

Breaking Isolation: Social Support And “Know Your Rights” for Immigrant Survivors of Intimate Partner Violence – A Grant Proposal

Nathalie Hamel

School of Social Work and Criminal Justice

University of Washington Tacoma

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Dr. Anindita Bhattacharya

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We request \$35,000 from Washington State’s Promoting Refugee Integration, Mobility and Empowerment (PRIME) at the Office of Refugee and Immigrant Assistance to fund the implementation of a culturally relevant support group for immigrant survivors of intimate partner violence (IPV).

SHORT OVERVIEW

Immigrant survivors face added barriers to accessing formal support systems for intimate partner violence (IPV) due to immigration-related issues. Abusers will use control tactics such as threatening to report their victim to immigration, to take the children, and to destroy their victim’s passport. One of the consequences of these threats on immigrant survivors is increased social isolation, thereby preventing survivors from seeking help and accessing formal sources of support. Immigrant and refugee survivors of IPV need culturally relevant social support outside of their families that helps reduce social isolation, enhance knowledge of their rights, and empower them to access formal IPV-related resources and services. We request \$35,000 out of a budget of \$87,085 to implement a culturally relevant support group that will address the impacts of isolation in immigrant survivors with activities that foster social connections and increase knowledge of survivor and immigrant rights and IPV-related resources and services. Funding will be used to hire a licensed social worker to lead the facilitation of the support group and offer case management, to hire a peer co-facilitator to assist with the support group, to purchase equipment and materials for activities, and to provide client assistance.

PROBLEM DESCRIPTION

Problem Definition and Evidence

Immigration is on the rise globally (Natarajan et al., 2022) and immigrants may experience gender-based violence (GBV) throughout their migration journey (Block et al., 2019). GBV is a broad term encompassing harmful acts of abuse committed against a person's will, stemming from a system of unequal power dynamics between women and men (International Rescue Committee (IRC), 2023). In the United States, gender-based violence is a severe and pervasive public safety and public health crisis that disproportionately impacts immigrants (The White House, 2023). GBV is an umbrella term capturing multiple forms of violence including IPV, domestic violence, sexual violence and assault, stalking, and human trafficking (Coalition Ending Gender-Based Violence, n.d.; Morrison et al., 2024; The White House, 2023).

IPV is prevalent in immigrant and refugee populations (Runner et al., 2009). The Center for Disease Control defines IPV as “abuse or aggression that occurs in a romantic relationship” and refers to both current and former spouses and dating partners (CDC, 2024). Nearly half of women in the United States have experienced some form of IPV at some point in their lives and 7% of women experienced some form of IPV in the last 12 months (Leemis et al., 2022). Among immigrants in the United States, lifetime IPV victimization rates range from 13.9% to 93% and past-year IPV victimization rates range from 3.8% to 46.9% (Morrison et al., 2024). These estimates of IPV in immigrant populations vary widely primarily due to methodological differences. IPV has been documented in immigrant Latina women, where results of one study showed that 49.3% of all participants reported having experienced physical abuse, 11.4% sexual

abuse, 60.0% dominance/isolation-type psychological abuse, and 40.7% emotional/verbal-type psychological abuse from an intimate partner (Hass et al., 2000). IPV has been documented in other immigrant populations including India, Vietnam, and Iraq where rates of lifetime IPV were over 35% (Morrison et al., 2024). Any gender can be affected by IPV though immigrant women are at increased risk of IPV in part due to patriarchal and traditional gender norm beliefs (Erez & Harper, 2018). Living at the intersection of certain identities such as being a refugee woman of color increases the risk of IPV victimization (Erez & Harper, 2018; Leemis et al., 2022). While IPV comes at a personal cost to survivors, it also has impacts on society. The lifetime economic cost associated with medical services for IPV-related injuries, lost productivity from paid work, criminal justice and other costs in the U.S. is \$3.6 trillion (Peterson, 2017).

Risk factors for IPV experienced by immigrants include social isolation, lack of social capital, language barriers, low social support, poor financial means, low education status, cultural barriers, and fear of deportation (Erez & Harper, 2018). The resettlement process can create stressful situations for immigrants, thereby exacerbating tension between intimate partners and resulting in increased IPV. It may also be difficult for immigrant survivors to attend to their abuse as they face barriers to accessing culturally and linguistically appropriate services, face challenges pursuing potential immigration remedies for IPV victims, and experience multiple forms of systemic and societal discrimination (Erez & Harper, 2018; The White House, 2023). Fear and mistrust of law enforcement, fear of consequences on their immigration status, and fear of deportation can deter survivors from seeking help (Amuedo-Dorantes & Arenas-Arroyo, 2022). While immigrants share many of the same risk factors for IPV as the native-born population, immigrants also “have the added burdens of immigration status and context, which intersect with social-structural factors such as race, class, culture, ethnicity, and gender to exacerbate immigrant women’s abuse experiences.” (Erez & Harper, 2018). Therefore, immigration status adds a layer of complexity that makes immigrants uniquely vulnerable to IPV.

Shifts In Understanding the Problem

An important shift in our understanding of IPV was signaled by the passing of the Violence Against Women Act (VAWA) by the U.S Congress in 1994 (Public Law 103-322) to address domestic violence, sexual assault, and other forms of violence (Sacco & Hanson, 2019). Before VAWA, domestic violence was considered a “private” matter, and there was limited support and services for survivors (The White House, 2023). Recognizing that U.S. immigration laws failed to protect abused immigrant women who were dependent on their abusers for their immigration status, Congress also included in the 1994 VAWA avenues for noncitizen victims of domestic violence, sexual assault, and other crimes to seek safety and legal remedies in the United States (Erez & Harper, 2018). VAWA enables immigrant victims to pursue legal remedies and access resources that help them escape abusive situations and rebuild their lives free from violence (Erez & Harper, 2018).

Another shift to be cognizant of is the change in the migration patterns in the U.S. and here in Washington State. The makeup of the immigrant population is ever-changing. In 2023, over 80% of the share of immigrants were born in the Americas and Asia, but only 55% in 1980 (Migration Policy Institute, 2024). In Washington State, the top three countries of origin for immigrants are Mexico, India, and China, and the top three countries for refugees are Afghanistan, Ukraine, and Syria (American Immigration Council, n.d.).

It is important to address IPV as global migration is on the rise, with people even crossing continents to seek safety from all corners of the world (Natarajan et al., 2022). Here in Washington State, refugee resettlement has increased in recent years (Yen, 2023). There also has been an influx of asylum seekers, as seen at Riverton Park United Methodist Church, a small local organization that has provided support and shelter to thousands of asylum seekers (Patrick, 2024). This means that local agencies should stay attuned to those shifts and to those who may need services and subsequently adjust their services to provide culturally relevant programming.

Theoretical Frameworks For Understanding the Social Problem

Power and Control

Power and control are fundamental to understanding the dynamics of IPV. IPV is both an expression of—and an attempt to maintain—power and control over intimate partners (Hamberger et al., 2017). In the context of immigration, abusers force their immigrant partners to remain in a relationship by exerting control over their immigration status (see the Power and Control wheel for immigrants at [this link](#)). Abusers may use manipulative tactics such as threatening to report her to immigration authorities and get her deported, failing to file papers to legalize her immigration status, and telling her that the police will arrest her for being undocumented if she calls the police for help because of the abuse (National Immigrant Women's Advocacy Project, n.d.). These power and control tactics deter survivors from seeking help. As a result, immigrant survivors of IPV may feel trapped, fearful, and isolated. The simple fact of having a non-citizen status is an additional layer unique to immigrants that compounds the risk and impacts of IPV resulting in enhanced social isolation (Erez & Harper, 2018; Morales-Campos et al., 2009).

Intersectional theory

The intersectional theory emphasizes the intersection of multiple systems of oppression and discrimination. This is one of the most powerful models for understanding and addressing GBV and IPV in immigrant survivors as they often have complex lives brought about by the intersection of multiple marginalized identities. These multiple layers of identities, each often associated with a higher risk of GBV and IPV, together compound the risk of violence. For Pintin-Perez, (2023), “an intersectional framing of GBV provides us with a way of connecting the dots between overlapping and intersecting forms of violence and helps us understand how this intersectional reality shapes structural barriers in accessing safety, support, and healing”. Understanding and addressing IPV through the lens of intersectionality is crucial, as immigrants are not a monolithic group. An intersectional approach prompts us to consider the diverse layers and identities associated with being an immigrant and survivor, along with their unique needs to be addressed by interventions.

Interventions

Interventions designed to prevent or respond to IPV in immigrant populations are categorized broadly as legislative, education, counseling, and outreach (Januwalla et al., 2018). Research suggests that successful interventions addressing IPV include those that raise awareness/knowledge, change attitudes or beliefs, and improve skills (e.g., Januwalla et al., 2018; Marrs Fuchsel & Brummett, 2021; Okeke-Ihejirika et al., 2022).

Legal Protections

Legal protections conferred by VAWA are arguably the most effective program over the long term for reducing the rate of IPV in immigrants. If the decline in the rates of IPV in the Hispanic/Latina population since the adoption of VAWA in 1994 (18.8% in 1994 versus 4.1% in 2010; (Cardenas et al., 2024) is any indication of trends in the immigrant population, VAWA has likely made a positive difference for immigrant survivors. One of the legal remedies offered by VAWA is "self-petition" for lawful permanent resident status without requiring the approval or involvement of the abusive spouse (INA § 245(a); 8 U.S.C. § 255(a)) (American Immigration Council, 2019). VAWA self-petition is available to spouses and former spouses of abusive U.S. citizens or lawful permanent residents (American Immigration Council, 2019). Another legal remedy is the U Visa. The U Visa provides immigration relief to immigrant survivors of criminal activities committed against them in the United States (Erez & Harper, 2018). It is available to those who have come forward and have been, or are likely to be, helpful in the detection, investigation, prosecution, conviction, or sentencing of the offender responsible for the crime (Orloff et al., 2021). A study on the impact of these forms of immigration relief on immigrants showed a decline in immigration-related threats and abuse towards survivors along with increases in measures of wellbeing (Orloff et al., 2021). The study concluded that VAWA self-petition and U Visas "transform" immigrant survivors' lives, particularly when the VAWA and U visa applicants are granted employment authorization, and are protected from deportation (Orloff et al., 2021).

Although VAWA self-petition and U Visas are touted as transformational for survivors, they unfortunately do not solve IPV for survivors (A. McIntyre and J. Mashek, November 25, 2024). Even when survivors obtain work authorization or approval of their VAWA self-petitions and U visas, abuse and threats may continue (Orloff et al., 2021). With a cap of 10,000 U Visas processed by the government every year and over 300,000 pending applications, survivors wait for years for approvals during which time the abuse and threats may continue (Warren, 2016). Even if visas were processed more quickly, it remains that barriers exist to seeking these relief options, including requirements for documentation, interactions with law enforcement, and a lack of awareness about the programs in the first place (Kully et al., 2024). It follows that immigration relief alone is not sufficient to solve IPV and more can be done.

Culturally and Linguistically Appropriate Services

One theme that cuts across different forms of interventions for immigrant survivors is the importance of providing culturally relevant and accessible services or programming (Block et al., 2019; Cardenas et al., 2024; Januwalla et al., 2018; Marrs Fuchsel & Brummett, 2021; Okeke-Ihejirika et al., 2022; Sabri et al., 2019; Satyen et al., 2022). Immigrants are often not proficient in English and thus language can be a barrier to seeking help and accessing services and benefits (Erez & Harper, 2018). To reduce language barriers to survivors, agencies must provide interpretation and translation services in the survivors' preferred languages. This may look like providing content on websites or brochures in different languages, or support groups facilitated in the survivors' language by trained, bilingual facilitators (Marrs Fuchsel & Brummett, 2021). Employing other migrant and refugee women – or other immigrant survivors as interpreters and facilitators can be an effective way to ensure both culturally and linguistically appropriate services. Positive outcomes can be achieved when utilizing culturally sensitive and specific curricula (Okeke-Ihejirika et al., 2022). For example, incorporating familiar terms or concepts

such as familism, machismo, and immigration issues in a curriculum designed for Latinx communities (Januwalla et al., 2018).

Agencies that train service providers to understand cultural nuances, norms, and barriers that might affect help-seeking behavior can be impactful (Satyen et al., 2022). For immigrant survivors who experience IPV, barriers to be aware of include difficulty in accessing formal support systems due to immigration-related issues (e.g., fear of deportation, language proficiency, lack of family support in the U.S.) For example, Latina immigrants often reach for informal support systems. In these communities, group-format interventions such as training workshops, psychoeducation, support groups, and therapy groups were chosen because of the cultural preference for social and community support. These group interventions helped with depression, self-esteem, and knowledge of wellness and the psychoeducation group in particular resulted in participants seeking immigration status change (Marrs Fuchsel & Brummett, 2021).

Empowerment Through Education and Leadership

One of the most common forms of intervention is education such as workshops, curriculum, and classes (Januwalla et al., 2018). There are education programs aimed at social workers and service providers to increase their cultural competency and awareness of the prevalence of GBV (Block et al., 2019). There are education programs aimed at raising awareness of IPV and services for survivors (Januwalla et al., 2018). Education programs that use the group format and that cover topics that include migration issues and survivor rights are a particularly culturally relevant approach. Januwalla et al. (2018) report anecdotal evidence that participants sought immigration changes after participating in a psychoeducation group focused on domestic violence and resources. Other culturally relevant education programs for immigrant survivors are those that provide information about legal resources and immigration relief such as filing orders of protection and restraining orders, applying for immigration benefits, and changing status (Marrs Fuchsel & Brummett, 2021) or that enhance women's capacity to become informal resources in their communities (Blum et al., 2006).

Stakeholder Information

Survivors and legal advocates in Washington State speak of IPV in immigrants as a complex problem needing system-level changes. For instance, they referred to a need for changes in the cultural norm of patriarchy and rigid gender roles that make women more vulnerable to power and control of abusers; changes in how law enforcement operates, who often neglect immigrant survivors; and changes in how the law is implemented which poses barriers to access legal protections and immigration relief. These are not easy changes.

The problem of IPV in immigrants in Washington State exists across cultures and groups. Abusers from across different cultures use similar tactics of power and control. Stakeholders described a complicated web of barriers for immigrant survivors to access safety, services, and resources. At the top of the list were financial/poverty/economic hardship and immigration status. Closely connected to those was language or the lack of English proficiency and social isolation. Stakeholders unanimously reported that the number one barrier to seeking help is social isolation and the stigma of being in an abusive relationship.

What is Missing or Gaps

- Most group-format interventions are designed for Latinas where as fewer examples exist for other ethnic groups (Januwalla et al., 2018; Marrs Fuchsel & Brummett, 2021). In Pierce County, there is one support group for Spanish-speaking women called Juntas. There is a need for support groups in other languages.
- Despite higher rates of IPV in queer and gender-diverse individuals experience higher rates of IPV, few studies address relationships that are not heteronormative and gender-conforming (Okeke-Ihejirika et al., 2022).

STATEMENT OF NEED

Immigrant and refugee survivors of IPV need culturally relevant social support outside of their families that helps reduce social isolation and enhance knowledge of their rights and empower them to access formal IPV-related resources and services.

The need is rooted in two theories. One is the Social Support Theory, a psychological framework that emphasizes the importance of social connections and relationships (Kort-Butler, 2017). The other is Empowerment Theory, where increased awareness of personal factors related to one's ability to make change leads to mastery over issues of concern to them (Zimmerman, 1995).

Current Political Context

With the rise of xenophobia in the U.S. and anti-immigration policies at the federal level, immigrants and refugees are increasingly vulnerable to being detained by Immigration and Customs Enforcement (ICE) and placed in removal proceedings. This produces a “chilling” effect, where individuals refrain from exercising their rights and stay close to their homes, for fear of being detained and deported. Furthermore, the few protections, services, and programs that immigrants and refugees would otherwise benefit from are being eroded by the federal government. As a result, IPV survivors may further feel isolated and discouraged from seeking help. Therefore, it is even more important to offer a program that offers social connections and knowledge of resources and services while also ensuring the safety and security of clients.

DESCRIPTION OF PROJECT

The goal of the proposed intervention is to address the impacts of isolation on immigrant survivors with a culturally relevant support group that blends social and educational activities that foster social connections and increase knowledge of survivor and immigrant rights and IPV-related resources and services (Marrs Fuchsel & Brummett, 2021). With more social connections and knowledge, survivors will feel empowered to reach for help (Sullivan, 2018). The full logic model underlying the benefits of a support group to break isolation in immigrant survivors is depicted in Appendix 1.

Program Activities

Our support group will center around two broad activity types: socialization and education. To foster socialization, the support group will be centered around culturally relevant activities that will help participants feel comfortable and encourage forming bonds between participants and the facilitators. For instance, cooking and sharing meals are activities valued in many cultures around the world and that can “break the ice” and foster social connections. Other activities may include gardening, art, and outdoor exploration.

The educational component of the support group will be adapted from the Yes, I Can (Sí, Yo Puedo): An Empowerment Program for Immigrant Latina Women in Group Settings (Fuchsel, 2018). Yes, I Can is an intervention designed to help facilitators form psycho-educational groups designed for immigrant women to promote self-esteem, understand healthy romantic relationships, and access resources and support systems in communities. The program incorporates strategies to mitigate social isolation, such as encouraging the exchange of contact information. Though the curriculum is designed for immigrant Latina Women, we propose to adapt the program to other cultural groups of immigrants depending on the demand, as many of our clients do not speak Spanish. In the past few years, we have seen a rise in the number of clients from Ukraine, the Middle East, and African countries at our agency. We will implement a survey over three months to help us gauge which cultural group seems to have the most need.

The support groups will provide the opportunity to learn about different topics. Participants will be invited to share their experiences as they explore various subjects, and they will be encouraged to provide support for each other. The facilitator will teach specific topics while also providing a supportive environment where trust can be formed. We will offer both core topics to ensure we meet our outcomes. Consistent with empowerment theory, participants will be given some agency and ability to choose topics. We will invite participants to voice their preferences for additional topics to cover over the coming weeks.

Core topics, recurring every three months.

- What is IPV
- Know Your Rights With ICE
- Immigration relief options (VAWA self-petition and U Visas)

Other available topics that participants can choose from:

- Topics from the Yes, I Can program (e.g., coping strategies, cultural concepts akin to families, and self-esteem)
- Power and Control Wheel
- Sharing your migration story
- Benefits from Washington State regardless of citizenship status and other community resources
- How to deal with law enforcement
- Navigating the court process
- How to create a safety plan
- Job search strategies and preparation
- How to gain financial independence
- What is stigma
- Self-care
- Parenting

The main purpose of our intervention program is for participants to feel less isolated while increasing their knowledge of their rights as survivors and immigrants. As participants learn about different topics, they will be invited to share their experiences with group members, participate in the weekly exercises, and discover how to access resources. The goal is for our

participants to feel empowered to reach for help to address their situation after completing our program. Although a more systematic, multifaceted, complex approach is needed toward ending IPV among immigrants, this intervention program is a critical first step in breaking isolation and increasing exposure to others experiences and the availability of resources —both for preventing future IPV and for intervening in the lives of those currently affected by IPV.

Our support group will run for one year, during which we will host 40 sessions. Sessions will be weekly and be two hours. The group will meet in person in a space in our building in Tacoma.

Recruitment Strategies and Intakes

Our support group is aimed at immigrants who identify as women (cis or trans) or non-binary. Our objective is to obtain a total of 50 referrals from colleagues internally across all our programs and externally from partners. Once we obtain referrals, we will screen interested individuals through an intake process. Overall, our goal is to have an average of 15 participants attend each session.

We will promote our support group and recruit participants with the use of Promotoras. The Promotora Model is used throughout the United States to address domestic violence and health problems (Serrata et al., 2016). In this model, members of the target population are engaged in education and recruitment efforts because they live in the community have shared experiences, and possess an intimate understanding of the community's social networks as well as its strengths and challenges. We will hire Promotoras who are from the selected cultural group, with a preference toward immigrant survivors. Promotoras will serve as informal liaisons between our agency and their community to promote our support group and where they see a need, invite community members to contact us to talk about their situation and do the intake assessment.

We will promote our support group internally to the different branches of our organization through webinars and an internal newsletter. We will create an online referral form that colleagues can fill out for their clients or clients can fill out themselves. Clients will make an appointment with our social worker who will screen clients through an intake process to assess client needs, their level of isolation, and knowledge of their rights to determine whether they are a good fit for the support group and establish a baseline for our impact evaluation.

We will also promote our support group externally with two existing partners, to increase referrals. One partner is Northwest Immigrant Rights Project, a legal service organization that often serves clients seeking U Visas or adjustment of status through VAWA self-petitions. The other partner is the Pierce County YWCA, a victims advocacy organization. We will offer to do one webinar presentation for each organization to showcase our support group and answer questions. We will also create flyers about the support group and distribute the flyers to each organization for staff to share with their clients and post on bulletin boards. We will not advertise the location and times of the support group publicly or on social media to keep our clients safe. We will incentivize clients to join the support group and ensure retention with gift cards.

As many other domestic violence programs do, we will not promote our support group to address IPV. Instead, we will promote it as a place to connect with others from the same cultural group and find support and information on resources.

Evaluation

As a data-driven organization, we prioritize the evaluation of our programs and the outcomes for our clients. We will base our evaluation on a questionnaire administered to clients to collect their feedback on their experience and impacts on their feelings and knowledge.

We will assess the program's process at three, six, and nine months. We will use participant's satisfaction with the program as a gauge of the effectiveness of the program and needed adaptations before the end of the 40 sessions. We will ask the question "How would you rate the quality of your experience" (example in Molina et al. (2009)). Response choices will be unsatisfactory, satisfactory, good, and excellent. We will ask the participants to describe why they made that choice. We will do a final evaluation at the end of the sessions.

We will use attendance as another indicator of program success. We will take attendance at each session, entering the attendance data directly into our database. We aim for 50% retention of participants in the first three months and again at six months.

The two main outcomes of participating in our group for our clients are as follows:

Outcome #1: Immigrant and refugee survivors feel less isolated.

- Indicator A: 50% of participants in the social support group responded that participating in the support group makes them feel less socially isolated compared to before they participated in the support group.
- Indicator B: 50% of participants in the social support group can identify two people in the group that they trust and can turn to for help if needed.

Outcome #2: Immigrant and refugee survivors gain knowledge of their survivor and immigrant rights.

- Indicator A: 80% of participants in the social support group can name two forms of immigration relief and describe eligibility criteria.
- Indicator B: 80% of participants in the social support group can name two immigrant rights when approached by ICE agents.

The questionnaire will be administered by both facilitators. We will ask participants to fill out the questionnaire online, either using their cell phones or laptops on-site, or on paper. The data will be transcribed into our database and analyzed by the lead facilitator. The lead facilitator will report on the program every three months to the co-facilitator and the director of the victim advocacy unit and discuss the status and changes over time in the data, and how to adapt the program to improve retention and satisfaction with the program as well as outcomes.

Personnel, Facilities, Client Support, & Equipment

We will hire a part-time licensed social worker with group facilitation experience and experience working with survivors. They will serve as the lead facilitator for the program. We will hire a second person as the co-facilitator. This person will possess a BASW, MSW, or equivalent

degree, and be someone who preferably is a survivor. The lead facilitator will be responsible for data analysis and reporting and will provide case management to participants from the support group, with a maximum caseload of 10 clients. The lead facilitator will also manage the client assistance funding. The co-facilitator's focus will be on organizing the sessions and preparing the curriculum and activities for each topic. We will pay two Promotoras from the chosen cultural group to liaise and promote the program to their communities.

We will leverage our existing facility for the space where to hold the support group. We can provide kitchen space for cooking. We request funding for the purchasing of materials, art supplies, and food in support of the social activities.

We will provide a laptop and cell phone to our social worker facilitator and their co-facilitator to be able to connect with clients and manage their data, do email, and other communications.

We will leverage funds from our Department of Commerce Grant to help clients pay for transportation to and from the support group (Uber, bus tickets), cell service, and gift cards. The lead facilitator will oversee the requests for assistance and manage the disbursements.

We will incentivize clients to join the support group and ensure retention with gift cards. Clients will receive \$100 gift cards once completing 10 sessions and answering our outcome questionnaire twice. We also request funds to pay for a licensed childcare worker on-site. Participants will sign up in advance, and depending on the age of the children, we will provide this service to between two and ten children.

BUDGET

The cost to implement the entirety of the support group totals \$87,085. We can leverage funding received from individual contributions, private grants, and two public grants (WA State Dept of Commerce's Office of Crime Victims Advocacy (VOCA funding), and the Washington State Coalition Against Domestic Violence (WSCADV). With this proposal, we request 35,000 from WA State DSHS's Promoting Refugee Integration, Mobility and Empowerment Program (PRIME) to cover salary and benefits for the licensed social worker who will serve as the lead facilitator and provide case management for up to 10 participants. We provide the full Budget in Appendix 2.

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Appendix 1. Logic model

Long-term goal: Intimate partners survivors feel empowered to access formal support systems (resources and services) and immigration relief.				
Resources	Activities	Outputs	Outcome Statements	Outcome Indicators
<p>Curriculum for support groups – adapted from Si, Yo Puedo (SYP) program.</p> <p>Funds to hire staff, purchase equipment create flyers and surveys in different languages, buy food and participant gift cards</p> <p>Interpreter and translation services</p> <p>.2 FTE social worker as lead facilitator and 0.1 FTE peer co-facilitator</p> <p>Quiet room with access to kitchen</p> <p>Cell phones, laptops and Zoom</p> <p>Refreshments and food for groups and cooking activity</p> <p>Childcare</p> <p>\$25 gift cards to incentivize participation</p>	<p>Host one ongoing weekly support group for one year. Will blend socialization and education. Two-hours each, on-site.</p> <p>Trauma based, culturally relevant (language access, interpretation, facilitators from similar culture)</p> <p>Recruit using peer-based “promotora” model. Participants referred internally or from partners.</p> <p>Immigrants who identify as cis or trans women clients.</p> <p>Develop intake form to determine client needs and preferences for language. Language of group will depend on demand.</p> <p>Hire licensed social worker with group facilitation experience; hire and train co-facilitator peer expert from the survivor community.</p> <p>Train staff in facilitation and trauma care</p> <p>Design and implement survey to assess social isolation and knowledge of participants pre and post survey</p> <p>Assess overall program process and outcomes for client at 3, 6, 9 and 12 months to see if effective and how to adapt.</p> <p>Engage partners for client referral</p>	<p>One ongoing weekly support group for 40 sessions over 1 year</p> <p>40 referrals with intakes to determine client needs and whether support group is a good fit</p> <p>15 participants, on average, in weekly sessions</p> <p>Social worker with at least two years experience hired; Peer co-facilitator (immigrant survivor) hired</p> <p>50% retention of participants in the first 3 months and at 6 months.</p> <p>Referral system is functional three months before start of group</p> <p>Purchased phone, laptop, zoom and gift cards</p> <p>Room is reserved</p>	<p>Outcome 1: Immigrant and refugee survivors feel less isolated.</p> <p>Outcome 2: Immigrant and refugee survivors gain knowledge of their survivor and immigrant rights and immigration relief options.</p>	<p>Indicator 1a. 50% of participants in the social support group respond that participating in the support group makes them feel less socially isolated compared to before they participated in the support group.</p> <p>Indicator 1b. 80% of participants in the social support group are able to name two forms of immigration relief and describe eligibility criteria</p> <p>Indicator 2a. 80% of participants in the social support group are able to name two immigrant rights when approached by ICE agents</p> <p>Indicator 2b. pre- and post-knowledge of immigration relief options</p>

Appendix 2. Budget

Capstone Annual Budget Template

Title: Breaking Isolation: Social Support And "Know Your Rights" for Immigrant Survivors of Intimate Partner Violence.

Revenue						Notes
Individual Contributions	Donations at the annual gala		\$ 2,000	\$ 2,000		Discretionary; donations from the gala was specific to the programming for immigrants and refugees
Private Grants				\$ 10,000		
Grant 1	Everytown Domestic Violence Grant Program		\$ 10,000			https://everytownsupportfund.org/everytown-domestic-violence-grant-program/
Government Grants				\$ 77,000		
Grant A (REQUESTED WITH THIS GRANT PROPOSAL)	WA State DSHS's Promoting Refugee Integration, Mobility and Empowerment Program (PRIME)		\$35,000			Salary and benefits for leading the support group and case management with participants; based on https://www.dshs.wa.gov/esa/csd-office-refugee-and-immigration-assistance/promoting-refugee-integration-mobility-and-empowerment-program
Grant B	WA State Dept of Commerce's Office of Crime Victims Advocacy (VOCA funding)		\$32,000			Salary and benefits, client assistance funding; based https://www.commerce.wa.gov/ocva/ocva-funding/
Grant C	Washington State Coalition Against Domestic Violence (WSCADV)		\$10,000			Salary and benefits; https://seattle.gov/human-services/for-providers/funding-opportunities
Program Fees						
In-Kind						
Other						
TOTAL REVENUE					\$ 89,000	
Personnel Expenses	FTE	Hrly Wage	Annual W	Taxes & Be	Cost to Program	
Lead facilitator - Licensed Clinical Social Worker (LCSW) salary	0.2	\$ 62.00	\$25,792	\$ 7,738	\$ 33,530	facilitator, leads support group, develops and implements questionnaire, analyzes data, manages budget, fulfills grant requirement. Salary from https://www.indeed.com/career/licensed-clinical-social
Co-facilitator with relevant expertise (MSW, BASW or equivalent) - salary	0	\$ 46.00	\$ 9,568	\$ 2,870	\$ 12,438	implement curriculum, leads support group, implements questionnaire. Salary from https://www.ziprecruiter.com/Salaries/Master-Level-Social-Worker-Salary-in-Tacoma,WA
Total Personnel Expenses					\$ 45,968	
Non-Personell Expenses						
Honorarium for promotoras for recruitment and testing questionnaires					\$ 1,000	withing their communities. Assume \$25 per hour, 1 hour per session and 40 sessions
Space					\$ -	organization
Communications					\$ 2,000	rights, meeting agendas
Supplies					\$ 5,000	Supplies for cooking and arts materials for 1/4 of the 40 sessions, \$500 each of the sessions
Travel					\$ 3,000	both staff, \$1,500 each.
Equipment - computer					\$ 8,000	Two laptops and software; access to internal database;
Equipment - cell phone					\$ 4,200	Two cell phones (\$800 each), Text/Data/Network service at \$100 per month, WhatsApp and Google services
Client Support					\$ 4,000	bus tickets), cell service, cash grants; \$100 per session for 40 sessions
Incentive for participation					\$ 2,000	Gift cards for 20 clients, given once completing 10 sessions and taking at least two questionnaires
Child care					\$ 4,000	sessions
General Operating					\$ -	
In-kind					\$ -	
Other Expenses					\$ -	
Subttl Non-Personell Expenses					\$ 33,200	
Subtotal All Expenses					\$ 79,168	
Admin/Indirect Costs					\$ 7,917	10% Admin/Indirect
TOTAL EXPENSES					\$ 87,085	
Net Revenue (Deficit)					\$ 1,915	