
Building Healthy Communities - Boyle Heights:

*Improving Community Health by Preventing
Violence Against Women and Girls*

December 2013



Acknowledgements

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Most importantly, we extend our gratitude to the community/neighborhood of Boyle Heights and the East Los Angeles Women's Center Advisory Council for their graciousness in sharing testimonies and inspirations for a healthier Boyle Heights Community.



A Message from Barbara Kappos, ELAWC Executive Director

In June 2012, the East Los Angeles Women's Center began a dialogue with the Boyle Heights Community to understand how violence against women and girls specifically impacts this community, the wider ramifications of these human rights violations, and the necessary means to arrive at real, tenable solutions to these grave issues.

Rooted in culture and tradition, attitudes, beliefs, and social standards shape acceptable behavior within our society. Violence against women and girls not only constitutes a global public health problem of major proportions, it is a human rights challenge that touches every country and every part of society. Violence not only has negative consequences for women, but also their families, the community at large, and each nation.

A concerted dialogue marked a beginning for a coordinated effort among community constituencies to improve the safety of women and girls in greater numbers, and to maintain communication among community members on such a critical issue. In addition, community members have been invited to play a significant role in future efforts through information campaigns directed specifically to the residents at large. Fundamentally, our goal is to change and transform community attitudes and actions to end violence against women and girls in the Boyle Heights Community.

ELAWC is dedicated to ending violence against women and supporting all individuals who seek our assistance to maintain a peaceful existence. We appreciate everyone who took part in this study, and we eagerly look forward to implementing solutions.



Executive Summary

The objective of this policy report is to document the needs assessment that was conducted to determine the prevalence of domestic violence and sexual assault against women living in Boyle Heights, and to identify knowledge, access, and responses to these issues. Furthermore, this paper intends to provide a keener understanding of Boyle Heights community members' perceptions regarding the issues of domestic violence and sexual assault in order to develop effective, culturally sensitive, and community focused programs and responses.

Areas of focus include:

- ❖ Issues of personal safety,
- ❖ Reasons victims do not report abuse,
- ❖ Accessibility of current resources,
- ❖ Additional resources needed,
- ❖ Steps the community can take to ameliorate the problems of violence against women and girls.

The research team used interviews, surveys and focus groups as the qualitative method of data collection. Results revealed that intervention programs should integrate education about the different manifestations of domestic violence and sexual assault. Also, there is a great need for higher visibility of available resources and for further research on gender violence against Latina women.



About the East Los Angeles Women's Center

East Los Angeles Women's Center (ELAWC) is a private, nonprofit California public benefits charity incorporated in Los Angeles in 1976. For 38 years, the ELAWC has assisted women in creating safe and nurturing environments for their children. ELAWC strives to help women find *Esperanza or Hope* in their lives, and empowers them to attain a quality of life that is safe and healthy for themselves and their children.

The agency's mission is to ensure that all women, girls and their families live in a place of safety, health and personal well-being, free from violence and abuse, with equal access to necessary health services and social support, with an emphasis on Latino communities. ELAWC provides a comprehensive range of services designed to confront the most serious issues faced by the most vulnerable members of our community.

In addressing the population's culture, ELAWC focuses on the needs of each woman and her family. We take into account the client's country of origin and unique migration story. Specifically, many have migrated from small towns from Mexico and Central America, and often experience traumas in the course of their journey to the United States. For most of the women, fear and resistance impact help seeking behaviors. We examine presenting problems within the context of immigration, acculturation, generation level and traditional sex roles. Our staff is particularly attuned to differences in language dialect, acculturation into the U.S., connections with family in both countries of origin and in the U.S., and traditional Latino traditional sex role practices. ELAWC addresses HIV/AIDS, sexual assault, interpersonal and family violence in tandem with culture and family dynamics.

Empowering women and girls and ending HIV and violence is at the heart of our work. ELAWC offers a holistic, culturally-relevant, family-centered approach grounded in an empowerment model. Working in collaboration with individuals, groups, communities, and partners we strive to foster the implementation of policies and practices that support social justice and human rights for those who are disempowered (ELAWC 2013).



The organization empowers women through education, healing and connection. One of the most effective ways we reach women and girls is through the Promotora model. The Promotora model is composed of women from the community itself, who are trained in outreach and in educating community women on issues of sexual and domestic violence and HIV/AIDS. Youth advocates also have served as integral components in raising awareness about relationship violence and ELAWC services; they have helped their peers with direct, personal support and resources. In addition, ELAWC has established an Advisory Council in Boyle Heights to receive solution recommendations to end violence against women and girls.

ELAWC stands proudly as the first organization in the county to address the special issues of Latinas and HIV and the contributing risk factors of violent relationships. All community-based program services are provided by certified bilingual professional staff and trained volunteers.

In 2013, ELAWC provided services to 4,500 women and their children, responded to 1,800 calls on our rape and battering crisis hotline, accompanied 260 survivors of sexual assault at the hospital, and made presentations about sexual assault prevention and domestic violence to 6,000 community members. Of the women served, 65% are monolingual Spanish speakers; 95% live below the poverty level; 65% had experienced both domestic violence and sexual assault; 45% had never disclosed; 60% request support for their families; and 65% are immigrants from Mexico and Central America (ELAWC 2013).



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SECTION 1 | INTRODUCTION

Violence against women and girls is a historical and global issue affecting all communities. The United Nations defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life (UN.org)."

Violence against women and girls transgresses the basic human rights of *all* people. It violates a whole range of fundamental rights — human, civil, economic, social, and cultural. Not only does it violate the rights of the individuals subjected to violence, but its repercussions impact children, families, entire communities — even nations. Violence against women takes many forms: sexual abuse, human trafficking, stalking and intimidation, physical violence and emotional abuse.

ELAWC serves several geographic areas, including Boyle Heights, located in the City of Los Angeles. Boyle Heights is a working-class neighborhood, which has been a gateway for many newcomers over the years. ELAWC extended its services to Boyle Heights to improve social conditions pertaining to violence against women and girls.

The report is divided into seven sections:

SECTION 1 – Introduces the objectives of the findings, the community of Boyle Heights, and the demographic profile of women in the community.

SECTION 2 – Provides a brief overview of the two objectives, offering historical background, current status, and addresses the importance of the issues in the community.

SECTION 3 – Defines the objectives and methodology used for the analysis; identifies stakeholders and highlights the problem's impact.

SECTION 4 – Explains survey results and provides qualitative insight on both objective and subjective responses.

SECTION 5 – Discussion on qualitative results and their impact.

SECTION 6 – Insightful recommendations to address the objectives.

SECTION 7 & APPENDIX – List of research questions and references.



Boyle Heights

The Boyle Heights neighborhood is one of the oldest and historically significant areas in the Los Angeles Basin. In the early 1800's, Boyle Heights was home for newly arrived European immigrants. For the past 40 years, it has been home to one of the largest Chicano/Mexican populations in the United States. A small, densely populated urban neighborhood east of downtown Los Angeles, Boyle Heights has been significantly impacted by the 'inner city' challenges to public education and access to health care, plus the dangers posed by gang violence, and domestic violence. (California Endowment, 2013)

The Los Angeles Times reports that with an average of 14,229 people per square mile, the population density of Boyle Heights is among the highest in Los Angeles County. According to the US Census Bureau (2013), the ethnicity of Boyle Heights is approximately 98% Latino. The average annual household income falls just short of \$40,000 and approximately 37% of families with children younger than 18 live below the poverty line. That rate increases to 50% among households headed by single mothers, which make up 27% of all households. In addition, the UCLA Center for Health Policy Research addresses the statistic that only 69% of teens and parents of children (age 0-12) feel safe in their neighborhood, versus 81% in Los Angeles County, and 87% in California. Boyle Heights demographics identify the community as suffering from disparities that directly affect its health and social well-being.

These demographics define the Boyle Heights population as one experiencing oppression when compared to more affluent communities west of Los Angeles. In his latest book, *Rebel Cities: from the Right to the City to the Urban Revolution*, David Harvey (2012) describes the vision of having the Right to the City. Harvey points out that, "the idea of the right to the city does not arise primarily out of various intellectual fascinations and fads—it primarily rises up from the streets, out from the neighborhoods, as a cry for help and sustenance by oppressed peoples in desperate times." Boyle Heights is a perfect example of what Harvey is conveying. The community has been continuously displaced, enduring numerous inequalities, yet it has shown resilience by producing farmers' markets, community gardens, and recreationally healthy activities to benefit the neighborhood and its sustainability.



Women in Boyle Heights

In efforts to further learn about the status of women in Boyle Heights, a closer look at the demographics is crucial. According to Modares (2013) women make up 50% of the population in the community. In addition, it is known that 27% of all household in Boyle Heights are headed by single mothers. However, these statistics do not include transgender woman identified individuals or take into account those who are not included in the census due to their citizenship status or other factors. These numbers indicate that there is a need to use a framework with a gender and Latino specific lens when addressing issues in Boyle Heights.

In addition, when addressing the issue of violence against women in Boyle Heights it is relevant to also note the social characteristics of women living in Boyle Heights. The above demographics help understand the statistical situation of women; however, social characteristics such as poverty, immigration, labor, and social support networks help weave together the connections to gender-based violence in inner-cities like Boyle Heights.

There is a large population of women in Boyle Heights who immigrated from Mexico and Central-America. In the last few years' women have become the main migrant population to the U.S. In 2011, approximately 51 percent of the immigrant population was female. The share of women fluctuated slightly during the past three decades. Women accounted for 53 percent of the 14.1 million (Migration Information Source). Women have also become the main economic provider for their families and in Boyle Heights this is no exception as single mother's head 27% of households. They do this by working as food vendors, selling popular Mexican recipes to the community. Work for most single mothers is defined as non-traditional working as baby-sitters, domestic work for others, and catering food at family parties to raise a family in the U.S. while also sending remittances to their country of origin. On a report about domestic violence and poverty, Deborah Satyanathan and Anna Pollack account that research shows that a variety of factors may contribute to the poverty of women and children who have experienced domestic violence, including lack of affordable housing and lack of accessibility to legal assistance. Some of the most significant factors are barriers to employment.



This current situation has also motivated women to create their local support networks as we see women building their own community to support one another in a foreign country where poverty, language barriers, and immigration status can become burdens to upward mobility. Women in Boyle Heights have resiliency and have emerged as leaders of their community by coordinating farmers markets or educating one another on different social issues. The social bonds created and women's leadership capacity can become vehicles to mobilization for a community free of domestic violence and sexual assault.

One example is the role of a Promotora that many Latinas embrace. A Promotora is a trusted community member who can *effectively create change*. The *Promotora* concept has been well received in Latino communities, building trust and breaking silences within communities. The *Promotora* concept existed as a culturally specific model that recognized that a great part of learning among the Latino community occurs through conversation and interaction with friends, family members, and *comadres*. Within Latino culture, *comadres* are women friends who may assist in the raising of children as godmothers, share advice and insights about women's roles and lives in the community, and generally serve as a support network for women. The *Promotoras* not only serve the community as educators and advocates, but, help frame domestic and sexual violence as a social justice issue and how it is connected to other social problems, such as poverty, access to health care, and immigrant rights.

Domestic violence cases go unreported among the general population but more so and for many reasons among undocumented Hispanics. Immigrant women living under the radar of fear, also face language barriers, the lack of awareness of the law, the lack of resources, and more importantly, religious and cultural beliefs that make women pledge allegiance to their mates and make immense sacrifice to keep families intact (LatinoVoices,2013).



SECTION 2 | ADDRESSING OBJECTIVES

A closer look at Boyle Heights issues reveals:

- ❖ Lack of employment opportunities,
- ❖ Poverty,
- ❖ Gang violence,
- ❖ Environmental racism,
- ❖ Immigration barriers, and
- ❖ Gender violence

ELAWC aims to address the nearly invisible core –hidden and ignored–the prevalence of domestic and sexual violence. Unfortunately, current statistics on such violence are inaccurate as there are challenges in victims reporting the abuse, law enforcement not filing the reports under the correct subject matter, and the lack of further investigation into these topics. Boyle Heights falls under the Hollenbeck Police Station, which reported 12 rape arrests in 2010 (LAPD, statistical digest 2010).

In stark contrast, ELAWC reports that in 2012, there were 950 calls to its hotline for sexual assault, and 1,600 for domestic violence, with approximately 25% of these coming from Boyle Heights. In developing this report, ELAWC directly addresses the issues of domestic and sexual violence and actively engages with the community through workshops, conferences, training sessions, resource fairs, and the direct involvement of Boyle Heights residents in advocacy efforts with the collaborative work of Building Healthy Communities-Boyle Heights (BHC-BH).



Objective 1 - Determining the Prevalence of Domestic and Sexual Violence

For the purpose of this report, we use the terms domestic violence and sexual assault, as those are the most commonly recognized in the community.

DOMESTIC VIOLENCE is a pattern of abusive behavior in a relationship with the intent of gaining or maintaining power and control over another person. It includes physical, sexual, emotional, economic, or psychological actions that impact the life of another person. It knows no bounds, touching every age, gender, ethnicity, sexual orientation, and socioeconomic category.

SEXUAL ASSAULT (SEXUAL VIOLENCE/ABUSE) is any sexual act, attempt to obtain a sexual act, or other act directed against a person using coercion, by any person regardless of their relationship to the victim, in any setting (World Health Organization, 2012). Two out of three assaults are committed by someone the victim knows, devastating trust and challenging the very meaning of life, impacting the survivor, their family and community. Survivors respond to sexual violence in their own unique way. Some break through barriers and get immediate help, while others remain silent.

The social and economic costs of intimate partner and sexual violence are enormous; they perpetuate rippling effects throughout society. Women may suffer isolation, inability to work, loss of wages, lack of participation in regular activities, and a limited ability to care for themselves and their children. Intimate partner and sexual violence have serious short- and long-term physical, mental, sexual and reproductive health problems for survivors and for their children, and lead to high social and economic costs (World Health Organization).



LAPD Crime Numbers – Hollenbeck Police Station

Like many states, California is experiencing a decrease in the reporting of violent crime, including sexual assault (FBI Uniform Crime Reports, 2010). However, the number of reported sexual assaults in Los Angeles, while down 26% from 2009 to 2010, has seen a 31% increase since the beginning of 2011 (Compstat crime data, LAPD.org). Even more alarming, the central division –home of the ELAWC – has seen a 100% increase in reported sexual assaults since the start of 2011, and a 50% increase from 2009 to 2010 (Compstat crime data, LAPD.org). It is a known fact that crime report data typically underestimate the actual frequency of sexual assault in a community, as studies suggest that only 16% of rapes are ever reported to law enforcement (Kilpatrick et al., 2003). In 2012, the Los Angeles District Attorney's Office reviewed 3,616 sexual assault investigations; only 1,056 cases were filed. The East LA Sheriff's Department reported 1,328 domestic violence offenses in 2012, and an increase of 60% forcible rapes in the East Los Angeles Community (LASD, 2012). In 2012, out of ELAWC's 771 hotline calls, over half of these individuals had been sexually assaulted within three months of contacting the hotline—over 50% had not been reported to local law enforcement.

In 2010, the LAPD reported encountering 789 rapes within the city. A historical change had taken place in the decrease of rape statistics since 1992, when LAPD encountered 1,861 rapes. These numbers seem to signify a dramatic drop across nearly two decades; yet, discrepancies in reporting seem to evidence that the number of rape incidents remain relatively high. Increased awareness and better avenues for reporting are necessary to end violence against women and girls in Boyle Heights.

Hollenbeck Police Station in Boyle Heights also serves other communities within the vicinity of Greater East Los Angeles. The station is under LAPD jurisdiction, but is able to respond to immediate community needs. The station provides information about domestic violence on its website and features a community center and youth program known as PAL, which mentors youth in Boyle Heights. Currently, the station's captain is Martin A. Baeza. Captain Baeza made a presentation to the ELAWC Advisory Board addressing how his personnel respond to domestic violence and sexual assault. Below is an excerpt from his talk.



“The definition we use for domestic violence is: An abuse committed by an adult or a fully emancipated minor who has a spouse, former spouse, cohabitant, former cohabitant or has a dating relationship, a former dating relationship, engagement relationship or a former engagement relationship where the parties have a child in common.” He also added, “We are mandated that if we see any type of traumatic injury, however slight, that the aggressor be arrested for domestic violence.” Lastly, in terms of domestic violence being reported by the community he mentioned, “The issue is underreported. Statistically, when we look at the hospital, the majority of women are there because of some sort of domestic violence. The hospitals are mandated to report it, if they suspect something; however, sometimes the victim decides not to report it. Then the crime goes unreported and we do not have detectives who are specifically assigned to work with domestic violence cases.”

ELAWC continues to collaborate with the Hollenbeck Police Station to help improve the response to incidents of domestic violence and sexual assault in the Boyle Heights community.



Objective 2 - Identifying Knowledge, Access, and Responses to Domestic Violence and Sexual Assault

The majority of women living in Boyle Heights face cultural and institutional barriers to access social services. Traditional Latino values view sexual violence as a “family” issue that should be kept secret. The family may serve as a source of strong social support, while also discouraging the survivor from seeking support or resources outside the family. A study comparing Latina and African American sexually abused girls and their families found that Latinas suffered a greater number of sexually abusive episodes and waited longer to disclose their abuse. Perpetrators of young female Latina abuse were older and more likely to be fathers and stepfathers (Shaw et al, 2010).

Latina immigrants may choose not to report violence to authorities because they fear being ostracized and shamed by their communities and families, who may blame the women for the violence directed against them (Walker, 2005). Latina adolescents who experience dating violence often feel they are at fault, or that the violence is a sign of their partner’s love. These young women often are reluctant to report the violence to parents, authority figures or law enforcement. Studies indicate that Latinas are less likely to report incidents of sexual and physical violence than other women. Latina immigrants are often forced to be dependent on the male in the household due to language barriers, lack of education and job training, legal status, and the acute absence of a strong familial support system within their surrounding community (Walker, 2005).

Institutional barriers may include challenges posed by immigration status, law enforcement cooperation with immigration enforcement, and inadequate options for language interpretation. Immigrant women may fear state agencies and law enforcement due to concerns for their legalstatus (Walker, 2005). Immigrant women are often unaware of, confused about, or face difficulties accessing services. Anti-immigrant sentiments may cause Latinas to fear exposing themselves and family members to scrutiny by authorities. Latinas may not be aware of their legal rights or services available in the United States. Law enforcement may not be knowledgeable on how to respond to Latinas in a culturally responsive manner. Latinas, especially immigrants, may have difficulties navigating the criminal justice and social services systems. Other stumbling blocks include inadequate insurance and lack of funds, coupled with under-funded agencies with little capacity to provide services at low-cost or no cost.



Literature Review

Abramsky et al. (2011) found that specific factors play a significant role in the prevalence of intimate partner violence. Alcohol abuse, history of childhood abuse, the witnessing of domestic violence in childhood, and the general acceptance of violence against women increase the risk of experiencing interpersonal violence.

Other research (Bogat et al., 2005; O'Campo et al., 1995) found that violence spreads through social contagion, and that one type of violence, such as domestic violence, is more readily found in communities with higher rates of other types of violence, such as gang violence. Organizations and caseworkers need to be trained to recognize the signs of domestic violence to effectively assist victims in being safe and overcoming the obstacles to gainful employment and economic stability.

Furthermore, Alhabib, Nur and Jones (2009) stated that violence against women now reaches epidemic proportions in the USA and recommended further research be culturally sensitive in order for policies and programs to prove effective. Also, Bent-Goodley (2004) argues that cultural understanding of a population is essential to creating interventions and programs that can fully address domestic violence within a community.

This study sought to understand community members' perceptions and beliefs regarding the issue of relationship and interpersonal violence in order to develop effective, culturally-sensitive, and community-focused programs and responses to address this problem. Areas of focus were personal safety, reasons victims do not report abuse, the accessibility of current resources, further resources needed, and steps the community can take to ameliorate the problems of violence against women and girls in the community of Boyle Heights.



SECTION 3 | METHODOLOGY

This sections details the methods of data acquisition and details the survey. The Project conducted the needs assessment utilizing the Gap Analysis Approach to identify the current situation and the steps necessary for reaching a desired future, including:

- ❖ Reported incidences of violence against women
- ❖ Differences in reporting patterns among target area women, i.e., documented and undocumented immigrants, age groups and ethnic groups
- ❖ Barriers to reporting
- ❖ Response patterns by service and health care providers, and law enforcement
- ❖ Community awareness and citizen/grassroots efforts to reduce violence against women and girls.

Needs assessment methods included review of existing data, bilingual focus groups and key informant interviews, surveys and community forums. The needs assessment was conducted during the first 12 months of the project. ELAWC Promotoras, staff and consultants were trained to assist in the data collection.

The project also organized an Advisory Council that met monthly to provide input into the development of the needs assessment, create access to key stakeholder groups, and ongoing consultation and advice on project activities and data analysis. The Advisory Council was composed of target area representatives of women and girls, the Building Healthy Communities-Boyle Heights collaborative, law enforcement; social, youth development and health services providers; housing development residents, gang services, schools, faith-based organizations and the Neighborhood Council. The Project Leader convened the Advisory Council, which identified the content and approved the final written report.



Purpose

The purpose of this study was to conduct a needs assessment to determine prevalence of domestic/teen dating violence and sexual assault against women and girls living in Boyle Heights, and to identify strengths and gaps in knowledge, access and service/response.

RESEARCH THEMES¹

1. What is violence? Is it different for everyone?
2. Are community organizations addressing domestic violence and sexual assault within their respective groups and within the community?
3. What factors prevent victims from reporting incidents of violence?
4. Is domestic violence prevalent in Boyle Heights?
5. Is the community aware of the services available, if any, to prevent or intervene in cases of sexual/domestic violence?

METHODS: This study used qualitative methods to answer the research questions listed above. In particular, this study relied on bilingual surveys, personal interviews, and focus groups among residents, youth, local professionals, medical providers, educators, clergy, and community activists and organizers. Survey and Interview research questions are located in the Appendix.

DATA ANALYSIS: This study sought to explore what services and information are most needed in the community of Boyle Heights with regard to violence against women and girls. Through bilingual focus groups, interviews, and surveys, data was gathered pertaining to views and knowledge of the subject. The purpose of this exploration was to identify the areas in which knowledge or services were lacking within the community and to pinpoint the need for education, information and resources. Also, to work with an advisory council to lead the educational efforts, this report presents the results of the data gathered as well as recommendations gleaned from the analysis.

¹See Appendix for research questions.



INTERVIEWS AND FOCUS GROUPS: Conversations with community members, clergy, community activists and organizers, and local youth revealed particular patterns in terms of that these populations feel is needed in order to address the issues of interpersonal violence in Boyle Heights. Bilingual focus groups were conducted at non-profit organizations working with women and men in Boyle Heights such as Proyecto Pastoral and Jovenes, Inc. As well as in Roosevelt High School and Boys and Girls Club as youth were interviewed to address their perspective on violence. Interviews and focus groups lasted from one-hour to one-hour and thirty minutes and participants signed a consent form and received a gift card to recognize their time in this process.

Research on gender-violence among women of color is sparse. Evidence about the impact of programs- on Latinas in particular—is needed. There is a significant need to improve communication and collaboration between community service providers, researchers, and governmental agencies (ELAWC, 2013).



SECTION 4 | RESULTS OF RESEARCH OBJECTIVES

What is violence? Is it different for everyone? Is domestic violence prevalent in Boyle Heights?

A common thread among all conversations: while violence was defined differently from person to person, violence against women and girls was considered extremely commonplace within the community. Although emotional abuse was mentioned in several instances, the most referenced type of abuse was physical. One participant, a high school counselor, mentioned seeing many examples of emotional abuse in that “male students would yell and humiliate their girlfriends in public, causing deep wounds and embarrassment.” A seventeen-year-old high school student stated, “When I think of domestic violence, I think of the physical part. Mostly men hitting their wives.” One thirteen-year-old female identified relationship violence as, “When you’re in a relationship and beating you is common within that relationship.” A clergy member saw the issue of domestic violence within a broader context of violence in the community.

“Our community, unfortunately, experiences a great amount of violence that reaches the level of extremes, gun violence, shootings, and personal violence “. “We also have the violence of graffiti, the violence of bullying, the violence of poverty, so, yes, it is an important concern in our community and we need to not hide from these facts.”



Along similar lines, one local community organizer stated that domestic violence is prevalent because “Es una comunidad muy tensa, porque he visto casos.” (It is a very tense community, because I have seen cases.) A second community organizer stated, “Se ve muy común la violencia doméstica. Yo camino a la biblioteca y puedo ver parejas peleándose y gritándose. Hasta a mis vecinos los puedo escuchar.” (It is very commonly seen, domestic violence. I walk to the library and I can see couples fighting, arguing. I can even hear my neighbors.)

A member of a community organization stated, “it’s no more a taboo. It’s become a cultural norm. People do not identify it as being called domestic violence. It’s something big in Boyle Heights, but no one wants to point it out or come out and find solutions.” A local non-profit employee believes that domestic violence is more prevalent in communities such as Boyle Heights because “there are triggers...men may just be caught up with finances...with other family issues, and men do not know how to respond to them well.”

Within the medical community, two providers at separate facilities mentioned the lack of a practical method of identifying instances of interpersonal violence. One provider mentioned, “Our big challenge is identifying domestic violence. One of the things that stops our providers from doing more of a screening...is that we haven’t had much in the way of resources to give them once we identify it.” Another provider mentioned it is easy to identify cases in which a patient self discloses cases of interpersonal violence, but stated there was no predetermined protocol for identifying other cases. This is especially important during this critical time as our nation transitions to make health prevention a priority in our nation and the Affordable Care Act emphasizes women’s well-being and the screening of domestic violence.

SEXUAL HARASSMENT- Under the broader theme of prevalence, respondents referred to a negative living environment for women and girls in general. As one seventeen-year-old female stated, “You’re walking home from school, and, as you’re walking, you get looks from the guys in their trucks and you get yelled at. You get whistled at, and it makes you not want to be here half the time.”



An eighteen-year-old female mentioned her response in these situations:

“When that happens to me, I flip them off, tell them off, but my mom gets upset. Some people are scared to respond and that these men will try hurt them or try doing something if you say something back, but I honestly think no girl should be disrespected and scared to walk down the street in her own community because of guys like them.”

In addition, one community organization staff member stated, “A guy whistling down the street isn’t considered sexual harassment. It’s so common here in Boyle Heights that community members often see it as a joke.” One young female focus group participant added, “girls will be like there’s a guy honking at them on the street or yelling out stuff or ‘Oh, you want to go with me baby, even though they don’t know me they act like they own me...’” Another female participant in a community focus group stated that the target of street harassment is not limited to young women, “Hasta a uno de grande le da miedo salir, porque usted no sabe qué clase de persona es la que está en la esquina.” (Even one as an adult is fearful of going out, because you don’t know what kind of person is on the corner.)

Women's issues are taking center stage in global conversations, but immense gaps and inequalities remain (CHANGE).



Addressing Domestic Violence within the Community

Are community organizations addressing domestic violence and sexual assault within their agencies and in the community? Is the community aware of the services available, if any, to prevent or intervene in cases of sexual/domestic violence?

When asked who the right people would be to help those who suffer from domestic violence or sexual assault, or where they would refer those who were victims, most respondents demonstrated a lack of awareness regarding services available. An adolescent male stated, “There used to be a place by Hollenbeck Park. It’s not there anymore. They would distribute condoms and after-date pills. If it was still there, it would be a good place because I imagine they handle situations like that.” One teenage female mentioned, “The right person that would help would be a person that’s been through it.” A second adolescent male said, “ Maybe a community center, youth programs or a clinic.” A local non-profit employee offered, “A support group, because there are women that have overcome violence and have guidance, that can teach me how to overcome the pain and suffering instead of going straight to the cops.” When asked if there were support groups in the community, the respondent answered, “Here in Boyle Heights? No.”

One community organizer provided a bit more clarity, “Los servicios están ahí y si uno persiste sí va a encontrar los servicios. En la escuela, ellos pueden hablar con una consejera, con la trabajadora social, con su doctor.” (The services are there and, if one persists, one will find the services. At the school, they can talk to a counselor, with the social worker, with their doctor.) A focus group participant offered, “Investigar y recurrir a un centro de ayuda.” (Investigate and find a center for assistance.) On this topic, one high school guidance counselor identified resources on campus, “We have therapists on campus, in-house” and mentioned a partnership with local organizations like “Alma Family Services or other community services in the neighborhood, but I don’t think we know of any specific domestic abuse shelters.”



Even when respondents were aware of resources available, the accessibility of these resources was a concern, a fact also discovered in the previously mentioned surveys. As one community organizer stated, “Hay tantos requisitos y tantas reglas que a veces la persona no encaja en ninguna de ellas y se queda sin ayuda y regresa a la misma situación. Las reglas que pone el sistema es lo que hace que más personas queden en violencia y se sienten decepcionadas de que quisieron y no se pudo. No pudieron salir de esa relación.” (There are so many requirements and so many rules that, at times, the person does not meet them and is left without assistance, and returns to the same situation. The rules set by the system are what make it so that more persons remain in violence and feel disillusioned in that they wanted help and it was not possible. They were not able to leave that relationship.) A community activist mentioned, “Women who do not speak English find it harder because sometimes when you call those hotlines there is no bilingual person at that moment. Women who are hard of hearing or deaf may find it hard to get these types of services. Economics and fear of the system has also a lot to do with it. “There is a need to develop community-based outreach programs for health promotion and violence prevention. Services should be culturally safe and linguistically appropriate”.

Immigrant women who are living with intimate partner violence face many barriers in seeking help from formal health, legal, and social services. These barriers include lack of information about available services, lack of culturally safe and linguistically appropriate services, geographic and transportation barriers, concerns regarding confidentiality, and discriminatory practices in services and service delivery (Guruge, S., & Humphreys, 2009).



What Factors Prevent Victims from Reporting Incidents of Violence?

Responses to this question centered on fear. Respondents stated victims were afraid either of retaliation, social ostracism or of facing a lack of assistance. Referencing retaliation, a male high school student stated, “I think they’re scared of the other person getting angry at the fact that they reported it and doing something worse.” Another female high school student stated a victim may be “afraid of what people are going to say or afraid that their partner is going to find out that they told on them.” In addition to fear of the abuser, another respondent mentioned the “fear of being left out...if you’re relying entirely on this person for your livelihood or for your children’s livelihood...you just kind of rationalize that I need to put up with this.”

In terms of social ostracism, seventeen-year-old female stated victims do not report “because, once they do it, things will never be same. Everybody’s going to look at them with disgust...I think that’s why they don’t ask for help.” Similarly, a male high school student stated, “Being afraid of being judged or someone not talking to you because of that” and an eighteen year-old female said, “People not wanting to ruin their reputation. They feel like nobody’s going to believe them.” Another teenager stated, “They don’t want anyone to know. It doesn’t do good to tell people after.” A community activist stated, “its shame. They don’t want to show their problems. Also lack of resources. And a lot of it is just fear.”

Regarding the theme of fear, an adult female respondent said, “Temores. Sabemos que hay muchas personas que son abusadas, que viven en relaciones de violencia doméstica. Hay bajo nivel de autoestima. Quizás no tienen la orientación. No saben en dónde están los recursos. El temor a que harán después...Tú piensas que eres la única que está viviendo esa relación. Entonces lo tienes en silencio. Lo vives callada y piensas que nada más eres tú.” (Fears. We know there are many people who are abused, who live in relationships with domestic violence. There is a low level of self-esteem. Maybe they do not have guidance. They do not know where the resources are. Fear of what they will do afterwards. You feel you are the only one who lives that kind of relationship. Therefore, you keep it quiet. You live it in silence and think it is just you.)



And, finally, the opinion pervaded that the community lacked resources. One adult male stated victims don't report "Because, what are they going to do? They don't want to report it because what's the outcome? They go to the cops, and they're not going to do anything. Their husband is probably going to get a few days in jail, come back, same routine, so some people see it as pointless." Furthermore, this sense of futility even extended to the negative consequences once the relationship ended. The same respondent stated, "Many are stay at home moms and don't have the financial support except from their husband, so if they leave the relationship, they are left homeless with the kids. They don't know how to seek help. They don't know they can get financial support somewhere else."

Witnessing violence can increase a child's behavioral, social, emotional or cognitive problems. Exposure to abuse can also result in a child believing abuse and violence are acceptable responses to conflict, says Judith McFarland and colleagues in an article published in the "Journal of Pediatrics." It should also be noted that abuse may eventually be directed towards the child, even if it is not in the beginning.



Respondents' Views Regarding Community Needs

All participants were asked their opinions regarding the resources necessary to curb domestic violence within the community. These are the prevalent suggestions that emerged:

- ❖ Programs targeting youth
- ❖ Assistance for female victims of sexual and interpersonal violence
- ❖ Addressing the needs of male abusers
- ❖ Building community awareness and outreach
- ❖ Increased access to resources

Several participants noted the importance of reaching youth to ensure they do not enter abusive relationships. An adult female participant answered, “Start when they’re young.” An adult male focus group participant stated that “you have to stop it way back in childhood. Most abusers were “abused as a child” and an adult female focus group participant called for a “youth outreach program. One respondent mentioned programs for youth “similar to those for other crimes...sort of a ‘Scared Straight’ sort of program. I think that would be helpful.”

Second, respondents mentioned efforts aimed at female victims. One adult female interviewee stated, “Your next target would be the woman who maybe is afraid to talk, but once you get to her, she might consider...” Another adult female offered, “Uno no se puede meter en la vida de otra persona, pero uno puede darle la información.”(One cannot get involved in another person’s life, but one can provide information. Yet another adult female interviewee mentioned, “Es importante involucrarlas en programas para que ellas puedan subsistir por si mismas, que se sientanútiles y saber que pueden.”(It is important to involve them in programs so that they can sustain themselves, so they feel useful and know that they are capable). A local professional mentioned the need for organizations that can help a victim ‘rebound. ‘If the person was relying on the husband...for shelter, food...it kind of leaves that person out in the cold...so something to help them reintegrate somehow economically.”



The third proposal to emerge was that of outreach aimed at men. One adult female focus group participant stated the community needs “clases para los hombres. Para ellos no hay nada...porque no empezamos a promover clases para los hombres? Tenemos que dar mucha información. Tenemos que correr la voz. Las escuelas pueden mandar papeles a los hogares. Dar una orientación a hembras y varones, pero no solo una vez si no constantemente para que vayan sabiendo ellos que hay ayuda.” (Classes for men. There is nothing for them...why don't we start promoting classes for men? We have to give out plenty of information. Provide guidance for women and men, not only once, but constantly, so they will know there is help.) One local professional suggested a need for services “to rehabilitate the abuser or the one that is threatening.”

The fourth suggestion focused on the need for broader coordinated efforts aimed at the community at large. An adult female focus group participant stated, “tener más juntas, habiendo más programas.” (Have more meetings, provide more programs.) An adult female focus group participant stated, “just doing outreach... that little piece of paper that's going to land on someone's windshield or someone's mailbox. You never know if it's going to reach home for them.” A high school counselor mentioned, “it is easier for children to get services because they are protected by law. I do feel that it's harder when you're working with the parents because there aren't enough services willing to help them, or there are, but they're overwhelmed.” Another adult female participant offered, “Que nos traigan los programas y que nos eduquen.” (Bring us programs, and educate us.)

A local professional mentioned “the issue of awareness. Everyone, regardless of who you are, is prone to getting upset, and I think learning how to cope with it, and recognizing when you're acting in a manner that is unproductive.” This respondent mentioned efforts to educate the community as to “what is abuse? Maybe even programs for men that focuses on prevention.



An adult female respondent stated, “Es muy importante que más mujeres de la comunidad se informen, porque es más fácil encontrar a la vecina o a la coordinadora de padres o a señora de la iglesia o la señora de la farmacia o alguien con quien de repente pueden tener una conversación y si esta mujer está informada y puede tener esa credibilidad o esa confianza para expresarle su problema...” (It is very important that more women in the community become informed because it is easier to find the neighbor, or the parent coordinator, or the woman at church, or the woman at the pharmacy or someone with whom you can casually have a conversation, and if this woman is informed and has that credibility or that trust so that someone can express their issues....)

In a similar vein with regard to cross referencing members of the community, a cleric expressed, “It would be helpful if we knew the resources at the schools, so we could refer them there, and it would be good if the schools knew what resources we have here.” Along the same lines, one high school counselor stated that it would be helpful if more members of the community “knew how to identify abuse. They automatically assume abuse means physical.”

Fifth, respondents proposed increased access to resources. A high school-aged female participant offered the example of a texting line. She stated, “It was a presentation, and they gave you resources like you can text this number if you ever have a question about whether this is good or bad in a relationship. Yeah, I guess they made a texting line because nobody called.” A member of the clergy mentioned, “There’s a dearth of counselors in this area. We could use counselors. “A 20-year-old male participant stated the community needs “more civilian oversight. Neighborhood oversight.” A female focus group participant suggested the dissemination of resource information by means of ‘a publicity campaign throughout the community where we put up posters.’ One medical practitioner discussed prior availability of a 24-hour referral service, and mentioned that regaining such a service would greatly benefit providers and their patients.



Survey Results

A community survey and youth survey were created to access the responses and opinions of residents on domestic and interpersonal violence. Using a survey method helped obtain a deeper sense of the current needs of this community. Below are the results of both the community survey, which represents adults living in Boyle Heights, and the youth survey, a representation of youth ages 13 to 21 years old.

COMMUNITY SURVEY: Most respondents (57%) were affiliated with community based organizations. The vast majority of respondents (97%) identified physical aggression as the primary example of relationship violence, and stated they have observed relationship violence in the community (96.43%). The four most frequently mentioned examples of violence were:

- ❖ Physical abuse, to be hit or beaten
- ❖ Pushed or pulled, bullying
- ❖ Physical aggression and intimidation
- ❖ Being forced to do something against your will

In terms of factors that cause relationship violence, all respondents selected “history of violence in the family.” The next most selected responses were “alcohol or drug abuse” (96.77%) and “psychological problems” (93.55%).

When asked where a person involved in relationship violence can turn to for assistance, most respondents selected “community organizations” (93.55%), “hotlines” (83.87%), and “police” (80.65%). About half of the respondents (45.16%) believed there were “many barriers to receiving help in our community.”

When asked what the community can do to help prevent violence, all participants selected “talk to youth about prevention and ways to seek help,” “provide services to both the survivor and the abuser,” and “train and educate local professionals on the issues of violence.”



When asked what contribution respondents can personally make to prevent violence against women and girls, the most prevalent selection (45.16%) was “display materials related to violence in the community.”

YOUTH SURVEY: A survey was conducted among 13 to 21 year-olds. When asked what they believed relationship violence is, most (92.5%) selected “physical abuse” and “verbal abuse.” Most respondents (72.5%) reported seeing relationship violence in their families and community. The majority cited examples of relationship violence were “being forced to do something” (92.5%), “getting hit,” “and “being forced to do something. “The majority of youth respondents selected “community organizations” (80%) when asked who would be the right person to help those in abusive relationships. When asked what they could do to help prevent violence, the majority respondents selected (82.5%) “Help educate others.”

In conclusion, both surveys indicated that the majority of residents see domestic and interpersonal violence only as physical abuse and that emotional, verbal and economic abuse is not domestic or interpersonal violence, but simply a relationship issue. The residents indicated that there are many barriers to access and receive help; even though, they recognize that there are organizations in the community that can help, there are both internal and external barriers that interfere with access to services.

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- ❑ *Girls and young women between the ages of 16 and 24 experience the highest rate of intimate partner violence -- almost triple the national average.*
 - ❑ *One in three adolescents in the U.S. is a victim of physical, sexual, emotional or verbal abuse from a dating partner, a figure that far exceeds rates of other types of youth violence. (The Centers for Disease Control and Prevention (CDC; 2010.)*
 - ❑ *One out of five Latino adolescents experienced teen dating violence (DAVILA).*
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SECTION 5 | DISCUSSION

This study used qualitative methods to gain a culturally-relevant understanding (Alhabib, Nur & Jones, 2009) of Boyle Heights community members' perceptions and beliefs regarding violence against women and girls. Through on-line surveys, personal interviews, and focus groups with members of various constituencies, this study addressed five research themes regarding the community's needs on this topic.

One significant finding is lack of awareness regarding forms of violence other than physical and verbal. Respondents, both in verbal interactions and through surveys, rarely mentioned emotional abuse and never mentioned financial abuse. Secondly, the answers, revealed that violence against women and girls extends beyond relationships between partners into the community at large, as young women expressed concerns related to sexual harassment taking place on their walks throughout the community. Similarly, respondents saw connections between violence in the community at large and violence specifically directed against women and girls, which correlates with previous research regarding the spread of violence (Bogat et al., 2005; O'Campo et al., 1995).

In terms of available resources, most respondents offered the generic "community organizations" and did not offer or could not name specific organizations, indicating a lack of knowledge regarding their availability. Also of note was the fact that, while respondents were generally aware of the existence of these services, there was consensus regarding a lack of accessibility to the same.

Third, the notion of public shame or ostracism was regularly mentioned as a cause for lack of reporting domestic violence. Fourth, participants offered clear suggestions as to the types of assistance they believed was most needed in their community: programs for youth, assistance for female victims of domestic violence, addressing the needs of male abusers, community outreach, and increased access to resources.



Violence against women and girls transgresses the basic human rights of all people. It violates a whole range of fundamental rights — human, civil, economic, social, and cultural. Not only does it violate the rights of individuals subjected to violence, but its repercussions impact children, families, entire communities — even nations.

In interviewing community residents and youth, overall there is an incredible will to survive the challenges of living in an urban city, which has multiple challenges. The respondents of this study possess enormous strength and resiliency that helps them confront life challenges every day. The key elements are culture, family, and friends who can help one another with life challenges. Family and friends become the bonding social capital that facilitates community resources and support. Although, violence in homes are often kept silent, the acknowledgment that this problem exists in their community provides an opportunity to create change and to transform underlying attitudes and actions, with the ultimate goal of decreasing or eliminating violence in the Boyle Heights community.

Since July 2012, the Boyle Heights community has experienced a spirit of collaboration between residents, youth and the different non-profits of the Building Healthy Communities-Boyle Heights (BHC-BH) collaborative, increasing **social capital** and **civic engagement**, to help ameliorate problems and interconnect on issues such as; violence, poverty, and homelessness. In addition, isolation diminishes and a sense of community is built enabling the community to develop broad expertise in fostering social capital, as well as a healthier community.

"Yes, my silence was finally heard. By breaking the silence, abuse no longer defines who I am."— Survivor



SECTION 6 | RECOMMENDATIONS

Given that forms of violence other than physical were largely ignored in responses, it is recommended that intervention programs integrate education about other types of abuse, such as emotional and financial, and those regarding sexual harassment within the community. In addition, the intersection of domestic violence and other types of community violence, such as gang violence and crimes associated with poverty, should be addressed in any forthcoming policies or programs. Third, answers demonstrated a need for greater visibility of the available resources.

Respondents called for better-coordinated efforts among community constituencies to reach larger numbers of individuals experiencing abuse. Interventions aimed at improving the safety of women and girls should involve greater numbers of community representatives who maintain communication among themselves and remain abreast of each other's efforts. In addition, community members should be invited to play a role in these efforts through programs and information campaigns directed specifically to residents at large. As one respondent said, "bring us programs and educate us."

Recommendations were also gathered by the ELAWC Advisory Council. The purpose of this advisory council is to end violence against women and girls in Boyle Heights by engaging trusted advisors and stakeholders in applying their expertise to facilitate communication and cooperation between various constituent groups, to raise awareness and identify community interventions that inform the process of accountability, and to develop holistic strategies to end violence against women and girls within our communities. The council engaged in monthly meetings to glean information and learn lessons from various institutions dedicated to the issues of domestic violence and sexual assault and how do they currently respond to it. There were presentations from the hospital, legal services, the Department of Children and Family Services (DCFS), law enforcement, and men's groups.



Following is a table of the current responses from the above social institutions and recommendations from advisory council members.

Social Institution	Current Response	Recommendations
Hospital	<ul style="list-style-type: none"> □ Medical professionals are mandated to report for sexual assault and domestic violence when a victim is treated for a physical injury caused by a firearm or by "assaultive or abusive conduct" (defined to include twenty-four crimes). 	<ul style="list-style-type: none"> □ Assess the victim's readiness to leave the abuser and press charges; if the victim is not ready she may choose not to be treated at a healthcare facility. □ Referrals to local community services should be given to victims of domestic violence.
Legal Services	<ul style="list-style-type: none"> □ VAWA: Spouse: Must be married to a legal permanent resident or U.S. Citizen Derivative children: Unmarried & under 21. Must have good moral character: No criminal record in the past 3 years. □ U-VISA: Victims of crime, such as child abuse, murder and domestic violence. Individuals must testify & report a crime. They must also receive certification of cooperation. 	<ul style="list-style-type: none"> □ Create a safe process that protects the individuals from possible deportation. □ Organize and address the problem with law enforcement that creates barriers to certify a DV report, blocking the petition to be submitted.
Department of Children and Family Services (DCFS)	<ul style="list-style-type: none"> □ Confirmation of abuse is not required. Individuals must make a report when they have "reasonable suspicion" that abuse has occurred. □ The only training workers receive on domestic violence is during the academy and it is very general. 	<ul style="list-style-type: none"> □ Recommend more extensive training to social workers and juvenile court officials about the impact of domestic violence. □ Create systems of care for domestic violence that is integrated within the DCFS network.
Law Enforcement	<ul style="list-style-type: none"> □ Officers are mandated to arrest the aggressor if there is any type of traumatic injury, however slight. □ The Domestic Abuse Response Team goes out on calls with officers of domestic violence and supports with getting individuals into emergency shelter or getting restraining orders. 	<ul style="list-style-type: none"> □ Provide a safe way to report an incident of domestic violence and help alleviate the fears of children being detained or deportation. □ Language access. Law enforcement officers should utilize the resources available to them.
Men Groups	<ul style="list-style-type: none"> □ Institutions (Education, Prison, Law Enforcement systems) oppress men of color. □ Intergenerational trauma – men are also wounded. 	<ul style="list-style-type: none"> □ Create as a central theme relationship and trust building and spiritual healing for services for men.



The advisory council meetings provided a space for community stakeholders to understand how social institutions are working individually to address and respond to domestic violence and sexual assault. The central theme of the above recommendations is to create a communication channel among the social institutions to collectively respond to the needs of the survivor as well as address the perpetrator in an accountability process. Additional questions about how to create such a system were also raised:

- ❖ What policies are effective in ending violence against women and girls?
- ❖ How can social services be culturally responsive and sensitive?
- ❖ How do we create a culture that fosters healthy relationships?

Members suggested establishing coordination between systems of care and improving communication before, during, and after incidents. In schools, provide a holistic sex education and teen dating violence education program. Overall, provide an educational approach that mainly focuses on healthy relationships beyond the romantic one—relationships with oneself, family, and community.



SECTION 7 | APPENDIX

RESEARCH QUESTIONS

1. What is violence? Is it different for everyone?

- A. Tell me how do you identify relationship violence?
- B. What do you think causes relationship violence/domestic violence?
- C. How do you think Latino culture affects what we know and hear regarding domestic violence?
- D. Do you think domestic violence/sexual assault is a problem in Boyle Heights?

2. Is domestic violence/sexual assault prevalent in Boyle Heights?

- A. What does that phrase domestic violence mean to you? How would you define it?
- B. Do you think domestic violence is a topic of interest in this community?
- C. What does sexual assault/rape mean to you?

3. What factors drive a person away from reporting incidents of violence?

- A. Why do you think some people do not report domestic violence or ask for help?
- B. How should people respond to issues of domestic violence/relationship violence?
- C. Do you think services are accessible to someone who has been impacted by violence regardless of (i.e. language, income, race, etc.)?

4. Cultural Norms

- A. What are views on education of women, women working, and their ability to care for the family?
Who makes decisions in the family about these things?
- B. What do you think your partner's role is in the home?
- C. Why do you think most women who are in violent marriages do not seek any help (e.g., reasons such as break up of family, family honor being affected, etc.)?
- D. Who do women go for help when they experience rape?



5. Are community organizations addressing domestic violence and sexual assault within their group and in the community?

- A. Please tell me where else you've heard of or had conversations about domestic violence?
- B. How do you think the community should help in situations of domestic violence?
- C. What has been done in Boyle Heights to improve the safety of women and girls?
- D. How can the community work together on issues related to domestic violence?

6. Is the community aware of the services available, if any, to prevent or intervene in cases of sexual/domestic violence?

- A. Where would you advise someone to go to for help in a case of domestic violence/sexual assault?
- B. In your opinion, whose job is it to address domestic violence and/or sexual assault?
- C. What would you do if your neighbor is in a domestic violence situation?
- D. What people or groups in this community are involved in helping those most in need?
- E. If you or someone you know experiences sexual assault, whom would you/they go to for help (i.e. police, hospital, church, family, non-profit, or friend).
- F. What do you think can be done to stop or prevent domestic violence/sexual assault in Boyle Heights?



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