Intimate Partner Violence as a Public Health Issue:
Violence Against Women Act and other Legal Protections for Immigrant and LGBT Communities

The legal information and assistance provided in this webinar does not constitute legal advice or legal representation, nor reflect the opinion of the series partners.
How To Use Webex

If you can hear us through your computer, you do not need to dial into the call. Just adjust your computer speakers as needed.

If you need technical assistance, call Webex Technical Support at 1-866-863-3904.

All participants are muted. Type a question into the Q & A panel for our panelists to answer. Send your questions in at any time.

This webinar is being recorded. If you arrive late, miss details or would like to share it, we will send you a link to this recording after the session has ended.
Public Health Law at APHA

Public Health Law Sessions at the APHA Annual Meeting:

1. Acting Locally: Law and the Local Public Health Workforce
2. Discussions in Public Health Law Theory and Governance
3. Myths in Public Health Law
4. Advancing Public Health through Law: The George Project
5. Preparation for Practice: Incorporating Knowledge, Skills, and Values in Public Health Law Education
8. Regulating for the Public's Health: Food and Beverages, Drugs, and Emerging Technologies
11. Public Health Law and Medical Care Facilities: Community Benefits, ACOs, and Medical-Legal Partnerships

More information about sessions and an online program can be found at http://www.apha.org/meetings/AnnualMeeting/
Introducing the Public Health Law Webinar Series

- A series focused on providing substantive knowledge on important issues in public health law
  - May qualify for CLE credits, details will be sent after the webinar

- Webinar series partners include:
  - American Society of Law, Medicine & Ethics
  - Public Health Law Network
  - Public Health Law Research Program

- Next webinar is Thursday, November 21 – Specialty Courts
Moderator Introduction

Cristina M. Meneses, J.D., M.S.

- Senior Staff Attorney, the Network for Public Health Law – Eastern Region
- Adjunct Professor, American University Washington College of Law
- J.D. from U of Maryland, M.S. from Florida Gulf Coast University, B.S. from Ithaca College

Research interests/areas of expertise:

- Americans with Disabilities Act and Section 504 of the Rehabilitation Act
- Litigation on behalf of low-income Georgians in areas of health, family, public benefits, employment and elder law
- Initiated and developed taskforce of legal and health care providers to address health care and legal access issues faced by limited English proficiency individuals.
- Eliminating health disparities
Panel Introduction

**Virginia Duplessis, M.S.W.**
- Program Manager, Futures Without Violence
- M.S.W from UC Berkeley, B.A. from Stanford University
- Research interests/areas of expertise:
  - Providing oversight and direction for Project Connect
  - 20 years of experience in domestic violence, sexual assault and public health fields within public and community-based organizations
  - Developing training and educational materials on prevention and early intervention in behavioral health, healthcare needs of foster youth, adolescent relationship abuse and confidentiality and minor consent issues
  - Advocate, counselor and prevention educator for community members, youth and victims/survivors of violence
Panel Introduction

Morgan Weibel, J.D.

- Supervising Immigration Attorney, Tahirih Justice Center
- J.D., University of California Hastings College of Law, Graduate of University of California Berkeley
- Research interests/areas of expertise:
  - Represents women and girls in their applications for gender-based asylum, Special T visas for victims of human trafficking, U visas for victims of violent crimes and in their VAWA petitions
  - Drafted protocol for the investigation of femicides (gender motivated killings of women) as a Research Fellow at the Center for Gender and Refugee Studies
  - Published articles on Supreme Court’s Criminal Cases, international war crimes and gang-related asylum in the U.S.
Panel Introduction

Leigh Goodmark, J.D.

- Visiting Professor of Law at University of Maryland Frances King Carey School of Law, Director of Clinical Education and Co-Director of the Center on Applied Feminism, University of Baltimore School of Law
- J.D. from Stanford Law, Graduate of Yale University
- Research interests/areas of expertise:
  - Directing the Gender Violence Clinic
  - Previous Director of the Children and Domestic Violence Project at ABA Center on Children and Law
  - Represented battered women and children in D.C. in custody, visitation, child support, restraining order, and other civil matters.
Making the Connection: 
IPV as a Public Health Issue 

Virginia Duplessis, MSW 
Futures Without Violence 

The legal information and assistance provided in this webinar does not constitute legal advice or legal representation, nor reflect the opinion of the series partners.
Looking back... and moving forward

- Solutions in addition to criminal justice
- Health settings beyond the ER
- Focus on prevention and early intervention
More than broken bones and black eyes

In addition to the immediate trauma caused by abuse, domestic violence contributes to chronic health problems, including:

- Depression and suicide
- Alcohol and substance abuse
- Disordered eating
- Obesity
- Tobacco use
- Certain gynecologic cancers
- Ability to manage other chronic illnesses such as diabetes and hypertension.

Making the Connection: IPV as a Public Health Issue
Reproductive and sexual health

- Increased risk for unintended pregnancy.
- Increased incidence of low birth weight babies, preterm birth and miscarriages.
- Abuse is more common than gestational diabetes or preeclampsia -- conditions for which pregnant women are routinely screened.
Support for addressing IPV in health settings

- Affordable Care Act
- US Preventive Services Task Force
- Women’s Health Coordinating Council
- American College of Obstetricians and Gynecologists
- American Academy of Pediatrics
Assessment as Intervention

**Primary Prevention:**
For clients who are not experiencing abuse, screening affirms that IPV is an important health care issue and provides an opportunity to talk about healthy relationships and the warning signs of an abusive relationship.
Assessment as Intervention

Secondary Prevention:
In the early stages of an abusive relationship, early identification and intervention can prevent serious injuries and chronic illnesses as the violence escalates and the entrapment increases.
Assessment as Intervention

**Tertiary Prevention:**
In relationships with escalating violence, screening provides the opportunity for disclosure in a safe and confidential environment. Even if clients do not feel safe disclosing their abuse, giving supportive messages can end their isolation and let them know that they have options.
Women Who Talked to Their Health Care Provider About Experiencing Abuse Were 4 times more likely to use an intervention and 2.6 times more likely to exit the abusive relationship (McClosky et al. 2006)

Healthcare providers can make a difference!
Participant Poll

1) Has your primary care provider asked you about IPV?
   a. Yes
   b. No

2) For those that answered yes, did the screening include:
   a. Filling out a screening form
   b. Talking to your provider
   c. Both
New tools for providers

Did You Know Your Relationship Affects Your Health?

Making the Connection: IPV as a Public Health Issue

A brochure-based intervention to address IPV
A simple intervention

- Disclose limits of confidentiality
- Normalize activity: “I talk to all my patients about this”
- Ask direct questions
  - Use the card as a guide
  - Help patients make the connection between experiencing violence and their health
- For patients who disclose abuse:
  - Offer harm reduction strategies
  - Warm referral to IPV services
  - Follow up at next visit
An opportunity to talk about healthy and safe relationships

Are you in a HEALTHY relationship?

Ask yourself:

✔ Is my partner kind to me and respectful of my choices?

✔ Does my partner support my using birth control?

✔ Does my partner support my decisions about if or when I want to have more children?

If you answered YES to these questions, it is likely that you are in a healthy relationship. Studies show that this kind of relationship leads to better health, longer life, and helps your children.
Voices from patients

“I was in a really bad relationship and talked to [the providers at my school based health center], I got out of it. Like, they helped me to realize that I’m way better and I deserve better, and it actually helped. It boosted my confidence in myself and I became a more independent young woman, I think.”
National Health Resource Center on Domestic Violence

- Technical assistance
- Clinical Guidelines
- Safety cards
- Posters
- Other tools: pregnancy wheels, buttons, provider reference cards, etc.
- Online toolkit: healthcareaboutipv.org
Thank you!

Virginia Duplessis, MSW
Project Connect Program Manager
Futures Without Violence
(415) 678-5610
vduplessis@futureswithoutviolence.org
Immigrant Victims of Violence
Morgan Weibel, J.D., Supervising Immigration Attorney
Tahirih Justice Center

The legal information and assistance provided in this webinar does not constitute legal advice or legal representation, nor reflect the opinion of the series partners.
The Tahirih Justice Center’s Mission

The Tahirih Justice Center (Tahirih) is a national, non-profit organization that protects courageous immigrant women and girls who refuse to be victims of violence. We elevate their voices in communities, courts, and Congress to create a world where women and girls enjoy equality and live in safety and with dignity.
True Justice Requires Holistic Services

- **Legal services**
  - Immigration Law
  - Family Law
  - Impact Civil Litigation

- **Social needs**
  - Shelter, Housing
  - Employment
  - Food, clothing
  - Child care
  - Education

- **Medical needs**
  - Urgent care
  - Dental care
  - Primary and Specialty care
  - Counseling
  - Expert testimony

**Tahirih Client**

- **Immigrant Victims of Domestic Violence**
Forms of Immigration Relief

- **U Visa** - Victim of a serious crime who cooperates with Law Enforcement

- **VAWA** - Abused family member of USC/LPR

- **Asylum** - Victim of persecution based on religion, race, nationality, political opinion or particular social group

- **Human Trafficking** - Victim of Forced Commercial Sex Act or Forced Labor

- **Special Immigrant Juvenile Status** - Child that is unable to reunite with one or both parents due to abandonment, abuse or neglect

- **Forced Marriage** - State family law remedies to protect victims forced into marriage against their will in the United States
Immigrant Survivors of Domestic Violence
How Immigration Status is Used as a Tool of Abuse

- **Failing to file** in order to legalize her status
- **Threatening to Withdraw** a pending application
- **Lying to her** about his ability to apply for her
- **Threats to report** her to ICE or local police
- Using lack of immigration status in **child custody proceedings**
- **Lying about her ability** to access the civil and criminal justice system
- **Forcing her to violate immigration laws**- i.e. work illegally, already married but forces her to come in on visitors’ visa/fiancé visa
Unique Barriers for Immigrant Victims to Access Justice

Language Issues:
- Victim has little to no English language skills
- Police have no bi-lingual officer/access to interpreter
- Forcing her to sign documents in English (family law)

Distrust of Police from home country

Lack of information regarding legal rights and legal system often through deliberate misinformation by abuser/perpetrator

Limited Access to public benefits
Unique Barriers for Immigrant Victims to Access Justice

- **Inability to Work Legally** / Forcing her to work illegally
- **Controlling access to her documents**
- **Lack of Culturally Sensitive Social Services:**
  - No bi-lingual staff or therapists
  - Services are restricted because of immigration status
- **Isolation of Culture:**
  - Only support in the US is abuser’s family
  - Fears of what her cultural community will think
  - Discouragement/intervention by community members as alternative to reporting the crime
Violence Against Women Act (VAWA): Immigration Relief for Victims of Domestic Violence
Who Qualifies for VAWA?

- **Abused spouses of USCs and LPRs**, including their children as derivatives
  - If filed within two years of divorce or abuser’s loss of status
  - Eligible if marriage would have been legal but for bigamy of abuser

- **Non-abused spouses of USCs or LPRs where their child is abused**

- **Abused children (natural born/adopted/stepchildren) of USCs** (up to age 25)

- **Abused parents of adult USCs** (over age 21)

*Men can also claim VAWA relief.*
What Constitutes “Abuse” under VAWA?

**“Battery” (Physical Abuse)**

OR

**“Extreme Cruelty” (includes mental abuse)**

---

Produced and distributed by:

NATIONAL CENTER on Domestic and Sexual Violence

training · consulting · advocacy

Adapted from original wheel by: Domestic Abuse Intervention Project
202 East Superior Street
Duluth, MN 55802
218.722.4436
Benefits of an Approved VAWA Self-Petition

- **Green card**: Applicants who are/were married to a USC are immediately eligible to apply for permanent residency.

- **Deferred action**: Permission to remain in the U.S. and legally work. Applicants who are/were married to a LPR can apply for permanent residency in the U.S. (or at a U.S. Consulate/Embassy abroad) when a visa becomes available.

- **Derivatives**: unmarried children under the age of 21 (and those over 21 who are protected under the Child Status Protection Act).
For Further Questions:

Morgan Weibel
Supervising Immigration Attorney
morgan@tahirih.org
410-999-1230
www.tahirih.org
The Violence Against Women Act and LGBT People Subjected to Abuse
Leigh Goodmark, JD,

American Society of Law, Medicine & Ethics

Network for Public Health Law

Public Health Law Research Program

The legal information and assistance provided in this webinar does not constitute legal advice or legal representation, nor reflect the opinion of the series partners.
Prevalence of IPA in the LGBT Community

- Intimate partner abuse occurs at roughly the same rates in the heterosexual and LGBT communities.

- Between 25 and 33% of same sex relationships involve intimate partner abuse.

The Violence Against Women Act and LGBT People Subjected to Abuse.
Cyber-Abuse

- LGBT youth report far higher rates of cyber dating abuse than do heterosexual youth

- High correlation between cyber-abuse and other forms of intimate partner abuse (physical, psychological, sexual abuse)

Vulnerabilities

- Lack of family support
- Economic vulnerability
  - Housing/shelter
  - Employment
- Fear of outing
- Perception of fair fight

The Violence Against Women Act and LGBT People Subjected to Abuse
The Legal System

- The Criminal Justice System
  - Police
    - Inadequate response
    - Abusive response

- The Civil System

The Violence Against Women Act and LGBT People Subjected to Abuse
VAWA 2013 added three protections specific to LGBT people subjected to abuse:

- Non-discrimination
- Underserved populations
- STOP grant focus areas
Non-Discrimination

No person in the United States shall, on the basis of actual or perceived race, color, religion, national origin, sex, gender identity (as defined in paragraph 249(c)(4) of title 18, United States Code), sexual orientation, or disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity funded in whole or in part with funds made available under the Violence Against Women Act of 1994 (title IV of Public Law 103-322; 108 Stat. 1902), the Violence Against Women Act of 2000 (division B of Public Law 106-386; 114 Stat. 1491), the Violence Against Women and Department of Justice Reauthorization Act of 2005 (title IX of Public Law 109-162; 119 Stat. 3080), the Violence Against Women Reauthorization Act of 2013, and any other program or activity funded in whole or in part with funds appropriated for grants, cooperative agreements, and other assistance administered by the Office on Violence Against Women.
The term ‘underserved populations’ means populations who face barriers in accessing and using victim services, and includes populations underserved because of geographic location, religion, sexual orientation, gender identity, underserved racial and ethnic populations, populations underserved because of special needs (such as language barriers, disabilities, alienage status, or age), and any other population determined to be underserved by the Attorney General or by the Secretary of Health and Human Services, as appropriate.
STOP Grant Funding

- STOP grant monies can be dedicated to “developing, enlarging, or strengthening programs and projects to provide services and responses targeting male and female victims of domestic violence, dating violence, sexual assault, or stalking, whose ability to access traditional services and responses is affected by their sexual orientation or gender identity, as defined in section 249(c) of title 18, United States Code”
Q&A

Type your question in the Q and A panel.
Thank you for attending.

Please join us for our next webinar:
Specialty Courts
Thursday, November 21, 2013