

streamline

The Migrant Health News Source

Familias Con Voz:

Family Violence Advocacy for Migrants

Family violence is a public health epidemic affecting women of all races, classes, and ethnic origins. Migrant women may face special challenges to obtaining domestic violence services and escaping violent relationships. In addition, migrant women who are immigrants face additional barriers, which may include:

- Isolation (may not have access to a telephone or transportation)
- Language barriers
- Cultural issues
- Lack of access to health care and domestic violence services
- Immigration/citizenship status
- Economic constraints

The MCN Family Violence Program is aimed at ending familial interpersonal violence in the migrant and immigrant community through community and clinical interventions and MCN has worked on a variety of research and prevention projects over the past fifteen years to help realize this goal. MCN's research projects in the 1990s found rates of family violence ranging from 20%-53% in the migrant population, allowing for documentation of the incidence of this problem for the first time and helping MCN direct future prevention efforts.

Since the mid-1990s, MCN has been involved in varied prevention projects aimed at raising public awareness about family violence and the resources available for battered migrant and immigrant women. MCN's current prevention project began in 2001 and works to educate the Hispanic/Latino migrant and recent immigrant population about the realities of domestic violence and the resources available in their communities to prevent and confront this problem. This peer-led community education project is geared specifically at Hispanic/Latino migrants and recent immigrants. Titled *Familias con Voz* (Families with a Voice) by its participants, the project began with

the efforts of female Family Violence Advocates to lead family violence prevention education groups and progressed to include males and teenagers as Family Violence Advocates working to raise awareness about domestic violence.

The Advocates' Stories

Maricela Aza is a Family Violence Advocate at the Texas-Mexico border, who has worked as a Site Leader in the *Familias con Voz* project since 2002. She began working in domestic violence prevention over seven years ago when she attended a training MCN conducted that prepared her to conduct surveys on the problem of violence. Realizing that violence was a much bigger problem in her community than she had thought, Maricela committed herself to doing her part to stop it. Since then, Maricela has been active in the fight to stop domestic violence before it starts and to help victims in any way that she can. As a Family

Violence Advocate with *Familias con Voz*, Maricela conducts between 10 and 20 presentations a year for different groups of women in her community. The presentations focus on identifying abusive relationships, the effects of abuse and resources for victims. Many times these presentations inspire family members of victims or domestic violence victims themselves to seek help for their situation.

Maricela got involved in the project because she says "there are people in need" and "it's something that just happens as you see what you have, what you are, the position and the advantages that you have and that other people, unfortunately, are left behind." Not wanting to leave anyone behind, Maricela has not only worked to prevent violence in Texas, but also in the community in Wisconsin where she spends several months a year. In Wisconsin, Maricela

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Family Violence Advocates in Eagle Pass, Texas.

For the Women of Katrina

Protection from Violence against Women and Children

[Editor's Note: The following was written by Marie De Santis, Women's Justice Center, www.justicewomen.com, rdjustice@monitor.net]

Following natural disasters there is often a sharp rise in violence against women and children, especially for those who have lost their homes and who are living in crowded shelters. Teenage girls, young women, and separated children are at special risk. Also, after natural disasters, men tend to take charge. Women's participation in decision making is often put down more than usual. Yet it's essential for everyone's healthy disaster recovery that women's voices in decision making and women's concerns are heard at every step of the way. (All the above information comes from studies of natural disasters both in the U.S. and around the world.)

What You and Others Can Do:

1. Form a small, strong, support group with the women around you. Three or four women together make a strong, efficient team. Tell each other your stories, your needs, and your hopes. Take turns watching each other's children and doing other tasks so you can give each other breaks. Go together, and give each other support, when one or all of you need to make a complaint, report abuse, request rule changes, obtain medical help, join committees, or meet other emergency needs. Even if you have not formed a group, always try to find another women to go with you at these important times.
2. Talk calmly and often with your children about the risks of abuse. Inform your children calmly so you don't increase their fears. Tell them it's important that they tell you right away if anyone tries to touch them inappropriately, tries to get them alone, make deals with them, befriend them too much, or bother them. Ask your children about unexplained gifts, prolonged absences, and new relationships. Check into any job offers your teens may get. Also, while in the shelter, children and teens should always be accompanied to bathrooms, since abusive men tend to hang there.
3. Report all violence and abuse against yourself and your children. It's crucial for your recovery, for your children, and for the entire community that women are safe, strong, unafraid, and un-harassed. You are a vital part of the recovery effort. Remember, too, that if someone abused you, that person will keep on abusing other women and children unless he (or she) is stopped. So report the abuse! If

one aide worker doesn't take you seriously, go to the next until you get the help you deserve. Put your complaint in writing. Take at least one other woman with you to make the complaint.

The kinds of violence that can occur are domestic violence, child abuse, prostitution, sex trafficking and most of all an increase of sexual violence and harassment. Be especially careful to verify all job offers before going to an unknown place. Sex traffickers often prey on homeless and displaced persons.

4. When you are not being heard - put it in writing! Go to the person in charge! Go to the press! Don't let your needs and ideas get pushed into the background. Here are just three ways you and other women can put the pressure on when you need to. Get paper from an aide. Write your needs or ideas on one page. If you can, get other women

to sign it with you. Find out who's in charge. Don't hesitate to go to the top. And remember, there are press people all around. Go to the press. Your voice needs to be heard.

5. Organize and help other women. You may feel too overwhelmed right now to reach out to others. That's ok. But at some point you may find that it can help you feel more in control, or help get your mind off things, if you reach out to help others. Survey other women about their needs. Boost their spirits. Help them form a group, get their voices heard, their needs met, and their losses consoled. ■



MCN Domestic Violence Resources for Migrant Families

Many of the following resources are available to download on MCN's website at www.migrantclinician.org/excellence/familyviolence. You may also contact Erin Daley at 512-327-2017 or edaley@migrantclinician.org if you are interested in copies of these materials.

Addressing Domestic Violence in a Clinical Setting- Manual for Health Care providers

This manual is designed for health professionals and addresses family violence from the clinical perspective, with a focus on assisting migrant and immigrant survivors of abuse.

Domestic Violence in the Farmworker Population

This document describes the problem of domestic violence in the migrant farmworker population and provides information and resources to assist clinicians and other professionals working with migrants who experience abuse.

Training Manual on Family Violence

Written in both English and Spanish, this in-depth training manual is designed to be used by outreach workers or community advocates to implement Family Violence programs in their communities.

Posters

Each of these five 11" x 22" posters contain a message in English (2 posters) or Spanish (3 posters) about family violence and the toll-free National Domestic Violence Hotline number.

Training Video "La Vida Mia"

This eleven-minute video, with dialogue in English and Spanish details the life of a battered wife and discusses resources for victims including the toll-free National Domestic Violence Hotline number.

Radio Public Service Announcements

These six radio public service announcements in English and Spanish range from 15 to 30 seconds and contain the toll-free National Domestic Violence Hotline number.

MCN Domestic Violence Assessment Form

This four-question form, written in both English and Spanish, is used by migrant and community health centers to assess women involved in domestic violence

MCN Domestic Violence Assessment Icon Form

This form is an assessment tool that can be used by individuals of varying literacy levels.



Update on the Violence Against Women Act 2005 Title VIII - Immigrant Issues

[Editor's Note: The following information was provided to MCN by Legal Momentum, an organization which is dedicated to advancing the rights of women and girls by using the power of the law and creating innovative public policy. For more information about this organization or immigrant women's rights please contact Legal Momentum, 395 Hudson Street, New York, NY 10014. tel: (212) 925-6635, <http://www.legalmomentum.org/>]

In 1994 and 2000, Congress included in the Violence Against Women Act (VAWA) immigration provisions designed to remove obstacles inadvertently interposed by immigration laws that prevent immigrant victims from safely fleeing domestic violence and prosecuting their abusers. VAWA 2000 extended immigration relief to immigrant victims of sexual assault, human trafficking and other violent crimes who agree to cooperate in criminal investigations or prosecutions. A key goal of VAWA's immigration protections is to cut off the ability of abusers, traffickers and perpetrators of sexual assault to blackmail their victims with threats of deportation, and thereby avoid prosecution. VAWA allows immigrant victims to obtain immigration relief without their abusers' cooperation or knowledge. Congress understood that if we are to stop violence against women, all victims need protection and assistance without regard to their immigration status.

While VAWA 1994 and 2000 made significant progress in reducing violence against immigrant women, there are still many women and children whose lives are in dan-

ger today. Many VAWA eligible victims of domestic violence, sexual assault, child abuse or human trafficking are still being deported. Others remain economically trapped by abusers or traffickers in life-threatening environments. Some needy victims of family violence, including incest survivors and elder-abuse victims, are totally cut off from VAWA's immigration protections. Finally, many trafficking victims are too afraid to cooperate with law enforcement for fear that traffickers will retaliate against their family members.

THE VAWA 2005 IMMIGRATION PROVISIONS WILL:

Implement VAWA's original intent by stopping the deportation of immigrant victims of domestic violence, sexual assault, and human trafficking:

- Stopping the Department of Homeland Security from seizing domestic violence, sexual assault and trafficking victims at domestic violence shelters, rape crisis centers, and protection order courts.
- Barring the detention and deportation of victims who qualify for VAWA immigration relief.
- Removing obstacles in immigration law that bar otherwise qualified victims from obtaining VAWA immigration relief.
- Ensuring the confidential treatment of immigrant victims' cases so that they can safely access urgently needed relief.

Extend immigration relief to all victims of family violence:

- Preventing victims of incest and child

abuse perpetrated by a U.S. citizen or permanent-resident parent from being cut off from VAWA's immigration protections when they turn 21;

- Protecting parents abused by their adult U.S. citizen sons or daughters;
- Protecting abused adopted children; and
- Securing protection for children of immigrant victims of domestic violence, sexual assault and human trafficking.

Guarantee economic security for immigrant victims and their children by:

- Granting employment authorization to adult victims who have filed valid VAWA immigration cases;
- Allowing organizations funded by the Legal Services Corporation to represent all victims of domestic abuse, human trafficking, or sexual assault, regardless of immigration status;
- Removing the bar that makes immigrant victims wait five years before they can access public benefits; and
- Affording cooperating witness immigrant victims of domestic violence, sexual assault, child abuse and trafficking access to public benefits.

Stabilize and secure the safety of trafficking victims by:

- Protecting their family members living abroad from retaliation by traffickers;
- Allowing trafficking victims to immediately seek permanent residence; and
- Removing barriers in immigration law that cut victims off from trafficking victim protections.

The Migrant Clinicians Network announces a call for applications for

THE 2006 NEW PROVIDER PRACTICUM IN MIGRANT HEALTH

Since 1990, the New Provider Practicum in Migrant Health has annually selected about eight individuals representing the professions of nurse practitioner, physician assistant, nurse-midwife and dental hygienist, who have completed their education and have an interest in working with migrant farmworkers. The purpose of the Practicum is to increase the sensitivity to, and understanding of, migrant health care issues for the clinicians as they consider careers working with underserved populations. The New Provider Practicum in Migrant Health is funded by the Bureau of Primary Health Care and is coordinated by the Migrant Clinicians Network, Inc.

Practicum placement sites are selected from a pool of approximately 130 federally-funded migrant health centers across the U.S. Clinical experience with the migrant farmworker population is gained through placement in a migrant health center whose staff is responsible for the orientation and clinical supervision of the participating clinician. The program provides a stipend of \$15,000.

The Practicum is designed for individuals who have recently completed their training programs, because it provides a supervised transition from the role of student to that of independent professional. Participants usually have some past experience in rural, underserved or multi-cultural settings, and Spanish language proficiency is very important in the selection process. Both May and Sullivan have had past experience working with migrants and have lived and worked in Latin America.

Who is eligible to apply?

Clinicians: The Practicum is designed for:

- Students or graduates of a **Physician Assistant, Nurse Practitioner, Nurse-Midwife, or Dental Hygienist** program in good standing, with expected **graduation by June 15, 2006**.
- Individuals with past experience in rural, underserved or multi-cultural settings.
- Those with strong proficiency in Spanish.

Migrant Health Centers: Apply to host a clinician to work in your health center for 4 months.

Where can I get more information?

Applications are available at www.migrantclinician.org/development/practicum. Application deadline is 12-31-05 (2-15-06 for health centers)! For questions or to request a hard copy of application forms, please contact:

Candace Kugel, CRNP, CNM, MS, 878 N. Allen St., State College, PA 16803
814-238-6566 • ckugel@migrantclinician.org

Newsflashes

Aunque Cerca... Sano Pesticide Comic Book Now Available Again

This 16-page, full color, Spanish language comic book targets migrant and seasonal farmworker families and helps educate parents about children's risks to pesticide exposure and ways to minimize these risks. It was developed in 2003 by Migrant Clinician Network (MCN) and Farm Safety 4 Just Kids (FS4JK) and funded by the National Children's Center for Rural and Agricultural Health and Safety (NCC). The 40,000 plus copies that were distributed after its first printing have been extremely well received. Thanks to generous funding from NCC, this comic book is now available again. Contact Farm Safety 4 Just Kids to get your free copies of the book. There will be shipping and handling charges applied to each order. 1-800-423-5437 www.fs4jk.org.



To download or view the PDF file of the comic book along with its bilingual training manual for *promotores de salud*, visit MCN's web site www.migrantclinician.org or go directly to the environmental page and view all resources on the right <http://www.migrantclinician.org/excellence/environmental>. For more information about NCC go to http://www.marshfieldclinic.org/nfmc/pages/default.aspx?page=nccrahs_welcome.

Emergency Help For Displaced Persons

Hurricane Katrina has brought new focus to the idea of mobile, poor, and homeless populations. MCN and Health Care for the Homeless (HCH) have a long history of providing expertise in clinical care to such people in need. In addition to our regular resources, there are a number of new materials now available that specifically address the emergency needs resulting from a disaster such as Hurricane Katrina.

Go to the MCN's Hurricane Katrina web page: http://www.migrantclinician.org/news/hurricane_updates.php for more information such as:

- Q&A on getting federal emergency assistance for undocumented citizens
- Immunization needs of displaced persons
- Providing patients with a portable medical record
- And much more!

At the NHCHC link www.nhchc.org you can find:

- Information on opportunities to volunteer

- How to donate much needed medical supplies
- Other topics of interest to health care providers involved in the response

Rat Poison and Child Health.

Each year thousands of children ingest rat poison and as a result several hundred die. Poor Black and Hispanic children are disproportionately affected. In 1998, according to the National Resource Defense Council (NRDC), the US Environmental Protection Agency (EPA) concluded that child rat poison exposures were a health risk and mandated that all rat poison manufacturers include an agent that had a bitter taste to deter consumption and a dye that would make it easier to identify an exposed child. In 2001, these regulations were rescinded. According to NRDC, the number of children under six who ingested rat poison in 2004 was 15,000, which they say was up from 11,000 in 1994. (www.nrdc.org/media/press-releases/041108a.asp) UPDATE! This week, a New York State Court ruled that the EPA

must reconsider their rat poison rule and add safeguards to protect children. For more information, go to <http://www.nrdc.org/media/#0808a>.

Dermatological Terms Used by Mexican Farmworkers

A team of researchers in North Carolina recently published a glossary of Spanish dermatological vocabulary commonly used by Mexican workers. Dermatologic terms were gathered from transcripts of in-depth interviews with 31 Latino farmworkers in North Carolina. Participants were asked to name and define words related to skin irritations. Farmworkers provided several definitions of some terms, and several Spanish equivalents exist for specific English words. This glossary is a supplement to other resources for learning medical Spanish and expands health care professionals' knowledge of dermatology-related Spanish vocabulary. You can access this glossary online at <http://dermatology.cdlib.org/112/resources/dictionary/vallejos.html>. ■

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works for the local clinic to help distribute information to patients needing assistance in getting to a shelter or other services. She also created the youth group "*Jóvenes Migrantes Buscando Paz*," ("Migrant Youth Seeking Peace") to inspire teenagers to work on preventing dating violence and improving familial relationships and communication.

As an immigrant from Mexico and a migrant worker, Maricela comments "I feel proud of the work I do because in spite of the fact that my English is limited, that isn't a barrier to me carrying out work as a woman in the area of helping others that may be worse off than me." Her favorite part of the work is helping a victim access the services she needs and make the change in her life to get out of a violent situation. "What I like most is helping people make a positive change in their lives...I know that the problem of domestic violence is very strong in my community, but I also think that my work and the work of all of us is going to make the difference," she says. Maria recognizes that this type of work requires a lot of devotion and dedication, but that helping one victim makes it all worth while. "I like the program a lot" she says, "I really like what I do."

Cynthia Rodriguez is a Family Violence Advocate in another Texas-Mexico border town, who has just begun her first year of work as a *Familias con Voz Site Leader*. Cynthia

recognizes that domestic violence "is not a problem you can eradicate all of a sudden." She knows nonetheless that she "can help change it" and that working as a *Familias con Voz* advocate is one way to do so.

Cynthia says that inspiring family members of victims or domestic violence victims themselves to seek help for their situation is the most gratifying part of her work. After helping a mother and her children escape a violence situation, she says, "from then on, I felt like I was on the right track, I mean, that I was helping and that my presentations weren't in vain and that people were really listening to what I wanted to teach." She adds, "in every presentation, you won't necessarily come across an abused woman or the abused woman won't necessarily open up to you, but I say that if in 10 presentations we can help one abused woman, that's a success."

Cynthia knows that the work of *Familias con Voz* is especially important in a border community because of the sometimes unequal treatment of males and females. She comments, "since there is a lot of 'machismo,' we have to educate ourselves and educate our children... so that a change is made." Participating in this program has helped change the culture in her border community to one where violence is less accepted, but she knows that her work is far from done. ■



Migrant Clinicians Network

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American Public Health Association

NEW DATES, LOCATION, AND PROGRAM INFORMATION

133rd Annual Meeting
December 10-14, 2005
Philadelphia, PA
<http://www.apha.org/meetings/>

Midwest Stream: Farmworker Health Forum

Facing the Challenges of Diversity in Health Care
November 10-12, 2005
South Padre Island, TX
(512) 312-2700
<http://www.ncfh.org/>

15th Annual Western Migrant Stream Forum

January 27-29, 2006
Portland, Oregon
(206) 783-3004
<http://www.nwrpca.org/conf/forum.php>

**National Rural Health Association's
2006 Annual Conference**

May 15-19, 2006.
Reno, Nevada
<http://www.nrharural.org/conferences/sub/AnnConf.html>



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