need to develop resources in their communities to provide linguistically accessible and culturally sensitive mental health treatment to immigrant

victims. Additionally, judicial officers and government agency adjudicators need to be trained to be sensitive to and understand that mental health effects of domestic violence and multiple lifetime victimization can affect how immigrant victims present testimonial evidence in domestic violence cases.

- Protection orders may be associated with fewer acts that would constitute violations of protection orders. This would suggest that protection orders are effective in reducing these acts, which include not only violent and abusive behaviors, but also other types of violations.
- Participants who obtain protection orders report greater appraisal of IPV-related risk, are more likely not to be undocumented, and report fewer prior exposures to non-IPV traumatic events. Each of these represents a potential barrier to obtaining protection orders for intimate partner violence.

Study Limitations

The study was limited by several considerations.

- **Potential participant bias**

Participants in this study were recruited from agencies providing immigrant services, including but not limited to legal services. This study may not represent battered immigrant women who do not seek similar services. Thus, generalization to all battered immigrant women may be limited.

- **No comparison groups**

This study included only women who were both born outside the U.S. and who had experienced violence from an intimate partner. We did not include a comparison group of non-immigrant women exposed to intimate partner violence, nor did we include a comparison group of immigrant women who had never been exposed to intimate partner violence. Comparisons to each of these groups are important for furthering our understanding of battered immigrant women.

- **Sampling methods**

This study utilized convenience sampling as a method for obtaining study subjects. This method may result in study bias since it does not systematically sample potential participants from the population. Alternate methods of representative sampling from the population were too expensive to consider. Another potential method, cluster sampling, was not feasible since we were unable to systematically

sample all agencies providing services to immigrant women. Thus, our sample may be biased by our sampling method and not represent all battered immigrant women.

5. REFERENCES

- Abraham, Margret (2000a). *Speaking the unspeakable: Marital violence among south Asian immigrants in the United States*. New Brunswick, NJ: Rutgers University Press.
- Abraham, Margaret (2000b). Isolation as a form of marital violence: The South Asian immigrant experience. *Journal of Social Distress & the Homeless*, 9, 221-236.
- Abu-Ras, W. M. (2003). Barriers to services for Arab immigrant battered women in a Detroit suburb. *Journal of Social Work Research and Evaluation*, 4, 49-66.
- Ahmad, F., Riaz, S., Barata, S. & Stewart, D.E. (2004). Patriarchal beliefs and perceptions of abuse among south Asian immigrant women. *Violence Against Women*, 10, 262-282.
- American Bar Association (1994). The impact of domestic violence on children. Washington D.C.
- Ammar, N. H. (2000). Simplistic stereotyping and complex reality of Arab-American immigrant identity: Consequences and future strategies in policing wife battery. *Islam and Christian-Muslim Relations*, 11, 51-70.
- Ammar, N.H., Orloff, L., Hass, G., & Dutton, M.A. (2004). Children of battered immigrant women: An assessment of the cumulative effects of violence, access to services and immigrant status. A paper presented at the *International Family Violence Conference*, September 19-25, San Diego, CA.
- Ammar, N. H., Orloff, L., Dutton, M.A., and Aguliar-Hass, G. (2005). Calls to police and police response: A case study from the Latina immigrant women in the U.S. *Journal of International Police Science and Management*, 7(4), 230-244.
- Ammar, N. & Orloff, L (2006). "Battered Immigrant Women's Domestic Violence Dynamics and Legal Protections." In Muraskin, R. *It's a crime: Women and justice*, pp.430-443.
- American Psychiatric Association (2000). *Diagnostic and Statistical Manual DSM-IV-TR*. Washington, D.C.
- Ayyub, R. (2000). Domestic violence in the South Asian Muslim immigrant population in the United States. *Journal of Social Distress & the Homeless*, 9(3), 237-248.
- Barnett, O. W. (2001). Why battered women do not leave, part 2: External inhibiting factors--social support and internal inhibiting factors. *Trauma Violence & Abuse*, 2(1), 3-35.
- Behling, O and Law, K. S. (2000). *Translating questionnaires and other research instruments:*

Problems and solutions. London: Sage Publications.

- Berry, J. W., & Sam, D. (1997). Acculturation and adaptation. In J. W. Berry, M. H. Segall & C. Kagitcibasi (Eds.), *Handbook of cross-cultural psychology: Social behavior and applications* (pp. 291-326). Boston: Allyn & Bacon.
- Blanchard, E. B., Jones-Alexander, J., Buckley, T. C., & Forneris, C. A. (1996). Psychometric properties of the PTSD Checklist. *Behaviour Research and Therapy*, 34, 669-673.
- Bloch, A. (2004). Survey research with refugees: A methodological perspective. *Policy Studies*, 25(2), 139-151.
- Bronfenbrenner, U. (1986). Ecology of the family as a context for human development: Research perspectives. *Developmental Psychology*, 22(6), 723-742.
- Bronfenbrenner, U. (1992). Ecological systems theory. In *Six theories of child development: Revised formulations and current issues*. (pp. 187-249). London, England: Jessica Kingsley Publishers, Ltd.
- Carlson, M. J., Harris, S. D., & Holden, G. W. (1999). Protective orders and domestic violence: Risk factors for re-abuse. *Journal of Family Violence*, 14(2), 205-226.
- Chaudhuri, M. & Daly, K. (1992). Do restraining orders help? Battered women's experience with male violence and legal process. In E. Buzawa & C. Buzawa (Eds.), *Domestic violence: The changing criminal justice response* (pp. 277-252). Westport, CT: Auburn House.
- Coalition for Immigrant and Refugee Rights and Service (CIRRS) (1990). *A needs assessment of undocumented women*. San Francisco: Coalition for Immigrant and Refugee Rights and Service (CIRRS).
- Cohen, S., Mermelstein, R., Kamarack, T., & Hoberman, H. M. (1985). Measuring the functional components of social support. In I. G. Sarason & B. R. Sarason (Eds.), *Social support: Theory, research and applications* (pp. 73-94). The Hague, The Netherlands: Martinus Nijhoff.
- Davies, J. M., Lyon, E., & Monti-Catania, D. (1998). *Safety planning with battered women: Complex lives/difficult choices*. Thousand Oaks, CA: Sage Publications.
- De-Jong, C. & Burgess-Proctor, A. (2006). A summary of personal protection order statutes in the United States. *Violence Against Women*, 12 (1), 68-88.

- Dutton, M. A. (1996). Battered women's strategic response to violence: The role of context. In *Future interventions with battered women and their families*. (pp. 105-124). Thousand Oaks, CA: Sage Publications.
- Dutton, M. A. (1998). *Battered women in the court: The role of psychological, physical, and sexual abuse*. Paper presented at the 75th Annual Meeting of the Orthopsychiatric Association, Washington, DC.
- Dutton, M. A. (2001). *Mapping the complexities of battered women's experience*. Paper presented at the 17th Annual Meeting of the International Society for Traumatic Stress Studies, New Orleans, LA.
- Dutton, M. A., Goodman, L. A., & Bennett, L. (1999). Court-involved battered women's responses to violence: The role of psychological, physical, and sexual abuse. *Violence & Victims*, 14(1), 89-104.
- Dutton, M. A., Hohnacker, L. C., Halle, P. M., Burghardt, K. J., & et al. (1994). Traumatic responses among battered women who kill. *Journal of Traumatic Stress*, 7(4), 549-564.
- Dutton, M. A., 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 of Poverty Law & Policy*, 7(2), 245-305.
- Ewing W. (2005). *Economic Report of the President*. Washington, DC: U.S. Government Printing Office.
- Finn, P. (1991). Civil Protection orders: A flawed opportunity for intervention. In M. Steinman (Ed.), *Woman battering: Policy responses*. Cincinnati, OH: Anderson.
- Fix, M., Passel, J. S. & Sucher, K. (2003). Trends in naturalization. Brief No.3 in Series, Immigrant Families and Workers: Facts and Perspectives. *The Urban Institute*. Retrieved January 20, 2005 from <http://Urban.org/url.cfm?ID=31084705>.
- Fix, M. E. & Passel, J. S. (2001). U.S. immigration at the beginning of the 21st century. *Testimony before the Subcommittee on Immigration and Claims Hearing on the U.S. Population and Immigration Committee on the Judiciary U.S. House of Representatives*. Retrieved September 20, 2003 from <http://www.urban.org/url.cfm?ID=900417>.
- Fraser, I. M., McNutt, L.-A., Clark, C., Williams-Muhammed, D., & Lee, R. (2002). Social support choices for help with abusive relationships: Perceptions of African American women. *Journal of Family Violence*, 17(4), 363-375.

- Gist, J., McFarlane, J., Malecha, A., Willson, P., Watson, K., Fredland, N., Schultz, P., Walsj, T., Hall, I., & Smith, S. (2001). Protection orders and assault charges: Do justice interventions reduce violence against women. *American Journal of Family Law*, 15(1), 59-71.
- Gondolf, E., McWilliams, J., Hart, B., & Stuehling, J. (1994). Court response to petitions for civil protection orders. *Journal of Interpersonal Violence*, 9(4), 503-517.
- Goodman, L., Bennett, L., & Dutton, M. A. (1999). Obstacles to victims' cooperation with the criminal prosecution of their abusers: The role of social support. *Violence & Victims*, 14(4), 427-444.
- Goodman, L. A., Dutton, M. A., Weinfurt, K., & Cook, S. (2003). The intimate partner violence strategies index: Development and application. *Violence & Victims*, 9(2), 163-186.
- Grau, J., Fagan, J., & Wexler, S., (1985). Restraining orders for battered women: issues of access and efficacy. In C. Schweber, & C. Feinman (Eds.), *Criminal Justice Politics and Women: The aftermath of legally mandated change* (pp.13-28). New York, NY: Haworth Press, Inc.
- Greico, E. (2003). Characteristics of the foreign born in the United States: Results from the U.S. Census, 2000. *Migration Information Source*. Retrieved February 27, 2005 from <http://www.migrationinformation.org/Feature/display.cfm?ID=71>.
- Greico, E. (2002). Immigrant women. *Migration Information Source*. Retrieved February 27, 2005 from <http://www.migrationinformation.org/Feature/display.cfm?ID=2>.
- Harkness, J. (2003). Questionnaire translation. In J. Harkness, F. J. R. Van De Vijver and P. Moher (Eds.), *Cross-cultural survey methods*. New Jersey: John Wiley & Sons, Inc.
- Harrell, A., & Smith, B. E. (1996). Effects of restraining orders on domestic violence victims. In *Do arrests and restraining orders work?* (pp. 214-242). Thousand Oaks, CA: Sage Publications.
- Hart, B. (1992). State codes on domestic violence: Analysis, commentary and recommendations. Reno, NV: National Council of Juvenile and Family Court Judges.
- Hass, G. A., Ammar, N., Orloff, L. (2006). Battered Immigrants and U.S. Citizen Spouses. Washington, DC: *Legal Momentum, Immigrant Women Program*. From <http://legalmomentum.org/legalmomentum/files/dvusc.pdf>.

- Hass, G. A., Dutton, M. A., & Orloff, L. E. (2000). Lifetime prevalence of violence against Latina immigrants: Legal and policy implications. *International Review of Victimology*, 7(1-3), 93-113.
- Holt, V., Kernic, M., Wolf, M. & Rivara, F. (2003). Do protection orders affect the likelihood of future partner violence and injury? *American Journal of Preventive Medicine*, 24(1) 16-21.
- House, J. S., & R. L. Kahn (1985). Measures and concepts of social support. In S. Cohen and S. L. Syme (Eds.), *Social Support and Health*. New York, NY: Academic Press, 83-108.
- Jiwani, Y. (2005). Walking a tightrope: The many faces of violence in the lives of racialized immigrant girls and young women. *Violence Against Women*, 11(7), 846-875.
- Kaci, J. (1994). Aftermath of seeking domestic violence protective orders: The victim's perspective. *Journal of Criminal Justice*, 18, 147-159.
- Keilitz, S., Hannaford, P. & Efkehan, H. (1997). Civil protection orders: The benefits and limitations for victims of domestic violence. Williamsburg, VA: National Center for State Courts Research Report.
- Klein, C., & Orloff, L. E. (1993). Providing legal protection for battered women: An analysis of state statutes and case law. *Hofstra Law Review: Symposium Issue on Domestic Violence*, 21(801).
- Lehman-Winzig, S. (2001). Overcoming problems in translation. *Futurist*, 35(3), 18-19.
- Lin, J. and Orloff, L. (2006). *VAWA 2005 Immigration Provisions*, Legal Momentum, Washington, D.C.
- Link, M., Osborn, L., Induni, M., Battaglia, M. P., & Frankel, M. R. (2006). Behavior coding real-time survey interpreters. Paper prepared for the presentation at the 2006 annual conference of the *American Association of Public Opinion Research*, Montreal, Canada, May 18-21.
- Logan, T., Shannon, L., Walker, R., Faragher, T. M. (2006). Protective Orders: Questions and conundrums. *Trauma, Violence and Abuse*, 7(3), 175-205.
- Lorena, C. (2003). The American Community Survey (ACS) en Espanol: Using cognitive interviews to test the functional equivalency of questionnaire translations. *Statistical Research Division Study Series Report (Survey Methodology #2003-17)*. Washington, DC: U.S. Census Bureau.

- Maglizza, E. (1985). Migrant women and domestic violence: The dilemma of whether to stay or leave. In S. E. Hatty (Ed.), *Domestic Violence. Vol. 1, Proceedings of a National Conference, Australian Institute of Criminology* (pp. 35-36). Canberra.
- Malecha, A., McFarlane, J., Gist, J., Watson, K., Battern, E., Hall, I, Smith, S. (2003). Applying for and dropping a protection order: A study of 150 Women. *Criminal Justice Policy Review*, 14 (4), 486-504.
- McFarlane, J., Malecha, A., Gist, J., Watson, K., Batten, E., Hall, I., et al. (2004). Protection orders and intimate partner violence: An 18-month study of 150 black, Hispanic, and white women. *American Journal of Public Health*, 94(4), 613-618.
- McFarlane, Judith, Malecha, Ann, Gist, Julia, Watson, Kathy, Batten, Elizabeth, Hall, Iva, and Smith, Sheila (2003). Intimate partner violence against immigrant women: Measuring effectiveness of protections orders. *Family Law Research*, V.17, pp. 244-252.
- McFarlane, J., Malecha, A., Gist, J., Watson, K., Battern, E., Hall, I., Smith, S. (2002). Intimate partner violence against immigrant women: Measuring the effectiveness of protection orders. *American Journal of Family Law*, 16 I(4), 244-252.
- Murphy, J. C. (2002, in press). Engaging with the state: The growing reliance on lawyers and judges to protect battered women. *Am. U. J. Gender Soc. Pol'y. & Law*, 11(101).
- Narayan, U. (1997). *Dislocating cultures: Identities, traditions, and third-world feminism*. New York: Routledge.
- Natarajan, M. (2003). Domestic violence among immigrants from India: What we need to know—and what we should do. *International Journal of Comparative and Applied Criminal Justice*, 26(2), 301-322.
- National Council of Juvenile and Family Court Judges. (1993). *Model Code on Domestic and Family Violence*. Reno, NV.
- New York City Department of Health Bureau of Injury Epidemiology (2003). *Femicide in New York City 1995-2002*. Retrieved June 30, 2006 from http://www.nyc.gov/html/doh/download.pdf/ip.femicide1995-2002_report.pdf.
- Nowak, M. (2004). Immigration and U.S. population growth: An environmental perspective. *Negative Population Growth, Special Report*. Retrieved February 10, 2005 from <http://www.npg.org/specialreports/imm&uspopgrowth.htm>.
- Orloff, L., Dutton, M. A., Hass, G. A., & Ammar, N. (2003). Battered immigrant women's willingness to call for help and police response. *UCLA Women's Law Journal*, 13(1), 43-100.

- Orloff L., & Sullivan K., (2004). *Breaking barriers: A Complete guide to legal rights and resources for battered immigrants*. Washington, DC: Legal Momentum.
- Orloff L., & Kaguyutan, J. V. (2002). Offering a helping hand: Legal protections for battered immigrant women: A history of legislative responses. *American University Journal of Gender, Social Policy and the Law*, 10(1), 95-183.
- Orloff et al. (1995). With no place to turn: Improving advocacy for battered immigrant women. *Family Law Quarterly*. 29(2):313
- Pan, Y. & de la Puente, M. (2005). Census Bureau guideline for the translation of data collection instruments and supporting materials: Documentation on how the guideline was developed. *Research Report Series (Survey Methodology #2005-2006)*, Statistical Research Division, Washington, DC: U.S. Bureau of the Census.
- Peeks, A. (2002). The undocumented Latina battered woman: Impediments to help seeking. *The Journal of Psychotherapy Integration*, Fall, 1-17.
- Pendleton, G. & Maher, H. (2000). Domestic violence and immigration issues in the criminal justice system. Washington, DC: American Bar Association, Commission on Domestic Violence.
- Pendleton, G., & Block, A. (2001). Applications for immigration status under the Violence Against Women Act, in *Immigration and Nationality Handbook (2001-02) Vol. 1*, American Immigration Lawyers Association.
- Peters, M. & Passchier, J. (2005). Translating instruments for cross-cultural studies in headache research. *Headache*, (46), 82-91.
- Perilla, J., Bakerman, R., & Norris, F. (1994). Culture and domestic violence: The ecology of abused Latinas. *Violence and Victims*, 9(4), 325-339.
- Pogrebin, M. A., & Poole, E. D. (1990). Culture, conflict, and crime in the Korean American community. *Criminal Justice Policy Review*, 4(1), 69-78.
- Ptacek, J. (1999). *Battered women in the courtroom: The power of judicial responses*. Boston, MA: Northeastern University Press.
- Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1(385-401).

- Raj, A. & Silverman, J. (2002). Violence against immigrant women: The roles of culture, context and legal immigrant status on intimate partner violence. *Violence Against Women*, 8, 367- 394.
- Raj, A., & Silverman, J. (2003). Immigrant South Asian women at greater risk for injury from intimate partner violence. *American Journal of Public Health*, 93(3), 435-436.
- Raj, A., Silverman, J. G., McCleary-Sills, J. & Liu, R. (2005). Immigration policies increase South Asian immigrant women's vulnerability to intimate partner violence. *Journal of the American Medical Women's Association*, 60(1), 26-32.
- Ramos, M. D., & Runner, M. W. (1999). *Cultural considerations in domestic violence cases: A national judges benchbook*. San Francisco, CA: State Justice Institute and Family Violence Prevention Fund.
- Rigakos, G. S. (1997). Situational determinants of police responses to civil and criminal injunctions for battered women. *Violence Against Women*, 3(2), 204-216.
- Rodriguez, R. (1995). Evaluation of the MCN Domestic Violence Assessment Form and Pilot Prevalence Study. *The Clinical Supplement of the Migrant Clinicians Network*, 1-2.
- Rodriguez, R. (1999). The power of the collective: Battered migrant farm worker women creating safe spaces. *Health Care for Women International*, 20, 417-426
- Rose, L. E., Campbell, J., & Kub, J. (2000). The role of social support and family relationships in women's responses to battering. *Health Care for Women International*, 21(1), 27-39.
- Russell, K. (1998). *The color of crime: Racial hoaxes, white fear, black protectionism, police harassment, macroaggressions*. New York: New York University Press.
- Saenz, R. (2004). *Latinos and the changing face of America at the turn of the century*. Russell Sage Foundation, Population Reference Bureau.
- Shin, H.B., and Bruno, R. (2003). *Language Use and English Speaking Ability: 2000, Census 2000 Brief*. U.S. Census Bureau, October 2003. From <http://www.census.gov/prod/2003pubs/c2kbr-29.pdf>.
- Song, Y.I. (1996). *Battered women in Korean immigrant families: The silent scream*. New York: Garland.
- Stephenson, M. (2000). Development and validation of the Stephenson Multigroup Acculturation Scale (SMAS). *Psychological Assessment*, 12, 77-88.

- Straus, M. A., Hamby, S. L., Boney-McCoy, S., & Sugarman, D. B. (1995). *The Revised Conflict Tactics Scale (CTS-2)*. Durham, NH: Family Research Laboratory.
- Straus, M., & R. Gelles (1990). *Violence in American families: Risk factors and adaptations to violence in 8,145 families*. New Brunswick, Transaction Publishers.
- Srinivasan, S., & Ivey, S. L. (1999). Domestic violence. In S. Kramer, S. Ivey, & Y.W. Ying, *Immigrant Woman's Health: Problems and Solutions*. San Francisco: Josey-Bass Publisher, 179-193.
- Temple, B. (2002). Crossed wires: interpreters, translators, and bi-lingual workers in cross-language research. *Qualitative Health Research*, 12, 844-854.
- Thompson, M. P., Kaslow, N. J., Kingree, J. B., Rashid, A., Puett, R., Jacobs, D., et al. (2000). Partner violence, social support, and distress among inner-city African American women. *American Journal of Community Psychology*, 28(1), 127-143.
- Tjaden, P., & Thoennes, N. (2000). *Final Report of the Prevalence, Incidence, and Consequences of Violence Against Women*. Washington, D.C.: National Institute of Justice and Centers for Disease Control.
- Tjaden, P., & Thoennes, N. (2000). Prevalence and consequences of male-to-female and female-to-male intimate partner violence as measured by the National Violence Against Women Survey. *Violence Against Women* 6(2), 142-161.
- Tolman, R. (1989). The development of a measure of psychological maltreatment of women by their male partners. *Violence and Victims*, 4, 173-189.
- Tolman, R. (1999). The validation of the Psychological Maltreatment of Women Inventory. *Violence and Victims*, 14, 25-37.
- Tran, T. V., Ngo, D. & Conway, K. (2003). A cross-cultural measure of depressive symptoms among Vietnamese Americans. *Social Work Research*, 27, 56-94.
- Uekert, B.K., Peters, T., Romberger, W., Abraham, M., & Keilitz, S. (2006). *Serving Limited English Proficient (LEP) Battered Women: A National Survey of the Court's Capacity to Provide Protection Orders*. National Center for State Courts.
- United Nations Children FUND (2000). Domestic violence against women and girls. *UNICEF Innocenti Research Centre*, #6-June: Florence, Italy.
- Warrier, S. (2002). *Culture: What it is, who owns it, claims it, changes it*. In *Domestic violence in Asian & Pacific Islander communities*. National Summit: Proceedings. San Francisco: Asian & Pacific Islander Institute on Domestic Violence, pp. 27-29.

- Weathers, F. W., Litz, B. T., Herman, D. S., Huska, J. A., & Keane, T. M. (1993). *The PTSD Checklist: Reliability, validity, and diagnostic utility*. Paper presented at the Annual Meeting of the International Society for Traumatic Stress Studies, San Antonio, Texas.
- Weisz, A., Tolman, R. & Bennett, L. (1998). An ecological study of nonresidential services for battered women within a comprehensive community protocol for domestic violence. *Journal of Family Violence*, 13(4), 395-415.
- Widom, Cathy Spatz, Dutton, Mary Ann, Czaja, Sally J., & DuMont, Kimberly A. (in press). The development and validation of a new instrument to assess lifetime trauma and victimization history. *Journal of Traumatic Stress*.
- Wolf, M. E., Holt, V. L., Kernic, M. A., & Rivara, F. P. (2000). Who gets protection orders for intimate partner violence? *American Journal of Preventive Medicine*, 19(4), 286-291.
- World Health Organization (2005). WHO multi-country study on women's health and domestic violence against women: Summary report of initial results on prevalence, health outcomes and women's responses. *World Health Organization*: Geneva, Switzerland.
- Yoshihama, M. (1999). Domestic violence against women of Japanese descent in Los Angeles: Two methods of estimating prevalence. *Violence Against Women*, 5(8), 869-897.
- Yoshihama, M. (2002). Battered women's coping strategies and psychological distress: Differences by immigration status. *American Journal of Community Psychology*, 30(3), 429-452.
- Yoshihama, M., & Sorenson, S. B. (1994). Physical, sexual, and emotional abuse by male intimates: Experiences of women in Japan. *Violence & Victims*, 9(1), 63-77.
- Zea, M. C., Asner-Self, K. K., Birman, D., & Buki, L. P. (2003). The Abbreviated Multidimensional Acculturation Scale: Empirical validation with two Latino/Latina samples. *Cultural Diversity & Ethnic Minority Psychology*, 9(2), 107-126.