

Women's Voices: Latinas, Intimate Partner Violence & Immigration Policy (U-Visa)

FINAL REPORT – MARCH 2015

Shireen S. Rajaram, Ph.D.¹

Elisha Novak, M.A.²

Ana Barrios, B.A.³

Jossy Rogers, B.A.⁴

Sandra Leal⁵

¹ Department of Health Promotion, College of Public Health, University of Nebraska Medical Center

² Justice for Our Neighbors, Omaha, Nebraska

³ Juan Diego Center & Latina Resources Center

⁴ Catholic Charities, Immigration Legal Assistance Services

⁵ Community Leader, Omaha

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Contact Information:

For more information please contact Dr. Shireen S. Rajaram (ssrajaram@unmc.edu).

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EXECUTIVE SUMMARY

Intimate Partner Violence (IPV) is a serious public health issue and affects the lives of millions of people in the U.S. and worldwide.¹ The lack of legal immigration status is often used as a tool of power and control in IPV against women. Legislation and social policies at the federal level such as the U.S. Violence against Women Act (VAWA 2000),² and the Victim of Trafficking and Violence Prevention Act (TVPA 2000)³ provide support for vulnerable immigrant women who might lack legal documentation and are victims of IPV. It is designed to provide lawful immigration status to noncitizen crime victims who are willing to assist authorities in investigating crimes, including domestic violence. It provides women with work authorization and a social security number.

The U-Visa allows for temporary legal status for up to 4 years through deferred action. After three years of continuous and lawful presence with a U-Visa, women can apply for permanent residency. After 5 years with lawful permanent residency status, they can apply for citizenship.⁴ The goal of the U-Visa is to encourage immigrant victims of crimes to report and cooperate with law enforcement. The largest proportion of U-Visa recipients are victims of domestic violence.⁵ There is a cap of 10,000 U-Visas for principle applicants a year.^{4,6}

This in-depth, qualitative study, based on principle of community based participatory research of 15 Latinas and 5 service providers (of the U-Visa) is a collaborative partnership between academia (University of Nebraska Medical Center [UNMC], College of Public Health), and community-based organizations, including the Juan Diego Center, Catholic Charities, Latina Resources Center, Justice for our Neighbors – Nebraska and Women’s Center for Advancement.

The aim of this study is to better understand the experience of Latinas, who have their U-Visa and have been victims of domestic violence. While obtaining legal documentation is critical to becoming economically self-sufficient, a better understanding of the opportunities and challenges that women might face in the U-Visa process, will provide researchers and social service providers with the necessary evidence to identify gaps in services. This information will help in designing effective public health interventions to meet the needs of women as they move towards emotional, social and economic stability. The focus of this study is on women who have received their U-Visa under the TVPA 2000.⁷

Improved Mental Health – Less Fear.

Emiliana: "...I am no longer afraid that one day I won't get home because immigration has come for me. So, because they just get there to your job, and take you, and there are times you cannot see your family anymore. So, I am not afraid anymore...and more than anything for my children, they are the most important."

Note: Only pseudonyms are used.

BACKGROUND

The term "intimate partner violence" or "domestic violence" refers to physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples, and among people of different racial/ethnic, religious or social class backgrounds.⁸ Intimate partner violence can result in serious short- and long-term consequences, including severe physical injury, poor mental health, and chronic physical health problems,^{1,9} and can lead to hospitalization, disability, or death.^{1,9} The costs of IPV are estimated to be \$5.8 billion each year.

One of the worst health disparities affecting the Latino community is that of IPV.¹⁰ There have been inconsistent findings as to whether the rate of IPV is higher in the Latino community compared to other racial/ethnic groups. However, data suggests that Latino IPV victims suffer from more serious forms of IPV and also experience more negative health consequences compared to other groups.^{1,9-11} For example, Latinas are more likely to suffer worse mental health consequences such as depression and suicidal ideation, and to die from homicide, than non-Latino white IPV female victims.^{9,11,12}

Latino intimate partner violence survivors may also experience other barriers such as language, cultural and immigration status barriers in awareness, and access to and utilization of services.^{13,6,10} Additionally, the undocumented status of some Latinos may further exacerbate the situation.^{14,15} Many immigrant women fear seeking help through formal channels due to fear of deportation, distrust of law enforcement or because of negative experiences in their home countries.^{6,13,16}

RESEARCH METHODS

The sample included a total of 20 participants, including 15 women recipients of the U-Visa, who experienced IPV and 5 representatives from community-based organizations who provided no- to low-cost U-Visa services to women. Data was collected through in-depth, one-on-one interviews of 60-90 minutes duration. Women were provided with a \$20 Hy-Vee gift card as a token of appreciation for their participation in this study. Transcripts were analyzed for key themes using Nvivo,¹⁷ a qualitative software. Key themes were reviewed, and dominant themes were extracted from the data by the research team members.

Key Findings

Sample

- Women recipients of the U-Visa were between the ages of 27 and 61 years, and the majority of women were in their 20s and 30s.
- All women lived in a metropolitan area in Nebraska and were originally from either Mexico or Guatemala. All but one had children.
- All service providers were from a metropolitan area in Nebraska and were representatives of community-based organizations that provided free- to low-cost U-Visa services to women.

Less Exploitation.

Milagro: "When the incident happened I had no knowledge of how the legal system worked, and I was very scared...I thought, since I was not legal here, I had no rights, so I was not going to do anything about it and just stay put. Like a little chicken when they get cold, they just don't move, don't eat and eventually die... in those classes [domestic violence classes]. I learned...that I have rights in this country."

Benefits of the U-Visa

- **Improved Mental Health – Less Fear:** The receipt of the U-Visa was a transformative and life-changing experience. Women no longer had to fear being caught by immigration officials, sent back to their country of origin and separated from their children.
- **Renewed Confidence & Self Esteem:** Women experienced a renewed sense of self with enhanced self-esteem and confidence. Novia, a service provider, remarked that women, often "come from being in the shadows and hiding your whole life...and are now able to show themselves."

- **Less Exploitation:** Women revealed that they often felt disrespected and taken advantage of (workplace, housing, etc.) because of their lack of legal status. Since they did not have knowledge of their rights or were fearful of retaliation, they did not speak out, prior to obtaining their U-Visa.
- **Economic Well-Being:** With work-authorization and a social security number, women were able to obtain better jobs, including better work-hours, remuneration and benefits.
- **Housing:** Many women stayed in a domestic violence shelter while waiting for their U-Visa. Improvement in their housing situation was gradual and dependent on whether they were able to obtain a better job with their U-Visa.
- **Hope – Future Plans:** With their new status, women made plans to "get ahead" (*Adelante*) and improve both their lives and that of their children.
- **Community Benefit:** Having a U-Visa helps women rebuild their lives and become contributing members of society. They no longer have to live hidden lives.

Hope – Future Plans

Fabiola: : *"For me this is one of the best things from that visa that it includes your kids...I think it is fair, because equally he [oldest son] was abused...maybe they don't get the beatings, but in seeing it and living it like us...My son did not have papers and today he also has the opportunity to live in peace in this country. And for me this is one of the greatest things."*

Challenges of the U-Visa

- **Uncertainty:** Women experienced much fear and anxiety about the uncertainty of the outcome of their U-Visa application. The fact that women had provided detailed personal information to law enforcement and had revealed that they were undocumented to the Department of Homeland Security made them feel very fearful and vulnerable.
- **Economic Hardships:** Women could not legally work while awaiting their U-Visa since they had not as yet obtained their work-authorization document. This resulted in considerable economic hardship and stress.
- **Housing:** Without a paycheck, women were often not able to pay rent, and the only option left, in many instances, was to live in a domestic violence shelter. Unfortunately, the availability of domestic violence shelters is limited for an extended stay, while they await their U-Visa and work-authorization. One woman went from one shelter to another across the state, with her children, often at the mercy of public transportation.
- **Access to Public Benefits:** While waiting for their U-Visa, women cannot access most public benefits including purchasing health insurance through the online marketplace. Even after they receive their U-Visa, and work authorization, women need to wait five years until they obtain their lawful permanent resident (LPR) status, per statutes in Nebraska, to access any public benefits such as Medicaid, SNAP (Supplemental Nutrition Assistance Program) or subsidized housing.
- **New Identity:** Obtaining the U-visa was a big relief to women, although it meant that they had to assume a new identity with their new social security number and real name. Sara revealed: *"Yes, I feel like, strange that at work, they call me by my name. You always have to work with another name...and now when they call me by my name, I ask myself, "Are they calling me?"*

- Non-disclosure – Stigma:** Despite the fact that women were overjoyed and grateful to have their legal papers and work authorization, they were embarrassed, ashamed and reluctant to share the good news with friends and family. To do so would require disclosure that they were a survivor of domestic violence, and they perceived this to be a stigmatized status. Consequently, fewer women are made aware of information pertaining to immigration relief for undocumented IPV victims since this information is not openly discussed or widely distributed.
- Travel Restrictions:** Although the U-Visa provides women access to a state identification and a driver’s license, giving them freedom to travel within the U.S., unfortunately, they are unable to travel outside the U.S. for fear that they may not be allowed to re-enter the country.
- Emotional Support & Counseling:** Women emphasized the need for counseling services for themselves and their children. However, there is limited availability of free- or low-cost, bilingual counseling in the Omaha area. Additionally, financial constraints kept women from paying out-of-pocket to access private counseling services. Laura, a service provider stated that women might be more receptive to learning more about and pursuing the U-Visa if they went through counseling, first, and had a chance to work through some of the trauma of the domestic violence experience.
- Informational Support:** Women expressed that they did not have a clear idea of what the U-visa entailed. They stated that they would like a lot more information about the U-visa process, the benefits, challenges, and access to social services such as food pantries, shelters and other services that could sustain them as they went through the U-visa process. Women were very appreciative of the assistance that they received from community-based organizations (CBOs) in obtaining their visa. They had trust in the CBOs and were relieved that the information they provided, as part of the application process, would be kept confidential.
- Access to other legal assistance:** Service providers commented that they would like to have better access to reliable, free to low-cost legal services for women to help them with some of their other legal issues such as child custody, divorce, protection orders, etc., that are not related to their U-Visa application.
- Support from Law Enforcement:** The U-Visa application needs to include a “certificate of helpfulness” indicating that the victim has cooperated with the police in the domestic violence case. Often the police provide this documentation, and their signature is discretionary. Service providers had mixed experience in working with law enforcement. While some were pleased with the responsiveness of law enforcement, others experienced delays in getting the police report and also stated that no explanation was provided when a certification of the U-Visa was rejected.

Non Disclosure – Stigma

Martina: “... there are times that I say I would like to go and tell many people, if it wasn’t for the embarrassment. Well, like those like me, as a Hispanic, well, the embarrassment of telling others.”

Need Information

Reyna: “We need more advice. Someone to tell you to show how to do things...It took me so long, because I never went to a place where truthfully they told me the truth...That is a great help that this place offers. They assist the people that don't have a lot of resources...I don't know. One wants to take a piece of your heart and give it to them. Because it changes your life.”

RECOMMENDATIONS

- **Increase Community Awareness of IPV and Rights of Women:** Increase outreach/education on gender violence and sexual assault, rights of women and building healthy relationships and attachments.
- **Increase Community Awareness of Immigration Relief for Undocumented IPV Survivors:** Increase outreach/education in the community on rights of immigrants and the U-Visa -- benefits, process of application, and agencies providing no- to low-cost services.
- **Increase Community Awareness of Support Services:** Increase outreach/education in the community on support services such as pantries, shelters/housing, ESL and GED classes, etc., available for women regardless of their immigration status.
- **Improve Access to Bilingual Counseling:** Provide women and their children with better access to bilingual counseling that will help improve their mental health and quality of life. Counseling will strengthen their U-Visa application by demonstrating they have endured physical and mental suffering relating to the IPV.
- **Provide Better Housing Options:** Provide stable and affordable housing for women that meets both short-term (e.g., domestic violence shelters), and long-term needs (e.g., transitional housing programs) while they are waiting for their U-Visa and until they can obtain a stable job.
- **Provide Other Wrap-around Supportive Services:** Increase inter-agency collaboration and case-management of women to ensure that they have access to supportive services such as transportation, childcare, ESL and GED classes, job/life skills (e.g., writing resume, job interviews, buying a car, improving financial literacy, assistance in finding a job, access to other legal services, etc.), particularly during the U-Visa waiting-period.
- **Needs Assessment of Supportive Services for U-Visa Applicants:** Gather systematic data on the needs of women applying for a U-Visa to ensure that resources can be garnered to address their needs fully.
- **Evaluation of Impact of the U-Visa:** Gather systematic data to demonstrate the social, emotional and economic impact of the U-Visa at the individual, family and community level.
- **Increase Yearly Cap for U-Visas:** Increase current annual cap of 10,000 U-Visas for the principal applicant to reduce the backlog, and case load for providers, and lengthy wait-time for women.
- **Expand the Derivatives of U-Visa:** Expand the derivatives of the U-Visa (e.g., include children up to 25 years and parents [even if principle applicant is not under age 21]) to support family unity.
- **Expand Qualifying Crimes for U-Visa:** Expanding the types of crimes allowed under the U-visa (e.g., include hate-crimes, bullying-assault, etc.).
- **Waiver of 5-year Eligibility:** State waiver of the 5-year permanent-residency requirement before people can access public benefits such as Medicaid.

Increased Community Awareness

Reyna: "A lot of women have been murdered because they gave (a man) another chance. I was at the point of dying by this man. We need education."

CONCLUSION

Obtaining the U-Visa is a transformative and life changing experience for Latina survivors of intimate partner violence. It provides them and their families with an opportunity toward enhanced social, emotional and economic stability. It results in improved public health for women and the community. Indeed, immigration policy is health policy.⁷

Conclusion

Quetzali: “Well...I don’t feel like a prisoner anymore...I feel like I am free even though I am not in my country but, I feel free.”

Challenges remain, that can be addressed by concerted individual, community, institutional, and societal efforts at the local, state, and federal level. A strong collaborative partnership between community-based organizations and academia is key in helping women *Adelante* (get ahead).

REFERENCES

1. Breiding MJ, Chen J, Black MC. Intimate partner violence in the United States—2010. *Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention*. 2014;7.
2. Violence against Women’s Act of 2000. <http://www.ncsl.org/issues-research/immig/violence-against-women-act-of-2000.aspx>. Updated 2000. Accessed March 15, 2013.
3. TVPA. Victims of trafficking and Violence Protection Act 2000. <http://www.state.gov/documents/organization/10492.pdf>. Published 2000. Updated 2014. Accessed Dec 27, 2014, .
4. Department of Homeland Security, United States Citizenship and Immigration Services. U-Visa law enforcement certification resource guide for federal, state, local, tribal and territorial law enforcement. . 2014.
5. Orloff LE, Feldman PE. National survey on types of criminal activities experienced by U-visa recipients. <http://iwp.legalmomentum.org/reference/additionalmaterials/immigration/u-visa/research-reports-and-data/Orloff-Feldman%20Final%20U%20visa%20recipients%20criminal%20activity%20survey.pdf/view>. Updated 2011. Accessed November 29, 2011.
6. Hass G, Yang E, Monahan K, Orloff L, Anver B. Barriers and successes in U visas for immigrant victims: The experiences of legal assistance for victims grantees. *Arts Social Sci J S*. 2014;1:2.
7. Rajaram S., Barrios, A., Novak., E., Rogers, J. & Leal, S. Immigration policy as health Policy–Women’s voices and intimate partner violence. Paper presentation. American Public Health Association Meetings. New Orleans. 2014.
8. Villalón R. *Violence Against Latina Immigrants: Citizenship, Inequality, and Community*. NYU Press; 2010.
9. Black MC, Basile KC, Breiding MJ, et al. Intimate partner violence and adverse health consequences: Implications for clinicians. *Am J Lifestyle Med*. 2011;5(5):428-439.

10. Gonzalez-Guarda R, Cummings A, Becerra M, Fernandez M, Mesa I. Needs and preferences for the prevention of intimate partner violence among Hispanics: A community's perspective. *J Primary Prev.* 2013;34(4):221-235.
11. Bonomi AE, Anderson ML, Cannon EA, Slesnick N, Rodriguez MA. Intimate partner violence in Latina and non-Latina women. *Am J Prev Med.* 2009;36(1):43-48. e1.
12. Krishnan SP, Hilbert JC, Van Leeuwen D. Domestic violence and help-seeking behaviors among rural women: Results from a shelter-based study. *Fam Community Health.* 2001;24(1):28-38.
13. Rizo CF, Macy RJ. Help seeking and barriers of Hispanic partner violence survivors: A systematic review of the literature. *Aggression and Violent Behavior.* 2011;16(3):250-264.
14. Klevens J. An overview of intimate partner violence among Latinos. *Violence Against Women.* 2007;13:111-122.
15. Ramos A, Rajaram S, Gouveia L, et al. Health profile of Nebraska's Latino Population. A collaborative effort of the College of Public Health at the University of Nebraska Medical Center, the Office of Latino and Latin American Studies at the University of Nebraska at Omaha and the Office of Health Disparities and Health Equity at the Nebraska Department of Health & Human Services. 2013.
16. Bauer HM, Rodriguez MA, Quiroga SS, Flores-Ortiz YG. Barriers to health care for abused Latina and Asian immigrant women. *J Health Care Poor Underserved.* 2000;11(1):33-44.
17. Bazeley P, Jackson K. *Qualitative Data Analysis with NVivo.* Sage Publications Limited; 2013.

INTRODUCTION

Intimate Partner Violence (IPV) is a serious public health issue and affects the lives of millions of people in the U.S. and worldwide.¹ The lack of legal immigration status is often used as a tool of power and control in IPV against women. Legislation and social policies at the federal level such as the U.S. Violence against Women Act (VAWA 2000),² and the Victim of Trafficking and Violence Prevention Act (TVPA 2000)³ provide support for vulnerable immigrant women who might lack legal documentation and are victims of IPV. VAWA and TVPA created the U-Visa, a special nonimmigrant visa for people who have been victims of certain crimes, including domestic violence. It is designed to provide lawful immigration status to noncitizen crime victims who are willing to assist authorities in investigating crimes. The goal is to encourage immigrant victims of crimes to report and cooperate with law enforcement. The largest proportion of U-Visa recipients are victims of domestic violence.⁴

This in-depth, qualitative study of 15 Latinas and 5 service providers (of the U-Visa) is a collaborative partnership between academia (University of Nebraska Medical Center [UNMC], College of Public Health), and community-based organizations, including the Juan Diego Center, Catholic Charities, Latina Resources Center, Justice for our Neighbors – Nebraska, and Women’s Center for Advancement.

The aim of this study is to better understand the experience of Latinas, who have their U-Visa and have been victims of domestic violence. Indeed, the health and well-being of immigrants is largely determined by context of reception in the receiving community and country.^{5,6} Immigrant women’s vulnerability is based not only on gender but on the intersection of their other identities including race, ethnicity, language, religion, immigration status, cross-national frames of reference (legal and cultural), socioeconomic status, etc.⁷

While obtaining legal documentation is critical to becoming economically self-sufficient, a better understanding of the opportunities and challenges that women might face in the U-Visa process, will provide researchers and social service providers with the necessary evidence to identify gaps in services. This information will help in designing effective public health interventions to meet the needs of women as they move towards emotional, social and economic

stability. The focus of this study is on women who have received their U-Visa under the VTVPA 2000.⁸

BACKGROUND

The term "intimate partner violence" or "domestic violence" refers to physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples, and among people of different racial/ethnic, religious or social class backgrounds.⁹

Intimate partner violence can result in serious short- and long-term consequences, including severe physical injury, poor mental health, and chronic physical health problems,^{1,10} and can lead to hospitalization, disability, or death.^{1,10} The costs of IPV are estimated to be \$5.8 billion each year. Victims of severe IPV lose nearly 8 million days of paid work -- the equivalent of more than 32,000 full-time jobs -- and almost 5.6 million days of household productivity each year.^{11,12}

The social consequence of violence includes poor access to services, strained relationships with health providers and employers, isolation from social networks, poverty, and homelessness.¹³⁻¹⁵ More than 1 in 3 women (35.6%) in the U.S. have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime.¹⁰ Additionally, an estimated 47.1% of women experienced at least one act of psychological aggression by an intimate partner during their lifetime. Women are disproportionately affected by IPV.¹

Latinas and IPV

One of the worst health disparities affecting the Latino community is that of IPV.¹⁶ There have been inconsistent findings as to whether the rate of IPV is higher in the Latino community compared to other racial/ethnic groups. However, data suggests that Latino IPV victims suffer from more serious forms of IPV and also experience more negative health consequences compared to other groups.^{1,10,16,17} For example, Latinas are more likely to suffer worse mental health consequences such as depression and suicidal ideation, and to die from homicide, than non-Latino white IPV female victims.^{10,17,18} Additionally, research shows that battered Latinas have been found to seek help less often from both informal and formal sources.¹⁹ Studies on

women in domestic violence shelters indicate that they tend to stay longer in an abusive relationship before seeking assistance.²⁰

The process of immigration presents new stressors as people are exposed to entirely different socio-cultural and economic systems.^{21,22} Latinos may also experience other language, cultural and immigration status barriers in awareness, and access to and utilization of services.^{23,22,16} A study of Latina IPV victims indicates that culture and immigration experiences might affect beliefs and make the experience of IPV different for Latinos.²⁴ Additionally, the undocumented status of some Latinos may further exacerbate the situation.^{25 26} Indeed, immigration status is one of the issues of power and dominance that comes into play in intimate partner violence. Many immigrant women fear seeking help through formal channels due to fear of deportation, distrust of law enforcement or because of negative experiences in their home countries.^{22,23,27}

U-Visa

The U-visa is a valuable crime fighting tool that helps law enforcement officials build trust with immigrant crime victims and their communities. The U-Visa provides women with the protection and support they need to come forward and report the crime. This visa helps both victims and law enforcement by protecting immigrant victims of IPV from the perpetrator and deportation. It provides women with work authorization and a social security number. The U-Visa allows for temporary legal status for up to 4 years through deferred action. After three years of continuous and lawful presence with a U-Visa, women can apply for permanent residency. After 5 years with lawful permanent residency status, they can apply for citizenship.²⁸

In addition to experiencing abuse, there are other requirements before women can obtain the U-Visa. For example, they will also need to provide a “certificate of helpfulness” from a qualifying government agency and prove that they did suffer mental or physical abuse. A counselor’s evaluation or statement helps to document that abuse and suffering resulted from the crime. Women, as the principle or primary applicant of the U-Visa can also apply for a "derivative visa" for their spouse and children (under 21 years), and in some cases for parents and siblings as well. There is a cap of 10,000 U-Visas for principle applicants a year.^{22,28}

A better understanding of women's experience with the U-Visa will help in designing interventions to meet the socio-emotional and economic needs of women as they move toward stability and self-sufficiency.

METHODS

This study was conducted by a community-campus research team in a metropolitan area in Nebraska, and partners included a community leader and representatives from Catholic Charities, Latina Resources Center, Women's Center for Advancement, and the Juan Diego Center, Justice for our Neighbors – Nebraska, and University of Nebraska (UNMC), College of Public Health. The study was based on principles of community-based participatory research reflected in a collaborative process with inclusion of input and insights from team members at every step of the research process, including determination of the research topic, drafting of the interview guide, and analysis and interpretation of research findings.

Sample

The sample included a total of 20 participants, including 15 women recipients of the U-Visa, who experienced IPV and 5 representatives from community-based organizations who provided no- to low-cost U-Visa services to women. The sample size was determined by the themes that emerged from the analysis; when saturation was reached, or when the themes repeat and no new information emerged, the number of participants was deemed to be sufficient.²⁹

Data Collection & Analysis

A letter explaining the study was sent by the principle investigator (SR) of the study to community-based organizations who provided U-Visa services to women survivors of domestic violence. Service providers directly contacted women who were at least 19 years of age. If women were interested, service providers assisted in scheduling a face-to-face interview at a time and place convenient for both the women and the interviewer.

To ensure appropriate support and protection for women, they were provided with a list of resources in the community to meet their social service, physical and mental health needs. Women were not asked for their address, social security number or any personal information other than their first name and last initial. Also, they were not asked about their experience with

domestic violence. The focus of the interviews was on advantages and challenges of obtaining the U-Visa. It should be noted that that as a requirement to qualify for a U-Visa to demonstrate substantial suffering, many women had previously obtained counseling.

All data collection was conducted by two research team members, trained in qualitative research methodology, through in-depth, one-on-one interviews of 60-90 minutes duration. Interviews were digitally recorded (with permission of participants), transcribed, and translated (if in Spanish), using pseudonyms. Fourteen interviews with women who obtained their U-Visa were conducted in Spanish and one in English. Women were provided with a \$20 Hy-Vee gift card as a token of appreciation for their participation in this study. All 5 interviews with service providers were in English.

The interview guides for women and service providers were drafted by the research team and focused on women's experience with the U-Visa. Providers were asked about their perspectives on women's experience and possible solutions to address identified barriers. Permission was obtained from the UNMC Institutional Review Board prior to the commencement of the study. Transcripts were analyzed for key themes using NviVo,³⁰ qualitative software. Key themes were reviewed, and dominant themes were extracted from the data by the research team members. Pseudonyms are used for all participants.

RESULTS

Women recipients of the U-Visa were between the ages of 27 and 61 years, and the majority of women were in their 20s and 30s. All women lived in a metropolitan area in Nebraska and were originally from either Mexico or Guatemala. All but one had children. Many had children who were young, and born in the U.S., while their other children were born in their country of origin. All service providers were from a metropolitan area in Nebraska and were representatives of community-based organizations that provided free- to low-cost U-Visa services to women. Key themes are presented below.

Benefits

- **Improved Mental Health – Less Fear**

The receipt of the U-Visa was a transformative and life-changing experience for women. It was like an enormous weight had been lifted off their shoulders. Natalia, a service provider, expressed: “They become real human beings. Before they always felt like they were in chains. They did not feel free.” Women experienced less stress and worry about their legal status.

Reyna stated: *“When my U-Visa came, I cried with happiness. My heart... for the first time in my life, I had something that was really mine. I didn't have to invent things... [I felt like I was] committing a crime [before].”*

With a U-Visa and new legal status, women were thankful that they no longer had to fear being caught by immigration officials and sent back to their country of origin. Women had lived in the U.S. for many years and had built their lives in this country. They feared that if they were deported, they would lose everything and would have to start from scratch in their home country. Additionally, many women had one or more children, born in the U.S. while others may have been born in their country of origin. Women feared that if they were deported, they would be separated from their U.S. born children.

As Milagro stated: *“...before, if I went shopping or just taking a ride, I was scared that immigration would catch us like a cat catches a mouse and they would deport us back to our home country... That is why now I can go anywhere without any worries that the immigration will catch me, and my daughters won't stay by themselves.*

Similarly sentiments were expressed by Emiliana: *“I think that is what has changed the most, it is that I am no longer afraid that one day I won't get home because immigration has come for me. So, because they just get there to your job, and take you, and there are times you cannot see your family anymore. So, I am not afraid anymore...and more than anything for my children, they are the most important.”*

Immigration is a contentious issue in Nebraska. In 2006, the Immigration and Customs Enforcement conducted the largest workplace raid in the nation's history, sweeping meat packing plants across six states, including one in Grand Island where more than 250 people were arrested, and bussed to Iowa and in some cases, deported.³¹

With a U-Visa, women were able to obtain their driver's license giving them the freedom to travel. Before they obtained their visa, women were constantly fearful of being stopped by

police while driving and felt that they would be turned over to immigration authorities. Teresa explains: “But right now I have a driver license, and if the police are driving behind me, I don't get scared anymore.” Indeed, a research study revealed that for 30.1% of U-Visa victims, traffic stops were the main trigger for immigration enforcement action.^{22,32}

Service providers stated that they were often asked by women if they could freely travel in the U.S. while awaiting their U-Visa. Even though women were told that they were safe, still some restricted their travel for fear of being caught by the police. In Nebraska, as in some other states, residents cannot obtain their driver's license unless they have legal papers such as a social security number or a state identification.

Women had to wait until after their U-Visa application was accepted, they received deferred action and were granted work-authorization, before they could apply for state identification or a driver's license. Often the receipt of work-authorization takes between 6 months to a year, during which time women are not legally permitted to work or have access to a state identification or driver's license. However, during this waiting period per requirements of the U-Visa, women need to demonstrate their cooperation with law enforcement and attend meetings with police, prosecutors, appear at court hearings and receive advocacy services. In the meantime, their only option is to use public transportation or drive without a license.²²

- **Renewed Confidence & Self Esteem**

Women experienced a renewed sense of self with enhanced self-esteem and confidence. They felt self-assured, empowered and more positive about themselves, and that they could get ahead and make plans for the betterment of themselves and their families. They felt confident that they could now achieve new goals.

As Sara stated: “*Well, in truth, I feel very different, much, much more confidence now in myself, that I can achieve many goals that before I didn't know, nor had I thought of.*”

Service providers remarked that the U-Visa gave women hope, and a sense of self-worth. Laura, a service provider stated that, “It's given them I think a sense of...sense of power, you know, empowerment...I mean it takes a lot of guts to file it (U-Visa). Tammy, a service provider, articulated that women visibly looked happier and went from living in fear to actually thriving. Novia, a service provider, remarked that women, often “come from being in the

shadows and hiding your whole life...and are now able to show themselves.” Laura, a service provider, elaborated, “It’s just amazing to see them. I mean they are like different people when you see them (after they receive the U-Visa)...#1 because they have gotten away from the abuse and #2 because so many times they are threatened with their immigration status and just to know that they did something on their own it’s just huge,”

- **Less Exploitation**

Women revealed that they often felt disrespected and taken advantage of because of their lack of legal status. Many women experienced blatant exploitation in the workplace, housing and elsewhere. They perceived that their lack of immigration status was often used against them as a tool of exploitation and coercion.

For example, Quetzali elaborated, “I had worked in restaurants but, you get exploited. I worked thirteen hours, seven days a week and got paid \$400. They would pay me whatever they wanted, and I could not say anything. The boss lady I worked for would tell me, “... if you don’t have any papers, keep your mouth shut,” and I would because I was afraid...now that I have papers, I don’t let anyone humiliate me anymore. (Laughs)... It seems that I now have a voice to defend myself. Yes, I do have a voice. Before...I was afraid and any threat I would always think, “what if”.”

Women feared that if they spoke up, their undocumented status would be reported to the authorities, leading to negative ramifications. Indeed, women felt that they would be detained by immigration, resulting in their deportation. Also, they were reluctant to quit their job and apply for a new one since they would be asked for their social security number. They were well aware that any chances of being hired for a decent job without legal papers were very small. Since they did not have knowledge of their rights or were fearful of retaliation, they did not speak out, prior to obtaining their U-Visa.

As Milagro reflected, “When the incident happened I had no knowledge of how the legal system worked, and I was very scared...I thought, since I was not legal here, I had no rights, so I was not going to do anything about it and just stay put. Like a little chicken when they get cold, they just don’t move, don’t eat and eventually die... in those classes [domestic violence classes]. I learned...that I have rights in this country.”

Women attended the domestic violence classes as part of the U-visa process, and it helped increase their knowledge of their rights both as women, deserving of respect, and as legitimate residents of the country. Women felt empowered to speak out and resist exploitation.

It gave them strength to go forward with the U-Visa process. Their new level of confidence and self-esteem allowed them to have hope and plan for a better future.

- **Economic Well-Being**

With work-authorization and a social security number, women were able to obtain better jobs, including better work-hours and remuneration.

Fabiola remarked: "Yes, now I am working less hours with better pay....Right now I am working in a factory, and I am getting paid \$9.80. I work my 32 hours and make the same than where I worked 70 hours, and I [can] spend more time with my children..."

Additionally, women have access to better benefits including medical, dental, retirement plans, and life insurance. A service provider remarked that living in an urban metropolitan area in the Midwest with stable rates of employment helped women obtain jobs. Women also expressed that they were able to get better deals on services including housing and car insurance.

Emiliana stated, "Yes because I used to pay \$145 for one car a month, and it was a basic insurance. And now, I pay \$190 for full coverage of a car and another vehicle, and that is before the car I had was older, and now they are newer cars. So, um, it looks like a form of abuse."

- **Housing**

Many women stayed in a domestic violence shelter while waiting for their U-Visa. Improvement in their housing situation was gradual and dependent on whether they were able to obtain a better job with their U-Visa. Once they had a stable job, they were able to move from a friend's basement to an apartment or to a bigger apartment. They are also able to save money to buy a house at a later date. Jolene, a service provider, commented that women were often afraid to rent an apartment for fear that someone might call Immigration and Customs Enforcement (ICE) on them. Lack of legal papers is often a factor that triggers housing discrimination. In Fremont, a city in the state of Nebraska, it is legal to deny people rental housing if they are undocumented immigrant. Indeed, in 2014, the U.S. Supreme Court refused to review a lawsuit challenging a Nebraska city's ordinance that bans renting homes to undocumented residents of the state.³³

Without a social security number, women struggled to buy a home. Sometimes women tried to buy a home through another person. Once women obtained their U-Visa, they could start building their credit history to buy a house in the future.

Emiliana mentioned, “...*sometimes it is necessary to have credit...it’s is necessary to buy a house. They ask you for credit, and we didn’t have one. And, now, yes, I was able to buy my house...and before, I could not.*”

Any credit accumulated prior to obtaining their legal status and under a fake social security number could not be transferred to their new identity/social security.

- **Hope - Future Plans**

With their new status, women made plans to "get ahead" (*Adelante*) and improve both their lives and that of their children. Women were very keen on developing their language skills and enrolling in English as a second language (ESL) classes.

Fabiola stated: "*Together it is like taking two steps forward because only with a visa and no English, it is only taking one step. Or knowing English well, and not having papers is the same – only one step [forward].*"

Jolene, a service provider stated, "*Their spirit, their hope completely changes. When the clients have gotten approved, even just getting the receipt notice, it’s amazing how much hope it gives them.*"

Women made plans to go back to school to get a degree or even complete their GED® (General Educational Development). Some women wanted to realize their dream of opening their own restaurant or business. Women were excited that they could provide better for their families, live in better housing and buy things for their children. As mentioned previously, the U-visa derivative status allows for legal status for unmarried children under age 21, and also parents and siblings in some instances.

As Fabiola states: "*For me this is one of the best things from that visa that it includes your kids...I think it is fair, because equally he [oldest son] was abused...maybe they don’t get the beatings, but in seeing it and living it like us...My son did not have papers and today he also has the opportunity to live in peace in this country. And for me this is one of the greatest things.*"

Women stated that providing their children with legal papers allowed them to have better access to a good education, student scholarships, jobs, and a more promising future. Sara

emphasized that having a social security number would allow her daughter to continue her education. Without legal papers, she felt that many students drop out of high school and start working since they do not see the benefit of having an education. She said that the future prospects for young people are limited without legal papers, and they lose hope to better their lives.

Additionally, women felt that they now could have better access to services for their children -- especially their U.S. born children -- such as daycare and medical care. Without legal papers, women were reluctant to access these services for fear that they would be asked for their social security number, increasing the chance that their undocumented status would be detected.³⁴ Also, they feel confident that they could now fight for child support for their children.

- **Community Benefits**

Having a U-Visa helps women rebuild their lives and become contributing members of society. They no longer have to live hidden lives.

Natalia, a service provider Natalia mentioned: *“It’s awesome, it’s wonderful, it’s very empowering. And for the children, they have children as well, you know so it is beneficial for the family, for the woman but also for the community. In the large scope the whole community benefits out of that.”*

Challenges

Women obtained many benefits through the U-visa. However, they also experienced many hardships and difficulties in going through the process to do so.

As Fabiola stated: *“Yes. To me yes...and frankly it is a...it is a fortune afterwards. Maybe, not in the means as how we got there, is not the best.”*

- **Uncertainty**

Women experienced much fear and anxiety about the uncertainty of the outcome of their U-Visa application. The fact that women had provided detailed personal information to law enforcement and had revealed that they were undocumented to the Department of Homeland Security made them feel very fearful and vulnerable. Fear of deportation and separation from their U.S. born children did not decrease after women applied for their U-Visa. Women did not trust immigration and felt that their fate was at the mercy of the system. They could not predict what the outcome of their visa application would be, leaving them despondent.

Quetzal underscored: *“If I was going to get accepted. If I was going to get it. I lived with both hope and uncertainty at the same time. When you provide all your personal information, you take a big risk...because I had given all my information, my address and even my picture...I felt much pressure, and it seemed like if someone was squeezing my heart.”*

It can take between 6 months to 2 years, from filing to the actual granting of the U-visa application and it left women in a state of limbo and heightened anxiety. Not knowing what might become of their application added to their stress and worsened their fragile mental state.

- **Economic Hardships**

Women could not legally work while awaiting their U-Visa since they had not as yet obtained their work-authorization document. This resulted in considerable economic hardship and stress. Women were concerned that if they worked illegally, prior to receipt of their work authorization, it might jeopardize their chances of obtaining a U-Visa. Indeed, service providers advise women not to work until they obtained their work-authorization. Service providers articulated that women's inability to work legally until the acceptance of their U-Visa application, which can take from six months to two years, is a real challenge. This inability to work sometimes discouraged women from even applying for the U-Visa.

Sara emphasized: *That I could not work at all. Can you imagine me with four children and no one would help me? You know, to feed them, dress them, well...it is very hard to provide clothing for four children, and then they want to go somewhere, and you have to constantly keep telling them: “No.” It was frustrating that Christmas came, and my daughter's birthdays, and I could not get them anything. To me that was the hardest part.”*

Their struggle to provide for their family was especially difficult during the holidays. Women often borrowed money from friends and family since they felt they were not able to apply for government or bank loans. Their lack of financial resources and increasing debt was a constant source of stress, increasing their emotional fragility.

Maria further explained: *“They [friends] gave me \$100, \$200, and I would pay them little by little...right now, I owe like \$3,000 because I had to borrow money... Yes, there is a program that I heard where the government offers loans with low interests, but you have to have a social security number.”*

- **Housing**

Without a paycheck, women were often not able to pay rent, and the only option left, in many instances, was to live in a domestic violence shelter. Sofia was thankful that at least, in this country, she could go to a shelter and she said, "...because I had a place to go, when I left, I had no place [other than a shelter] to go."

Unfortunately, the availability of domestic violence shelters is limited, for women and their children, particularly for an extended stay, while they await their U-Visa and work-authorization. Some domestic violence shelters are not able to take on more women due to limited capacity, and there is often a time-limit for stay at a shelter. One woman went from one shelter to another across the state, with her children, often at the mercy of public transportation.

She (Sara) remarked: *"I had to go to several different shelters...I lost all that I had. I went to a shelter, and I could not take anything with me because I lived in Nebraska City, and I had to move to Lincoln so I could go to a shelter. But before I came to Lincoln I had already moved to Hastings, that is close to Grand Island."*

If no shelters were available, service providers tried to help women relocate elsewhere. Jolene, a service provider, states that women may move in with friends or rent a basement with their kids, and, "they are all piled up in the basement because there is no other option at that time." Since they are undocumented, they cannot avail themselves of government-subsidized public housing. Novia, a service provider, elaborated that living in a shelter with children and without a job or stable housing made their lives precarious and stressful.

- **Access to Public Benefits**

While waiting for their U-Visa, women cannot access most public benefits. Nebraska's LB 599 (January 2013), allows pregnant women in Nebraska to obtain prenatal care through the State Children's Health Insurance Program (SCHIP), regardless of immigration status. Undocumented immigrants are not eligible for Medicaid. Additionally, since they are undocumented, they cannot purchase health insurance through the online marketplace nor can they apply for tax credits to buy health insurance.^{26,35}

In fact, even after they receive their U-Visa, and work authorization, women need to wait five years until they obtain their lawful permanent resident (LPR) status, per statutes in

Nebraska, to access any public benefits such as Medicaid, SNAP (Supplemental Nutrition Assistance Program) or subsidized housing. Service providers felt that this 5-year residency requirement in Nebraska kept women from getting back on their feet while they struggled to improve their job skills, get a job and provide for their families.

- **New Identity**

Obtaining the U-visa was a big relief to women, although it meant that they had to assume a new identity with their new social security number and real name.

Sara revealed: *“Yes, I feel like, strange that at work, they call me by my name. You always have to work with another name...and now when they call me by my name, I ask myself, “Are they calling me?”*”

Their work history accumulated while they were undocumented is often not transferable to their new identity. This lack of documented work history is taken to mean that they lack any prior work experience, further complicating their ability to get a job and move ahead.

Calendaria: *We start from zero...it’s as if we are newborns. Even though I have been here for ten years...The problem is because I had another name...So, when they told me the visa [was approved], I had to leave there [former employment] immediately in order to leave that name clean.”*

- **Non-disclosure - Stigma**

Despite the fact that women were overjoyed and grateful to have their legal papers and work authorization, they were embarrassed, ashamed and reluctant to share the good news with friends and family. To do so would mean that they would have to reveal they were a survivor of domestic violence, and they perceived this as a status that was stigmatized.

Martina elaborated: *“... there are times that I say I would like to go and tell many people, if it wasn’t for the embarrassment. Well, like those like me, as a Hispanic, well, the embarrassment of telling others.”*

Juana shared similar sentiments: *“Because not even my parents know. No. Sometimes I would like to tell them, when they gave it [the U-visa] to me. I was very happy, and I wanted to tell them, but I said, no. I do not feel prepared. I only told one sister.”*

Previous research highlights IPV as a stigmatized identity in society, which hinders women’s ability to reach out for help.³⁶ Latinas IPV survivors reported fear, shame and desire to protect their family as barriers to help-seeking behavior.²³ Natalia, a service provider, stated that

in general, obtaining U.S. citizenship or a green card is a celebratory occasion, shared with others. Yet the U-Visa is, "...at little bit underground..." and women keep it private. The lack of social disclosure about IPV limits the community conversations about the benefits -- social/legal support and immigration relief -- of the U-Visa. Consequently, the message that should be distributed widely, is suppressed and fewer women are made aware of this option. Natalia, a service provider articulated that if people do not talk about, "it will be a myth" and the lack of awareness and misinformation persists.

- **Travel Restrictions**

Although the U-Visa provides women access to a state identification and a driver's license, giving them freedom to travel within the U.S., unfortunately, they are unable to travel outside the U.S. for fear that they may not be allowed to re-enter the country. Even though a woman might have a U-Visa, without legal permanent residency status (green card), she would need to visit a U.S. consulate in the foreign country for a return visa to the U.S., which could be denied. Women were eligible to apply for their permanent residency after three years of continuous and lawful residency with a U-Visa. Once they obtained their permanent residency, their top priority was to travel and visit family in their country of origin.

Juana underscored: *"And I have been here thirteen years. I would like to go to my country [Mexico] and see my grandparents."*

- **Emotional Support & Counseling**

Women expressed that they would like to have more access to both emotional and informational support. Women emphasized the need for counseling services for themselves and their children. It should be noted that although counseling is not a requirement for the U-Visa application process, documentation for the visa requires that women must demonstrate that they suffered mental or physical abuse from the crime. Hence, a counselor's evaluation or statement is always helpful in establishing suffering related to the crime. Therefore, service providers of the U-Visa encourage counseling both for the personal benefit of the applicant and better case documentation. Because of the benefits that many women experience, they often continue with the counseling beyond what might be needed to strengthen their U-Visa application. However, there is limited availability of free- or low-cost, bilingual counseling in the Omaha area.

Additionally, financial constraints kept women from paying out-of-pocket to access private counseling services.

Martina states: *“Because sincerely, there are times that, we hold ourselves back, and we don't do therapy. So, believe me that during, a lot of years have passed, and I still, when I go to therapy I feel, um, that I still haven't gotten everything I have inside out.”*

Carolina: *I would say that the best thing is to send them [women] to counseling. Everyone to counseling to explain to them their rights.*

Service providers felt strongly that the dearth of no- or low-cost Spanish speaking counselors was a significant drawback for women's mental health well-being. Service providers are qualified to provide immigration/legal advice, but are not trained to provide counseling. Laura, a service provider, states, “I mean let's be honest we are not trained as counselors...so you try to be cognizant of their feelings, but I don't know how to talk to a victim of domestic violence. I wasn't trained that way...I mean you are talking to them about the worst part of their lives...” Laura, elaborated that women might be more receptive to learning more about and pursuing the U-Visa if they went through counseling, first, and had a chance to work through some of the trauma of the domestic violence experience.

Women felt that their children needed counseling as well since they often witnessed the abuse. Some children suffered from psychosomatic problems in later years that women attributed to prior exposure to the abuse.

- **Informational Support**

Women expressed that they did not have a clear idea of what the U-visa entailed. They stated that they would like a lot more information about the U-visa process, the benefits, challenges, and access to social services such as food pantries, shelters, etc. and other services that could sustain them as they went through the U-visa process. Women felt that they would have confidently applied for the U-Visa had they been provided with more support and reliable information.

Fabiola elaborated: *“Because frankly I speak for myself. Like I told you, I would have liked to have had emotional support...like, more information and maybe I would have applied immediately, without so much fear, and I would not have taken so long...Regardless, I think I lacked emotional support, more than anything.”*

In many instances, women were unaware of the U-visa. Even if they had vague knowledge about the U-Visa, while experiencing intimate partner violence, their priority was to get to a place of physical and emotional safety for themselves and their families, and hence did not pursue filing for a U-Visa at that time.

Antonia's words further illustrated this point: "Yes, I was told and then...but during that time I was not really [ready]... I was more worried about what I was going through. At that time, I did not pay much attention because I just wanted to resolve my situation the best that I could. After several months, I contacted her when I felt a little more stable. I had already left him, and I had started to analyze what I was going to do."

Many women, due to language barriers, lack of legal residency documentation or being isolated (which is a part of the psychological abuse in IPV), were not familiar with services available nor did they have the knowledge to navigate the social system in this country.

Antonia highlighted the social isolation: "...because at times when they are in this situation, they cannot see outside that circle that the aggressor creates for you."

Carolina expressed similar sentiments and said that she thought the visa was part of the divorce and underscored that, "... one is going through domestic violence; you are closed off, you don't understand anything."

Women felt that having more reliable and trustworthy information about the U-Visa and services available would have greatly helped them as they went through the process. Indeed, women were very appreciative of the assistance that they received from community-based organizations (CBOs) in obtaining their visa. They had trust in the CBOs and were relieved to learn the information they provided, as part of the application process, would be kept confidential.

Reyna stated: "We need more advice. Someone to tell you to show how to do things...It took me so long, because I never went to a place where truthfully they told me the truth...That is a great help that this place offers. They assist the people that don't have a lot of resources...I don't know. One wants to take a piece of your heart and give it to them. Because it changes your life."

Service providers stated that women often were not aware of the U-Visa. Indeed, a recent study of 80 community members (mostly women – 99%), conducted by this research team revealed that very few knew about the U-Visa (85%), nor were they able to accurately identify the community-based organizations that provided these services (69%). See Appendix A for

further details of this study. Service providers stated that sometimes women had misinformation about the U-Visa process. For example, Laura, a service provider mentioned that sometimes women were afraid to help with the prosecution and go to court for fear that "ICE (Immigration Customs Enforcement) is gonna be there, picking them up..." which is not the case. Some women had already attempted to obtain their U-Visa through other sources, but did not make much headway.

For example, Maria stated: I went to an attorney that was charging me \$5,000. I had paid \$800. And he hadn't done anything. I just got into more debt. And nothing."

An attorney previously told Emiliana that she did not qualify. Quetzali recounted that she paid \$500 to an attorney who advertised free immigration legal advice, but heard nothing for a year. Later, she heard on the radio that the person was in jail for defrauding a lot of people. Another woman, Antonia, stated that she was grateful that there were avenues in the U.S. for IPV survivors to get help. She recounted that if it happened in her country, no one would have helped her.

Women learned about the U-Visa through various trusted sources: community-based including faith-based organizations; domestic violence and ESL classes; court-house; counselor / healthcare workers; priest; TV / newspaper; and friends and family. It was only by developing a trusted relationship with medical or other service providers that women felt comfortable revealing their abuse and were willing to take initial steps to learn more about the U-Visa.

- **Access to other legal assistance**

Service providers commented that they would like to have better access to reliable, free to low-cost legal services for women to help them with some of their other legal issues such as child custody, divorce, protection orders, etc., that are not related to their U-Visa application. A battle for custody is often one of the issues present in a domestic violence situation, which further exacerbates a stressful situation. Since some of the service providers were not attorneys, or even if they were attorneys, they only specialized in immigration law. Hence service providers may not be able to provide women with legal advice, but tried to connect women to other attorneys in the community who offered services for no- or low-cost.

- **Support from Law Enforcement**

The U-Visa application needs to include a “certificate of helpfulness” indicating that the victim has cooperated with police in the domestic violence case. Often the police provide this documentation, and their signature is discretionary. In general, service providers were pleased with the support from law-enforcement in the U-Visa process, and attributed their high success rate of U-Visa applications in part to good relationships with them. However, two service providers stated that they were displeased with the responsiveness of law enforcement. They felt that there were delays in getting the police report and also stated that no explanation was provided when a certification of the U-Visa was rejected. While granting of certification is discretionary, providers felt that learning more about the reasons for the rejection would help the communication process.

Proposed Solutions

- **Increase Community Awareness of the U-Visa**

Women wanted more reliable information on the U-Visa – the benefits, process of application, and agencies that would be able to provide these services. They wanted information that would be accessible to the community in general, and specifically to women who may be socially isolated. One woman suggested that information in the form of a pamphlet/flyer be made available at the courts.

She (Fabiola) stated: *“I never saw brochures, like a brochure [in the victims department in court] that would give you an idea of what the U-Visa is...if you may qualify or not...or the benefits of having a visa. Or simply to say, if you were the victim of domestic violence, you may have hope, and have documents for having been abused.”*

She also stated that she had never seen any brochures at the Mexican consulate when she went to get her passport renewed. Reyna emphasized that there may be many women with limited education who are not literate, and unable to read or write. She suggested that they could be reached through promotional information on the radio.

Service providers emphasized, as well that more outreach and education about the U-Visa is needed in the community. Tammy articulated, “It’s more, I think a matter of continuing to get

the word out to those who might not be aware that the U-Visa exists. I think that's important." She stated that, "unfortunately, the need for these services is not going to decrease, and with new immigrants moving into the community, continuous outreach and education was necessary." Natalia stated that perhaps, the information could be presented as part of a safety week or healthy family's presentation. As noted earlier, women's reluctance to disclose domestic violence and the U-Visa limits community awareness. Service providers felt that it was also important to dispel the community of any misinformation that might exist. Novia mentioned that she had several consults with women who stated, "Oh I have never reported, because I thought I was going to get deported." In addition to the U-Visa, both women and service providers stressed the importance of increasing community awareness of other social services such as pantries, shelters, etc., that would provide more options for women who are both undocumented and experiencing intimate partner violence.

- **Increase Community Awareness of IPV**

Women stressed the need for classes on domestic violence to further educate women going through this situation.

Reyna continues: *"I think educate the women. Educate the women that we are not animals. The men, a lot of men, treat their wives, girlfriends, the women they have at their sides, very badly...I don't know, I think there should be places where they give classes to women, for women who are being abused, so that they find their voice. But a lot [of them] are scared...I think that they should educate the women. I know there are places, but very few...A lot of women have been murdered because they gave (a man) another chance. I was at the point of dying by this man. We need education."*

Quetzali stated that she greatly benefited from the domestic violence classes, and it helped her understand that it involved psychological abuse as well.

She (Quetzali) stated, *"I was explained what domestic violence is, that it involved yelling, pushing, and they explain to you how the domestic violence starts. Domestic violence, it's even psychological..."*

She mentioned that she was able to share the information with her friends. Women also indicated that raising awareness in the community about domestic violence was important.

Gloria stated: *"At times we women think that without a man we cannot get ahead. But one is mistaken, because, yes, you can get ahead."*

And, Reyna reiterates: “...and the women, they have a belief that comes from a lot of years ago, that their mothers passed on to them, that you just let it be [the violence]...I prefer to be alone than in bad company.”

- **Provide Better Housing Options**

Service providers felt that the lack of stable housing is especially challenging for women. While they are waiting for the U-Visa, women lack legal documentation and hence do not have access to most public benefits, including government subsidized housing. Novia, a service provider, suggested having a domestic violence shelter for immigrant women only. Tammy, a service provider, stated that a longer-term, transitional housing program that is subsidized and affordable would be very beneficial beyond a shelter that often meets women's short-term housing needs. Providing women with childcare within this environment would help allay their fears of losing their children. She elaborated that this "supportive long-term transitional environment" would help women, until they were able to get on their feet, obtain a stable job and rent an apartment on their own.

- **Provide Bilingual Counseling Services**

Women survivors and service providers were emphatic about the need to have access to free or low-cost counseling in Spanish. Timely counseling would help women and children work through the trauma of IPV, leading to improved mental health. Counseling would also help document the physical and emotional pain endured by women, thereby strengthening the U-Visa application.

- **Provide Wrap-around Supportive Services**

Women stressed the need to provide supportive, wrap-around services as they went through the U-Visa process. For example, women requested ESL classes, assistance in finding a job, opportunities to improve their job skills, reliable daycare, help with transportation, improved access to bilingual counseling services, etc.

Calendaria states: “While one is waiting we can take English Language classes. A lot of people don't know about Metro [Community College]. Or they don't have a car to go to Metro...or helps us find a job. That [would help] a lot, because we suffer a lot due to [no] jobs...”

Indeed, one woman (Sofia), completed her GED while at the shelter: *"Ah, I finished my GED when I was there at the shelter. I took classes. They gave me options on what I could do [and there was] someone to take care of my children, even though, I was going to school. And, that in truth was, "Wow!" because I finished my GED. And that is very important right now."*

Service providers underscored the need to offer life/job-skills classes, including how to purchase a car, drive a car, write a resume, look for a job, interview for a job, etc. Novia, a service provider, further elaborated: "...to better prepare them to integrate into society without them feeling so awkward...that they don't belong here." Tammy, a service provider, articulated that the best outcomes for U-Visa recipients were those who were able to attend GED or ESL classes which are in short supply with an extended waiting list. In addition to skills training, providers concurred with women that the provision of daycare is essential.

Providing such wrap-around services requires collaboration between CBOs and, perhaps, stronger private-public partnerships. Natalia, a service provider stressed that women spent their time waiting for their U-Visa, and emphasized that social service organizations should take the initiative to work with women during this period, "like a case management situation" and identify their needs. She stated, "people need to feel that somebody is holding their hand for those first months of waiting period...it will definitely change the way that they see themselves...To own their success in future they need to start working now. So, I think instead of just waiting...and when their document (U-Visa) comes, it's a great surprise. It's a blessing of course, but they are not totally ready to take advantage of it (U-Visa)."

By working together, Natalia felt they could coordinate services among the different community-based organizations, "like a memorandum of understanding" to meet the need of women during this waiting period. Tammy, a service provider expressed similar sentiments, and elaborated that women who came from a shelter and had a case-worker were at an advantage in accessing necessary resources since they had a social worker advocating for them. Service providers of the U-Visa have limited resources, and try to provide support to women. It is a challenge for them to balance the multiple demands of their clients, since their role is restricted to the U-Visa, and they are not trained as social workers.

- **Data on U-Visa Recipients**

Service providers suggested gathering information on how women and families were faring with the U-Visa. Natalia stated that this evaluation data would help establish the need for further resources or policy changes. She mentioned, "...use those things [data] in our request for more speedy results, or whatever is they need...legislation for these cases."

- **Advocate for Policy Changes**

Service providers proposed policy changes that would help lessen the burden and hardships women face, especially during the waiting period. Increasing the yearly cap beyond the current level of 10,000 primary applicants would contribute to reducing the backlog and the wait-time to get the U-Visa. Decreasing the waiting time for the visa will reduce financial and emotional stress of women. Novia stated, "...don't make them wait a whole year before you can tell them they can work. A lot of these women are actually not working because they are scared they are going to get in trouble for it later." Reduced wait time will also decrease the caseload for service providers, particularly those in community based-organizations who have limited resources and provide immigration services at no- to low-cost.

Service providers mentioned expanding the derivatives to allow more people to qualify under the U-Visa. A principle applicant – in this case, an undocumented woman who experienced domestic violence – can petition for derivative U-visa status for certain family members when applying for the visa. For example, if the principal applicant is over 21 years old, s/he can include unmarried children under age 21 (U-3).²⁸

Expanding the derivative to include, parents, and extending the age eligibility for children to 25 years will support family unity, and allow for relatives who may be living with and helping support the principle applicant to have access to the U-Visa.

Service providers recommended a waiver of the 5-year permanent-residency eligibility before women could access public benefits. States can waive this 5-year waiting requirement for some public benefits such as Medicaid. Currently Nebraska allows pregnant women to obtain prenatal care through the State Children's Health Insurance Program (SCHIP), regardless of immigration status. Allowing women to access other public benefits would provide them with

access to much-needed governmental support while they move toward financially and social stability. Other policy changes that service providers suggested included expanding the types of crimes that are allowed under the U-visa (e.g., including hate-crimes, bullying-assault, etc.).

DISCUSSION

The U-Visa provides undocumented women with many benefits and opportunities to leave an abusive situation and to move toward emotional, social and economic stability. The original goal of the U-Visa was to remove immigration status as a barrier that kept undocumented women and children in an abusive relationship.²²

The U-Visa provides women with protection against deportation and retaliation by the perpetrator if they are willing to cooperate with law enforcement in the prosecution of the perpetrator. It provides women with work authorization and a social security number. It allows for temporary legal status for up to 4 years through deferred action. After three years of continuous and lawful presence with a U-Visa, women can apply for permanent residency. After 5 years with lawful permanent residency status, they can apply for citizenship.

Women experienced many advantages with the U-Visa, including the ability to obtain state identification and a driver's license, work legally, get a job, improve their living situation, and to build credit, and in time, purchase a house. Women had better mental health with more peace of mind and less fear and anxiety. They had the freedom to travel freely within the U.S. without fear of being accosted by the police, or reported to ICE. Indeed, obtaining the U-Visa was a transformative experience and gave women a new sense of self-worth and confidence. With their new status, women were able to make future plans to “get ahead” (*Adelante*) and improve both their lives and that of their children, including enrolling in ESL and GED classes, going back to school and ensuring that their children were able to pursue higher education, as well.

While the end-result of obtaining their U-Visa was very beneficial, the process of obtaining the visas, particularly, during the waiting period was particularly stressful. Women experienced much fear and anxiety about the uncertainty of the outcome of their U-Visa

application. They were in limbo and were not sure if their application was going to be accepted or rejected. They felt vulnerable and fearful since they had provided detailed personal information to law enforcement and the Department of Homeland Security; they felt that they could be deported and lose custody of their children. They suffered much economic hardship since they were not able to legally work during their waiting period which could be between 6 months to 2 years. Without a paycheck, some experienced homelessness and lived in domestic violence shelters. Often they were timed-out at a shelter that is not meant for an extended-stay, and had to move from one shelter to another with their children while awaiting the acceptance of their U-Visa application.

During this time, since they were still undocumented, and did not have access to most public benefits such as Medicaid. Also, while they are undocumented, they cannot purchase health insurance through the online marketplace or apply for tax credits to buy health insurance. After obtaining their U-Visa and subsequent lawful permanent residency status, they still had to wait five years, per state requirements to qualify for most public benefits. Even though parents could apply for public benefits such as food-stamps for their U.S. born children, many do not for fear of making their undocumented status known to the authorities.

Once they obtained their U-Visa, they had to assume their new identity with a new social security number. Any work or credit accumulated while they were undocumented under a fake social security number was not transferable to their new status, making it more challenging to get a job and purchase a house or car. Despite the fact that they were overjoyed to receive their U-Visa, perceived social stigma, shame and embarrassment of being a domestic abuse survivor kept them from sharing this information with others. This non-disclosure further exacerbates the limited awareness of the U-Visa and other domestic violence and immigration services available in the community.

There was a lack of adequate free- or low-cost bilingual counseling for women and children in the community which hindered them from improving their mental health. Women also stated that there was a lack of information in the community of the U-Visa, and of other support services such as food pantries, shelters that could be of help as they awaited the acceptance of the U-Visa. Often women, as part of the intimate partner violence, lived isolated lives and were unaware of many of the resources in the community.

Women learned about the U-Visa through various trusted sources: community- and faith-based organizations; domestic violence and ESL classes; court-house; counselor / healthcare workers; priest; TV / newspaper; and friends and family. The lack of access to reliable no- to low-cost legal service to meet their non-immigration needs such as child custody was a barrier as well. Indeed, unresolved child custody can be used as a tool by the perpetrator to coerce women to stop cooperating with law enforcement.

RECOMMENDATIONS

Prevention

- **Increase Community Awareness of IPV and Rights of Women**

Increase outreach/education on gender violence and sexual assault, rights of women and building healthy relationships and attachments.

- **Increase Community Awareness of Immigration Relief for Undocumented IPV Survivors**

Increase outreach/education in the community on rights of immigrants and the U-Visa -- benefits, process of application, and agencies providing no- to low-cost services.

- **Increase Community Awareness of Support Services**

Increase outreach/education in the community on support services such as pantries, shelters/housing, ESL and GED classes, etc., available for women regardless of their immigration status. Please see Appendix B on Asset Mapping of Services for Latina IPV survivors.

- **Improve Access to Bilingual Counseling**

Provide women with better access to bilingual counseling that will help improve their mental health and quality of life. Counseling will strengthen their U-Visa application by demonstrating they have endured physical and mental suffering relating to the IPV.

- **Provide Better Housing Options**

Provide stable and affordable housing for women that meets both short-term (e.g., domestic violence shelters), and long-term needs (e.g., transitional housing programs) while they are waiting for their U-Visa and until they can obtain a stable job.

- **Provide Other Wrap-around Supportive Services**

Increase inter-agency collaboration and case-management of women to ensure that they have access to supportive services such as transportation, childcare, ESL and GED classes, job/life skills (e.g., writing resume, job interviews, buying a car, improving financial literacy, assistance in finding a job, access to other legal assistance, etc.), particularly during the U-Visa waiting-period.

Data and Evaluation

- **Needs Assessment of Supportive Services for U-Visa Applicants**

Gather systematic data on the needs of women applying for a U-Visa to ensure that resources can be garnered to address their needs fully.

- **Evaluation of Impact of the U-Visa**

Gather systematic data to demonstrate the social, emotional and economic impact of the U-Visa at the individual, family and community level.

Policy Changes

- **Increase Yearly Cap for U-Visas**

Increase current annual cap of 10,000 U-Visas for the principal applicant to reduce the backlog, and case load for providers, and lengthy wait-time for women.

- **Expand the Derivatives of U-Visa**

Expand the derivatives of the U-Visa (e.g., include children up to 25 years and parents [even if principle applicant is not under age 21]) to support family unity.

- **Expand Qualifying Crimes for U-Visa**

Expanding the types of crimes allowed under the U-visa (e.g., include hate-crimes, bullying-assault, etc.).

- **Waiver of 5-year Eligibility**

State waiver of the 5-year permanent-residency requirement before people can access public benefits such as Medicaid.

CONCLUSION

Immigrant women's vulnerability within the context of IPV is based not only on gender but on the intersection of their other identities including race/ethnicity, language, immigration status, socioeconomic status, etc.⁷ Obtaining the U-Visa is a transformative and life changing experience for Latina survivors of intimate partner violence. It provides women and their families with an opportunity toward enhanced social, emotional and economic stability. It results in improved public health for women and the community. Indeed, immigration policy is health policy.⁸

Challenges remain, that can be addressed by concerted individual, community, institutional, and societal efforts at the local, state, and federal level. A strong collaborative partnership between community-based organizations and academia is key in helping women *Adelante* (get ahead).

In the words of Quetzali, *Well...I don't feel like a prisoner anymore...I feel like I am free even though I am not in my country but, I feel free.*

REFERENCES

1. Breiding MJ, Chen J, Black MC. Intimate partner violence in the United States—2010. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. 2014;7.
2. Violence against Women’s Act of 2000. <http://www.ncsl.org/issues-research/immig/violence-against-women-act-of-2000.aspx>. Updated 2000. Accessed March 15, 2013.
3. TVPA. Victims of Trafficking and Violence Protection Act 2000. <http://www.state.gov/documents/organization/10492.pdf>. Published 2000. Updated 2014. Accessed Dec 27, 2014, .
4. Orloff LE, Feldman PE. National survey on types of criminal activities experienced by U-visa recipients. <http://iwp.legalmomentum.org/reference/additionalmaterials/immigration/u-visa/research-reports-and-data/Orloff-Feldman%20Final%20U%20visa%20recipients%20criminal%20activity%20survey.pdf/view>. Updated 2011. Accessed November 29, 2011.
5. Portes A, Rumbaut RG. Immigrant America: A portrait. Univ of California Press; 2006.
6. Rosenthal G, Köttig M. Migration and Questions of Belonging. *Migrants in Germany and Florida*. 2009;10(3).
7. Crenshaw K. Mapping the margins: Intersectionality, identity politics, and violence against women of color. In: Fineman, M. & Mykitiuk, R., eds. *The Public Nature of Private Violence*. New York: Routledge.1994:93-118.
8. Rajaram S. Immigration policy as health policy -- women's voices and intimate partner violence. Abstract. Oral Presentation. American Public Health Association Annual Meetings. New Orleans. 2014.
9. Villalón R. Violence Against Latina Immigrants: Citizenship, Inequality, and Community. NYU Press; 2010.
10. Black MC, Basile KC, Breiding MJ, et al. Intimate partner violence and adverse health consequences: Implications for clinicians. *Am J Lifestyle Med*. 2011;5(5):428-439.
11. Centers for Disease Control and Prevention 2003. Costs of intimate partner violence against women in the United States. In: *Costs of Intimate Partner Violence Against Women in the United States*. CDC; 2003.
12. Center for Disease Control and Prevention. 2012. Injury prevention and control, intimate partner violence: Consequences. <http://www.cdc.gov/violenceprevention/intimatepartnerviolence/consequences.html>. Updated 2012. Accessed December 7, 2014, .
13. Heise L, Garcia-Moreno C. Violence by intimate partners *World Report on Violence and Health*. 2002:87-121.
14. Plichta SB. Intimate partner violence and physical health consequences: Policy and practice implications. *J Interpers Violence*. 2004;19(11):1296-1323.
15. Warshaw C, Brashler B, Gil J. Mental health consequences of intimate partner violence. In: Mitchell C, Anglin D, eds. *Intimate Partner Violence: A Health Based Perspective*. New York: Oxford University Press; 2009:147-171.
16. Gonzalez-Guarda R, Cummings A, Becerra M, Fernandez M, Mesa I. Needs and preferences for the prevention of intimate partner violence among Hispanics: A community’s perspective. *The Journal of Primary Prevention*. 2013;34(4):221-235.
17. Bonomi AE, Anderson ML, Cannon EA, Slesnick N, Rodriguez MA. Intimate partner violence in Latina and non-Latina women. *Am J Prev Med*. 2009;36(1):43-48..
18. Krishnan SP, Hilbert JC, VanLeeuwen D. Domestic violence and help-seeking behaviors among rural women: Results from a shelter-based study. *Fam Community Health*. 2001;24(1):28-38.
19. Dutton MA, Orloff LE, Hass GA. Characteristics of help-seeking behaviors, resources and service needs of battered immigrant Latinas: Legal and policy implications. *Geo.J.on Poverty L.& Pol'y*. 2000;7:245.
20. Gondolf EW, Fisher E, McFerron R. Racial differences among shelter residents: A comparison of non-Latino white, black, and Latino battered women. *Journal of Family Violence*. 1988:103-113.
21. Zakar R, Zakar MZ, Faist T, Kraemer A. Intimate partner violence against women and its related immigration stressors in Pakistani immigrant families in Germany. *Springerplus*. 2012;1:5-1801-1-5. eCollection 2012.
22. Hass G, Yang E, Monahan K, Orloff L, Anver B. Barriers and successes in U visas for immigrant victims: The experiences of legal assistance for victims grantees. *Arts Social Sci J S*. 2014;1:2.
23. Rizo CF, Macy RJ. Help seeking and barriers of Hispanic partner violence survivors: A systematic review of the literature. *Aggression and Violent Behavior*. 2011;16(3):250-264.
24. Kasturirangan A, Krishnan S, Riger S. The impact of culture and minority status on women's experience of domestic violence. *Trauma Violence Abuse*. 2004;5(4):318-332.
25. Klevens J. An overview of intimate partner violence among Latinos. *Violence Against Women*. 2007;13:111-122.

26. Ramos A, Rajaram S, Gouveia L, et al. Health profile of Nebraska's Latino population. A collaborative effort of the College of Public Health at the University of Nebraska Medical Center, the Office of Latino and Latin American Studies at the University of Nebraska at Omaha and the Office of Health Disparities and health equity at the Nebraska department of health & human services. 2013. http://www.unomaha.edu/ollas/pdf/HealthProfileReport2013_03112013.pdf (Accessed January 2015).
27. Bauer HM, Rodriguez MA, Quiroga SS, Flores-Ortiz YG. Barriers to health care for abused Latina and Asian immigrant women. *J Health Care Poor Underserved*. 2000;11(1):33-44.
28. Department of Homeland Security, United States Citizenship and Immigration Services. U-Visa law enforcement certification resource guide for federal, state, local, tribal and territorial law enforcement. 2014. http://www.dhs.gov/xlibrary/assets/dhs_u_visa_certification_guide.pdf. (Accessed January 2015).
29. Mason M. Sample size and saturation in PhD studies using qualitative interviews. 2010;11(3).
30. Bazeley P, Jackson K. *Qualitative data analysis with NVivo*. Sage Publications Limited; 2013.
31. Thronson DB. Creating crisis: Immigration raids and the destabilization of immigrant families. *Wake Forest L.Rev.* 2008;43:391.
32. Baker, A. & Orloff, LE. Acceptable forms of identification for state drivers' license/identification cards. 2013. NIWAP. American University Washington College of Law. <http://niwaplibrary.wcl.american.edu/reference/additional-materials/public-benefits/state-issued-drivers-licenses-and-identification/Drivers-License-Access.pdf/view>. (Accessed January 15, 2015).
33. Sojico J. Fremont's housing ordinance is in effect, but difficult to enforce. NET News, Nebraska PBS & NPR Stations. Jun 6, 2014. Available from: <http://netnebraska.org/article/news/921130/fremonts-housing-ordinance-effect-difficult-enforce>. Accessed December 15, 2014.
34. Cordes H. Kids can go hungry when families fall through social safety net's gaps. Omaha World Herald. Feb 4 2014;Omaha Metro. Available from: http://www.omaha.com/news/metro/kids-can-go-hungry-when-families-fall-through-social-safety/article_dfbbf668-10ba-5d1b-af91-3a75bb069011.html. Accessed Feb 16, 2015.
35. Stimpson JP, Shaw-Sutherland, K. & Wang, Y. The impact of health reform and the affordable care act (ACA) on Latinos and immigrants in the Omaha-council bluffs metropolitan area. March 2013.
36. Overstreet NM, Quinn DM. The intimate partner violence stigmatization model and barriers to help seeking. *Basic and applied social psychology*. 2013;35(1):109-122.

APPENDIX – A

Knowledge and Attitude of Hispanics / Latinos toward
Intimate Partner Violence
(Abstract)

Knowledge and Attitude of Hispanics/Latinos toward Intimate Partner Violence (October 2014)

(Rajaram, S.,¹ Barios, A.,² Novak, E.,³ Rogers, J.,⁴ Leal, S.⁵ & Garg, A.⁶)

Introduction: Immigration status is one of the issues of power and dominance in intimate partner violence (IPV). The Victims of Trafficking and Violence Prevention Act created a nonimmigrant visa (U-Visa) to provide lawful immigration status to undocumented crime victims who are willing to assist authorities in investigating crimes. The focus of this study was to explore knowledge and attitudes of women in the community relating to IPV, and the U-visa.

Methods: Data were gathered using a survey with structured questions that were translated into Spanish. The questions were drafted by a community-campus research partnership team focusing on IPV in the Latino community, and were previously included as part of an UNMC “Plaza Partnership” survey in the Latino community. The anonymous questionnaire was administered by three bilingual service providers in a private room at a community Health Fair in South Omaha in October 2014. Attendees at the fair were requested to participate in the study and they were free to decline or discontinue participation in the survey at any time. Questions were read aloud by the service providers to maintain consistency in data collection. Descriptive statistics were used to analyze the data.

Results: Eight participants responded to the survey. The majority of participants were women (99%), Hispanic / Latino (96%), aged 30-49 years old (73%) and born in Mexico (78%). They had children under 19 years of age (83%), had regular access to the internet (65%), lived in the South Omaha area in zipcodes 68105, 68107, and 68018 (58%) and preferred Spanish (85%) as their primary language. The majority of participants either “strongly agreed” (54%) or “agreed” (28%) that IPV was a problem in the community. However, the majority of participants were unable to accurately identify what a U-Visa was for (85%), and where they could go to apply for one (69%).

Conclusion: The findings of this study suggest that although women felt that IPV is a problem in the community, they had limited knowledge about resources for immigration relief for undocumented victims of IPV. This study highlights the need for increasing public awareness of immigration services for undocumented IPV survivors in South Omaha. Given the high connectivity to the internet, social media modes of engagement can be considered to complement community awareness efforts.

¹ Health Promotions, College of Public Health, UNMC (email: ssrajaram@unmc.edu)

² Juan Diego Center, Omaha, NE

³ Justice for Our Neighbors, Omaha, NE

⁴ Catholic Charities, Omaha, NE

⁵ Community Advocate

⁶ Masters of Public Health Student, Health Promotions, College of Public Health (COPH), UNMC

APPENDIX – B

Asset Mapping of Services for Latina IPV Survivors –
Omaha, Nebraska

Domestic Violence Support Services in Omaha, NE

The following is a brief asset mapping of the current domestic violence support services available in Omaha, NE that are available and accessible to immigrant women. The list of services is compiled for the “Women’s Voices and the U-Visa” research study. The services are considered available and accessible if they have the ability to serve Latina immigrant women through language capabilities and have had a visible presence in the community by conducting targeted outreach to Latina women.

The services were identified by either the social service providers or women who were interviewed for the study. Additionally, each organization was contacted to get the most up to date list of services they provide and their contact information was pulled from an internet search. The following services were identified: shelters, counseling, immigration legal services, legal services, and domestic violence classes.

Shelters

Name	Type of Service	Location	Phone/Email	Languages	Mission	Comments
Catholic Charities: The Shelter	Shelter, Sessions, and Support Groups	Omaha, NE	402-558-5700/ catholiccharities@cco-maha.org	English and Spanish	Mindful of the presence of God in our midst, we serve, empower and advocate for individuals and families in need.	Confidentiality
Heartland Family Services: Safe Haven	Shelter, Support Groups, Intervention Programs, Support & Educational Groups, Advocacy, Outreach work, & Donation Center (Clothes)	Papillion, NE	1-800-523-3666/ info@HeartlandFamilyservice.org	English and Spanish	To strengthen individuals and families in our community through education, counseling and support.	Can be from anywhere. There is a limit to only 20 woman and children at shelter.
Open Door Mission: Lydia House	Shelter, Permanent Supportive Housing, Rehab Programs, Food, And Outreach Center (clothes, diapers, beds, furniture, etc.)	Omaha, NE	402-422-1111/odm@opendoormission.org	English and Spanish	A Gospel Rescue Mission that meets the basic needs of individuals and families while inspiring HOPE for lasting change, providing long-term solutions and programs that break the cycle of homelessness and	For men, women and children

					poverty	
Catholic Charities Phoenix House	Shelter, Programs (Counseling), Advocating, Classes and Responding to emergency situations at hospitals. Hispanic Community Outreach	Council Bluffs, IA	712-328-0266	English and Spanish	Guided by the teachings of the Catholic Church, we serve all people in need with compassion, competence, advocate for justice and encourage all people of good will to join in these efforts.	Do not have to live in Iowa to be admitted

Counseling/Therapy/Domestic Violence Classes

Name	Type of Service	Location	Phone/Email	Languages	Mission	Comments
Latina Resource Center (Women's Center for Advancement and Catholic Charities)	Bilingual Advocates, DV Classes, Therapy, Nutrition and English Classes, Crafts, Zumba Classes, Immigration Program, Micro Business Program, Opportunity for Loans (business startup)	5211 S. 31 st St. Omaha, NE	(402) 898-6760/ nadiac@ccomaha.org	English and Spanish	The Latina Resource Center provides culturally and language supported community based services for Latina women. These services enhance and promote the ability for these women to confidently make informed decisions about their future and make safe, healthy homes and fulfilling lives for themselves and their families.	
Heartland Family Services	Counseling, Therapy, Emergency Services, Parenting Classes, Spanish Classes, Donations (Clothes, toys, etc.), and ESL Classes	Council Bluffs, IA, Omaha, NE, and Papillion, NE	(402) 553-3000 (Main), (402) 552-7400 (Intake Hotline English), (402) 552-7451 (Intake Hotline Spanish)	English and Spanish	Heartland Family Service is a nonprofit, non-sectarian counseling agency, founded in 1875. The mission of the agency is to strengthen the lives of individuals and families in our community through	Offer sliding fee scale for undocumented and lower income families

					education, counseling and support services. From more than fifteen locations, we serve people of all ages and all incomes — most on a sliding fee scale.	
Catholic Charities Phoenix House	Shelter, Programs (Counseling), Advocating, Classes and Responding to emergency situations at hospitals. Hispanic Community Outreach	Council Bluffs, IA	712-328-0266	English and Spanish	Guided by the teachings of the Catholic Church, we serve all people in need with compassion, competence, advocate for justice and encourage all people of good will to join in these efforts.	Do not have to live in Iowa to be admitted
Heartland Family Services: Safe Haven	Shelter, Support Groups, Intervention Programs, Support & Educational Groups, Advocacy, Outreach work, & Donation Center (Clothes)	Papillion, NE	1-800-523-3666/ info@HeartlandFamilyService.org	English and Spanish	The mission of Heartland Family Service is to strengthen individuals and families in our community through education, counseling and support.	Can be from anywhere. There is a limit to only 20 women and children at shelter.
Catholic Charities: The Shelter	Shelter, Sessions, and Support Groups	Omaha, NE	402-558-5700/ catholiccharities@comaha.org	English and Spanish	Mindful of the presence of God in our midst, we serve, empower and advocate for individuals and families in need.	Confidentiality

Immigration Legal Services

Name	Type of Service	Location	Phone/Email	Languages	Mission	Comments
Catholic Charities: Juan Diego Center	Board of Immigration Appeals: Direct legal representation for U-Visa/VAWA	5211 S. 31 st St. Omaha, NE 68107	(402) 939-4615	English and Spanish	Mindful of the presence of God in our midst, we serve, empower and advocate for individuals and families in need.	
Justice For Our Neighbors-NE	Board of Immigration Appeals: Direct legal representation for U-Visa/VAWA	2414 E St. Omaha, NE 68107 + Grand Island and Lexington, NE	(402) 898-1349	English and Spanish	Justice For Our Neighbors-Nebraska is a faith-driven ministry, welcoming immigrants into our communities by providing free, high-quality immigration legal services, education, and advocacy.	
Lutheran Family Services	Board of Immigration Appeals: Direct legal representation for U-Visa/VAWA	1941 S 42nd St #402, Omaha, NE 68105 + Grand Island and Lexington, NE	(402) 346-6100	English and Spanish	Lutheran Family Services of Nebraska expresses God's love for all people by providing quality human care services that build and strengthen individual, family, and community life.	
Latina Resource Center (Women's Center for Advancement and Catholic Charities)	Bilingual Advocates, DV Classes, Therapy, Nutrition and English Classes, Crafts, Zumba Classes, Immigration Program, Micro Business Program, Opportunity for Loans (business startup)	5211 S. 31 st St. Omaha, NE	(402) 898-6760/ nadiac@ccomaha.org	English and Spanish	The Latina Resource Center provides culturally and language supported community based services for Latina women. These services enhance and promote the ability for these women to confidently make informed decisions about their future and make safe, healthy homes and fulfilling lives for themselves and their families.	

Other Legal Services

Name	Type of Service	Location	Phone/Email	Languages	Mission	Comments
Legal Aid of Nebraska	Civil Law	209 S. 19 th Street, Suite 200, Omaha, NE 68102	(402) 348-1069	English and Spanish	We are a non-profit law firm that provides free legal representation to underprivileged citizens.	*Uses a hotline *Cannot serve individuals w/o legal status unless DV victim
University of Creighton Law: Clinic	Civil Law	2120 Cass Street Omaha, NE 68178	(402) 280-3068	English and Spanish (part-time)	Being of service doesn't have to wait until you graduate from the Creighton University School of Law. Neither does gaining real-world experience. Through the clinics at Creighton School of Law, you can do both—and earn credit.	*Have to be low income *have to live in Douglas county *Does not practice bankruptcy, immigration or criminal law

Law Enforcement and Prosecution contact information:

Omaha Police DV Unit **402-444-5825**
 Victim Assistance Unit (Omaha/Douglas County) **402-444-4597**
 Victim Assistance Unit (Sarpy County) **402-593-2201**
 VINE - Victim Information Notification **877-634-8463**
 County Attorney Offices
 Douglas County DV Unit **402-444-3808**
 Sarpy County **402-593-2230**
 Pottawattamie County **712-328-5649**