

# BUILDING BRIDGES TO CULTURALLY- INFORMED PREVENTION

Summary of Findings  
and Recommendations  
from the California Domestic  
Violence and Sexual Violence  
Prevention Initiative



**CALCASA**  
CALIFORNIA COALITION  
AGAINST SEXUAL ASSAULT

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# INTRODUCTION

The California Domestic Violence (DV) and Sexual Violence (SV) Prevention Collaborative (The Collaborative) is comprised of four California state-level agencies including the California Governor's Office of Emergency Services (Cal OES), the California Department of Public Health (CDPH), the California Partnership to End Domestic Violence (the Partnership) and the California Coalition Against Sexual Assault (CALCASA). In 2014, the Collaborative procured funding from the Blue Shield of California Foundation (BSCF) to participate in a joint planning process to:

- Bring together state government and state coalitions, integrate prevention with existing intervention efforts, address DV and SV, and fill a need or gap in California
- Develop collaborative cross-agency infrastructure at the organizational and funder levels to support prevention programming

This paper describes the major findings from key informant interviews, a literature scan, and group discussions. To bring to life the thoughtful planning and learning process of the Collaborative and the rich insights brought forward through the key informant interviews, the paper includes direct quotes from experts in culturally-informed DV and SV programs, shown in italics (see Appendix A for a list of key informants). The paper concludes with recommendations made by the Collaborative to build bridges to culturally-informed prevention in California through a statewide culturally-informed DV and SV prevention project.

The Collaborative developed the following definition of prevention: "Prevention of DV and SV supports healing from the impact of violence and creates communities where individuals and families are safe, healthy, and free from violence and abuse."

This definition reflects the group's recognition that families and communities could benefit from a holistic approach to prevention that focuses on stopping future violence, while also recognizing the harms from violence already or currently being perpetrated. Building on the definition and the unique strengths and assets of each agency, the Collaborative developed a vision for a project that would support prevention work in underserved communities, in a manner that:

- Addresses DV and SV
- Links prevention and intervention
- Is rooted in the cultural and linguistic needs and strengths of a community
- Employs a partnership or coalition approach

The Partnership and CALCASA are jointly releasing this report to share information about their shared commitment to preventing DV and SV with a focus on addressing underserved communities. In order to end DV and SV, strategic investments must be made to advance culturally-informed prevention projects in California.







## METHODS

The Collaborative's Core Group, comprised of staff from each of the four agencies, and the full Partners Group met over 20 times to prepare this proposal. During these meetings project design issues were discussed and decided.

To support the project design process, key informant interviews and a literature scan were conducted. Lisa Fujie Parks of the Partnership and David Lee of CALCASA conducted 14 interviews with practitioners who have experience implementing and supporting DV and SV prevention efforts in underserved communities. Two of the interviews were conducted in Spanish. Four of the interviews were with national resource centers that support culturally-specific work to address DV and SV. Some, but not all, of the key informants of California programs represented organizations that were funded by Cal OES, CDPH, and/or BSCF. All organizations had prevention elements to either their DV and/or SV work. Key themes that emerged from the interviews were summarized and shared with the Collaborative.

In order to probe further into the themes, explore approaches to capacity-building, and further understand the landscape of culturally-informed prevention, staff from the Partnership and CALCASA conducted a scan of recent reports and articles related to preventing DV and SV in underserved communities, culturally-informed capacity-building, and evaluation strategies.

## FINDINGS

The major findings from the key informant interviews, literature scan, and group discussions are summarized in this section.

### Underserved Communities

#### Addressing DV and SV

#### Integrating Prevention and Intervention

#### Limitation of Current Models of DV and SV Prevention for Underserved Communities

#### Culturally-Informed Prevention

- Surface-structure adaptation
- Deep-structure adaptation and culturally-grounded prevention
- The case for deeper consideration of culture
- Challenges of deep-structure adaptation and culturally-grounded prevention

#### Supporting Healthy Relationships and Healthy Communities

#### Integrating DV and SV prevention with Other Social Justice Issues

#### Building Trust and Relationships is Key

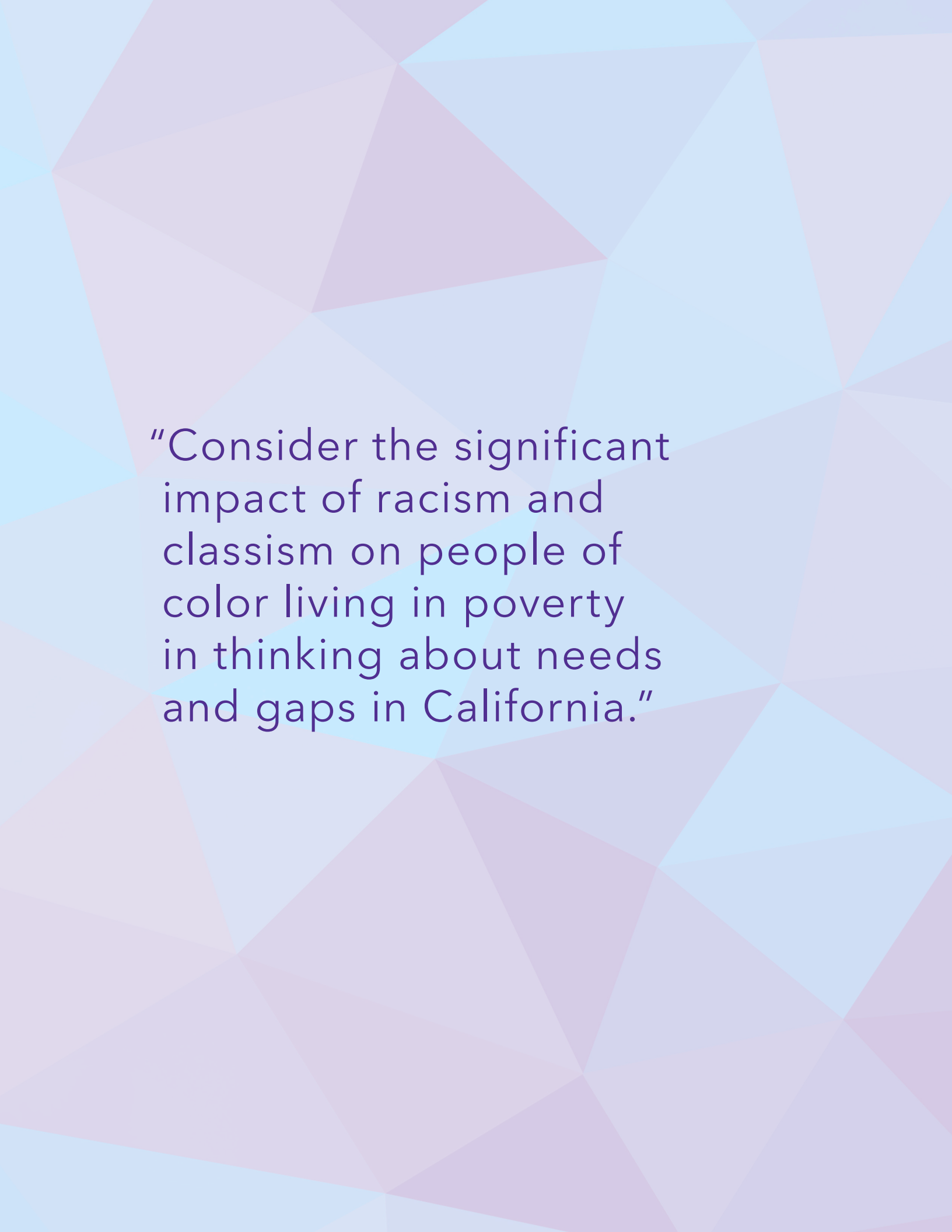
#### Partnerships

#### Support Community Leadership, Especially Women's Leadership

#### Capacity-Building Support

#### Evaluation of Culturally-Informed Prevention





"Consider the significant impact of racism and classism on people of color living in poverty in thinking about needs and gaps in California."

## UNDERSERVED COMMUNITIES

The Collaborative held extensive discussions about the most pressing gaps/needs in California. From the outset there was full consensus that the Initiative should focus on underserved communities. However, the process of defining parameters around these terms was challenging. The group reviewed and considered:

- Data from a range of sources on the incidence and prevalence of DV and SV in California provided by CDPH especially the California Women's Health Survey (see Appendix B for details)
- Data on populations served through Cal OES's unserved/underserved populations programs<sup>1</sup>
- Definitions used in Federal and other DV and SV programs

The Collaborative also examined a Social Determinants of Health framework to understand how root factors such as racism and classism shape community conditions to put a range of communities at higher risk for violence, including DV and SV.<sup>1</sup>


Interviewees were also asked for guidance on how to define and draw parameters around terms such as marginalized, underserved, high-need, vulnerable, etc. Some of the key informants encouraged the Collaborative to consider the significant impact of racism and classism on people of color living in poverty in thinking about needs and gaps in California. While some interviewees offered examples of definitions of terms to consider, generally-speaking, they expressed that the Collaborative should define the terms as appropriate to our program goals and design. The interview and subsequent discussions among the Collaborative members recognized the limitations of many of definitions. For example, "high-need" focused on a community's deficits, not its assets. "Underserved" implies a problematic concept that providing additional services is the primary means to address the problem of DV and SV. One key informant cautioned that, "If we parse it out too much, we might create unintentional competition."

### Underserved Communities:

Communities whose members experience greater prevalence of DV and SV and face barriers to participating in prevention and intervention programs and services, including low-income communities, communities of color, immigrant communities, Native American communities, LGBTQ communities, the Deaf and Hard of Hearing community, and communities of people with disabilities.

The Collaborative determined that the Initiative's goals would be best served by focusing on underserved communities, defined as communities whose members experience greater prevalence of DV and SV and face barriers to participating in prevention and intervention programs and services, including low-income communities, communities of color, immigrant communities, Native American communities, LGBTQ communities, the Deaf and Hard of Hearing community, and communities of people with disabilities. In addition, given the role of social and cultural norms and intergenerational dynamics in shaping perpetration of DV and SV, the Collaborative determined that it is especially interested in focusing on communities with identifiable cultural and linguistic strengths and needs, as contrasted to populations who may share a characteristic, but who have no particular cultural, linguistic, or other source of historic, present day or future relationships.

<sup>1</sup> Cal OES's unserved/underserved populations programs include the American Indian Child DV and Sexual Assault Program (serving Native Americans), the Equality in Prevention and Services for Domestic Abuse Program (serving LGBTQ communities), the Farmworker Women's Sexual Assault and Domestic Violence Program (serving farmworker women), and the Unserved/Underserved Victim Advocacy and Outreach Program (elders abuse, human trafficking, gang-related crime and homicide victims, and Native American, Southeast Asian, LGBTQ and Indigenous Oaxacan communities).



"In communities, people don't put things into those categories. They just talk about the violence that's occurring. Culturally-specific approaches address issues across the spectrum, from child sexual abuse to adult sexual and domestic violence to trafficking."



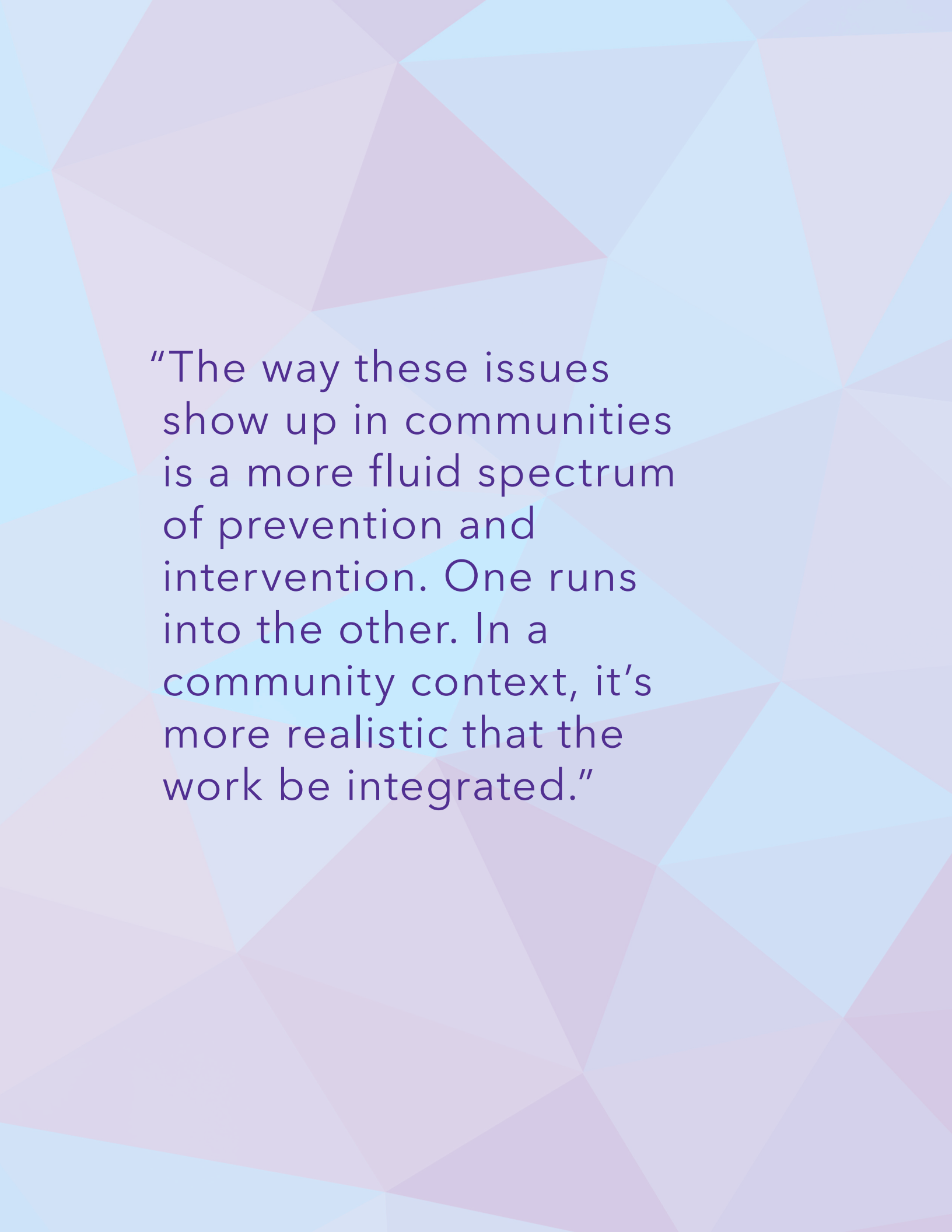
## ADDRESSING DV AND SV

The Collaborative members have long been addressing the reality that DV and SV are pervasive problems in California that harm individuals, families, and communities and cause enormous physical, mental, social, and financial loss. Over the last four years, CDPH, CALCASA, and the Partnership, in particular, have drawn attention to the fact DV and SV co-occur in relationships and families and share common risk and protective factors, and that-important distinctions notwithstanding-efforts to prevent both forms of violence have mutual long-term outcomes and extensive common ground in prevention practice.<sup>2</sup> CALCASA's recent BSCF funded project, Unifying Fields, explored best practices for organizations to address both DV and SV.

The links between these forms of violence and the value of addressing them together was clearly noted by the key informants, and all key informants address both issues in their work, either directly or through cross-training and referrals. This, in large part, is because many people in the communities the key informants work with do not see or experience these forms of violence as separate categories. Rather, they view each of these experiences as hardships that community members have experienced or may experience. For example, for farmworker women, sexual harassment and sexual assault are front and center as concerns in the work place, and DV is a relevant issue in the home.<sup>3</sup> Further, when addressing DV, farmworker women often reveal they have also experienced SV. One key informant stated, "In communities, people don't put things into those categories. They just talk about the violence that's occurring. Culturally-specific approaches address issues across the spectrum, from child sexual abuse to adult sexual and domestic violence to trafficking." One useful tool to illustrate these connections is the Asian Pacific Institute on Gender-Based Violence's "Lifetime Spiral of Violence," which describes many forms of gendered-violence against API women and girls across the life span.

DV and SV co-occur in relationships and families and share common risk and protective factors. Important distinctions notwithstanding efforts to prevent both forms of violence have mutual long-term outcomes and extensive common ground in prevention practice.

A few key informants mentioned that there might be greater barriers to addressing SV within their communities: "Sexual assault is more hidden. There is greater reluctance to speak up about sexual assault." At the same time, some programs are addressing SV as their primary focus, in part in response to the well-documented high rates of SV against women in their communities, including farmworker women and homeless and marginally housed women.



"The way these issues show up in communities is a more fluid spectrum of prevention and intervention. One runs into the other. In a community context, it's more realistic that the work be integrated."

## INTEGRATING PREVENTION AND INTERVENTION

There is growing consensus among researchers and practitioners that while prevention and intervention are distinct in many ways, they are interrelated, and both work most effectively when done in tandem. While perhaps not true in all cases, ideally, prevention outcomes support intervention outcomes and vice versa. For example, efforts to change community norms can support both prevention and intervention. According to Yoshihama, “Changing community members’ attitudes and social norms is critical not only to lessening victim-blaming and promoting help-seeking, but ultimately, to preventing IPV [intimate partner violence].”<sup>4</sup> Put another way, “Ultimately, when our community norms have shifted toward prevention—such that the entire community is held responsible for supporting respectful, nonviolent relationships—then there will be less victim-blaming and greater support for the safety and healing of DV victims/survivors and their families.”<sup>5</sup>

All interviewees agreed that linking prevention and intervention makes sense in their communities, and all expressed a desire to increase their focus on prevention. One key informant stated, *“The way these issues show up in communities is a more fluid spectrum of prevention and intervention. One runs into the other. In a community context, it’s more realistic that the work be integrated.”* Some key informants acknowledged that to some extent, there are already linkages between prevention and intervention efforts, by necessity. One key informant stated, *“When you are working on prevention, you are creating a safe environment for people to talk about important things. You will have people open up, and then you will often need to do some kind of follow up intervention.”*

Key informants did not raise concerns about promoting an integrated approach to prevention and intervention. However, a report on intimate partner violence in immigrant and refugee communities prepared by Futures Without Violence raises some concerns, including what they termed a “trust versus prevention” paradox. Some leaders working on DV in immigrant communities expressed concern about working on prevention issues directly and overtly, for fear of losing trust and making it more difficult for victims to seek their help.” According

Prevention and intervention are distinct in many ways, they are interrelated, and both work most effectively when done in tandem.

to the report, the “...strategies that service organizations have adopted to win victims’ trust and avoid alienating the communities [including avoiding open discussion of partner violence], though successful in enabling the organizations to help individual victims, were often not necessarily recognizable as long-term prevention and community change strategies.”<sup>6</sup>

One key informant stated that moving toward a more integrated approach is beneficial for staff and organizations, as well as communities. For example, advocates who work primarily in crisis situations can benefit from the opportunity to contribute to more upstream efforts. Also, people who have been impacted by DV and SV as survivors and witnesses, including former clients, can be great champions for prevention.

Although key informants expressed openness and interest in expanding prevention efforts, many described barriers and challenges to embracing a prevention focus. Many described lack of funding dedicated to prevention as a barrier. The need for adequate resources, and in particular, an increase in resources for prevention, was raised by several interviewees: *“When there is so much focus on addressing emergencies and crises, it’s very hard to lift our heads up and see the horizon. The challenge is to create the space and resource for focusing on prevention.”* In addition, many recognized that organizations did not have the training and background in prevention. Some of the key informants’ organizations have some dedicated primary prevention funding (typically CDPH’s Rape Prevention and Education program). The ongoing training and guidance about prevention helped support the organizations’ interest in prevention efforts.



## LIMITATION OF CURRENT MODELS OF DV AND SV PREVENTION FOR UNDERSERVED COMMUNITIES

In terms of prevention, it was evident that regardless of the level of experience with prevention, key informants were interested in learning more about existing and emerging models of prevention and strengthening their approaches. There was great variance in how people conceptualized prevention, from approaches that have been proven to have limited preventive value, e.g., “getting the word out,” and “building awareness,” to a deeper analysis of norms and underlying conditions and how to shift them. Most of the organizations that receive the Centers for Disease Control and Prevention’s (CDC) Rape Prevention and Education (RPE) Program funding, and some others, describe their work as “primary prevention,” though many of their efforts are still generally focused on awareness building, education, and connecting people to resources. It is apparent that much of work of CDPH, CALCASA, and the Partnership to build capacity for primary prevention in the last ten years has not been incorporated within the key informants’ projects or organizations. Even the organizations steeped in primary prevention expressed the need for new models. One key informant noted that in order to deepen the integration of prevention and intervention, their prevention work would need to shift from its current focus on multi-session prevention education toward a model of community organizing. Clearly, there is an important opportunity to build prevention practitioners’ capacity to develop more effective prevention models for their organizations.

The literature scan revealed an important theoretical debate that should inform the development of new models of DV and SV prevention in underserved communities: the extent and processes by which community culture should shape prevention efforts. Historically, researchers and practitioners believed that prevention “...should be delivered as designed, and thus with fidelity, to attain the prescribed effect.”<sup>7</sup> However, in the past few decades, research has shown that strict fidelity to programs

demonstrated to be effective for a general population may be not only ineffective and irrelevant for underserved populations, but also potentially damaging.

Evidence-based programs are not designed to address the specific contexts of underserved communities. These populations tend to have “...significant needs that are more severe or difficult to treat” than those of the general population, as well as unique community or cultural assets.<sup>8</sup> Programs that have been shown to be effective in a general population often fail to address underserved communities’ needs or leverage their particular set of strengths. This often renders evidence-based programs “...irrelevant (for example, discussing complex relationship interactions with a younger age group), unacceptable (promoting casual sex as a norm is not appropriate when working with Muslim young people)...,” or ineffective in such communities.<sup>9,10</sup>

In addition, rigid fidelity to evidence-based programs may actually harm underserved communities. Programs may be “...discriminatory ([e.g.] a program [that] is not adaptive to the needs of participants with an intellectual or physical disability)...”<sup>11</sup> This reinforces the very societal power dynamics that likely caused such populations to have high levels of need. Moreover, programs that are not reflective of culture can even be dangerous.<sup>12</sup> For instance, a DV prevention program focusing exclusively on heterosexual couples could lead a lesbian, gay, or bisexual participant to believe that intimate partner violence does not occur in same-sex relationships, rendering them unable to identify their own behaviors as abusive. These problems are not simply a matter of wasted funding on an unsuccessful program; they tacitly support and reproduce discrimination and disadvantage.<sup>13</sup> “When we fail to acknowledge that culture is a relevant influence[,],... we do so to the detriment of high-risk and underserved minority groups.”<sup>14</sup>

Key informants' comments demonstrated some examples of when traditional approaches and services were a poor fit or caused harm for their communities. In recognition of many community members' concerns about interactions with government agencies, several key informants stated that they are decreasing their level of focus on responses from public systems, particularly the criminal justice system:

- "People from the old days carry fear and don't trust the police."
- "Most people don't want to file charges, especially because of immigration status."
- "We deal with a lot of generational trauma from boarding schools. We have a lot of members in the community with a lot of trauma. They don't trust government agencies."

Yoshihama's review of the literature shows that studies have consistently found that due to an aversion to contacting formal institutions and a preference for informal sources of support, only a small proportion of immigrant and refugee women experiencing DV seek assistance from outside agencies.<sup>15</sup> One key informant stated, *"I'm interested in talking more about community accountability models for DV and SV. The reality is that relying on the criminal justice system won't work for the community, no matter how much we provide sensitivity training."* Reflecting a similar sentiment, another key informant stated, *"In ten years do we want to look back and say, 'we trained a lot of police,' or do we want to say, 'we worked with our community and our community really got it.'"*

Research has shown that strict fidelity to programs demonstrated to be effective for a general population may be not only ineffective and irrelevant for underserved populations, but also potentially damaging.

#### WHY?

Evidence-based programs are not designed to address the specific contexts of underserved communities.

## CULTURALLY-INFORMED PREVENTION

According to the BSCF's brief on cultural competency in California's DV field, "As California's communities grow increasingly diverse, differences in social and cultural norms become increasingly important in considering how to provide accessible and high quality DV services, including outreach, prevention, and advocacy."<sup>16</sup> The need for efforts to be informed by community context, history, and social and cultural norms when addressing any health or safety issue is generally understood as a recommended practice in healthcare, public health, human services, and other fields.<sup>17,18</sup> Research has demonstrated that, "Prevention programs that are sensitive to and reflective of community norms and cultural beliefs may be more successful in recruitment, retention, and achieving outcomes."<sup>19</sup> The importance of ensuring that efforts are rooted in specific cultural and linguistic strengths and needs of a community was also a strong theme expressed by key informants.

Unfortunately, "There is a dearth of theory and empirical evidence connecting interventions and cultural variables" or explaining how best to integrate evidence-based programs with cultural and community contexts.<sup>20,21</sup> Prevention researchers and practitioners in recent years have frequently mentioned cultural norms and made some level of adaptations, but have often done so without clear delineations of the extent and types of adaptations they are making.<sup>22</sup> However, some recent meta-analytic studies, theoretical frameworks, and evaluations of culturally-specific programs have provided insight into how programs are most often adapted, as well as which approaches may be more successful.<sup>23,24,25,26,27</sup> A common conceptualization of integrating evidence and cultural context details three approaches: surface-structure adaptation, deep-structure adaptation, and culturally grounded prevention. Each approach has considerable strengths and limitations, but cultural grounding and deep-structure adaptation have the most potential to be attentive to community needs, to capitalize on and enhance their strengths, and to produce desired outcomes.<sup>28</sup>

A common conceptualization of integrating evidence and cultural context details three approaches:

- **Surface-structure adaptation**
- **Deep-structure adaptation**
- **Culturally grounded prevention**

Each approach has considerable strengths and limitations, but cultural grounding and deep-structure adaptation have the most potential to be attentive to community needs, to capitalize on and enhance their strengths, and to produce desired outcomes.



## Surface-Structure Adaptation

Surface-structure adaptation: Currently, the most widespread approach is surface-structure adaptation.<sup>29,30,31</sup> Surface-structure adaptation involves taking an existing evidence-based program and making cultural adaptations to the observable characteristics of program materials.<sup>32,33</sup> Such adaptations might include using a facilitator from the same culture as the participants, holding the program in a setting appropriate for the population, or making changes to terminology, communication style, or images in program materials to fit the cultural context.<sup>34,35,36</sup> Benefits of this approach include the relative speed with which programs can be developed and implemented, the resulting relatively low cost of adaptation, and the ability to make adaptations without clear research about which programs or elements of programs are most appropriate for a given population. These benefits may be important considerations when underserved populations have an urgent need for prevention.<sup>37</sup> Surface-structure adapted programs can also serve as an intermediate step to developing deep-structure adaptations, which are discussed below.<sup>38</sup>

However, there are important limitations of a surface-structure adaptation approach. Because it is difficult to identify which elements of evidence-based programs are critical to success, surface-structure adaptations tend to aim to retain as much of the original program as possible, favoring fidelity over fit.<sup>39</sup> Thus, this approach often "... does not address the cultural context in which risk behaviors occur and in which protective factors develop (i.e., culturally-bound themes)...," dealing instead with more superficial markers of culture.<sup>40</sup> They may also miss opportunities to focus on the group's culturally informed values and beliefs.<sup>41</sup> Surface-structure changes do not fundamentally change the content of the program, even though particular aspects of the cultural context may necessitate deeper changes. Not surprisingly, then, findings on the effectiveness of surface-structure cultural adaptations, such as adaptations of Life Skills Training, The Strengthening Families Program, and Protecting You/Protecting Me, have been mixed.<sup>42,43</sup>

### Surface-Structure Adaptation:

Taking an existing evidence-based program and making cultural adaptations to the observable characteristics of program materials.

Such adaptations might include using a facilitator from the same culture as the participants, holding the program in a setting appropriate for the population, or making changes to terminology, communication style, or images in program materials to fit the cultural context.

## Deep-Structure Adaptation and Culturally-Grounded Prevention

Deep-structure adaptation and culturally-grounded prevention: According to Purnell, Teng, and Warrier, culturally-competent intervention involves understanding contextual factors, as well as key mechanisms for communication within the community, and the types of messages and images that resonate with community members.<sup>44</sup> Drawing on this definition, culturally-competent or culturally-informed prevention could be described as understanding and transforming community contextual factors. This is precisely what deep-structure adaptation and culturally grounded prevention aim to do.

Deep-structure adaptation makes more comprehensive efforts to ensure cultural appropriateness of prevention programs. Like surface-structure adaptations, this approach relies on evidence-based programs, or at least on core principles or elements of such programs. However, deep-structure adaptation differs from surface-structure in that it works closely with members of the cultural community to make "...substantial changes [to prevention programs] that reflect complex cultural phenomena."<sup>45</sup> Such changes are infused throughout program planning, implementation, and content, and may be based on cultural world-views, beliefs, values, and behaviors, as well as social, environmental, and historical factors that influence behavior for the group.<sup>46</sup> These adaptations clearly go beyond the superficial changes in terminology, images in materials, and other adjustments commonly made in surface-structure adaptation. In this way, deep-structure adaptations of programs are more likely to reflect a community's core values and to "...address stressors and coping styles unique to that specific population."<sup>47</sup>

Cultural grounding goes even further than deep-structure adaptation in ensuring fit and appropriateness for cultural groups. Okamoto developed the framework of culturally-grounded prevention in the field of substance abuse, but the principles can be applied to prevention efforts more broadly. He describes cultural grounding as follows:

Culturally-grounded approaches to developing... prevention interventions utilize methods that place the culture and social context of the targeted population at the center of the intervention. Methods are used such that curricular components evolve from the "ground up" (i.e., from the world-views, values, beliefs, and behaviors of the population that the program is intended to serve) and therefore look and sound

familiar to the participants... While these programs are based on scientifically supported prevention components..., the specific content and delivery of these components evolved from CBPR [community-based participatory research] practices.<sup>48</sup>

Thus, instead of starting with evidence-based programs or principles and adapting them to fit a group, the culturally-grounded approach starts with the cultural community and its values, beliefs, practices, and socio-historical perspectives, and selects prevention principles that are appropriate and acceptable for the group.<sup>49</sup> Of all the approaches, culturally-grounded work "...therefore [is] most closely connected to the lived experiences and core cultural constructs of the targeted populations and communities."<sup>50</sup>

The key informant interviews revealed examples in underserved communities of the kinds of cultural contextual factors that deep-structure adaptation and cultural grounding would reflect. The two core factors to address that were raised most frequently among key informants were patriarchal values, e.g., devaluing women and girls and rigid gender norms, as they intersect with historical forces and present day social and economic conditions. For example, Latina immigrant women navigate patriarchal values and rigid gender norms along with limited language proficiency, disparities in economic and social resources, social isolation, and issues related to immigration status.<sup>51</sup> One key informant stated that, *"Latina immigrant women face the basic condition of coming to this country and being isolated, not knowing what she is coming in to, being separated from family, sometimes from children, sometimes reuniting with a partner who is in a difficult economic situation. Immigrant women come here in a moment of shock, economic trauma, emotional trauma, and housing trauma."*

Other powerful community norms, such as pressure not to talk about DV and SV, are shaped by oppressive forces from outside the community. A Futures Without Violence report quotes Yoshihama: "...in the context of a displaced community struggling to survive in what could be a hostile and discriminatory environment, 'acknowledging IPV as a problem is viewed as detrimental to the collective survival of the community.' Therefore, 'there is strong pressure to maintain a positive image of their community and remain silent about the problem of IPV.'"<sup>52</sup>

**Deep-Structure Adaptation:**

Taking evidence-based programs, or core principles or elements of such programs and making comprehensive efforts to ensure cultural appropriateness. Working closely with members of the cultural community to make changes that reflect community's core values and to address stressors and coping styles unique to that specific population.

**Cultural Grounding:**

Developing interventions that utilize methods that place the culture and social context at the center of the targeted population.

Methods are used such that curricular components evolve from the world-views, values, beliefs, and behaviors of the population that the program is intended to serve.

**WHY CONSIDER CULTURE?**

The process of involving the community in culturally-grounded or deep-structure adapted approaches not only improves the validity of prevention efforts, but also engages the community, including community leaders, and increases their investment in the prevention work.

## The Case for Deeper Consideration of Culture

The case for deeper consideration of culture: These approaches, particularly that of cultural grounding, are innovative in that they use evidence-based prevention principles to address health disparities, focusing on the needs of underserved communities and building a new evidence base from within these communities. Culturally-grounded prevention and deep-structure adaptation tap into and build upon cultural knowledge. Consequently, these approaches are the most likely to be acceptable and socially and culturally valid for target populations.<sup>53</sup> While these approaches are new, and thus the body of research on them is not well developed, there is evidence from a meta-analytic study on cultural adaptation that the more culturally-adapted a program is, the better the outcomes of the program.<sup>54</sup>

Echoing these ideas, the key informants expressed that the key to transforming community conditions “...is the people in that community themselves,” in an approach that directly emerges out of the strengths of the community while addressing the harmful conditions. For example, one key informant shared that their “...*promotora curriculum starts with a conversation about culture. In Mexico we have traditions of music, songs and dancing. People have the opportunity to share that. We also identify the things that are hurtful, including the belief that marriage is until death.*” Another key informant shared an example: “*In the Hmong community, it’s been primarily women, but also some men, who have come together to say, abusive international marriage - that’s not really part of our culture, and that’s not what we want to hold up.*” The Hmong community has a campaign, “Building Our Future,” that addresses these issues in a way that challenges the harms while affirming and building a positive future.

The process of involving the community in culturally-grounded or deep-structure adapted approaches not only improves the validity of prevention efforts, but also engages the community, including community leaders, and increases their investment in the prevention work.<sup>55</sup> For example, in a culturally-grounded program called Keepin’ it REAL, teachers and students involved in program development and implementation felt “...a definitive sense of ownership” of the program.<sup>56</sup> Engaging the community and its leaders in this way increases the likelihood that the program will continue to be implemented and adopted on a long-term basis, and thus have a more lasting impact on health.<sup>57</sup>

Table 1. Strengths and limitations of approaches in developing culturally focused interventions.

	STRENGTHS	LIMITATIONS
<b>Culturally Grounded Prevention</b>	<ul style="list-style-type: none"> <li>• Community is engaged and invested in the development of the program</li> <li>• Directly addresses core cultural constructs</li> <li>• Core prevention components are derived organically (from the “ground up”) and can therefore be intertwined with core cultural components</li> </ul>	<ul style="list-style-type: none"> <li>• Time consuming</li> <li>• Expensive</li> <li>• Difficult to evaluate and replicate in similar settings</li> </ul>
<b>Deep-Structure Cultural Adaptation</b>	<ul style="list-style-type: none"> <li>• Based on empirically supported intervention principles</li> <li>• Balanced length of time and cost to develop curriculum with the ability to bring the program to scale</li> <li>• Engages the community, but within the parameters of a specific evidence based program</li> </ul>	<ul style="list-style-type: none"> <li>• Assumes the core components of an evidence based program are applicable across cultural groups</li> <li>• Need to specify and retain the core prevention components for fidelity</li> <li>• May inadvertently alter core components and decrease their effectiveness</li> </ul>
<b>Non-Adaptation/ Surface-Structure Cultural Adaptation</b>	<ul style="list-style-type: none"> <li>• Tests the applicability of generic/ universal prevention principles to unique groups</li> <li>• Faster to develop, implement, and bring to scale</li> <li>• Based on empirically supported interventions but with questionable “fit”</li> </ul>	<ul style="list-style-type: none"> <li>• Often unacceptable to or disconnected from the community</li> <li>• Can potentially avoid core cultural components</li> </ul>

## Challenges of deep-structure adaptation and culturally-grounded prevention

Along with the important benefits of deep-structure adaptation and culturally-grounded prevention, there are some challenges to consider. The most pressing challenge is that both approaches take significantly more time and resources than surface-level adaptation or no adaptation at all.<sup>58</sup> In cultural grounding especially, a large amount of time may be necessary to organize the community to identify relevant risk and protective factors and potential solutions.<sup>59</sup> For example, one culturally-grounded prevention program for rural Hawaiian youth took over four years to complete the program development phase alone.<sup>60</sup> Deep-structure adaptation also requires intensive, ongoing collaboration with the community. However, it may take less time than cultural grounding, as formal community organization is not as central to development and implementation of deep-structure adapted programs.<sup>61</sup> Without support, such deep and comprehensive attention to cultural context may be beyond the reach of organizations working with underserved communities, especially where prevention capacity is lacking.

Program replication also poses a challenge for these approaches. Because deep-structure adaptations and cultural grounding evolve from program developers' and community members' extensive, insider knowledge of a specific cultural group, it may be difficult for outside parties who are not familiar with the group to replicate or adapt the program for their own community.<sup>62</sup> In order to replicate prevention efforts, strategies need to have an explicit focus on the process for selecting, testing, and adopting each prevention strategy. The program development, implementation, and evaluation will focus on ensuring that core elements are in place while documenting what changes and adaptations are made.

In Table 1, Okamoto lays out select strengths and limitations of surface-structure adaptation, deep-structure adaptation, and culturally-grounded prevention.<sup>63</sup>

Many researchers agree that cultural tailoring of programs should go beyond surface-structure changes in order to align with and address cultural factors that affect risk and protective factors and the community's acceptance of prevention programming.<sup>64,65,66,67</sup>

Deep-structure adaptations balance time and resources required with significant cultural adaptations to improve validity, acceptability, and potential effectiveness of prevention programming. This may be an appropriate approach in communities with high need and a dearth of prevention research relevant to their cultural context.<sup>68</sup> It may also be indicated when working with an organization that is familiar with existing prevention programs is seeking to profoundly adapt these programs to fit underserved communities in their service population.

Culturally-grounded approaches require the most time and resources, but they also address cultural factors the most directly. Like deep-structure adaptations, they may be appropriate for communities with high need and little or no relevant prevention research. According to Okamoto, it may also be important that the target community have a "...potentially high overall scientific and health impact that could result from the culturally-grounded effort."<sup>69</sup> Finally, a culturally-grounded approach may be appropriate for culturally-focused organizations that have a deep understanding of a group's cultural context and wish to expand their efforts into prevention of DV and SV or other health issues.



## SUPPORTING HEALTHY RELATIONSHIPS AND HEALTHY COMMUNITIES

Prevention experts assert that focusing attention on the problems of DV and SV is not sufficient, and that an emphasis on the desired positive outcomes is necessary, as illustrated by the Hmong community campaign example.<sup>70</sup> In fact, in marginalized, underserved communities it may be all the more important to "...refram[e] prevention as building healthy relationships and healthy communities through new narratives and a positive approach."<sup>71</sup> A focus on positive outcomes may be particularly important in marginalized communities who face historic and current discrimination and harmful stereotypes entrenched in US society. Such communities may defend against and deny suggestions that DV is a problem as a protective mechanism against further stigmatization. Working from a culturally-grounded approach can provide community members and practitioners with insights into community-specific strengths, protective factors, and potential solutions that are culturally-valued and aligned with community priorities. "A community's unique culture can be a key to unlocking relevant strategies and activities that have the greatest potential for improving health conditions and outcomes."<sup>72</sup> Positive, culturally-informed approaches, perhaps focused on fostering healthy norms about power, gender and relationships, supporting healthy relationships and families, and building healthy communities, allow communities to address the prevention of DV and SV in a manner that "...honors culture and fosters community resilience and cultural pride."<sup>73</sup>

Positive, culturally-informed approaches, perhaps focused on fostering healthy norms about power, gender and relationships, supporting healthy relationships and families, and building healthy communities, allow communities to address the prevention of DV and SV in a manner that "...honors culture and fosters community resilience and cultural pride.

## INTEGRATING DV AND SV PREVENTION WITH OTHER SOCIAL JUSTICE ISSUES

DV and SV are issues with complex inter-relationships with other vital community issues. Lupe Serrano from Casa de Esperanza suggests that partnerships with economic, housing and other community development efforts are necessary: *“Ending [DV] is about shifting norms in communities to support families and children in more nurturing ways. This is really about strategically supporting physical, mental, social, and economic health and well-being of communities in an integrated way.”*<sup>74</sup> In order to make change in their communities, most interviewees linked their DV and SV prevention efforts to their work on other issues such as addressing access to safe and affordable housing, access to jobs and safe working conditions, and access to fair and equitable treatment by public systems.

For many organizations, they did not *“...lead with DV or SV...”*, but started with topics that concerned community members. For example, one key informant shared that, *“Coming to this in a humble way, we don’t always lead with sexual assault. We know that affordable housing will increase safety for homeless women, and we will see a decrease in sexual violence against them. So we can get behind the housing folks.”* Prevention experts have recommended that funders address DV in immigrant and refugee communities by supporting community-based programs that address a range of relevant issues facing community members. This includes programs that do not make DV the centerpiece of their agenda, but understand and address the dynamics of DV, and maintain a firm basis in the community.<sup>75</sup>

Not putting DV and SV front and center may have some advantages. At the same time, other national experts on DV in immigrant communities suggest that DV initiatives *“...need a strategy to become valued by the community in such a way that they are not seen as having a lesser priority than issues such as discrimination, housing and employment.”* According to Oliver Williams, Director of the Institute on Domestic Violence in the African American Community, *“Our message to largely poor communities of color must be that prevention of [DV] contributes to healthy families and communities and is not a side issue.”*<sup>76</sup>

Intersecting the work with other social justice movements may lead to or require the use of new frameworks or multiple frameworks. For example, when several of the interviewees described the vision of their prevention work they used the frame of advocating for rights, i.e., human rights, worker’s rights, immigrant rights, housing rights, etc. This orientation toward the use of a human rights framework is consistent with most work to end gender-based violence occurring throughout the world, except in the mainstream of the United States. Another potentially useful framework, while not mentioned by key informants, is the public health framework of Social Determinants of Health. Social Determinants of Health assert the role of a community’s social, cultural, economic, and physical environment in shaping people’s behavior, and the need to influence broader environmental factors, such as access to quality education, housing and employment, in order to promote health and safety.<sup>77</sup>

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### EXAMPLES OF INTERSECTIONS

*Advocating for Rights (human rights, worker’s rights, immigrant rights, housing rights, etc.):* Orientation toward the use of a human rights framework is consistent with most work to end gender-based violence occurring throughout the world, except in the mainstream of the United States.

*Social Determinants of Public Health:* Social Determinants of Health assert the role of a community’s social, cultural, economic, and physical environment in shaping people’s behavior, and the need to influence broader environmental factors, such as access to quality education, housing and employment, in order to promote health and safety.

## BUILDING TRUST AND RELATIONSHIPS IS KEY

Key informants noted that culturally-informed approaches are fundamentally rooted in deep relationships of trust. While each person described this in different ways, all interviewees shared that building and sustaining trust is essential to all culturally-informed prevention work. Trusted networks and relationships are all the more important in multiply-marginalized, isolated groups, such as LGBTQ immigrants of color.<sup>78</sup> Leaders and organizations engaged in prevention must be positioned to influence community norms and other community conditions and to participate in the key mechanisms for communication within the community. This requires a great deal of earned respect and trust.

Leaders and organizations engaged in prevention must be positioned to influence community norms and other community conditions and to participate in the key mechanisms for communication within the community.

Mainstream organizations should strive to be good allies to organizations representing marginalized, underserved communities, and should not be set up in the program design as the sole or primary experts.

## PARTNERSHIPS

Key informants spoke a great deal to the role of partnerships, and the Collaborative discussed these issues at great length. In particular, partnerships between DV and SV service provider agencies and community-based organizations were of great interest and concern. Partnerships are necessary for implementing the type of complex prevention endeavor the Collaborative envisions and achieving transformative change in communities. However, ineffective collaboration can end up as “...*tokenism that reinforces the status quo.*” In particular, it is important to be mindful of power dynamics. Mainstream organizations should strive to be good allies to organizations representing marginalized, underserved communities, and should not be set up in the program design as the sole or primary experts.

DV and SV service providers may have extensive expertise in understanding the problems and in specific models of response and service delivery, but they may not be culturally-informed, or have the trust of marginalized, underserved communities. One key informant noted, “*Language barriers and experiences of discrimination have led to lack of trust in many mainstream institutions organized to serve the general public.*” At the same time, assumptions should not be made about what expertise or trust an organization may or may not have. It is important that community-based organizations and DV and SV service providers recognize their own expertise as well as areas of limitation.

Partnerships should not be limited to community-based organizations and service providers. By virtue of the relevant community conditions that need to be addressed, including the education, housing and economic environment, partnerships, and linkages with these sectors can also be beneficial. For example, one key informant working with farmworker women has established strong partnerships with the agricultural industry in her organization’s region.

## SUPPORT COMMUNITY LEADERSHIP, ESPECIALLY WOMEN'S LEADERSHIP

A central purpose of many of the key informants' organization's efforts is to empower community members to make changes in their own lives, and then, in turn, positively impact their family and their community. Key informants strongly emphasized the necessity of this type of development of community leadership, especially women's leadership:

- "We need to have conversations about root causes of violence within our communities and have them led by women in our communities instead of by people from the outside. This is how change actually happens."
- "Nobody knows how to address the Black faith community like I do, because I'm in it."

Many interviewees described the importance of shifting community norms about women's leadership and agency in the context of societal and cultural patriarchal values. Others have also noted that building women's self-sufficiency through languages classes, employment assistance, and leadership development activities, can serve a prevention purpose.<sup>79</sup>

Experts in culturally-informed work have noted that community leaders should have long-term relationships in the community, understand the issues, and remain invested in addressing DV and SV over the long haul. Further, experts have noted that leadership from women can be especially important in the early stages of a DV initiative to carry forward a commitment to the well-being of women.<sup>80</sup>

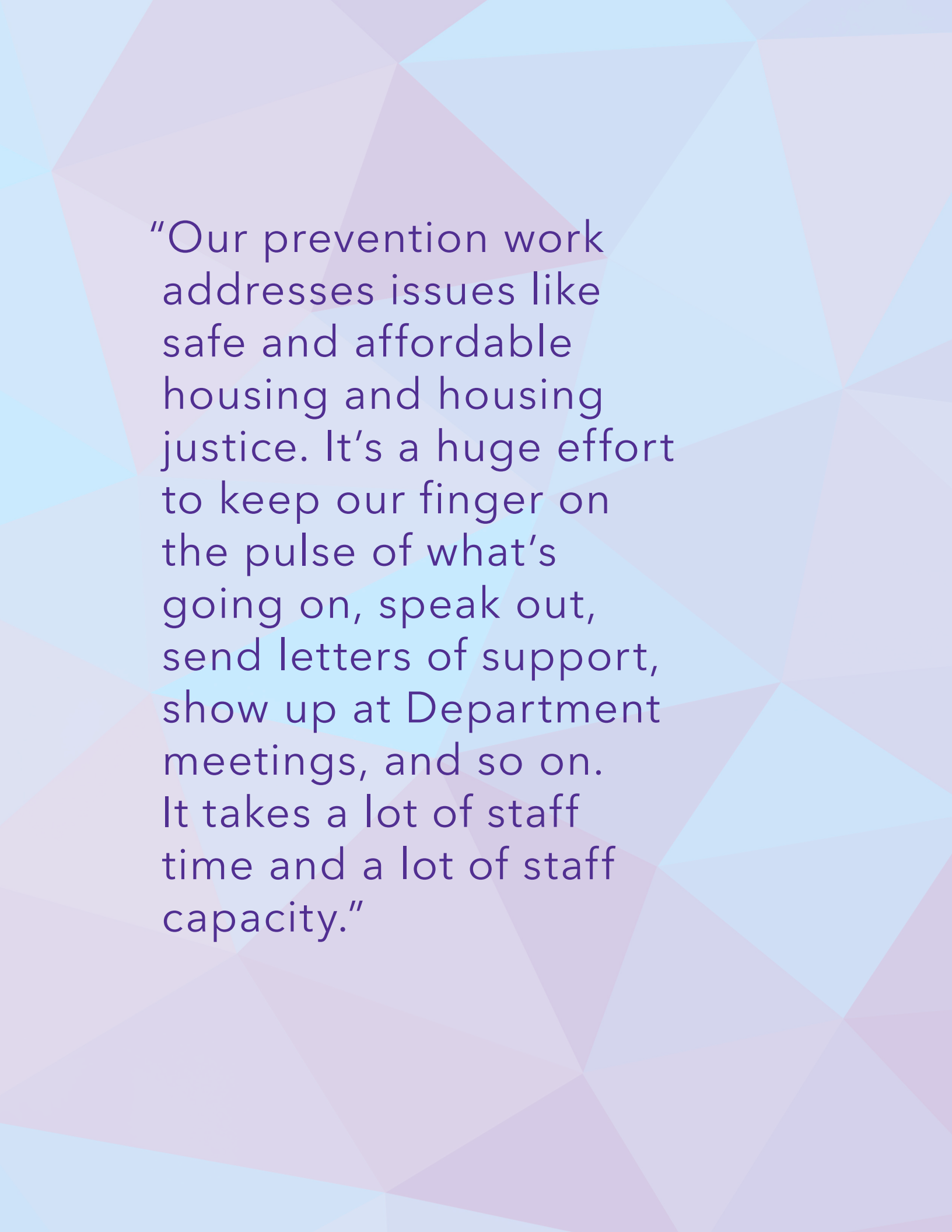
Shifting community norms about women's leadership and agency in the context of societal and cultural patriarchal values is important.

### HOW SHOULD LEADERSHIP BE SUPPORTED?

Building women's self-sufficiency through languages classes, employment assistance, and leadership development activities, can serve a prevention purpose.

### WHY SHOULD LEADERSHIP BE SUPPORTED?

Leadership from women can be especially important in the early stages of a DV initiative to carry forward a commitment to the well-being of women.



"Our prevention work addresses issues like safe and affordable housing and housing justice. It's a huge effort to keep our finger on the pulse of what's going on, speak out, send letters of support, show up at Department meetings, and so on. It takes a lot of staff time and a lot of staff capacity."



## CAPACITY-BUILDING SUPPORT

Key informants noted that organizations like theirs would need capacity-building support in order to implement efforts that integrate DV and SV as well as prevention and intervention. For example, capacity-building services are needed to ensure communities have support in addressing the complexity and demands of prevention work. One key informant noted, *“Our prevention work addresses issues like safe and affordable housing and housing justice. It’s a huge effort to keep our finger on the pulse of what’s going on, speak out, send letters of support, show up at Department meetings, and so on. It takes a lot of staff time and a lot of staff capacity.”*

Outside support providers working with marginalized communities, including funders, capacity-building providers, and evaluators, need to give “...attention to ethical and safety issues, and collaborative and empowering practice...on behalf of communities whose members have experienced multiple challenges and repeated marginalization.”<sup>81</sup> In other words, capacity-building for culturally-informed prevention must also be culturally informed.

Perhaps the most important aspect of culturally-informed capacity building is cultural humility. Cultural humility is a lifelong dedication to self-evaluation and self-critique, to redressing power imbalances, and to developing mutually beneficial and non-paternalistic partnerships with communities.<sup>82</sup> Another central tenet of culturally-informed capacity building is to view culture as an asset rather than a hurdle to jump over.<sup>83</sup> Through this lens, cultural diversity is a strength to maximize rather than an inconvenience to ostracize. Bilingualism, for example, would be celebrated and encouraged. If a group has Spanish/English bilingual members, meetings would be conducted equally in English (with Spanish translation) and in Spanish (with English translation). Drawing on cultural strengths in this way creates an inclusive environment rather than an exclusive one.

Explicit and deliberate attention to power dynamics operating on, within, and among organizations is also critical to effective capacity-building.<sup>84</sup> Even if capacity building providers are members of the community they are supporting, there are still power dynamics built into the provider-receiver relationship. Power dynamics can affect who has a seat at the table and whose voice is heard at the table. It can also have a large impact on resources, decisions, accountability, and group norms that affect inter-organizational dynamics between capacity building

### WHY SHOULD CAPACITY-BUILDING BE SUPPORTED?


Power dynamics can affect who has a seat at the table and whose voice is heard at the table. It can also have a large impact on resources, decisions, accountability, and group norms that affect inter-organizational dynamics between capacity building provider and capacity building receiver, and ultimately, an organization’s capacity to do successful, inclusive, and meaningful work.

### HOW SHOULD CAPACITY-BUILDING BE SUPPORTED?

Organizations and leaders can assess existing knowledge, expertise, and resources and build mutual learning relationships that honor existing capacity.

provider and capacity building receiver, and ultimately, an organization’s capacity to do successful, inclusive, and meaningful work.<sup>85</sup> One key informant who is a highly experienced, culturally-informed capacity builder stated, *“We outside folks certainly have an important role, but it’s not to take over or impose our ideas.”* In order to navigate these dynamics, Racial Equity Tools has developed a tip sheet with sample questions that groups can utilize to create an inclusive and equitable process to support planning and implementation.

Culturally-informed capacity building also emphasizes peer-to-peer support as a vital form of capacity building.<sup>86</sup> Organizations and leaders can assess existing knowledge, expertise, and resources and build mutual learning relationships that honor existing capacity. Outside capacity builders often assume the role of listener and learner in this context and support the strengthening of capacity through a facilitative, rather than expert role.<sup>87</sup>



"We know we are  
reaching people.  
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## EVALUATION OF CULTURALLY-INFORMED PREVENTION

Most key informants were conducting limited forms of evaluation of their prevention work. One key informant said, *"We believe in and stand by the validity of our work, but we don't have a logic model."* Another stated, *"We know we are reaching people. We don't know if we are changing attitudes, behaviors or norms."*

Two key questions emerged through the key informant interviews: what change should be measured, and when should the decision (of what to measure) be made. Key informants spoke of the difficulty in measuring changes within the community, or even in individuals, as a result of a prevention effort. Some interviewees suggested that meaningful process outcomes (number of community meetings, number of desired changes identified by community leaders, etc.) would be good initial outcomes for the type of prevention effort the Collaborative envisions. Other sources suggest that development of community leadership is a worthy measure of change.<sup>88</sup> The decision about what to measure has significant implications for the work, as some types of measures would be very difficult and onerous to assess, and could even interfere with essential relationship and trust-building efforts.

The timing of when to decide on project outcomes is also important. Key informants spoke to the difficulty of identifying outcomes prior to the beginning of a grant period, given that determining the outcomes is itself an essential community engagement activity. There was a strong theme that it is important that there is buy-in and support for the outcomes by the community and the leadership of community organizations. *"Engaging the community is so key. You really have to engage them to determine outcomes."* This approach requires that funders *"suspend certainty"* at the beginning of a project.

An additional evaluation challenge discussed in the literature was measuring the cultural relevance of deep-structure adapted and culturally-grounded prevention. Like the key informants, evaluators of cultural adaptation and grounding have typically relied on the process of these

### WHAT CHANGE SHOULD BE MEASURED?

Working with evaluators who have extensive experience with culturally-informed evaluation thus presents an opportunity to develop the field of culturally-informed prevention considerably.

### WHEN SHOULD THE DECISION (OF WHAT TO MEASURE) BE MADE.?

There is difficulty identifying outcomes prior to the beginning of a grant period, given that determining the outcomes is itself an essential community engagement activity.

It is important that there is buy-in and support for the outcomes by the community and the leadership of community organizations.

approaches to claim cultural relevance, but have not empirically tested how well resulting programs actually fit with the culture. These issues have tended to be addressed through qualitative feedback from the targeted communities and through examining program outcomes, with the assumption that better cultural relevance leads to better outcomes.<sup>89</sup> Working with evaluators who have extensive experience with culturally-informed evaluation thus presents an opportunity to develop the field of culturally-informed prevention considerably.







## RECOMMENDATIONS

The following recommendations made by the Collaborative to build bridges to culturally-informed prevention in California through a statewide culturally-informed DV and SV prevention project:

### **PROCEED**

Proceed with the development of a culturally-informed statewide DV and SV prevention project that brings together state government and state coalitions, combines prevention and intervention, addresses DV and SV, and fills a need or gap in California.

### **MOVE**

Move culturally-informed prevention beyond surface structure adaptation toward deep-structure adaptation and/or culturally-grounded prevention efforts.

### **CONVENE**

Convene an Advisory Group to provide guidance to the project. Advisory Group members should have expertise in culturally-informed prevention, evaluation, and sustainability, as well as culturally-informed capacity-building.

### **ENHANCE**

Enhance sustainability and project impact through the development of collaborative cross-agency infrastructure at the organizational and funder levels. This should include deliberate efforts throughout the project to learn from promising practices and improve policies and procedures for statewide funding.

### **IDENTIFY**

Identify, implement, and evaluate promising culturally-informed DV and SV prevention strategies in marginalized, underserved communities. These strategies should operationalize the idea of building bridges between DV and SV and between prevention and intervention, and explore new models and frameworks for prevention and intervention, such as addressing DV and SV prevention with other social justice issues.

### **DEVELOP**

Develop program eligibility guidelines that include mainstream DV and/or SV organizations that have a specific focus on working with culturally-specific groups, and other organizations that are culturally-specific or have a human rights focus (i.e. support worker rights) that have a sufficient organizational infrastructure to sustain efforts and identify DV and SV within the scope of their work.

### **INVEST**

Invest in community leadership development, especially among women, and strong partnerships that recognize mutual expertise, and the need to be attentive to power dynamics.

### **PROVIDE**

Provide a broad and robust range of capacity-building supports that includes peer-to-peer network building opportunities.

### **DOCUMENT**

Document and evaluate all elements of the project to identify promising strategies, improve implementation, and sustain impact.

### **SHARE**

Share lessons learned throughout the course of the project (A) within California to advance culturally-informed prevention in marginalized, underserved communities, and (B) nationally, to advance the national dialogue on DV and SV prevention.





## CONCLUSION

Through the course of a literature review and key informant interviews, the California DV and SV Prevention Collaborative (Collaborative) of four California state-level agencies (Cal OES, CDPH, the Partnership and CALCASA) were able to identify key lessons that have emerged from both research evidence and from practice-based evidence.

The process of the Collaborative working together to conduct this research modeled integrating prevention and intervention, recognized the value of addressing both DV and SV, and highlighted the value of the collaboration of state government agencies and statewide DV and SV coalitions.

This report not only reveals the importance of implementing culturally-informed prevention strategies to serve underserved communities, but also recognizes the need to have statewide systems and organizations to foster an environment that supports such efforts. Increased state investment in Prevention has the potential to fill the gaps described in this report by building culturally-informed prevention efforts in California and throughout the country.



## APPENDIX A: LIST OF KEY INFORMANTS

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Juanita Flores, Co-Director for Programs, Maria Jimenez, Director of Support Programs, and Andrea Lee, Co-Director for Development and Administration, Mujeres Unidas y Activas, San Francisco, California

Gayle Guest-Brown, Executive Director, Domestic Violence and Sexual Assault Coalition, Grass Valley, California (formerly from "From Bruised and Battered to Blessed Ministries.")

Barbara Kappos, Executive Director, and Stephanie Menses Alvarado, Director of Sexual Assault & Emergency Services, East Los Angeles Women's Center, Los Angeles, California

Angela Lemas, Tribal Domestic Violence Advocate, Washoe Tribe of Nevada and California, Gardnerville, Nevada

Suguet Lopez, Executive Director, and Ramona Felix, Assistant Coordinator, Líderes Campesinas, Oxnard, California

Beckie Masaki, Co-Director, Asian Pacific Islander Institute on Domestic Violence, San Francisco, California

Peggy Reyna, Project Director, Deaf, Disabled & Elder Services/ Anti-stalking Project, and Laura Ripplinger, Program Coordinator-Deaf, Disabled & Elder Services, Peace Over Violence, Los Angeles, California

Laura Segura, Executive Director, Monarch Services (formerly Women's Crisis Support ~ Defensa de Mujeres), Watsonville, California

Josie Serrata, Assistant Director of Research, National Latin@ Research Center on Family and Social Change, Casa de Esperanza, St. Paul, Minnesota

Kristin Tucker, Senior Program Manager, National Resource and Training Center on DV/SA in LGBTQ Communities, Northwest Network of Bisexual, Trans, Lesbian and Gay Survivors of Abuse, Seattle, Washington

Hediana Utarti, Community Projects Coordinator, Asian Women's Shelter, San Francisco, California

Janelle White, Executive Director, San Francisco Women Against Rape, San Francisco, California

Wendy Yallowitz, Program Office, Robert Wood Johnson Foundation, Princeton, New Jersey

## APPENDIX B: SV AND DV DATA GATHERED BY THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

The California Women's Health Survey (CWHs) provides data on SV and IPV that is state-specific:

About 17 percent of women in California reported experiencing SV during their lifetime, and 0.3 percent of women in California (30,000 women) experienced SV during the last 12 months<sup>1</sup>

About 10 percent of women said the SV was experienced over the age of 18; about 12 percent said it was under the age of 18<sup>1</sup>

About 7.5 percent of women in California reported experiencing at least one incident of psychological or physical IPV during the last 12 months<sup>1</sup>

The rate of clinically significant symptoms of depression among women with any IPV (39 percent) was almost four times higher than the rate among women with no IPV (10 percent)<sup>2</sup>

Of the physical DV victims with children living in the home, 27 percent reported that children overheard or were present during an IPV incident during the past 12 months<sup>2</sup>

Below are the estimates for lifetime SV victimization and DV in the past 12 months from the CWHs, by race/ethnicity. In this table, the race (White, Black, etc.) detail is broken down within the Hispanic ethnicity category, since it may be helpful to look at the differences in victimization among race/ethnicity.

<b>California Lifetime SV Victimization, CWHs, 2008-09</b>	Number	%
White Non-Hispanic	1,168,197	20.96
Black Non-Hispanic	149,586	23.12
White Hispanic	295,724	13.45
Black Hispanic	19,732	24.21
Other Hispanic	18,046	7.92
Asian/ Pacific Islander	55,796	4.61
American Indian	58,223	43.78
Total	1,765,304	

Source: California Women's Health Survey, 2008-09

<b>California Physical or Emotional DV in the Past 12 Months, CWHs, 2008-09</b>	Number	%
White Non-Hispanic	588,364	5.4
Black Non-Hispanic	141,966	11.0
White Hispanic	425,802	9.9
Black Hispanic	32,439	17.1
Other Hispanic	60,753	13.7
Asian/ Pacific Islander	181,304	8.1
American Indian	64,715	17.8
Other	3633	5.4
Total	1,498,976	

Source: California Women's Health Survey, 2008-09

1 California Women's Health Survey, 2008-09, unpublished data.

2 DataPoints - Results from the California Women's Health Survey, 2006-2007. <http://www.dhcs.ca.gov/dataandstats/reports/Pages/datapoints2006-2007.aspx>



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