

ATTACHMENT

City of San José Study on Community-Led Solutions to Domestic Violence

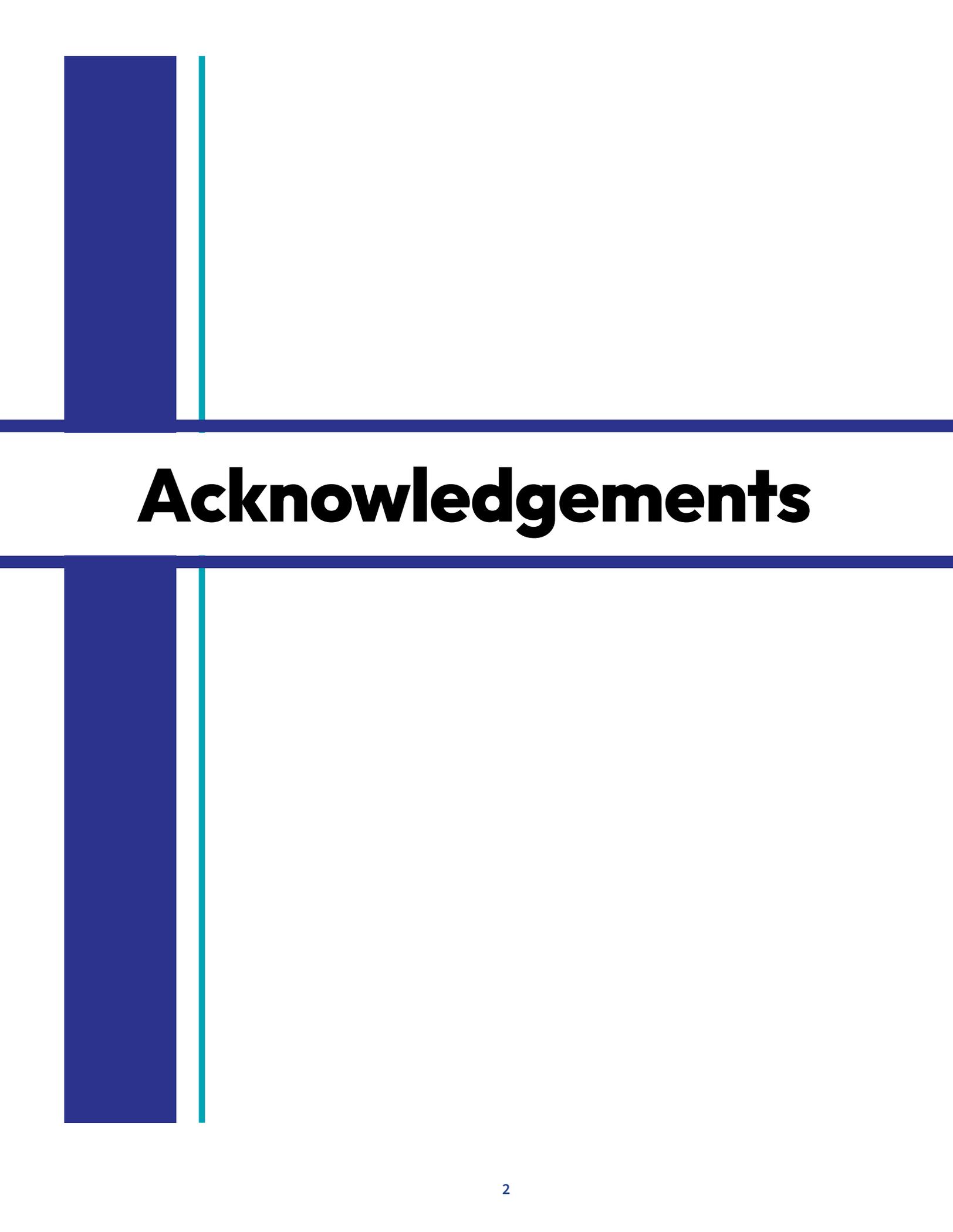
A REPORT TO THE SAN JOSÉ CITY COUNCIL

Prepared by: **Battered Women's Justice Project**

MAY 20, 2025



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Acknowledgements

“It’s not just about raising awareness; it’s about providing survivors with the information and resources they need in a way that they can truly understand and trust.” – Community Provider

A report requires the diligent efforts of many. This report would not exist without the trust placed in us by the survivors, advocates and community members. To them we owe a debt of gratitude. They believed in and entrusted us to capture the realities of the issue of domestic violence. Without their honesty and belief, this report would lack rigor, clarity and inclusion.

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This report would not have been possible without the collective effort of everyone involved. We hope it helps move forward continued collaboration and meaningful change.

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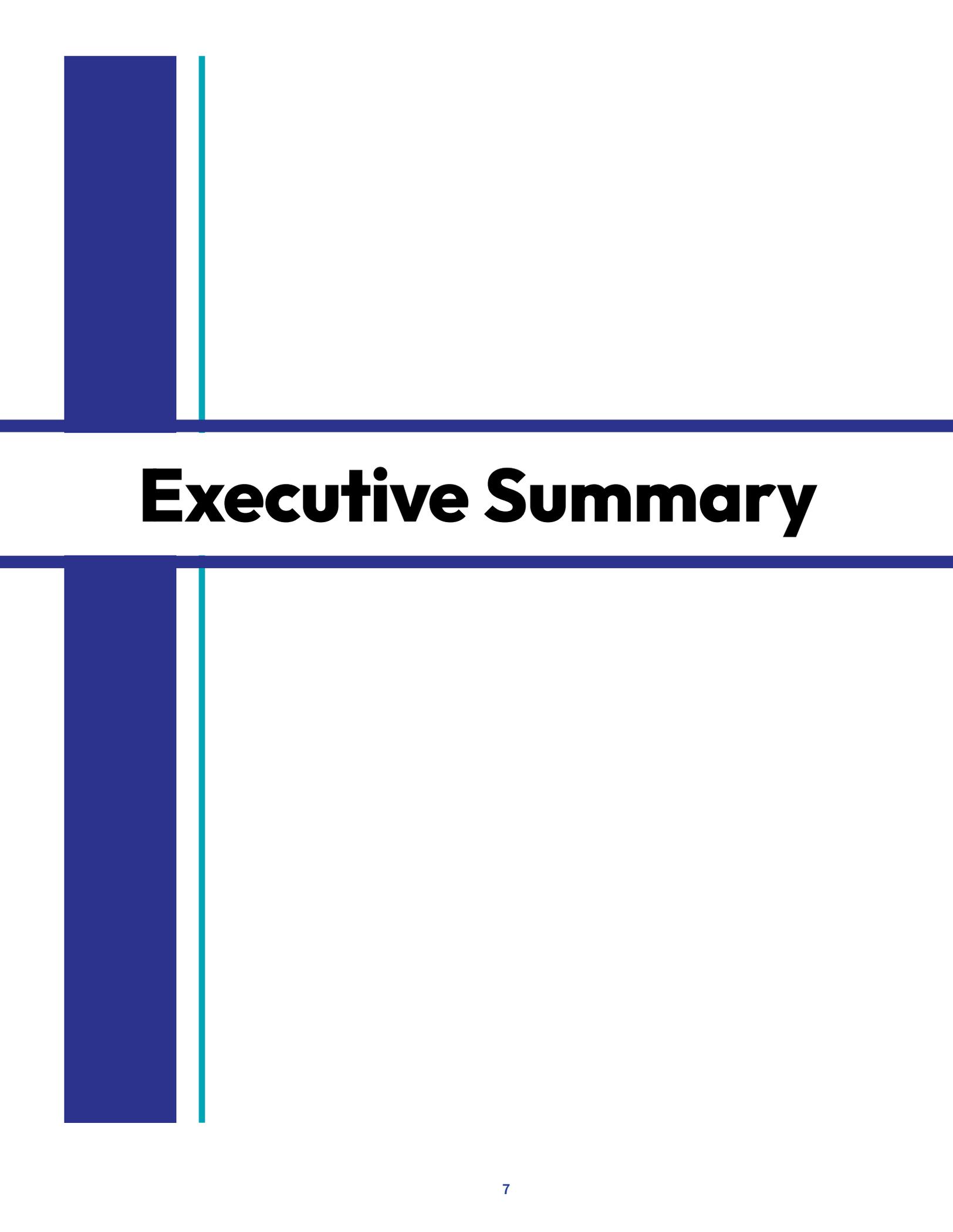
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Executive Summary

As approved by the City Council, the FY 2023-2024 Adopted Budget allocated \$400,000 for a Community-Led Solutions to Domestic Violence project to develop a community-based approach to preventing and responding to domestic violence.¹ This project was inspired by Recommendation 9 from the Reimagining Public Safety Community Advisory Committee’s final report, which proposed engaging residents across the community to prevent violence through community trainings and the provision of community-based services and resources. A request for proposal process selected BWJP to conduct this work.

Domestic Violence is both a public safety and a public health issue that impacts everyone. It is present in all communities and spaces. The City of San José, in partnership with BWJP² (Battered Women’s Justice Project), embarked on this meaningful project to center the voices and lived experiences of survivors from diverse communities who call the city their home. The project began with a literature review, followed by collaboration with partners to develop an outreach plan. It included mapping the assets available to survivors in San José and conducting listening sessions with survivors and community members, which led to key findings and recommendations for the City.

BWJP conducted a literature review of the evolution of the movement to end domestic violence, advocacy and survivor led changes to various systems’ responses³ diverse practices to address differing needs and frameworks that continue to guide changes. The literature review is a historical scan of the survivor-led advocacy movement to change government systems⁴ and community responses to domestic violence. It showcases frameworks as well as some of the diverse systems’ practices, such as Coordinated Community Response (CCR) and its variants—the Family Justice Centers and High-Risk Teams. The literature review also addressed the current state of advocacy, some practices that have developed over time, and highlighted that standardized services often do not meet the cultural needs of many marginalized survivors. Reading this review in its entirety is critical to understanding the methodology of the work and the structure of the report. The purpose of the project was to facilitate a process of community engagement that highlights community-based domestic violence intervention and prevention needs. Involving community-based organizations from the outset was critical for the successful completion of the project. BWJP, partnered with Maitri and Caminar’s Healthy Equitable and Respectful Together (H.E.A.R.T.) program (referred to as the Team), two community-based organizations in San José to develop methodologies and connect with various groups working on domestic violence issues. This partnership with Caminar and Maitri was crucial for building trust and accessing survivors and community members to better understand their response to domestic violence. Engaging residents, survivors and community members remains the best strategy to strengthen community-based responses to domestic violence.

The Team conducted a needs assessment based on the Principles of Participatory Action and Qualitative⁵ research. This research methodology allowed staff to obtain the lived experiences of survivors, their interaction

with both government systems and community supports and obtain information on what services would be most helpful to them. The methodology also helped BWJP ascertain the gaps in service provision within the vast array that already exists. This way the City of San José can prioritize programs and funding.

Listening sessions, focus groups and interviews were conducted both in person and virtually to obtain the community perspective on the realities faced by survivors from underserved and unserved communities in San José. Staff worked closely with our project partners to design a methodology for reaching historically marginalized survivors. This included organizing listening sessions with diverse groups, creating outreach materials in multiple languages and designing an outreach plan. Language Interpretation and disability accommodations were offered and provided for those who needed it. Using the information obtained from outreach meetings, both system and community assets were mapped.

The listening sessions revealed a lack of awareness about the dynamics of domestic violence across communities and resources available. After transcribing the recorded narratives, and analyzing the data, several key findings emerged:

- 1) Naming the problem and educating for social change – it was evident that many individuals did not recognize what they were experiencing was domestic violence. The lack of safe spaces to share their experiences made it much harder. Cultural stigma around talking about domestic violence also prevented many from naming and seeking help from the community.
- 2) The Importance of Healing and the Creation of Community-Centric Pathways – across all groups. There was a strong need for community-centric pathways and multi-faceted responses. Creating trauma-informed programs and services could help break the isolation many survivors feel within their community.
- 3) Interrupting Harmful Interventions and Expanding New Pathways to Safety – The participants all shared their widespread distrust of existing system responses. Many had very biased experiences accessing systems, particularly law enforcement which prevented them from wanting to call the police unless they had no choice. Survivors expressed a desire for the community to acknowledge the issue and move from silence to active support in achieving safety.

Following the listening sessions, BWJP shared the key findings with many of the survivors and attendees to ensure that the findings accurately reflected their experiences.

From the wealth of information gathered, BWJP developed several recommendations for the City of San José's consideration over the next couple of years. Some of the recommendations can be achieved quickly, while others require additional time and resources:

- **Promote and Support Culturally Responsive Domestic Violence Education for All**

- Invest in community-specific education, early prevention in schools, and integrate DV education into citywide youth strategies.

- **Create a Centralized, Culturally Responsive Resource Hub with Live Advocate Support**
 - Establish a trusted, community-run hub to guide survivors through services with real-time, culturally informed support.
- **Center Survivor Realities Through Coordinated, Culturally Responsive Systems**
 - Improve system coordination, reassess traditional models, and ensure survivors can access support through multiple, safe pathways.
- **Invest in Building the Capacity of Culturally Responsive and Culturally Specific Organizations to Provide Domestic Violence Services**
 - Direct funding and technical support to trusted, culturally rooted organizations already serving marginalized communities.
- **Strengthen City Presence and Partnership in Community-Led Events to Build Trust and Normalize Dialogue on Domestic Violence**
 - Increase City participation and support in culturally relevant events to foster visibility, trust, and public commitment to survivors.
- **Invest in Ongoing, Accessible Training for Systems Responding to Domestic Violence**
 - Provide regular, trauma-informed training for City and system staff to improve culturally responsive and coordinated survivor support.
- **Strengthen Disability-Inclusive Domestic Violence Services and Infrastructure**
 - Expand accessible services, peer supports, and system training to meet the needs of disabled survivors, especially those facing intersecting oppressions.
- **Rethink Housing Models to Center Survivor Choice, Cultural Relevance, and Holistic Safety**
 - Support flexible, survivor-led housing strategies and community-driven models that reflect diverse identities and needs.
- **Clarity Around Definitions and Terminology**
 - Create a shared glossary and provide education to ensure aligned understanding of key terms across systems and providers.
- **Measure Domestic Violence Work in Culturally Responsive Ways**
 - Track progress using methods that reflect the depth, impact, and complexity of services, while aligning data with survivor realities.

Together, these recommendations lay the groundwork for continuing to strengthen the existing systems response. At the same time, the recommendations also offer strategies the City can use for developing better coordinated, community-led solutions to domestic violence that promote safety, healing, and equity across San José.



Introduction



As approved by the City Council, the FY 2023-2024 Adopted Budget allocated \$400,000 for a Community-Led Solutions to Domestic Violence project to develop a community-based approach to preventing and responding to domestic violence.⁶ This project was inspired by Recommendation 9 from the Reimagining Public Safety Community Advisory Committee’s final report, which proposed engaging residents across the community to prevent violence through community trainings and the provision of community-based services and resources. A request for proposal process selected BWJP to conduct this work.

Domestic Violence affects all communities. It is both a public safety and a public health issue that requires centering the lives of those who have lived experiences of domestic violence. The City of San José, in partnership with BWJP, embarked on this meaningful project to center the voices and experiences of the diverse communities that call the City of San José their home. The focus of this project was to facilitate a community engagement process that highlights community-based prevention and intervention services. Focusing on the community as a point to understand domestic violence was an important decision by the City to enhance safety for survivors.

The work to end domestic violence started in the 1970s by survivors and advocates as a grassroots movement rooted in communities. The movement garnered numerous changes at many levels, and survivors have found safety in systems and communities. Systems in this report refer to government agencies that interact with victims/survivors, such as those in the criminal, family, and civil legal systems, child protection, healthcare, and behavioral health. However, the last few years have seen a lot of focus on systems without similar attention being paid to community engagement and listening to community voices and experiences. This project, funded by the City, lifts up and centers communities, particularly those who are historically marginalized and face numerous challenges in accessing services and safety.

It is well known that domestic violence (DV)/Intimate Partner Violence (IPV) occurs in all spaces and communities. Intimate partner violence affects millions of people in the United States each year. About 41% of women and 26% of men experienced contact sexual violence, physical violence, or stalking by an intimate partner during their lifetime and reported a related impact. Over 61 million women and 53 million men have experienced psychological aggression by an intimate partner in their lifetime. 34.9% of women and 31.1% of men experience intimate partner physical violence, intimate partner sexual violence and/or intimate partner stalking in their lifetimes.⁷ While data on the prevalence of domestic violence or intimate partner violence in San José is limited, we know that domestic violence is a significant issue. In 2023, the San José Police Department (SJPD) reported 4,502 domestic violence-related calls for assistance⁸ — more than double the 2,193 calls reported in 2013, representing an increase of approximately 105%.⁹

The City of San José and the County of Santa Clara, have government systems responses and programs which refer survivors to community-based services to support and provide safety to survivors. These include system-based institutions such as law enforcement, prosecution, and family courts, as well as a broad network of community-based non-profit domestic violence service providers that have been operating in the city for many years. This array of local non-profits and community-based organizations provide a patchwork of services, focusing on specific communities. The County Office of Gender-Based Violence also provides grants to community-led domestic violence organizations and initiatives. Together, these efforts offer critical support to many survivors. Yet, there are survivors and community members who do not know of the existence of services and expectations of systems' response. It is also hard to understand how many of these services are connected and coordinated. These issues are explained further in the recommendations section.

The review grapples with challenges around terminology.¹⁰ Beginning with Gender Based Violence (GBV), Domestic Violence (DV), Intimate Partner Violence (IPV), and Interpersonal Violence (IPV). GBV is the most encompassing term that includes all forms of violence against someone because of their gender and is a useful and helpful umbrella term. Using it helps us deal with GBV as a larger social problem requiring a comprehensive approach to prevent and intervene. However, specific forms of violence require different approaches, and systems must be prepared to address them in various ways. Communities, too, need to have different approaches to deal with specific forms of violence. This report focuses on domestic violence as the scope defined by the City. Victim/Survivor¹¹ is another set of terms that need clarification. The report uses both interchangeably. Both terms are important and have different implications in advocacy and service provision vs. system response. The word victim has more resonance within legal systems because the focus is on the individual who has suffered as a result of some harmful conduct. Survivor is the word preferred by advocates and program providers as it recognizes the strength it takes to overcome abuse. Individuals with lived experience may choose either.

STRENGTHS AND LIMITATIONS:

It was visionary of the City to focus on and lift up community as the focal point of intervention. Using local partners to engage with community members and survivors highlights what works with systems' response and where and how that response can be improved. Of course, a similar analysis of all systems (not just legal systems but health, child protection and others) can show where the response works well and where there are gaps. Using the information generated by the community can assist in closing some of the gaps in the response. Listening to these narratives is important for continuous improvement and for shaping future programs. Understandably, that is hard for jurisdictions that have an array of responses and services.

The narratives from one hundred and thirty-eight participants tell diverse stories that have been captured in both the key findings and the recommendations. Following the guidelines for conducting Participatory

Action and Qualitative¹² research, the Team obtained detailed information from a diverse group of participants representing historically marginalized communities. This method of obtaining information as opposed to quantitative and prevalence data is well established. Collecting national and local prevalence data on GBV, DV or even IPV is complicated and different from other forms of data on victimization. Many survivors choose not to answer surveys, may not share personal intimate information to strangers and even when they are ready to do it, it may be years later. There is a body of research¹³ that reveals that many survivors, particularly from marginalized groups, share their victimization with close friends, family or other trusted individuals based in their communities. Survivors face difficulties both in accessing services and negative experiences with systems professionals. But it is also clear from conversations with survivors that the support they receive from their communities may not be reassuring either. This puts them in a difficult bind.

The project is the beginning of understanding community realities which is essential in designing culturally responsive and appropriate services. These services can then assist survivors in navigating needed systems while maintaining ties with kin, family and community.



Literature Review

Advocacy: Survivor Defined and Community-Based

Rocío lives with her abuser and three children. An immigrant, she works hard daily to provide for her family and care for her children. She tries to protect them from the brutal abuse her husband perpetrates on them all. Most days, she succeeds. On one particularly difficult day, Rocío gets a call from the school where her seven-year-old has gone to the nurse. Bruises are found, and child protection is called. Rocío doesn't know what to do because her husband has told her that if she ever calls the police, they will send her back to Honduras. The police arrive at her house asking questions, and her husband blames Rocío's temper on the bruises. Rocío sits there in anger and shame and says nothing. She does not know who can help her.¹²

Rocío, like so many survivors of domestic violence, manages multiple factors daily. She survives the abuse, tries to protect her children, lives “under the radar” for fear of deportation, and is alone. She stays away from the systems designed to support her because her experience shows that the systems don't understand her. She is unclear whether the service providers she knows can help her or whether they will report her to the authorities even if she does not want that to happen. In the United States, Rocío's experience is not uncommon. Many systems and service providers that could/should be there to keep her safe often do not for several reasons.

The Beginnings of a Movement: History

The state of service provision and systems' responses have come a long way since the 1960s, which was the beginning of the Battered Women's Movement. Through these last five decades, the Battered Women's Movement(s)¹⁴ has made significant strides in changing the landscape of the response to violence against women.¹⁵ Beginning with shared stories from battered women, the movement created grassroots shelters, safe spaces, and advocacy. These early spaces provided much-needed physical relief, emotional and psychological support, and fierce advocacy. These early victims and advocates modeled the work on feminist ideologies of collaboration and empowerment. Many of these early programs held that bureaucratic structures were patriarchal and oppressive and noted that empowerment was the key to change. Survivor-defined practice was the norm, allowing survivors to take charge of their own lives based on their reality, needs, and choices.¹⁶ The burgeoning movement was also criticized for marginalizing women of color, lesbians, and lower-class women. Challenges were raised to address the experiences related to race, ethnicity, class, and sexual orientation. Intersectional analysis¹⁷ and advocacy work done by survivors on the margins created greater accessibility, outreach, and services.¹⁸

The initial history of this movement is critical to understanding the shifts and changes that have followed, as well as some of how change has not centered the lives of survivors. The movement¹⁹ forced various systems²⁰ to change practices to meet the needs of victims/survivor and expand partnerships with other anti-violence organizations to secure more funding and support for domestic violence programs nationally. These developments led to the creation of the first domestic violence hotline in 1972 and the first government-funded shelters in St. Paul, Minnesota, and Pasadena, California. Along with the creation of the National Coalition Against Domestic Violence, domestic violence organizations and shelters greatly expanded their reach.

Advocacy and Systems: History

Advocates continued to gain political ground and successfully forced government, legal systems, and other providers to respond effectively. Advocates and the movement also continued to expand and be more inclusive. From a singular focus on diverse women, advocacy expanded to include other gender identities and sexual orientations. As a result, terminology shifted from violence against women to gender-based violence.²¹ Over the next few decades, advocates campaigned for and forced legal changes, expanded the network of domestic violence service providers and coalitions, and got local, state, and national funders to stabilize funding. Partnerships with the programs across the nation led to the passage of the Family Violence Prevention Services Act through the Department of Health and Human Services in 1984. They provided state and local support for domestic violence hotlines and shelters, rape crisis programs, state coalitions, and educational efforts to combat violence.²² The other major federal bill– the Violence Against Women Act, passed in 1994. The Violence Against Women Act provided almost \$1.6 billion in funding to various stakeholders and service providers. The two focuses of the bill were 1) the protection of victims through grants for service providers and 2) holding offenders accountable by enhancing the justice system response. The Family Violence Prevention Services Act, the Violence Against Women Act, and similar state legislation stabilized funding. It increased the myriad ways safety could be provided for victims and offenders held accountable for their actions.²³ It also shaped the collaboration landscape and intended access to services for victims/ survivors and offenders. Understanding this history contextualizes the field’s current challenges and provides a roadmap for needed changes in our response.

Collaborations and Safety: History

COMMUNITY-BASED RESPONSE FRAMEWORK

Advocates and survivors continued during the beginning years of the movement to push hard on systems to make them more accessible for all. Much of the work in the early 1980s focused on reforming the criminal system, followed by health and child welfare. Many victims ended up inadvertently entering these systems or entered unwillingly. As the work evolved, advocates learned to work collaboratively with many practitioners within systems. This framework became known as “community-based response” (CBR).²⁴ This framework

emerged with the goal of coordinating across government systems to hold offenders accountable. The goal was that if the state held offenders accountable, then the message of intolerance would lead to a decline in this behavior.

COORDINATED COMMUNITY RESPONSE MODEL

The best-known and early version of a CBR framework began in Minnesota and was pioneered by The Domestic Abuse Intervention Project in the 1980s. The initial coordination by advocates was focused on law enforcement and prosecution working together to promote better responses to domestic violence. As the coordinating efforts between these two evolved, other institutions within the criminal justice system (corrections and courts) were included in the coordinating body. This model of including criminal justice practitioners became known as the Coordinated Community Response model (CCR).²⁵ Initially, the focus of the coordination was only on the criminal justice system. Still, as practitioners realized that victims accessed other systems more often than the criminal one, advocates began to include civil and family court practitioners. The process strived to center victims and was led by advocates as they educated, reformed, and facilitated collaborations between entities not historically inclined toward working together. The success of a CCR model in Duluth, Minnesota, set the stage for its adoption nationwide and was integral to the Office on Violence Against Women’s funding priorities that continue today. CCR models have been instrumental in promoting mandatory arrest of offenders, primary aggressor determinations, risk assessments, and other changes in law and policy. Figure 1 depicts how a traditional Coordinated Community Response is structured.

Figure 1: The two-dimensional representation of a traditional Coordinated Community Response²⁶



Through the 1990s and the early 2000s, CCR models expanded throughout the country because of how federal and local funding promoted them. Many of these responses included advocates working hand in hand with

hospitals, child welfare agencies, judges, police, prosecutors, and many government sector professionals. Collaborating agencies coordinate and integrate services with a shared goal of reducing domestic violence. As CCRs proliferated, a growing body of research also indicated positive outcomes in some instances and some jurisdictions. The original CCRs were studied and replicated, but their later evolutions are not as promising, particularly for survivors from historically marginalized communities. Part of the issue is the location of many of these centers within criminal justice systems, which poses serious concerns for survivors for whom these systems may not feel safe. These programs should help support Rocío, however, in practice, she faces barriers to accessing programs housed within government systems. What is clear now, both from other research as well as information from survivors, is that CCR models work best for some victims – those from the dominant communities. After four decades of advocacy, it is clear that the network of services, carefully designed over these decades, does not work for all survivors in equitable ways. Advocates from marginalized communities also explored other frameworks to assist mainstream programs in engaging with the realities of survivors in their communities. Intersectionality, developed by K. Crenshaw, was one such framework that will be further explored in this paper.²⁷

Examples of Programs Based on the CCR Frameworks: Current Domestic Violence High Risk Teams

One of the best-known CCR models includes Domestic Violence High Risk Teams (DVHRT). DVHRT is a program specializing in identifying and monitoring high-risk cases only. A DVHRT model consists of four core components:

- 1) early identification of the most dangerous cases through evidence-based risk assessment;
- 2) increased access to supportive services for high-risk victims;
- 3) increased offender monitoring and accountability; and
- 4) a coordinated response to high-risk cases through a multidisciplinary team.

FAMILY JUSTICE CENTERS

Family Justice Centers are another well-known CCR model program. Family Justice Centers host co-located, onsite services that are needed by survivors of domestic violence. These centers coordinate service provision from government organizations such as the police, probation, and prosecution offices together with community-based nonprofit partners such as community domestic violence advocates or social service personnel. These Centers are in many different states with differing practices that are designed to meet the needs of the population they serve.²⁸The Family Justice Center model originated in San Diego, where it was introduced as a wraparound service approach for survivors of domestic violence. While there are benefits to

providing this type of wraparound service, significant gaps and limitations with the model remain. When centers are housed within law enforcement agencies or prosecutor’s offices, many survivors—especially those from marginalized communities—are hesitant to seek services due to a history of harm and mistrust. In response, some jurisdictions have relocated these centers to community-based service providers or neutral locations. Although the model was promoted through the President’s Family Justice Center Initiative, it remains highly controversial within advocacy communities for a range of reasons that cannot all be detailed here.

OUTCOME AND EVALUATION

The expected outcome of CCR models is better outcomes for survivors; however, there has been little evidence-based research to support these assertions. The limited research²⁹ on CCR models shows that they work for some survivors but may struggle to meet all of the needs of non-dominant groups.³⁰ With DVHRT models and Family Justice Centers, it is hard to truly assess who the programs have worked for since the research on these is scant and primarily based on anecdotes. Similarly, since there is very little evidence-based research, it is hard to know the success of these two models. Family Justice Centers have become popular during the past decade because they are tangible and visual representations of CCR models. Critics, however, claim that these Family Justice Centers often marry competing systems in one location, e.g., non-profits alongside Child Protective Services and Custody Evaluators, which could have punitive consequences on a survivor and their families. It may also be more difficult to maintain confidentiality in these settings.

THE GREENBOOK DEMONSTRATION PROJECT

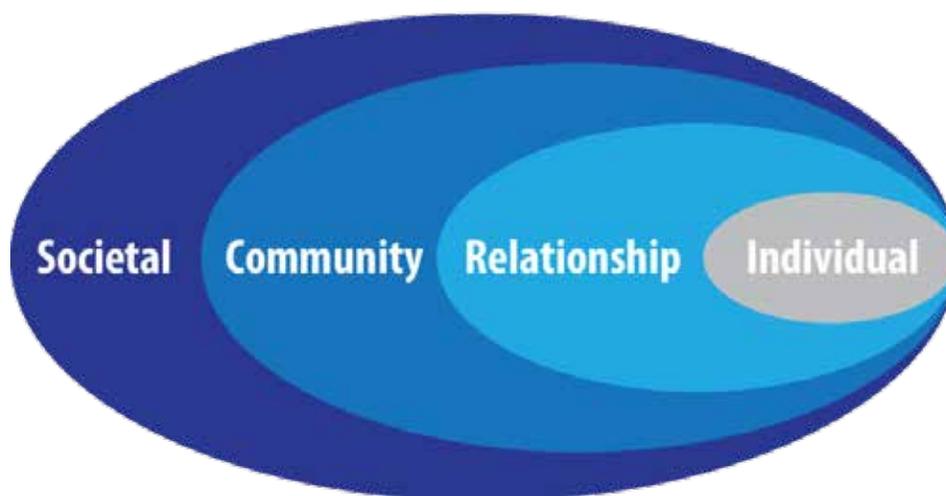
The Greenbook Demonstration Project³¹ is another well-known CCR model initiative. Focused on child abuse and neglect within the context of domestic violence, the initiative brought together Child Protective Services, Family Court, Division of Children and Family Services, and domestic violence service providers. The Greenbook project led to better outcomes for victims and their children, and wherever the initiative was adopted, the outcomes were positive. Part of the reason that this project had “better” research and outcomes is the participation of researchers from the outset, unlike the general CCR models. Also, the project centralized marginalized survivors and communities from the outset since the Child Welfare system was known to disproportionately impact communities of color. The National Council of Juvenile and Family Court Judges was also involved in the project, which led to more adaptations in different jurisdictions. However, the model gradually stopped being utilized over time, with changing funding and system priorities.

Additional Historical Frameworks Socio-Ecological Framework

Another essential intersecting framework adopted during the development of the domestic violence movement is the Socio-Ecological Framework. This framework has been embraced by a few CBR models, domestic violence organizations, and even some government institutions such as the Centers for Disease Control. The tenants of the socio-ecological framework are often used in prevention work.

As shown in Figure 2, this approach considers the complex interplay between individual relationships, community, and societal factors. The representation of the original framework underscores the range of factors that place people at risk for violence or protect them from experiencing or perpetrating violence. The overlapping rings in the model illustrate how factors at one level influence factors at another level. Besides helping to clarify these factors, the model also suggests that to prevent violence, it is necessary to act across multiple levels of factors simultaneously. This approach is more likely to sustain prevention efforts over time and achieve population-level impact.

Figure 2: The socio-ecological framework



A Critique of the Domestic Violence System

Current Advocacy

One result of implementing models inspired by these frameworks over the last few decades is the bureaucratization and professionalization of domestic violence advocacy and service provision. It is increasingly clear that many conflicting perspectives about safety and accountability arise from diverse perspectives and from the work done in marginalized communities. These perspectives are often misaligned or in opposition to “mainstream” ideas. As a result, what “success” looks like for interventions and survivors may vary based on the survivor.

Advocacy itself has become specialized. Advocates are in police departments, prosecutor offices, child welfare agencies, and health care systems. While this gives some survivors access, those like Rocío fear the consequences of accessing these systems. Survivors often find that specialized advocacy not only falls short of meeting their needs but might hinder their ability to access any support.

Increased government control and funder demands of certain types of service provisions require that programs produce results to check a specific box. Yet, these services often do not meet the lived realities of victims. Professionalization, credentialing, paperwork, and clinical supervision have led to limited services and even assumptions of success that are not based on survivors' goals but those of government entities and funders. Grassroots advocacy has changed from a "movement" to a "field" where victims/survivors are not participants but clients. Basic advocacy tenants such as "survivors are their own best experts in their lives" have transformed into the service provider making choices about what the victim/survivor needs to be "successful." Older approaches where advocates sat at the kitchen table and listened to survivor stories, are today replaced by parenting programs, drug screening, mandatory shelter meetings, and psychological evaluations. Standardized service provision may mean adhering to rigid rules, gender neutrality, and mandatory services as a condition of receiving help. These, along with strict confidentiality policies, create barriers for victims receiving any kind of support from others outside of these sanctioned systems, especially when help comes from their families and communities.

Similarly, operationalizing the previously described CCR models with a focus on systems' response has resulted in a slow erasure of advocacy and the realities of lived experiences. The idea of community and bringing in "community"³² members within a CCR model are deprioritized. The focus is to ensure that victims are safe, and offenders are held accountable. These are lofty goals and often out of touch with the reality of survivors and their communities. System-provided resources do not always work the way system practitioners intend. It is important for systems practitioners to remember that victims/survivors do not live within these systems; they are nested within family and community networks of support.³³ Practitioners, in many instances, require victims to obtain protection orders, file for divorce, or prosecute the offenders as conditions of access – the sole focus being to hold the offender accountable because, for the system, the offender poses the most significant risk. While that might be true for some, many victims still want access to and support from their families, communities, and often even the offender. For some victims, the risks posed by family and community might be greater³⁴ than the risks from individual offenders. This may be the case for survivors from marginalized groups who have a historical distrust of the criminal justice system. For them, accessing systems poses many risks. In closed ethnic communities with large extended families, a survivor may be abused by both members of the affinal and the natal families, and so getting out of the situation is challenging as they must confront multiple forces. Similar conditions may also exist within same-sex relationships where someone has not disclosed their orientation. Systems often struggle to grasp the complexities of survivors' lives and realities.

Advocacy and Culturally Specific Work

During the height of some CCR-based program "success stories," there were community-based advocates in culturally specific programs³⁵ who continued to provide grassroots advocacy on the frontlines of innovative

practices. Today, these organizations and programs go beyond individual needs to incorporate change on culturally specific issues at the systemic level.³⁶ Many of them often operate outside government funding. Some of them are afraid of the requirements imposed by government funding that may lead to programs that do not serve the specific needs of survivors and communities.

Furthermore, culturally specific organizations often embrace intersectionality concepts for survivors to meet their unique needs, which is today referred to as “survivor-centered.” Many of the advocates in culturally specific programs work closely with their community members. These groups could be racial or ethnic groups, LGBTQ+, religious, immigrant, and socio-economic-specific groups, to name a few. Since all survivors have multiple identities within various groups, advocates should work collaboratively with and across identities. In the United States, there are many such domestic violence programs. National funding has also allowed them to be part of larger cultural allegiances such as [Ujima](#) (The National Center on Violence against Women in the Black Community), [Esperanza United](#) (for Latin@ communities), [Asian Pacific Islander Institute on Gender-Based Violence](#), [Alaska Native Women’s Resource Center](#), [National Indigenous Women’s Resource Center](#), National LGBTQ+ Institute on Intimate Partner Violence, [StrongHearts Native Helpline](#) and others.³⁷ These national, culturally specific domestic violence organizations assist local programs in organizational development, create a support network for programs and advocates, address intersectional issues, and provide a platform for supporting culturally specific, survivor-centered work and leadership.

While many national mainstream domestic violence programs focus on the “professionalization” of staff and operations, these culturally specific programs center survivors in the design and management of their work. They have worked to educate funders on how documentation, evaluation, and rules/regulations have cultural biases and assumptions that may not be understood in marginalized communities. With the start of the COVID-19 pandemic in 2020 and the rising tide of anti-racist work, the aftermath of the murder of George Floyd, many of these culturally specific programs work on multiple fronts: organizing the community, developing women’s leadership, confronting police brutality, advocating for immigration reform and challenging the intersection of racism and sexism in many systems. For further examples, see [Appendix C](#) for a sample listing of culturally specific organizations that create and implement model programs, push the envelope to test new ideas, and innovate on traditional models.

CCR Models and Culturally Specific Work

CCR models have produced results, however, one of the biggest critiques of this approach is the misnomer of its name. Critics contend that it really isn’t “community” but systems that coordinate responses. One of the products of this system’s response is that practitioners involved in CCR models—work from their “systems” perspective that overlooks or is out of touch with survivors’ lived realities. This is further compounded by

cultural, religious, language, racial, and gender differences not often accounted for in systems' responses. Each of the systems players works in a system that has its own policies, procedures, values, and biases, which may have the effect of compounding issues when trying to best respond to survivors' needs, especially if the survivor is from a marginalized community.

To truly reflect the realities of survivors, critics suggest CCR models must include players outside the legal system: community-based advocates, healthcare including community healthcare providers, housing organizations, education personnel, faith leaders, and other community activists. Missing stakeholders in almost all CCR models are various community leaders. Consequently, taking all of the above into account, critics believe the word Coordinated Community Responses becomes a misnomer and meaningless when community members, particularly those with lived experiences, are excluded from participation. Concerns of privacy and confidentiality are often raised as reasons that prevent the full participation of community leaders; however, critics believe social change in domestic violence cannot occur without continued, consistent, and full participation by all facets of the community, not just members of the legal systems.

This conflict between CCR models and culturally specific work often leads survivors and those organizations that serve marginalized survivors to find support within their communities to address domestic violence. Recognizing the historical destructive effects of the criminal justice system on historically marginalized groups, many of these programs have moved away from coordinated systems³⁸ to engage with alternative solutions for victim safety and offender accountability. Many of these programs view the issue of domestic violence not as a problem with an individual offender but rather as one that the community must engage with. Therefore, many of these culturally responsive organizations and communities use existing informal networks and community-based institutions such as faith groups to rebuild and reconnect victims, offenders, and communities that have characterized the work of culturally responsive domestic violence programs. The tension between mainstream and community-based models or approaches is particularly highlighted in offender programs. It has been challenging to find ways to hold offenders accountable in marginalized groups where the standard programs may not be useful, as outlined above. The underlying tension has led to some creative work with a focus on community members holding offenders accountable and led to the Creative Interventions Toolkit and some other offender programs.³⁹

Current Promising Grassroots Approaches

To address the root causes of intimate violence against women and others, culturally specific and culturally responsive communities and organizations often go further than the traditional CCR models. The traditional models have focused only on coordinating system professionals. While this is important, the coordination efforts leave out communities and survivors so these efforts may have less impact or sometimes are more

harmful in historically marginalized groups. These groups have been left out in shaping programs, designing services, and the inclusion of survivor lived experiences. For example, when a jurisdiction focuses only on the law enforcement response, then many survivors who would not call the police, or do so only when they have no choice, are forced into a system which they did not want to participate in. Had these survivors been included from the inception, the jurisdiction could have focused on multiple pathways. Overtime, the structure of government funding has led to less inclusion and participation from survivors, advocates and communities⁴⁰. In a similar vein, there has been serious criticism of mandatory arrest policies and their impact on marginalized groups.⁴¹ As a result of the confluence of these and other factors many culturally specific efforts have focused on developing other approaches.

Promotores/Promotoras Model⁴²

The *Promotores*⁴³ model of engaging community members to provide health education and connection to resources has proven highly beneficial in under-resourced and marginalized communities. This model has been used in many parts of the world to build capacity and strengthen community partnerships on several different issues, including domestic violence.⁴⁴ Within the context of the United States., Iowa instituted the L.U.N.A. *Promotora* program to work with Latina immigrant survivors of domestic violence in isolated geographic areas through education, culturally relevant messaging, and leadership development. The Black Women’s Health Imperative in New York City is a similar program that approaches domestic and sexual violence through the lens of women’s health and reproductive justice concerns. Women, Infants and Children (WIC) programs have used the *Promotora* model to educate women in many marginalized communities. Through education on infant and women’s health, a community health worker could also educate on domestic violence and its consequences on health outcomes.⁴⁵ An example of this is Esperanza United’s *Líderes* (Community Leaders) program based on the *Promotoras* model. This evidence-based curriculum underwent a rigorous evaluation, and the findings support that the model increases women’s leadership skills, connects them to formal and informal networks, and supports the health of their relationships.⁴⁶ This strategy of implementing practices has proven effective in other fields, e.g., health promotion, is a strategy that warrants further exploration. It may have great promise for the domestic violence field, especially for initiatives that focus on marginalized communities. These practices often have community-centric and cultural-centric approaches as core components that would support the field of domestic violence.

Community-Centric Outreach

Other evidence-based or evidence-informed work in marginalized communities uses alternate means of community-focused outreach and support to survivors. For example, in many immigrant and refugee communities, advocates have historically not directly used domestic violence as a topic of outreach. Instead, urgent issues such as navigating the realities of living in the U.S., obtaining a driver’s license, solving a problem

at a child's school, or connecting with a place of worship are dealt with first. Then, the topic of domestic violence is introduced as an issue.⁴⁷ From a mainstream perspective, these strategies may seem strange. This is why mainstream outreach efforts often miss the mark for marginalized communities. As a community activist in Minnesota once said, "We must always remember that domestic violence may not be the singular or most important issue that a survivor wants to deal with. Our advocacy needs to embrace this idea and support her to achieve her goals for her family and community".⁴⁸ Similar strategies of messaging are used in many historically marginalized groups because domestic violence may not be prioritized. Community members may be dealing with a myriad of other concerns. It is critical for funders to engage with these issues since outreach, messaging, and support services may differ because of the need to deal with community concerns first. As a result, data and outcomes for many smaller community-based programs may not align with current expectations for domestic violence service programs.

Mobile Advocacy and Its Support Services

Mobile advocacy is another promising and innovative approach, especially for marginalized groups and for rural/remote survivors. As with the *Promotores* model, Mobile Advocacy began in the healthcare industry to improve health outcomes for those challenged by access. A type of mid- to long-term support (as opposed to a crisis response), Mobile Advocacy, is designed to follow survivors across a wide range of needs from the moment they reach out for assistance. Over the past ten years, it has been integrated into some innovative domestic violence programs throughout the country. Furthermore, Mobile Advocacy provides support services to those who have experienced historical barriers to advocacy, equitable resources, and services. This model has an evidence-based trauma-informed approach⁴⁹ and prioritizes the comfort and convenience of survivors. Survivors meet with mobile advocates in the park while their kids play at a coffee shop, or in their home, wherever they are most comfortable. A unique aspect of Mobile Advocacy is its flexibility and survivor-driven approach.

Survivors are empowered to lead the process, choose their own goals, and define what is most safe for them. This innovative approach provides far-reaching services that are culturally sensitive and based on the lived realities of the survivors—not focused on immediate and short-term goals, a hallmark of mainstream domestic violence organizational advocacy.

In some locations, these programs create a network of mobile advocates. This way, advocates can meet with a geographically and culturally diverse array of survivors. Flexibility allows programs the capacity to provide a tailored combination of services and resources to help survivors improve their safety, health, and stability. Working in partnership with survivors, mobile advocates empower survivors to rebuild control over their lives. Supports can include emotional support, safety planning, flexible financial assistance directly to survivors,

individual case advocacy, information and advocacy regarding public benefits, legal issues, medical care, mental health services, financial planning, employment services, and accompanying survivors to housing, employment, and child welfare appointments.⁵⁰ As mentioned in the previous section, one valuable insight to understand is that although this report uses the term “individual case advocacy” or “information about public benefits,” the messaging used by mobile advocates is tailored to resonate with the survivors’ cultural, religious, or even geographical values. These mobile advocates are experts in translating the mainstream systems terminology into communications that not only resonate with survivors but are provided in their own language or based on cultural values and resilience.

Lifetime Spiral of Violence

Given that many of the root causes of domestic violence lie nested ecologically in the individual, family, community, and society, some programs use a life course analysis to begin the work of breaking the intergenerational cycle. Using a prevention lens, some of programs start in early childhood and move to working with and supporting adults to change behavior.⁵¹ One helpful tool that demonstrates this “life course” analysis is from the Asian Pacific Institute on Gender-Based Violence, the National Domestic Violence Resource Center in Asian/Asian-American and Pacific Islander communities. The [Lifetime Spiral of Violence](#) demonstrates the insidious and complex nature of gender-based violence. It is a helpful resource for policymakers and practitioners to better understand the interplay between all types of violence. Connecting the Lifetime Spiral to the ecological framework is helpful in designing advocacy programs that address the needs of the whole individual nested within family and community.

Similar conceptual expansions and reworking of the original Power and Control Wheel can be found in the Black Power and Control Wheel, Immigrant Power and Control Wheel, and LGBTQ+ Power and Control Wheel. These concepts help address the complex ways in which power and control are manifested in specific communities.

Community Violence Interrupters

Community Violence Interrupter programs designed to reduce gun violence, especially in Black and Latinx communities, have also attempted to include domestic violence in their work. Community Violence Interrupter programs bring together diverse community members who advocate for increased resources. They work in innovative ways to respond to violence, protect neighborhoods, and connect people to resources. From the Community Violence Interrupters model, a holistic approach to community is something that cannot be done by law enforcement and government alone. Many of the intervention specialists are seen as credible messengers⁵² on domestic violence since they are from the community. One example of how the Community Violence Interrupter model was piloted in the domestic violence community is the D.C. Coalition Against Domestic Violence.⁵³ This broad coalition of programs within D.C. proper integrated it into the existing

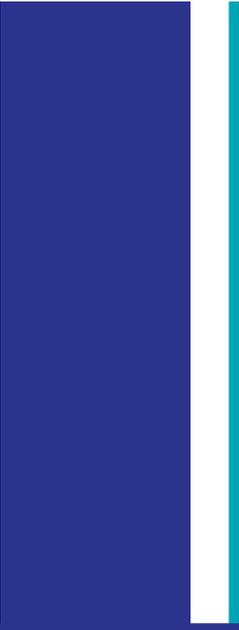
Community Violence Interrupter program, originally formed to address gun violence. The members were then offered the opportunity to increase their knowledge, action, and community resources, given the intersection of gun violence, domestic violence, and domestic violence homicide. Outcomes from this program are not yet fully understood.

Performance Measurement of Grassroots Programs

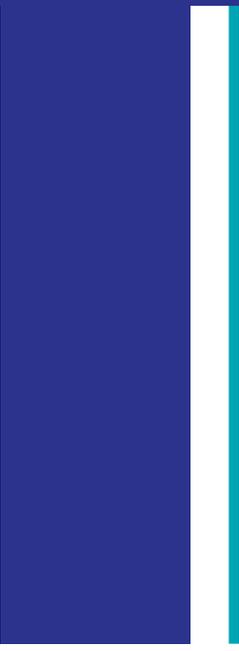
It is important to recognize and support grassroots efforts in underserved communities. It is critical to note that the ways in which funding and reporting are structured can change the backbone of community-based efforts, impacting successful results for survivors from marginalized groups. For example, funders supporting Community-Based Organizations that employ members of the communities they serve go a long way in developing local leadership and capacity and facilitating the natural implementation of culturally relevant work. The lived experiences of staff and volunteers and their commitment to the community are paramount to the success of the programs designed to prevent and respond to domestic and other forms of violence. Survivors trust them with their problems and rely on their support. When funders require that Community-Based Organizations only hire staff with degrees, impose titles or specific activities to their roles, and limit the time of interaction with survivors, programs may be weakened and no longer reflective of the needs of the community. Decisions to mandate programs to work in specific ways negatively affect the outcome and ultimate success of the programs they fund. This is not to state that standardization is always problematic, but without built-in flexibility, it will likely not work well in marginalized communities. This is a dilemma that needs to be discussed and debated across diverse groups.⁵⁴

Conclusion

Much of the successful work in communities, especially those that face barriers to accessing traditional domestic violence services, is accomplished through survivor-centered and trauma-informed interventions. Understanding and believing the reality of survivors is step one in this process. Interestingly, in reviewing much of the academic research and anecdotal evidence from the beginning of the movement to end violence against women, the fundamentals remain the same. The caution in this paper, especially for policymakers, is to learn from the mistakes of the past that separated the reality of survivors from the policies and practices that were created to help them.



Demographic Overview of the City of San José



Population Overview: San José, the third-largest city in California, has a population of approximately 969,655 residents as of 2023.⁵⁵ Known for its diversity, the city is home to people from different ethnic, cultural, and socioeconomic backgrounds.

Ethnic Composition: San José's population reflects its position as a hub for immigration and cultural exchange. The breakdown is as follows:

- Asian (38.1%): A large part of the population is of Asian descent, including individuals from China, Vietnam, India, the Philippines, and other parts of South and Southeast Asia.⁵⁶ This demographic drives much of the city's cultural vibrancy and economic innovation, especially in the tech sector.
- Hispanic or Latino (31.2%): This group primarily includes individuals from Mexico, Guatemala, El Salvador, and other Latin American countries. They contribute to the city's labor force, especially in agriculture, construction, and service industries.⁵⁷
- White (31.9%): Many identify as non-Hispanic White, including long-established residents and recent transplants.
- Black or African American (2.9%): While a smaller demographic, the Black community contributes richly to the city's culture and history.
- Two or more races (12.4%).

Socioeconomic Characteristics: San José is a city of contrasts. It's a leading center for technological innovation, with numerous high-income households, yet it also struggles with income disparities. The median household income is approximately \$117,000, but pockets of poverty exist, particularly among agricultural and service workers.⁵⁸

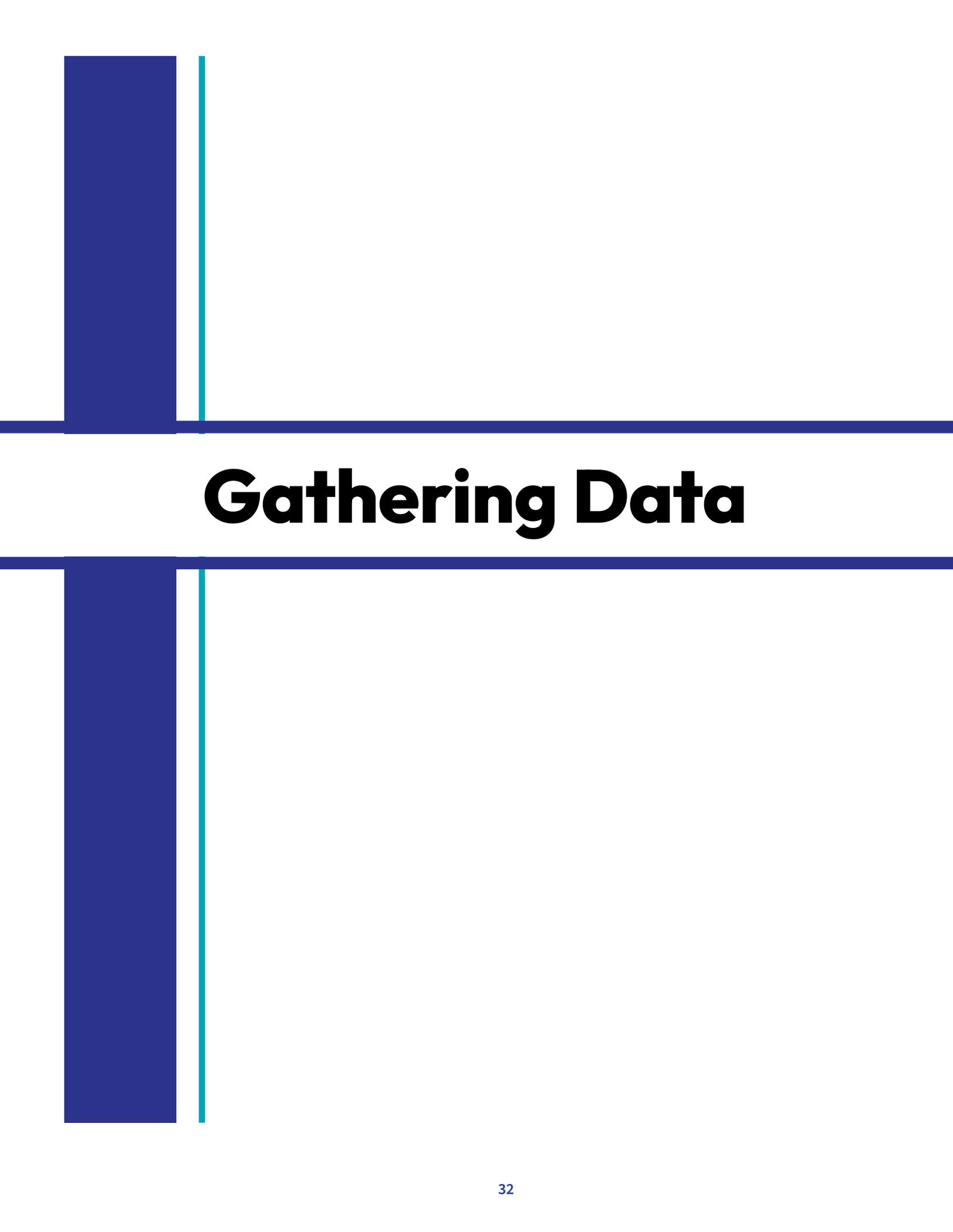
Immigration and Languages: Nearly 40% of San José's residents are foreign-born, showcasing its role as a gateway for immigrants. More than half of households speak a language other than English at home, with Spanish, Vietnamese, Mandarin, and Tagalog among the most common.⁵⁹

LGBTQ+ Community: San José has an active LGBTQ+ community, supported by organizations like the Billy DeFrank LGBTQ+ Community Center. This demographic is integral to the city's cultural fabric, though challenges remain in areas like affordable housing and healthcare access.⁶⁰

Individuals Living with Disabilities: In San José, individuals living with disabilities represent a significant portion of the population, encompassing a diverse range of disability types, including physical, intellectual, cognitive, and invisible disabilities. According to recent data, approximately 12.2% of the population in San José, totaling around 93,701 individuals, identify as having a disability. This statistic includes various age groups, with specific subsets experiencing different types of disabilities. Among children under 18 years, approximately

3.7% are reported to have a disability, equating to around 7,657 children.⁶¹ For adults aged 18 to 64, disabilities may include mobility impairments, chronic health conditions, and mental health disorders, which often limit an individual's ability to participate fully in social and professional activities.⁶² Seniors aged 65 and over often experience disabilities related to aging, such as mobility limitations and sensory impediments, which may be compounded by other chronic health issues.⁶³ The diversity of disability types necessitates a comprehensive approach to support services, ensuring that resources are accessible to all individuals, regardless of the nature of their disability.

Urban and Agricultural Dynamics: While primarily urban, San José's proximity to agricultural regions advances a connection to farmworker communities, many of whom face economic hardship despite their vital contributions.⁶⁴ San José's demographics highlight the city's identity as a melting pot. Strategic policies focusing on affordable housing, support for immigrant communities, and equitable economic development will be essential in addressing disparities and advancing inclusivity.

A decorative graphic consisting of a thick dark blue vertical bar on the left side, a thin teal vertical line to its right, and a thick dark blue horizontal bar crossing both. The text 'Gathering Data' is centered on the white space between the horizontal bars.

Gathering Data

To start gathering data, the Team identified individuals, community leaders, organizations, service providers and other members of the community at large to recruit for the assessment. This was accomplished through pre-existing community contacts from all three organizations as well as contacts supplied by the City of San José. The Team contacted potential participants directly via email or phone. The participants were given a short document (in their native language) explaining the assessment’s goal and the desired outcomes. The participants then self-selected a participation modality—in-person or virtual one-on-one interview or in-person or virtual listening session with up to six participants. These activities offered ASL and other language interpretation, as well as assistance with transportation, childcare, and a stipend for participation.

Core questions were developed by the Team and approved by the City of San José and then asked and responded at each individual interview and listening session. Questions were tailored to the specific participant group – survivor, provider, community member or community leader – but the core questions remained consistent for all participants to allow for issue spotting, trends, and quality data analysis.

Participant Engagement Overview

Meetings, sessions, and interviews for the study involved service providers, survivors, and the broader community. In total, 138 individuals participated⁶⁵ through the following formats:

- 5 in-person community meetings
 - 1 introductory meeting
 - 4 validation meetings
- 15 in-person and virtual listening sessions
- 33 virtual individual interviews
- 10 outreach meetings with community leaders

Note: Some individuals participated in multiple interviews if they identified as both a survivor and a provider or a community member.

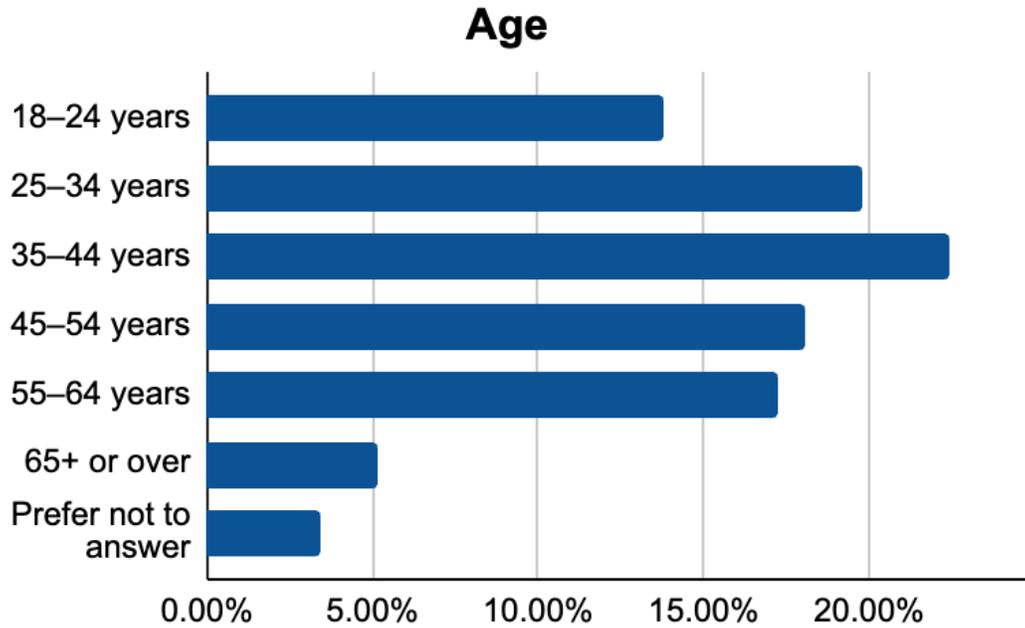
Listed below are some of the local providers we engaged with:

Asian Americans for Community Involvement (AACI)	Amigos De Guadalupe	Asian Community & Cultural Center	Billy DeFrank LGBTQ+ Community Center
Caminar/H.E.A.R.T. Intimate Violence Prevention	Community Solutions	Deaf Hope	Department of Family & Children Services (Santa Clara County)
Dependency Advocacy Center	Korean American Community Services	Maitri	Members of the REAL Coalition
Narika	National Compadres Network	Next Door Solutions	Parents Helping Parents
SOMOS Mayfair	Sacred Heart Community Service	Silicon Valley of Nonprofits	Step Forward Foundation
Vietnamese American Service Center	YWCA Golden Gate Silicon Valley	Young Women's Freedom Center	

Participant Demographics

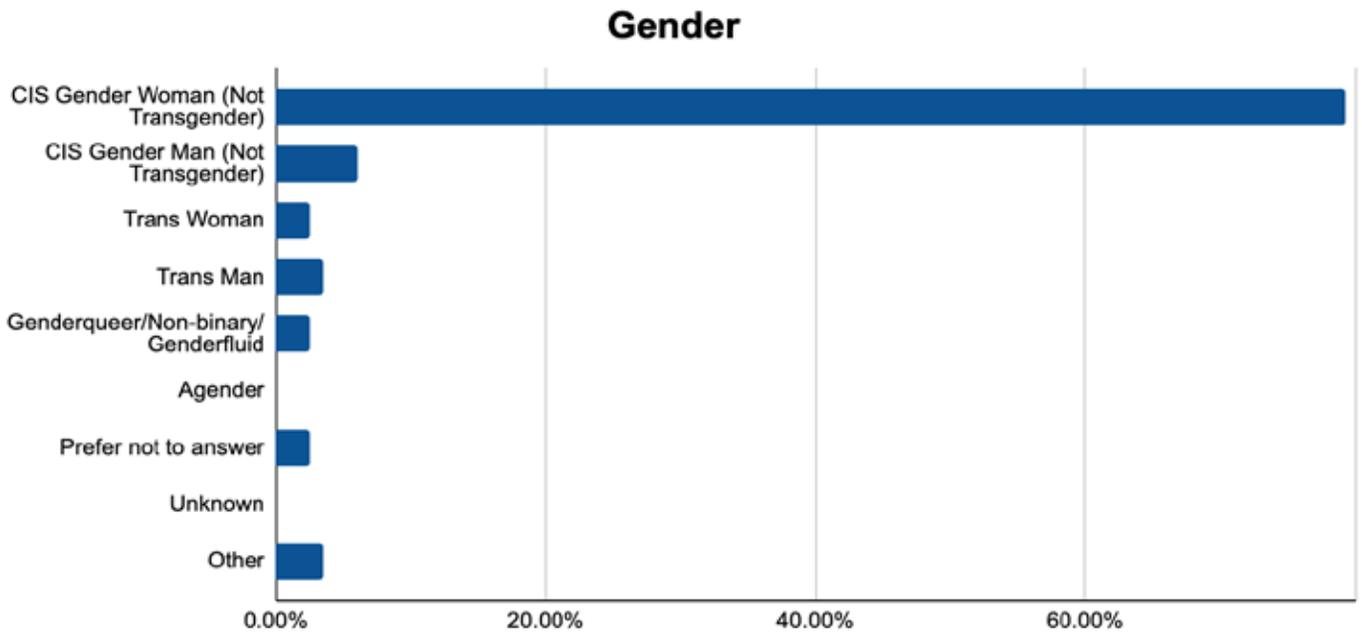
The participants represent a diverse range of ages, with the majority falling between **25-44 years old (42%)**, followed by **45-64 years old (35%)**. A smaller percentage (**14%**) are **18-24 years old**, while **5%** are **65 or older**. A few respondents (**3%**) preferred not to disclose their age. Figure 3 below depicts the age demographics of community engagement participants.

Figure 3: Age demographics of community engagement participants.



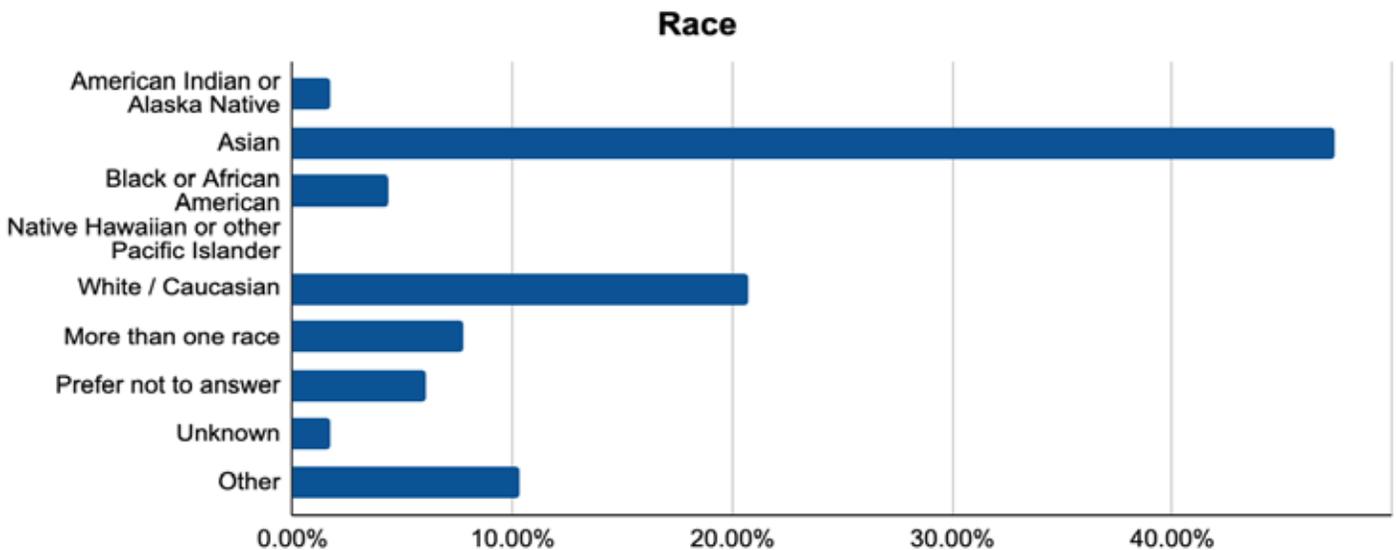
A significant majority of respondents identify as CIS gender women (79%), with smaller groups identifying as CIS gender men (6%), Trans men (3%), Trans women (3%), Genderqueer/Non-binary/Genderfluid (3%), and Other (3%). A few respondents preferred not to disclose their gender identity. Figure 4 depicts the gender demographics of community engagement participants.

Figure 4: Gender demographics of community engagement participants.



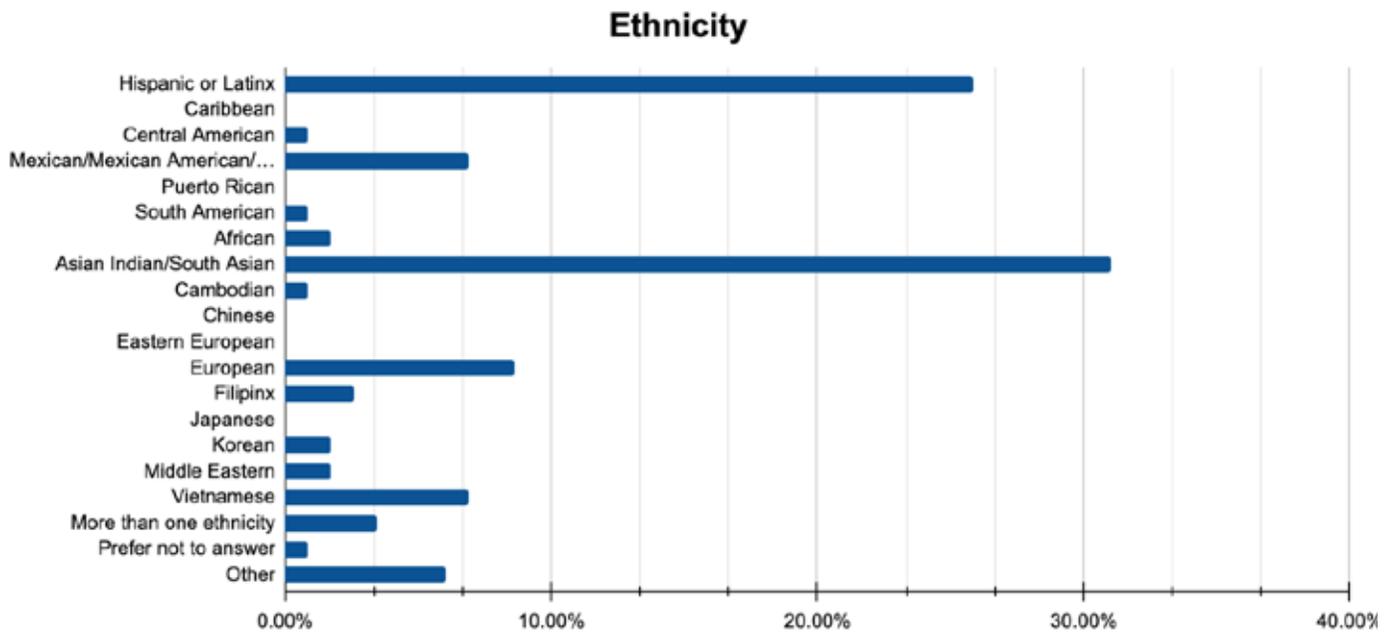
The largest racial group identifies as **Asian (47%)**, followed by **White/Caucasian (21%)**. Other represented groups include **Black or African American (4%)**, **American Indian or Alaska Native (2%)**, and **those identifying as more than one race (8%)**. Six percent preferred not to disclose their race, while 10% selected “Other.” Figure 5 below depicts the racial demographics of community engagement participants.

Figure 5: Racial demographics of community engagement participants.



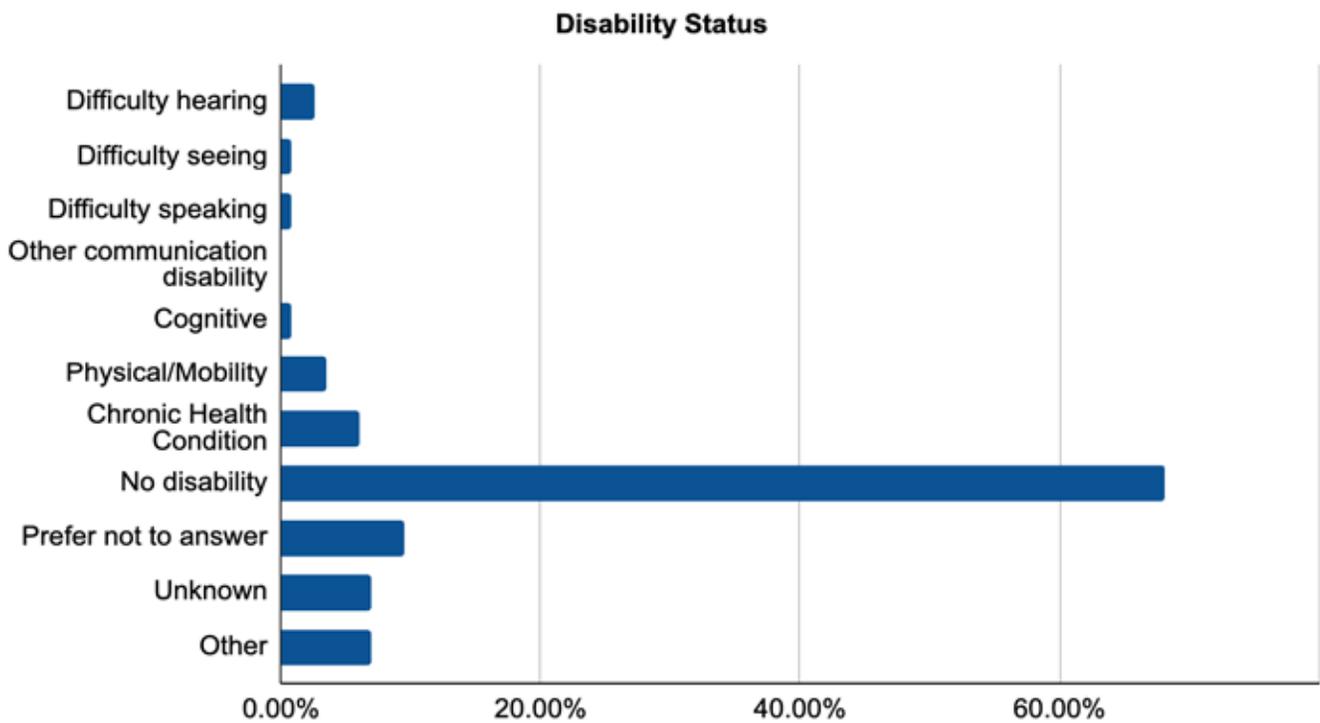
Respondents represent a wide array of ethnic backgrounds. The largest group identifies as Asian Indian/South Asian (31%), followed by Hispanic or Latinx (26%) and European (9%). Other ethnic identities include Mexican/Mexican American/Chicanx (7%), Vietnamese (7%), Filipinx (3%), and several others in smaller proportions. Six percent selected “Other,” and 1% preferred not to answer. Figure 6 below depicts the racial demographics of community engagement participants.

Figure 6: Ethnic demographics of community engagement participants.



Most respondents (68%) reported having **no disability**. Among those who reported disabilities, the most common were **chronic health conditions (6%)**, **physical/mobility challenges (3%)**, and **difficulty hearing (3%)**. Nearly **9%** preferred not to disclose, while **7%** reported “Other” or selected “Unknown.” Figure 7 depicts disability demographics of community engagement participants.

Figure 7: Disability demographics of community engagement participants.



Full summary demographics, including the additional categories (Primary Language and Place of Residence), can be found in [Appendix E](#).



Needs Assessment & Asset Mapping



Methodology: Needs Assessment

The Team developed a comprehensive plan for the City of San José, CA to better reach and address the needs of victims/survivors of domestic violence. Predominantly, the project aims to reach communities that are marginalized and have traditionally been un/underserved in the services provided in San José. The plan began with a comprehensive needs assessment and community asset map that is thoroughly described below. To begin, however, the following is a high-level description of the process. The research principles of Participatory Action Research informed the approach throughout, as this method shows great promise in ensuring community voice, buy-in, and commitment to the findings.

A needs assessment examines the current reality and desired changes to reach the goal of improving access for all victims/survivors of domestic violence in San José. The methodology for conducting a needs assessment includes:

- *Defining the goal:* Define the desired outcome of the assessment.
- *Identifying needs:* Determine community needs, stakeholder engagement in current services, and gaps in current services.
- *Gathering data:* Collect data from varied sources using a variety of methods, including surveys, interviews, listening sessions, observations, and document reviews. Data will be both qualitative and quantitative and include a comprehensive literature review.
- *Analyzing data:* Synthesize and present the initial results to target communities for validation.
- *Prioritizing needs and creating recommendations:* Develop and apply criteria to evaluate and prioritize future action for San José.
- *Sharing findings:* Share the findings with San José and support the City's understanding and ultimate implementation of the recommendations.

Methodology: Asset Mapping

A survey of existing domestic violence programs identified available community-based services. BWJP developed a comprehensive map of community-based interventions in San José utilizing available research online and substantial community outreach techniques such as referrals, 'spreading the word', and meeting with nonprofit leaders. The Team then created a visual diagram "an asset map" of the natural community helpers, access points, and helpful services that survivors trust and rely upon. Additionally, asset mapping was conducted with diverse community-based organizations to determine the strengths and resources that exist within diverse communities to support and respond to survivors in culturally affirming ways. As is common

with a robust asset mapping phase, additional community resources and study participants were identified. Coordination of individual and group meetings as well as resource and referral generation followed to discuss the impact on survivors and communities.

Resources for Survivors of Domestic Violence in San José

In San José, California, survivors of intimate partner violence, domestic violence, sexual assault, and human trafficking have access to a mix of government and privately funded resources. The diversity in San José has direct implications on access to services, particularly for marginalized communities. Language barriers are one of the most significant challenges faced by non-English speaking residents, affecting their ability to access healthcare, legal assistance, and emergency services. Studies indicate that limited English proficiency (LEP) individuals are less likely to seek out medical care due to difficulties in communication and mistrust in the healthcare system.⁶⁶ Furthermore, the availability of culturally responsive services remains inconsistent, with many organizations lacking the necessary resources to provide multilingual support.⁶⁷ Domestic violence victims from immigrant communities experience additional barriers when seeking help. Many are reluctant to report abuse due to fears of deportation, cultural stigmas, or lack of trust in law enforcement.⁶⁸ Organizations like the Asian Women’s Home (AACI) and the Next-Door Solutions to Domestic Violence in San José attempt to address these concerns by offering linguistically and culturally specific services, yet the demand for such services, particularly for smaller linguistic and cultural groups, often exceeds capacity.

SYSTEM RESPONSE TO DOMESTIC VIOLENCE

Both the City of San José and Santa Clara County have developed a strong infrastructure to prevent and respond to gender-based violence, including domestic violence. Some examples follow:

The San José Police Department established the Family Violence Center to address family violence issues by serving as the core for a multi-agency effort. The Family Violence Unit focuses on three areas of behavior which most often victimize the family. The investigative units specifically address domestic violence, child/elder abuse and threat management (stalking). The center is staffed by representatives of the District Attorney’s Office, Adult Probation, Child Protective Services, Police Department, and most importantly a victim advocate from the YWCA of Silicon Valley. This cooperative effort provides the support services available to victims of family violence in a safe and friendly environment. Some of the services provided through the Center are:

- Advocacy services for victims of domestic violence and their children, including counseling.
- Assisting in obtaining Temporary Restraining Orders (TRO)

- Personal contact with Police Investigators who specialize in the areas of domestic violence, Child and Elderly Abuse, and Stalking
- Personal contact with Social Workers from the Department of Family and Children’s Services.
- Referrals to 24-hour emergency shelters
- A waiting area for children to play during visits to the Center
- Educational program referrals for community organizations, churches, schools and businesses to inform the public about family violence

The Threat Management Detail investigates violations of domestic violence restraining orders, stalking, and threats of terror. They also address the issues of workplace violence.

During Fiscal Year 2023-2024, the YWCA Golden Gate Silicon Valley provided 1,764 domestic violence follow ups to survivors at the San José Police Department Family Violence Center. YWCA reports a 55% year-over-year increase in domestic violence follow-ups and ongoing case management between FY 2022- 2023 and 2023-2024.⁶⁹ The YWCA is also collaborating with the SJPD on the Domestic Violence High Risk Response Team (DVHRRT). The report indicates that during the period, the YWCA answered 55 calls that met the criteria for DVHRRT high risk, 236 did not meet the criteria and 130 survivors received ongoing case management and advocacy.⁷⁰

At the Santa Clara County District Attorney’s Office, the Domestic Violence Unit of the Family Violence Division prosecutes domestic violence crimes. This includes misdemeanors and felonies. This Unit reviews all such cases and determines what charges will be filed. It also provides access to crisis counseling, follow-up care, help in court, and applications for money for counseling and other immediate needs. The victim advocates at the unit serve as the connection to prosecutors, law enforcement and other criminal justice agencies, and help to ensure that victims have a voice in the criminal justice process. The victim advocate will link victims with local resources, provide them with case updates, and support them during court hearings and testimony.

Additionally, Family Justice Centers have been established in the County to provide a multi-disciplinary team of professionals who coordinate services to focus exclusively on victims of domestic violence by making services and resources available in one centralized location. There are three locations to serve anyone who is a victim of domestic violence. The San José Family Justice Center is at the Asian Americans for Community Involvement (AACI) location at the Dr. Martin Luther King Jr. Public Library. Services are provided by AACI in partnership with the County of Santa Clara District Attorney’s Office, San José Police Department, San José State University Police Department, Los Gatos Police Department, Campbell Police Department, Milpitas Police Department, County of Santa Clara Sheriff, County of Santa Clara Probation, Step Forward Foundation, BayLegal, Alexander Community Law Center, Second Harvest Food Bank, Dress for Success and Planned Parenthood. The Family Justice Center offers:

- Advocacy and counseling services for victims of domestic violence and their children, including accompanying the victim to court.
- Legal services, including immigration and domestic violence related family court services, such as U-Visa application assistance, restraining orders, spousal support, and child custody.
- Access to law enforcement investigators who specialize in domestic violence and stalking. Detectives are available to speak to victims about pending investigations, take additional evidence, and conduct follow-up interviews.
- An on-site attorney from the District Attorney’s Office is available to meet with victims to answer questions about the criminal justice process and their case.
- Attorneys can also help victims prepare to testify at court appearances.
- Probation officers that can provide information about the perpetrator’s probation status.
- Referrals to 24-hour emergency shelters.
- Helping victims with processing restitution applications, safety planning, and re-location services.

In 2019, the Office of Gender-Based Violence Prevention (OGBVP) was founded as part of the County Executive Division of Equity and Social Justice. The Office works to develop a countywide strategic plan to address the spectrum of gender-based violence, including domestic violence, human trafficking and sexual assault. OGBVP awards grants to community-based service providers focused on prevention, direct services, and innovation.⁷¹ Currently, the County of Santa Clara is engaging in a countywide study that aims to better understand the prevalence of intimate partner/domestic violence, human trafficking, and sexual violence, and to examine the broader impact of these forms of violence on its communities.

COMMUNITY BASED ORGANIZATIONS

Survivors in San José seek out assistance and support for matters connected to the disruption in their lives and the lives of their families caused by domestic violence. These may include legal advocacy and representation in family, criminal, and immigration matters or mental health services for themselves or their children. Numerous organizations in the City of San José provide comprehensive assistance.

Domestic Violence Advocacy Consortium (DVAC) – Santa Clara County

The Domestic Violence Advocacy Consortium (DVAC) is a coordinated network of nonprofit, confidential victim service providers dedicated to supporting survivors of intimate partner violence in Santa Clara County. DVAC works to provide comprehensive, survivor-focused support by coordinating efforts across its five member organizations:

- **Asian Americans for Community Involvement (AACI):** Provides culturally sensitive services for Asian and Pacific Islander communities, including prevention, counseling, and shelter.
- **Community Solutions:** Offers crisis intervention, counseling, and housing support for survivors of domestic violence, sexual assault, and human trafficking.
- **Maitri:** Serves South Asian survivors with culturally tailored services such as legal advocacy, counseling, and transitional housing.
- **Next Door Solutions to Domestic Violence:** Offers countywide services including emergency shelter, legal support, and advocacy.
- **YWCA Golden Gate Silicon Valley:** Delivers crisis counseling, legal advocacy, and support groups for survivors of domestic violence and sexual assault.

While there is limited availability of centralized, publicly published data on DVAC’s full impact, various reports and public statements suggest the consortium collectively responds to tens of thousands of crisis calls annually. For example, recent references indicate DVAC members served over 14,000 survivors in a single year and answered more than 31,500 calls through 24-hour hotlines.⁷²

In addition to surveying conventional services in San José, BWJP reached out to diverse community-based organizations to determine the strength and resources that exist to support and respond to survivors in culturally affirming ways. This provided a fuller picture of ways in which marginalized survivors are seeking and being provided with the appropriate responses that enable them to continue to engage with their communities.

Other Community Based Organizations

Across the city of San José, there are numerous community-based organizations that support survivors by addressing a wide range of needs, including advocacy, food access, education, childcare, housing, interpretation and translation, legal assistance (civil, criminal, and immigration), as well as physical and mental health services, including substance use and recovery support. The following provides a brief overview of just a few of these organizations and the essential services they offer.

- **Amigos de Guadalupe** serves immigrant and low-income families in East San José, including undocumented residents. The organization provides housing assistance, immigration legal services, mental health support, and community organizing. While domestic violence services are not provided directly, staff offer warm referrals, especially for legal and housing needs. Services are offered in Spanish, and while ASL or other disability supports are not explicitly stated, bilingual access is a core strength.
- **Caminar** provides trauma-informed mental health services and behavioral health care, including

support for survivors of intimate partner violence. While it does not offer legal or housing assistance, Caminar plays a key role in the care continuum by providing counseling, case management, and referrals to legal and domestic violence resources. It serves individuals with mental health needs from diverse backgrounds and offers services in Spanish, Vietnamese, and other languages as needed.

- **Catholic Charities of San José** offers comprehensive services for seniors, immigrants, refugees, and low-income families across the county. Although not a dedicated domestic violence provider, the agency supports survivors through broader programming and referrals. Services include mental health care, housing assistance, and immigration legal aid, and are available in multiple languages including Spanish and Vietnamese. Accessibility for seniors and people with disabilities is a noted strength, and ASL may be offered upon request.
- **Young Women’s Freedom Center** empowers formerly incarcerated young women and trans youth of all genders through mental health support, leadership development, and advocacy. While it does not offer legal or housing services, it plays a key role in connecting participants to the justice system and community support. The center is a culturally grounded, peer-led organization focused on building leadership and long-term well-being.
- **Korean American Community Services** supports Korean-American families and seniors with culturally specific social services. While it does not directly provide domestic violence services, it likely makes referrals for survivors. The organization offers mental health support and advocacy. Services are available in Korean and English.
- **SOMOS Mayfair** is a community-based organization in East San José that empowers residents through leadership development, early childhood education, and community organizing. Their programs focus on building community power and addressing systemic inequities. While they do not provide direct domestic violence services, they offer referrals and support to connect individuals with appropriate resources. Services are primarily offered in Spanish and English, emphasizing cultural responsiveness to the diverse community they serve.
- **Vietnamese American Service Center (VASC)** offers integrated services including behavioral health, dental care, pharmacy, social services, senior nutrition programs, and community wellness activities. While not a direct provider of domestic violence services, VASC serves as a gateway to various county and community resources, with services delivered in a culturally competent and language-accessible manner.
- **National Compadres Network (NCN)** based in San José, focuses on healing and leadership development for men and boys of color through culturally rooted practices. Their programs, such as the *Círculo de Hombres* (Men’s Circles) and the Sacred Manhood Initiative, aim to foster positive

male identity, emotional well-being, and community responsibility. While NCN does not provide direct domestic violence services, their work addresses underlying issues contributing to violence, promoting healing and accountability among men. Services are culturally responsive, drawing on indigenous and ancestral traditions to support holistic well-being.

- **Billy DeFrank LGBTQ+ Community Center** in San José offers a safe and welcoming space for the LGBTQ+ community and allies. Services include support groups, HIV testing, educational programs, and social activities. While the center does not directly provide domestic violence services, it serves as a referral point to connect individuals with appropriate resources. The center emphasizes inclusivity and cultural responsiveness, catering to the diverse needs of the LGBTQ+ community.
- **Shalom Bayit** is a Jewish domestic violence prevention agency that works to end abuse in Jewish homes and communities that offers culturally responsive safety planning, advocacy, counseling, and education with a focus on both prevention and crisis intervention. Survivors can receive individualized support and connections to legal aid and shelter options. While its services are available in English and Hebrew, its deep understanding of cultural dynamics within Jewish families makes it a trusted resource for those facing isolation or stigma. Shalom Bayit collaborates with synagogues and Jewish institutions to build awareness and ensure that survivors are not alone in their journey to safety.

Through this study, we learned just how vital these organizations are to the communities they serve. Many participants described them as a lifeline—providing essential support, safety, healing, and education. At the same time, we also heard that some community members are unaware that such critical services are available to them locally.

ENSURING EQUITABLE SUPPORT FOR IMMIGRANT COMMUNITIES FACING DOMESTIC VIOLENCE

Research shows that Hispanic and Asian immigrant women are particularly vulnerable to domestic violence due to cultural norms that discourage speaking out against abuse and economic dependency on their partners⁷³. Without targeted interventions, these populations remain underserved, exacerbating cycles of violence and poverty. In addition to domestic violence support, San José's diversity necessitates more culturally tailored social programs. The city has seen success in certain initiatives, such as the Vietnamese American Service Center, which provides linguistically appropriate healthcare and mental health services to the Vietnamese community. However, similar programs for African, Middle Eastern, and Indigenous immigrant populations are scarce, limiting their access to essential social services.

Addressing these disparities requires increased funding, policy adjustments, and community engagement to ensure that all residents have equitable access to support systems. Studies have also highlighted that African immigrant women face significant barriers in reporting domestic violence due to patriarchal cultural norms

and fear of social isolation within their communities.⁷⁴ Middle Eastern immigrants, particularly refugees, often experience additional trauma due to displacement and war-related violence, making access to mental health and domestic violence resources crucial.⁷⁵ Additionally, Indigenous immigrant groups from Latin America, such as Mixtec and Zapotec communities, often face compounded discrimination due to their Indigenous identity, language barriers, and lack of familiarity with available services.⁷⁶

ACCESS TO SAFE AND AFFORDABLE HOUSING

Participants repeatedly highlighted the relevance of appropriate housing options for survivors of domestic violence. In San José, there are shelters that provide both emergency and long-term housing options. Several key organizations offer such services, ensuring that vulnerable individuals are supported regardless of their immigration status, gender, or other factors. Government shelters and non-profit organizations work together to address the various needs of survivors with facilities that accommodate both emergency shelter and long-term housing. For example, Asian Americans for Community Involvement (AACI) operates a specialized shelter for women and children fleeing domestic violence.⁷⁷ The organization works alongside local law enforcement to provide immediate refuge for those in need. Similarly, Next Door Solutions to Domestic Violence operates “The Shelter Next Door,” which offers emergency shelter services to survivors, including housing for individuals with children.⁷⁸ Next Door Solutions, which serves all Santa Clara County answered approximately 15,000 crisis calls and served 3,000 survivors of domestic violence annually.⁷⁹

Private shelters, which are typically non-profit organizations, play an integral role in providing long-term housing for survivors. The YWCA Golden Gate Silicon Valley offers a comprehensive housing continuum, which includes both emergency shelter and permanent supportive housing for survivors of domestic violence, sexual assault, and human trafficking.⁸⁰ Furthermore, Maitri provides transitional housing and offers support in finding affordable housing and access to the Santa Clara County Rental Assistance Program. These shelters and services strive to ensure that housing is available to everyone, including immigrants, thereby creating a more inclusive environment for those fleeing abusive relationships or situations. Moreover, these shelters often provide support services such as counseling, job training, financial assistance and legal advocacy to help survivors regain their independence after experiencing trauma.

The number of emergency beds available in San José for survivors of intimate partner violence and domestic violence varies based on shelter availability and funding, and specific data on the total number of beds is not easily accessible to the public. However, multiple shelters are operating in San José that aim to provide as many emergency housing options as possible. While the total number of available beds at any given time may vary, these organizations work together to offer safe housing to as many survivors as possible, although availability is often contingent on demand, and there may be waiting lists during periods of high need. These shelters are critical in ensuring that survivors and their children have a safe and supportive place to stay

during a time of crisis. Many shelters, however, may have limitations based on specific policies. For example, the Asian Women’s Home, run by AACI, serves primarily women and children, with restrictions that may limit access for male survivors or those with older children.⁸¹ Similarly, Next Door Solutions focuses on domestic violence survivors and their children, but may not accommodate all family dynamics, such as male survivors.⁸² Furthermore, some shelters may have limitations regarding the accommodation of individuals with disabilities, depending on the specific shelter’s resources and facility accessibility. Survivors are faced with the need to inquire directly with shelters about their specific eligibility criteria and availability of accommodations for those with disabilities.

For survivors who do not wish to involve law enforcement, there are alternative pathways to finding safe housing and other critical services in San José. Many shelters operate 24-hour hotlines that allow survivors to reach out for support without involving law enforcement. For example, Next Door Solutions operates a confidential hotline (408-279-2962) that survivors can use to connect with shelter services and receive immediate assistance.⁸³ The Safe Chat Silicon Valley website also offers resources for those seeking shelter without law enforcement intervention. This platform provides a variety of domestic violence services, including connections to emergency shelters, legal support, and counseling.⁸⁴ Moreover, survivors can use online platforms such as findhelp.org to find housing resources in San José, including both emergency and long-term housing options.⁸⁵ These platforms allow survivors to search for appropriate housing based on their specific needs and preferences, all while maintaining confidentiality and avoiding police involvement if desired, which helps ensure their safety while maintaining autonomy in their decision-making process.

The following Figures 8-11 are a sample representation of how survivors, community members, providers, and systems connect in San José.

Figure 8 Illustrates the study findings on how survivors (yellow) in San José learn about support and resources. Initially, they hear about community-based programs and domestic violence organizations (blue) through their inner circle—friends, family, and other close contacts who act as connectors (purple). Once connected to these resources, some survivors may choose to engage with formal systems (green), while others may encounter these systems independently—either by choice or due to external circumstances—and are then referred for services.

Figure 8: Socio-Ecological Model of Survivor and Community Engagement in the City of San José.

FIGURE 8

SOCIO-ECOLOGICAL MODEL OF SURVIVOR AND COMMUNITY ENGAGEMENT IN THE CITY OF SAN JOSE

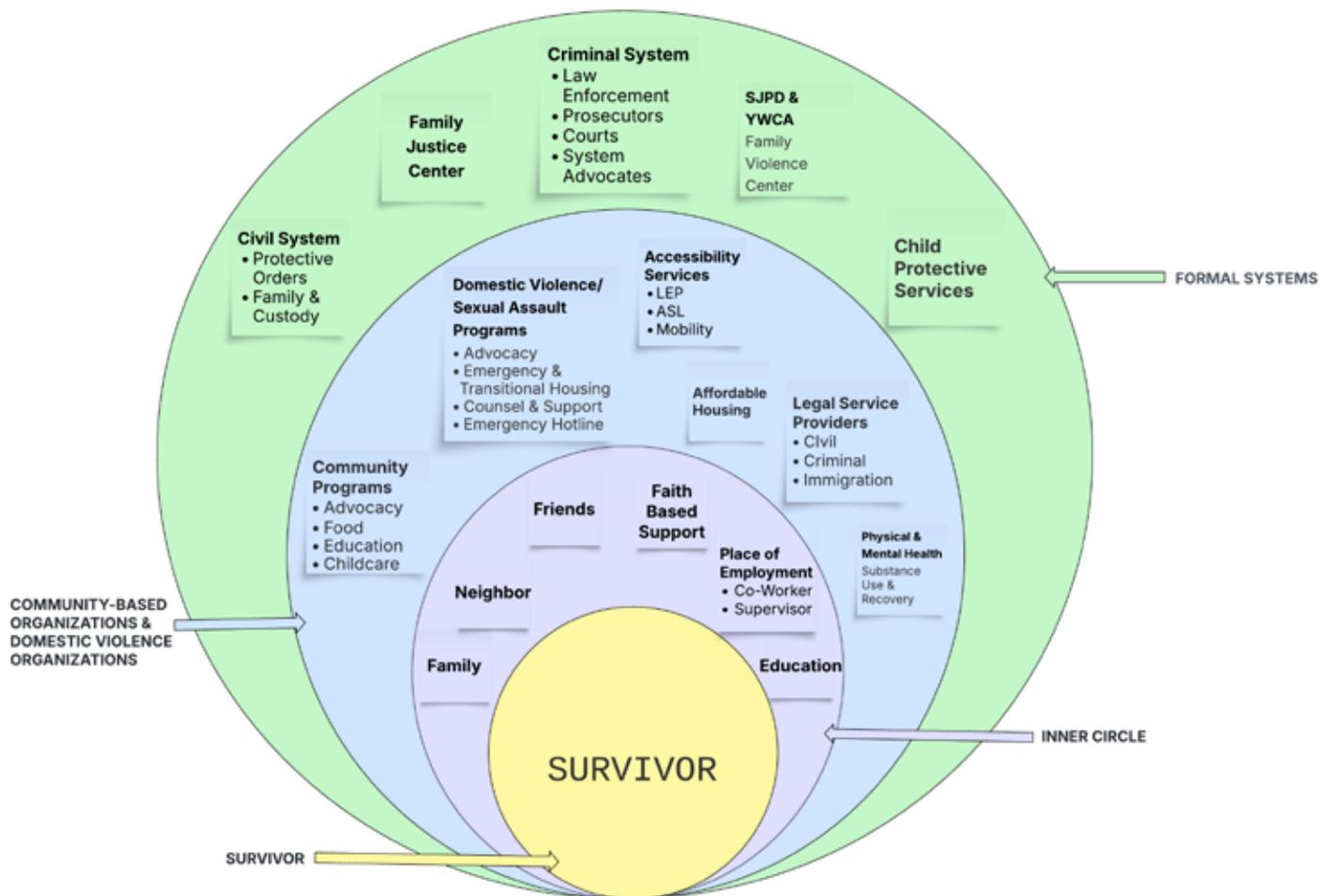


Figure 9 illustrates the path a survivor of domestic violence navigates when seeking assistance and support from a culturally specific community-based organization in San José. Flowchart developed in partnership with Maitri maitri.org.

Figure 9: Culturally-Specific Community-Based Organization

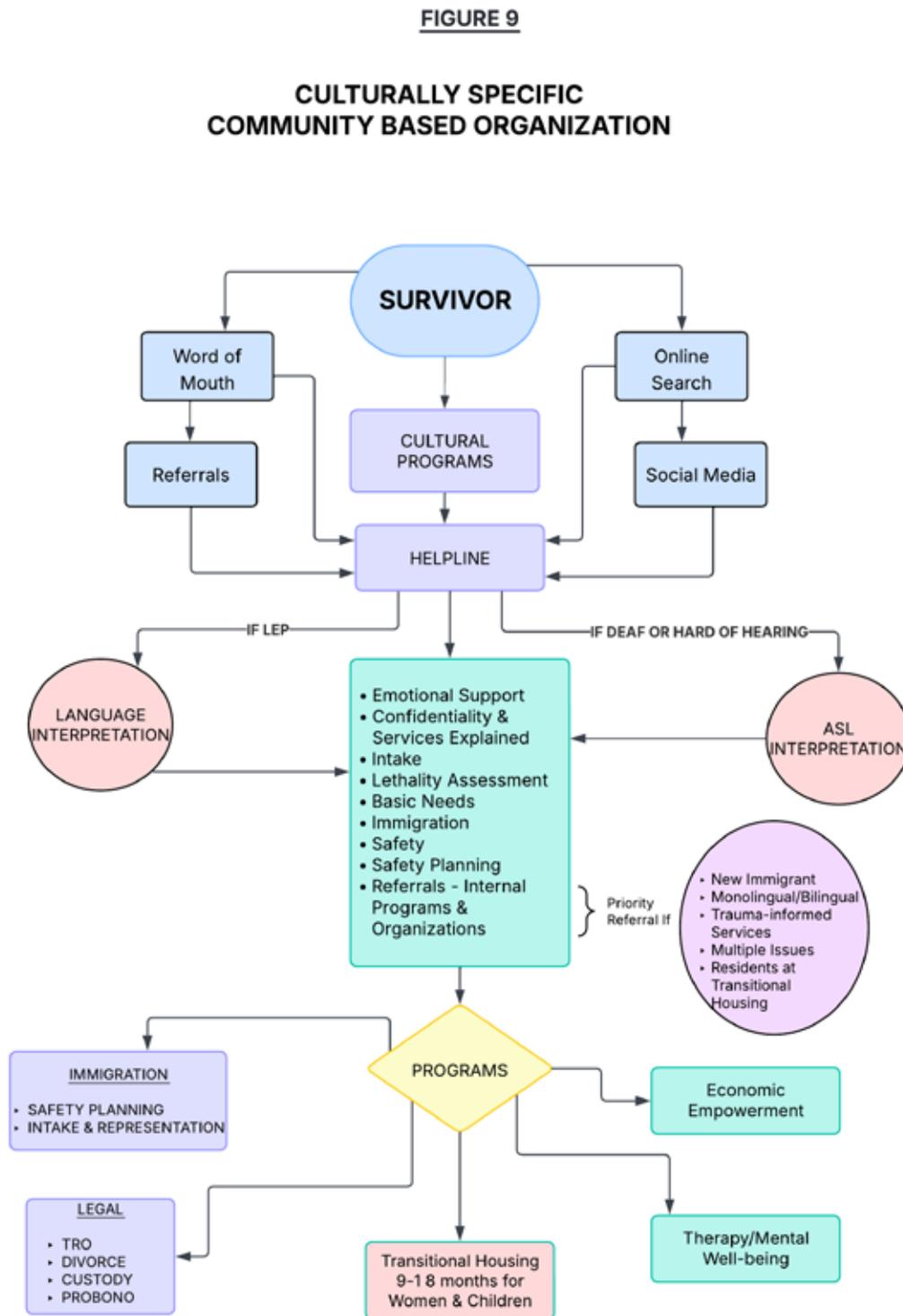
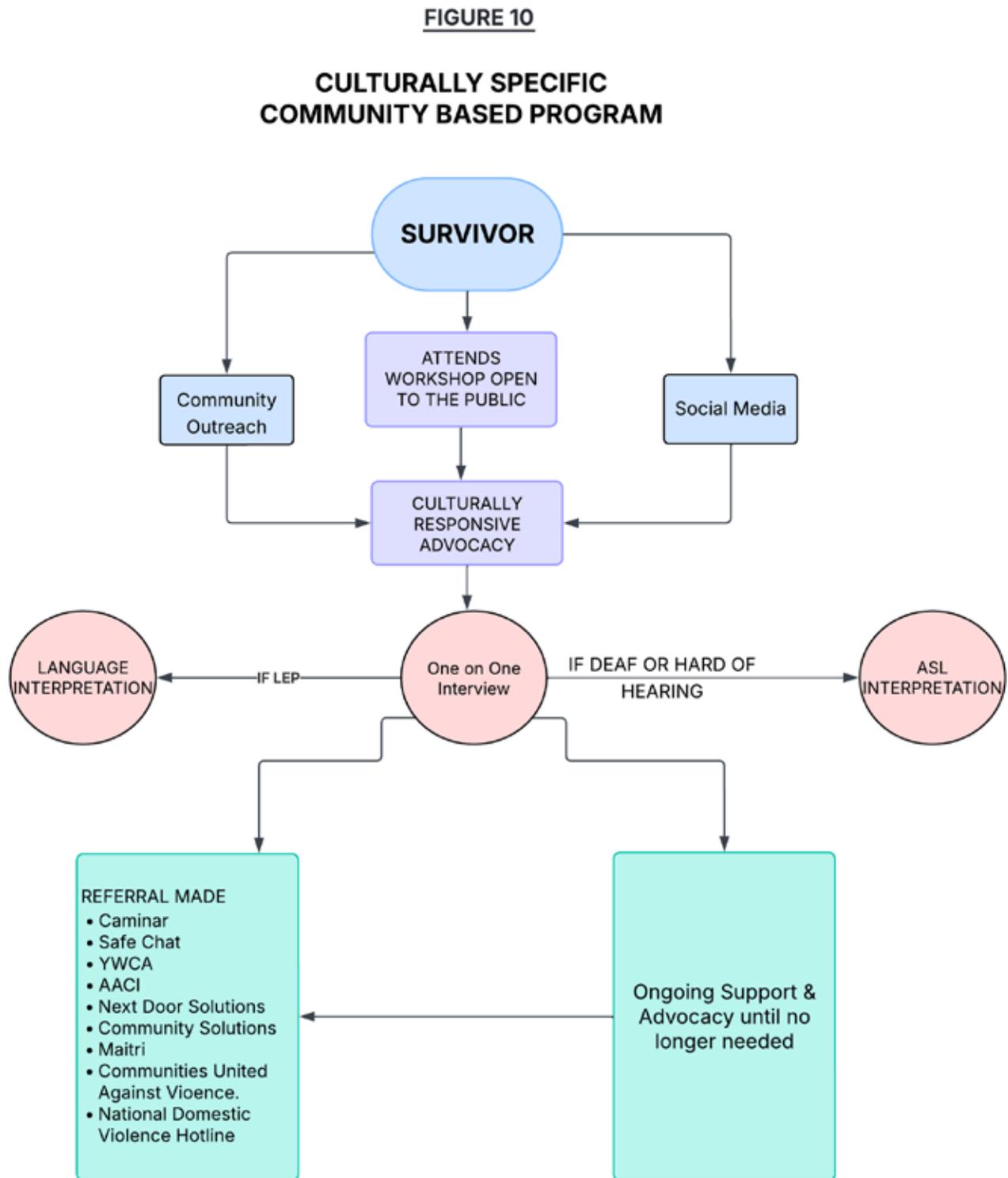


Figure 10 Illustrates how a survivor seeking information and referrals accesses a culturally specific community-based program that provides advocacy and connects them to services and support for domestic violence. Flowchart developed in partnership with Caminar HEART Program caminar.org

Figure 10: Culturally Specific Community-Based Program



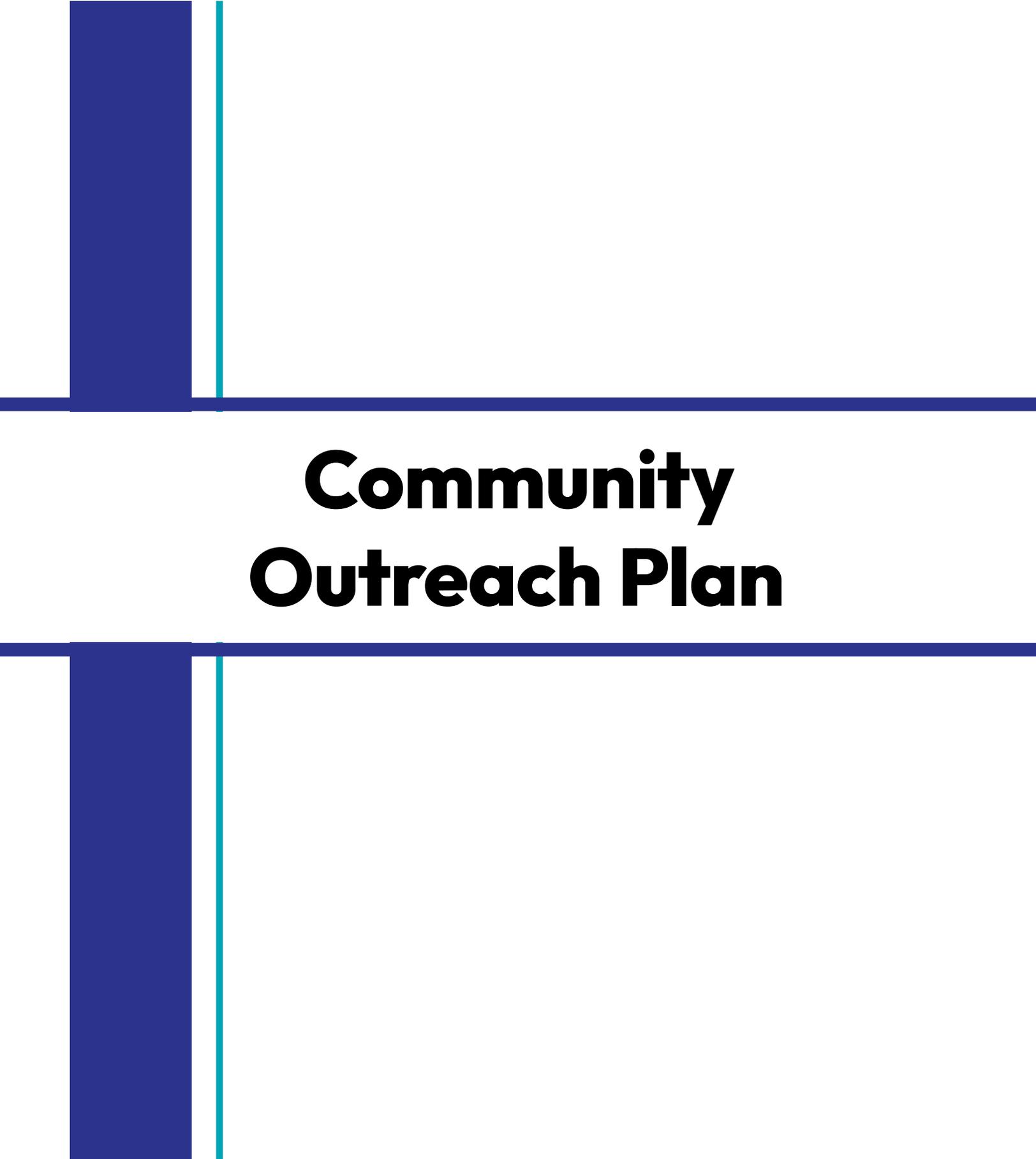
BRIDGING THE GAP: INFORMAL NETWORKS AND CULTURALLY RESPONSIVE SUPPORT

The asset mapping process revealed that while San José offers a wide range of resources, marginalized survivors of domestic violence often do not access formal systems first—and sometimes not at all. When they do seek support, it is typically through their immediate, informal networks: a friend, neighbor, colleague, trusted family member, someone at their school, or a member of the faith community.

If this first point of contact happens to be someone familiar with available resources in San José, a critical connection can be made. This connection may include referrals to domestic violence programs, community-based services, legal service providers, language access support, physical and mental health care, housing assistance. These pathways can also lead to advocacy-supported engagement with law enforcement when necessary. Survivors connected in this way are more likely to navigate the civil and criminal legal systems with support, making the experience safer and less isolating.

However, for survivors who engage with the legal system without support, the experience could be negative. For example, some survivors reported fears of being criminalized or having their children removed. We also learned that survivors with limited English proficiency, those from the LGBTQ+ community, or people living with disabilities experience delays in accessing help, which prolongs their suffering and places them at continued risk.

On the contrary, we learned that when advocacy or support goes beyond a simple referral, and when services are culturally responsive and trauma-informed, survivors feel believed, safer, and less alone.



Community Outreach Plan

Building trust and ensuring confidentiality with survivors and other participants was crucial for obtaining knowledge and information on help-seeking behaviors as well as community response to domestic violence. Potential participants were recruited from preexisting contacts by Maitri and Caminar, as well as other providers that were identified by our partners. The City of San José supported outreach through social media, outreach to City Council offices, and posting flyers in all City-operated Community Centers. Core questions were developed collaboratively and approved by the City of San José. Participants could choose to attend a group listening session or be interviewed privately. Keeping the core questions consistent across all sessions enabled issue identification, trend analysis, and quality data collection. Additionally, gathering spaces were safe, accessible and conducive to sharing experiences.

Identifying Core Leaders & Community Members

We identified key individuals and organizations to engage with by:

- Holding conversations with the City of San José to understand the landscape.
- Leveraging our existing knowledge of key players in San José.
- Partnering with local organizations and community leaders to learn more about San José communities and to expand outreach.

Outreach Efforts Included:

- Contacting over 110 organizations through direct outreach, word of mouth, and canvassing (See [Appendix D](#)).
- Hosting both in-person and virtual meetings to increase accessibility.

Providing Multiple Ways to Participate

To ensure inclusiveness, we offered:

- Flexible participation options: In-person, virtual, after-hours, and weekend meetings.
- Various engagement formats:
 - Formal interviews with key community leaders.
 - Structured group sessions for guided discussions.
 - Informal meetings to encourage open dialogue.
- Accessibility accommodation: Language interpretation (including ASL) to remove participation barriers.

Introducing the Study to the Community

- Developed a clear introduction to explain the purpose and goals of the study.
- Shared this introduction widely with the community.
- Hosted an introductory community meeting to present the study and gather initial feedback.

Facilitating Listening Sessions & Interviews

- Developed a facilitation guide to ensure consistent information delivery to participants and provide a structured framework for facilitation.
- Designed questions for in-person and virtual sessions, interviews, and community meetings to gather meaningful input.
- Facilitated and moderated listening sessions to ensure participant voices were heard.

Engagement Strategies

To maximize participation, we:

- Used multiple outreach methods:
 - Sending emails and making phone calls to key contacts.
 - Posting flyers in high-traffic community locations.
 - Spreading information organically through word of mouth and community networks.
 - Canvassing/Door knocking
- Ensured forms and flyers were available in multiple languages
- Identified and worked with local messengers who could help promote the study.
- Selected meeting locations in strategic geographical areas across the city to maximize participation from unserved and underserved community members. Scheduled meetings during lunchtime and after-hours at varied times to enhance accessibility.

Engaging Community Based Organizations and Others

We conducted discussions and interviews with key organizations and individuals in San José, including:

- Members of the Santa Clara County Domestic Violence Advocacy Consortium (DVAC):
 - Asian Americans for Community Involvement
 - Maitri
 - YWCA Golden Gate Silicon Valley
 - Next Door Solutions to Domestic Violence
 - Community Solutions
- Members of the Racial Equity Action Leadership Coalition (REAL)
- Other members of the community who had valuable insights to share

Ongoing Engagement & Follow-Up

- Throughout the study, maintained contact with participants from sessions, interviews, and meetings.
- Engaged participants in four validation community meetings to review findings and ensure accuracy.
- Hosted a total of five in-person community meetings:
 - One meeting to introduce the study.
 - Four validation meetings to present findings and gather feedback.
- Once the report is finalized and available, share with participants.



Key Findings



We present the key findings based on the needs assessment and community outreach process implemented by BWJP and its local community partners, Maitri and Caminar/HEART. These findings form the basis for the recommendations that follow in the next section.

Finding #1 - Naming the Problem and Education for Social Change

San José is a very diverse city, and across this diversity, in all sectors, ages, and status, there exists a consistent and significant prevalence of domestic violence.

The prevalence of domestic violence reported by study participants aligns with findings from existing literature, documentation, and lived experiences across various cities, states, and the United States as a whole.

Understanding

Domestic violence is a hidden epidemic in all communities. It is a global issue where shame, fear of violence, and lack of awareness about domestic violence commonly keep survivors and communities silent. In communities that have been historically marginalized, people may recognize that physical violence is not appropriate, but other forms especially coercive control, is not seen as abuse. The ubiquitous nature of gendered violence along with the high rates of prevalence everywhere makes it hard to acknowledge and challenge. This is especially for people in underserved/unserved clusters who are often isolated, marginalized, and/or misunderstood and have multiple complicated factors that they are contending with.

“I did not know I was experiencing DV (domestic violence)—I grew up seeing how my father mistreated my mom, it was normal to me.”

“(I) didn’t receive education on what abuse was or what a healthy relationship should look like.”

Creating Safe Spaces

What we observed in San José is that once people are in a safe space, they talk openly and directly about their experiences and beliefs related to domestic violence.

“A lot of faith-based org, (Gurdwara, mosques, temples) can do better by providing safe places to survivors. If the religious leaders spread the message regularly that they will not ostracize survivors/victims, it would help.”

“Due to the complexity of my experiences, I feel that an individual interview would allow me to go into greater detail...”

In their words...

“We bring cultural stigma about DV (domestic violence) from our home countries when we come here”

“Disability remains a hugely stigmatizing issue. It’s treated as something separate when in reality, it should be embedded into all programs.”

“The community needs to shift from neutrality to active support for survivors and push healthier relationship norms.”

When the BWJP team worked together with local partners, Maitri and Caminar/H.E.A.R.T, to co-organize listening sessions virtually and in community locations with community representatives, they created unique safe spaces where participants felt they were listened to, understood, and welcomed to share openly and honestly, without judgment or “wrong answers.” BWJP ensured the spaces were confidential and accessible, providing both language and ASL interpretation. Meetings were scheduled at convenient times, such as evenings and weekends, and offered in various formats, including in-person or virtual options, as well as individual interviews or group sessions for both survivors and community members. Engagement and outreach were conducted by local trusted programs who were partners in the project. They were especially helpful by providing guidance on confidentiality and creating a space that was culturally affirming and responsive.

This open, diverse method of collecting data in interviews across San José has resulted in rich, deep, and multi-layered information from survivors and communities. Participants continued to trust the process, participated openly, and engaged in healthy self-reflection. This opens many pathways to breaking isolation and building community-led solutions to address domestic violence.

Cultural Contexts

Participants want their communities to know, acknowledge, address, respond, and prevent domestic violence. In San José, where immigrants make up over 40% of the population, there is widespread misunderstanding about domestic violence within families and communities. Many participants in the needs assessment firmly adhered to their cultural identities and traditions, often not recognizing patterns of power and control as domestic violence. Instead, they viewed such behaviors as part of their homeland culture. While they acknowledged the harm, they lacked the language to define it as domestic violence. Those who had learned more about domestic violence—either during interviews or beforehand—highlighted the cultural stigma that excuses or tolerates abuse.

“Latine cultures don’t talk about DV (domestic violence)—we need to normalize the conversation.”

“Reframing conversations makes them less intimidating and helps remove shame.”

“Many survivors, especially those with disabilities, may normalize abuse due to lifelong experiences of marginalization.”

Other cultural issues identified as naming the problem and education for social change—include distrust of systems and those outside the community and adherence to traditional gender roles. Many survivors were caught between the need to preserve the values and traditions of their community, their needs for safety for themselves and their children, and the often unjust and discriminatory response of the systems they end up turning to for assistance.

“A student overstayed her VISA. Abusive partner—In-laws took her passport...it was a mess. Many community members knew about the situation, but they didn’t want to get involved due to DV (domestic violence) stigma.”

“Cultural shame can cause significant guilt for survivors. There is a strong need for confidentiality assurance within cultural contexts.”

“Many communities uphold traditions that hinder change.”

“Cultural restrictions to save the marriage kept me from seeking help.”

“In my country, I always heard in church: ‘*Tienes que aguantar y cargar tu cruz*’—‘You have to endure and carry your cross.’”

In contrast to mainstream “independent” community values, many communities of color and immigrant groups value the concept of “interdependence.” Many participants spoke about important actors missing from the solutions to de-stigmatize domestic violence and to educate for social change. Engaging men and boys was one such example.

“We don’t just need more services for survivors; we need education and alternative paths for men.”

“We need to build a community of men that are committed to making change—this is lifelong work.”

“The counties and cities don’t invest in developing this infrastructure. We’re not training men to do this work.”

“We need to teach our boys what healthy masculinity is from a young age.”

Finding #2 - The Importance of Healing and the Creation of Community-centric Healing Pathways

In San José, participants of all ages, economic/social status, and across the gender spectrum reported a gap in community services and resources for healing, especially when healing required multifaceted responses.

Trauma and Its Effects

Research is clear that living in a situation of domestic violence is a traumatic experience. However, the scope of the impact on victims/ survivors, their families, and communities is often less clear. Young people who grow up in violent households carry with them patterns of trauma and abuse. They also experience higher rates of anxiety, suicidal ideation, and difficulty maintaining relationships. Some who are victimized as children grow up to abuse their own families.

Participants also reported complex trauma. This means that in addition to trauma due to domestic violence, other interpersonal trauma, e.g., sexual assault or external stressors such as fleeing their home country, experiencing racism, or transphobia, are layered upon each other. Participants in the study shared examples of how they did not fit into one box/dimension of who they are and how they fit in their community.

Instead of blurring, commingling, or ignoring one aspect of their identity, participants want service providers to understand the complexity of their culture(s) and their lived experiences and to provide help accordingly. For participants from the LGBTQ+ and trans communities, the fear of seeking help—particularly the fear of being misunderstood, misgendered, or not taken seriously in domestic violence situations—can be greater than the fear of staying silent in an abusive relationship. For LGBTQ+ participants from Vietnamese and Latinx communities, a common concern was not being recognized as whole individuals. They expressed that traditional, clear-cut definitions of abuse often don't apply to their experiences, leaving them feeling unseen and confused.

In their words...

“I was in a house where my parents, my mother, was a victim. I was a victim, and there was no escape.”

“...and that’s coming from somebody who experienced generational violence. So, my mom was a victim. We fled. We you know, the restraining orders and the move and the visitation with my dad and that whole experience. Leaving the county. And you know it’s just been experience after experience.”

“Those causing harm may also be survivors of violence themselves.”

“I did not know I was experiencing DV (domestic violence)—I grew up seeing how my father mistreated my mom, it was normal to me.”

Another reported component of trauma is membership in a group that is silenced or “unrecognized” in San José. Culturally specific needs are more often addressed when survivors have distinct languages or visibly different practices from the dominant U.S. culture. As a result, communities with cultural differences who speak English and were stripped of their traditions generations ago—such as Indigenous peoples—often go unrecognized.

“So, if you are a Black woman in need of survivor services - there’s nothing. If you are a Black man and you need perpetrator services - there’s nothing. There’s nothing that speaks directly to that experience with a cultural lens, and it’s isolating, and the excuse is - we’re a very small population- like that may be true, but we’re still here.”

“It’s like we’re in a maze with no way out. That’s how I see my life. I see a small door that I might be able to get through. I try to get out, really. I stick my head out, my hand, and look for help, but it doesn’t come. And so, I go back in and end up staying inside again.”

“It would have been most helpful to talk to others my age who were going through similar experiences when the abuse was happening.”

“Feel that we are in isolation mode- not enough people to trust, and life is stressful.”

Participants emphasize that for African American and Native American individuals, most of the services available do not consider the unique cultural experiences of these groups, which often leads to a lack of connection or understanding with the service providers. This gap in culturally responsive services makes it even more difficult for people from these communities to seek help.

The final component of trauma is the systemic barriers to support and healing. Participants often describe this as a part of being isolated or feeling isolated when seeking services or support. Critical components of language, culturally responsive support, services that meet multiple needs beyond the domestic violence incident, and devaluing help-seeking behavior were all identified as concrete barriers on the healing journey for participants in the study.

Participants in the listening sessions shared experiences of isolation from friends, family, and community, amplified by barriers in navigating isolated, separate resources.

Community Cohesion

The data responding to this finding about the importance of healing and creating community-centric healing pathways demonstrate community cohesion. Participants cited this concept throughout the listening sessions and individual interviews and reaffirmed what is found in the literature about protective factors to healing. Issues such as culture, language, shared experiences, culturally responsive non-profits and services, and community leaders were clear examples of the importance of this cohesive strategy to address trauma and create tangible opportunities for individual and community healing.

Participants in all the listening sessions wanted more connection with their community in preventing and addressing domestic violence. They shared about community centers, faith-based congregations, schools, and health centers that they feel need to create clear messages, values, awareness, support, and prevention of domestic violence. They also shared the life-saving benefits/healing they received once they learned about and received support from community-based groups and called for more emerging outreach and services from the community.⁸⁶

The diverse populations in San José need and are ready for more priority focused on underserved populations who are impacted by domestic violence as it intersects with multiple barriers in services, safe housing, language and cultural access, immigrant status, and community-centered resources.

In their words...

“It takes a team, a village to get someone through the recovery process from domestic violence.”

“Having staff in the shelter who speak the survivors’ languages and understand the culture. Survivors will trust staff who are from their own cultures, they will feel safe. Diversity in hiring staff is needed.”

“Community-based organizations are invaluable because they are trusted by their communities, often serve as the first point of contact, and offer life-affirming solutions beyond the punitive justice system.”

“Talking about these issues in faith communities and spiritual organizations could help, but we don’t do it.”

Finding #3 – Interrupting Harmful Interventions and Expanding New Pathways to Safety

San José prides itself on and is known for its diversity. The city is home to people from different ethnic, cultural, and socioeconomic backgrounds. Nearly 40% of San José residents are foreign-born, and many customs, languages, cultures, and experiences make up the fabric of this community. Because of this tapestry of experiences, definitive conclusions about systems interventions that are helpful or harmful to survivors of domestic violence are difficult to draw. However, it is essential to understand the impact that traditional criminal justice responses have on individuals and communities that are marginalized and/or have traumatic experiences from their countries of origin, which influence successful outcomes for domestic violence survivors and their families.

Distrust of systems

The listening sessions and individual interviews with survivors in San José produced various comments about systems and survivors' mistrust of them. This mistrust can be because of survivors' past interactions with systems, their failure to deliver the results desired by survivors, or other consequences that survivors did not anticipate, such as losing their children or having their abusive partner arrested. These experiences are prevalent and essential to consider.

It is difficult to capture the influence of culture on participants' experiences with systems and systems actors. To do so would be to stereotype specific people with specific beliefs based on one cultural characteristic, e.g., country of origin, race, or age. However, culture is an essential consideration for practitioners and policymakers to understand where barriers to services are reported. Suppose a survivor seeks out service from a local domestic violence shelter, and no one can speak her language.⁸⁷ In that case, she will not only leave the shelter but have an example where the “system” was not responsive to her cultural needs. When we look at systemic barriers, such as the disproportionate levels of criminalized survivors who are women of color, this systemic inequity not only causes fear but also resentment, anger, and further marginalization.⁸⁸

“...I didn't want to involve the police because I was too scared. I almost died. I didn't want to call the police. I did not want to get him in trouble.”

“Because there was no visible mark, the officer questioned my honesty.”

“Due to these negative experiences, I did not report subsequent abuse, fearing I would not be supported.”

“The officer's attitude made me feel dismissed, leading me to react defensively.”

“People are afraid to call the police if they are undocumented—the risk of having their partner deported is too much.”

Intersectionality—the framework from Kimberlé Crenshaw asserts that systems of oppression, like race, class, and gender, are linked and create unique experiences for people. In this case, it also influences outcomes for survivors of domestic violence.

Redefining Access—from Silence to Support

“Most people would rather move on with their lives, rather than involve some government agency where it becomes a permanent thing and potentially their entire lives get wrecked.”

“Speaking as a transwoman, lots of distrust with services... (our) people have been burned in the past... it is tough, you vs. them, nothing you can do. It’s pervasive in my community.”

From the participants we heard from, particularly those from historically marginalized backgrounds or with previous negative experiences with law enforcement, many shared that when they perceive the only option to stop the violence is through the system or police, their past experiences and current realities often prevent them from reaching out for help. The consequences of not reaching out are unpredictable, and situations can become worse. To better respond to this reality, participants across all communities wanted more community prevention, awareness, involvement, and services through continuing and deepening existing services and expanding the resources and pathways within and across community-based programs, congregations, groups, businesses, and centers.

The value of culturally specific, culturally responsive services for domestic violence survivors cannot be understated. Time and again, participants in the listening sessions and the individual interviews talked not only about providing language access for “traditional” domestic violence services but also about supporting responses based on the lived experience and varied cultural values of community members. These additions to traditional services and support would be welcomed and fulfill some of the identified gaps in services and support in San José.

Finally, participants reflected on the value of culturally specific and culturally responsive

“If there was a crisis line, instead of calling the police because I don’t want to, but a line that can help you get the help you need. Confidential just to get you to where you need to go. Something that you feel comfortable talking to them, sharing with them, it’s not easy.”

“There’s a need for more ‘doorways of connection’ for younger people, particularly those who are queer, to feel understood and supported.”

“Small actions, like supporting local organizations, sharing information, or having open conversations with youth about healthy relationships, can make a significant difference.”

work to ending domestic violence as not only an opportunity but a concrete way to make a long-lasting impact in communities, especially those most marginalized in San José. The sense that community-driven solutions are valuable assets for proactively addressing the needed social norms change was evident in many comments and ideas presented during the listening sessions and individual interviews. The bottom line is that cultural norm shifts, and re-imagining systems' responses bring new opportunities for survivors and the larger San José community.

“Community-based organizations are invaluable because they are trusted by their communities, often serve as the first point of contact, and offer life-affirming solutions beyond the punitive justice system.”

In their words...

“It’s not just about raising awareness; it’s about providing survivors with the information and resources they need in a way that they can truly understand and trust.”

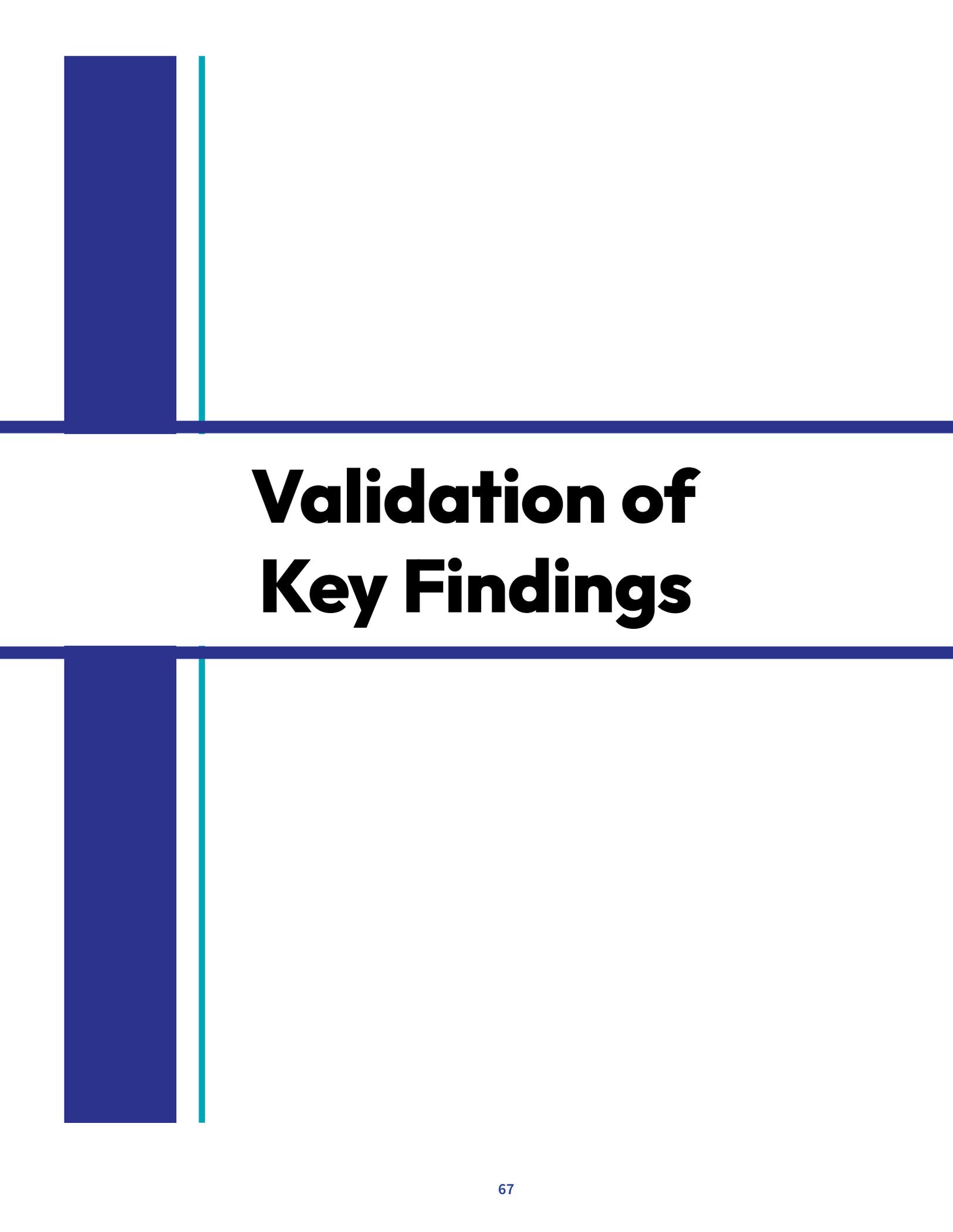
“We should train communities to respond to harm, intervene, and prevent violence—just like we train people for CPR.”

“Domestic violence should be viewed as a community-wide issue, not as a binary of perpetrator versus victim.”

“The Promotora model should be expanded, where trained community members provide outreach and support within their own communities.”

“We need a comprehensive support system that addresses the interconnected challenges faced by DV survivors, such as language barriers, immigration status, housing, mental health, isolation, and financial stability.”

“It’s not just about services—it’s about connection, creating an actual community.”

A decorative graphic consisting of a thick dark blue vertical bar on the left side, a thin teal vertical line to its right, and two thick dark blue horizontal bars that intersect these vertical elements, one above and one below the main text area.

Validation of Key Findings

BWJP and partners facilitated and moderated four community validation meetings to review the key findings from the study. The City of San José was present at two of the four meetings.

Meeting Details:

- March 18, 1:30 PM – Vietnamese American Service Center
- March 18, 6:30 PM – Mayfair Community Center
- March 19, 1:00 PM – Joyce Ellington Branch Library
- March 19, 6:30 PM – Seven Trees Community Center

Prior to the meetings, BWJP worked with partners, survivors, providers, and the City to promote the events using multiple outreach methods. Over 110 organizations were contacted to support and share information about the meetings.

- Total Registered: 43 individuals
- Total Attended: 37 individuals
- The Seven Trees Community Center meeting had the highest turnout.

Demographic Highlights: Age and Primary Language

The majority of respondents were under the age of 45, with:

- 32% aged 18–24
- 20% aged 25–34
- 8% aged 35–44

Together, this group represents 60% of all respondents, showing strong participation from younger community members.

Respondents aged 45 and older made up the remaining 40%, including:

- 16% aged 55–64
- 16% aged 65 and over
- 8% aged 45–54

In terms of primary language, over half (54%) of respondents primarily speak English, followed by Spanish (27%) and Vietnamese (19%). This underscores the importance of multilingual outreach and language access in all citywide engagement and service delivery efforts.

Spanish and Vietnamese interpretation was made available at all meetings and was actively used at two of the four.

Participants included:

- Survivors from a variety of cultural and linguistic backgrounds
- LGBTQ+ community members
- Community leaders and community members
- Advocates and service providers
- City of San José and County of Santa Clara employees

Each meeting featured small group discussions, where participants were eager to engage and reflect on the findings. Two core questions were posed, and across all four meetings, participants not only validated the key findings but also provided critical insights and suggestions.

All gatherings were held in community-centered, welcoming spaces—which not only helped encourage participation but also reflected the broader importance of culturally relevant approaches to addressing domestic violence. However, some immigrant community leaders noted that many residents remain hesitant to attend public meetings, due to fear or distrust of formal spaces, especially given the current political climate. This underscores the need for ongoing trust-building in safe, accessible, and familiar environments.



Recommendations



The following recommendations were developed by BWJP based on insights gathered from interviews, listening sessions, and community meetings with survivors, community members, providers, and advocates.

Promote and Support Culturally Responsive Domestic Violence Education for All

Survivors from across communities, particularly those who are often unserved or underserved, shared that domestic violence is rarely talked about openly. Many we spoke with described not even knowing they were experiencing abuse until much later – sometimes years later. They didn’t know who to trust, where to turn for help, or what resources were available. These experiences highlight the need to normalize conversations about domestic violence in all communities and to ensure that people have access to information that feels safe, culturally relevant, and trustworthy.

Survivors expressed a strong desire for safe and confidential spaces to talk about these issues—spaces where culture and identity are recognized as central to the choices survivors make on their journey toward safety. They want to see the community move beyond silence or neutrality, fostering a culture of support for survivors that also advances healthier relationship norms and healing for them, their families, and those who harm them.

The City of San José could explore the following actions:

- Invest in domestic violence education that reflects the realities and strengths of its diverse communities.
 - Across the country and locally, there are models that can be adapted for this work—programs that engage boys and men in conversations about healthy masculinity, involve trained faith leaders in community healing, empower women and girls, and support LGBTQ+ youth and their families. For a sampling of national training programs, see [Appendix G](#). These kinds of efforts create long-term change by shifting culture, building knowledge, and strengthening community-led solutions.
- Encourage education on healthy relationships, domestic violence, and other forms of violence for children and youth in schools.
 - Survivors across various ages and communities strongly advocated for early education on healthy relationships, domestic violence, and other forms of violence, suggesting that such education should be mandatory in schools.
- Integrating education on domestic violence into the City’s broader strategies.

- The newly developed Children & Youth Services Master Plan offers a key opportunity to include guidance and dialogue about domestic violence as a core part of its priorities. City staff should receive training to engage young people meaningfully and safely in these conversations, helping to break cycles of harm and support youth and their families in building safer, healthier relationships.

Create a Centralized, Culturally Responsive Resource Hub with Live Advocate Support

To improve access and navigation across services in San José, we recommend that the City invest in a centralized virtual support line resource hub—a single, trusted, confidential place where survivors can find up-to-date information, guidance, and support tailored to their specific needs. This hub should be community-driven, community-run and located in a community center, away from any spaces associated with systems.

This is not to say that there aren't similar services available in San José. However, participants told us they are often given a list of phone numbers to call, with little explanation, limited listening, and no follow-up. They frequently don't get what they need, and the services are not coordinated in a way that feels culturally responsive. For example, someone in an abusive relationship who is seeking initial guidance about divorce may struggle to find the right starting point. People often get lost navigating the complex web of service providers and systems. While many are aware that services exist, they don't always understand their options or how to access them. Participants expressed a strong desire for “a place to call or go” where they can receive clear, personalized guidance—regardless of their background, identity, or the complexity of issues they are facing (e.g., domestic violence, housing, language barriers, immigration status)

This hub should be staffed by a dedicated full-time advocate (or a rotation of advocates from a collaborative body such as the DVAC) who can respond to calls and email inquiries daily. Their role would be to:

- Listen and guide individuals through their options step by step.
- Assist in assessing risks and losses for self, family and community for each of the options.
- Provide culturally specific and/or responsive referrals and information.
- Ensure no one falls through the cracks due to system complexity or lack of clarity.

Ideally, a single call to this hub would connect someone directly to the services they need, with compassionate, knowledgeable support guiding them from start to finish.

Center Survivor Realities Through Coordinated, Culturally Responsive Systems

To ensure survivors are fully seen, supported, and believed, systems and providers must coordinate with honesty, transparency, and deep cultural understanding. Survivors' experiences of trauma are often compounded by other systemic oppressions—such as racism, xenophobia, anti-immigrant bias, classism, homophobia, transphobia, and ableism—which shape their understanding of safety, trust, and access.

During the study, survivors emphasized that their realities do not exist in a vacuum. Repeatedly, participants expressed the need for them to be seen as a whole person with competing priorities. Safety is not simply about escaping an individual abuser—it's about understanding the complexity of their relationships, and identities within a larger community context. For example, a trans Asian survivor experiencing intimate partner violence may need support that addresses not only the abuse but also the intersections of their identity—such as their race, gender identity, and cultural background. Some culturally specific organizations may be well attuned to the needs of a particular generation or community segment but may not be as responsive to the evolving needs of others. For instance, an LGBTQ-focused organization may provide strong support for certain identities, such as gay or lesbian individuals, but may not be as equipped to support trans or bisexual survivors. In this way, services can be culturally specific without being truly culturally responsive. That's why responses must be tailored—not only trauma-informed, but also responsive to the survivor's lived experience.

The City could explore:

- Strengthening coordination and communication between systems and providers, ensuring that survivors receive seamless support - through multiple, interconnected entry points.
- Enhancing the coordination of advocacy and services so that survivors can access support from anywhere, while ensuring that providers maintain strict confidentiality.
- Encouraging dialogue between systems and providers to reassess traditional domestic violence response models, including the current shelter systems. It is important to ensure these models reflect the diverse needs of all survivors. These models may work well for some, but not for everyone.⁸⁹

Invest in Building the Capacity of Culturally Responsive and Culturally Specific Organizations to Provide Domestic Violence Services

The City of San José should proactively increase the capacity of culturally responsive and/or culturally specific organizations to provide effective domestic violence services. Many of these organizations have earned deep trust within historically marginalized communities⁹⁰, yet they often lack sufficient funding, staffing, or training to effectively respond to domestic violence.

Rather than building new programs from scratch, the City of San José could explore:

- Allocating a percentage of domestic violence funding specifically to strengthen culturally responsive and culturally specific organizations.
- Providing resources and technical assistance to help these organizations develop and integrate domestic violence programming.
- Learning from national models and local examples which are already trusted in the San José community, which need targeted investment to expand their support for survivors.⁹¹

This approach allows responses to domestic violence to be truly inclusive and rooted in community, rather than just in systems.

Strengthen City Presence and Partnership in Community-Led Events to Build Trust and Normalize Dialogue on Domestic Violence

The City of San José could take an active, visible role in partnering with communities by supporting, investing in, and promoting cultural celebrations, public events, and grassroots initiatives. When the City participates—especially in spaces led by immigrants, LGBTQ+ individuals, survivors, and organizations rooted in communities of color—it conveys a strong message: *we see you, we support you, and we are in this together*.

City presence at community events not only increases visibility but also builds trust, demonstrates commitment, and fosters stronger relationships among residents, service providers, and public systems. This visibility can manifest in many ways:

- City officials and staff can attend and speak at local events, including domestic violence awareness events, vigils, cultural celebrations, and resource fairs.

- The City can co-sponsor or help fund events led by community-based organizations that reflect the cultural richness and lived experiences of the communities most impacted by violence.
- City departments can commit to maintaining a consistent presence at annual walks, campaigns, or healing spaces—not just during Domestic Violence Awareness Month, but throughout the year.
- Promotional support—such as sharing community-led event flyers, videos, or stories—can enhance visibility and legitimacy.

Importantly, the City must also be willing to openly address domestic violence rather than shying away from the issue. Survivors and advocates have indicated that public agencies' silence on this matter contributes to stigma. City leaders can help combat this by publicly acknowledging the issue, supporting prevention efforts, and affirming survivors.

This presence and partnership can build greater cohesion across systems and services, cultivating a culture in San José that actively supports healing, safety, and accountability.

Invest in Ongoing, Accessible Training for Systems Responding to Domestic Violence

The City of San José is encouraged to invest in consistent, accessible, and culturally responsive training and technical assistance for all systems and professionals who interact with survivors of domestic violence—particularly those it oversees, such as first responders like EMT's, the Fire Department, and the San José Police Department.

Survivors across communities have shared that mistrust in systems is high, often due to harmful or traumatic responses by law enforcement or other institutional actors. Many fear that seeking help could lead to unintended consequences, such as the removal of their children, issues with their immigration status, or loss of housing or employment. Some survivors have expressed a desire for alternatives to system involvement altogether, underscoring the need for more informed and compassionate responses from these systems.

All systems professionals play a critical role. City staff who engage with survivors should receive up-to-date, trauma-informed, and culturally relevant training. This training could go beyond one-time workshops and become a routine part of onboarding and professional development.

Recommended areas for training include:

- Understanding the dynamics of domestic violence, including victim identification.
- Available community-based resources and legal protections.

- Legislative updates related to domestic violence and survivor rights.
- Being culturally responsive to immigrant survivors, LGBTQ+ survivors, and survivors living with disabilities.
- Addressing the intersection of domestic violence with mental health, substance use, or immigration status.

High staff turnover across both governmental and nonprofit agencies makes regular training essential for maintaining quality and consistency of service. However, many agencies struggle to access quality training due to limited time and funding. Newer professionals—especially recent graduates or recruits—often enter their roles with training on domestic violence that is limited in comparison to the 40+ hours of training received by domestic violence advocates.

To address this and to increase current domestic violence training standards in San Jose, the City could consider partnering with local experts and community-based organizations to deliver on-site or virtual training at low cost and explore co-funding regional training cohorts for providers across systems.

While the City cannot mandate training for all systems, it can play a coordinating and convening role—encouraging broader system partners to join in shared learning and creating a culture of accountability to survivors.

Strengthen Disability-Inclusive Domestic Violence Services and Infrastructure

The City of San José could ensure that funding and policy initiatives for domestic violence services are inclusive and accessible to survivors living with physical, cognitive, and developmental disabilities. Survivors with disabilities are often invisible within the service landscape and lack access to basic resources such as hotlines, shelters, advocacy, or protection orders. Barriers they face include inaccessible buildings at community-based sites, inaccessible websites, and a shortage of interpreters.

Additionally, many organizations do not offer culturally responsive or disability-informed services, leaving survivors with disabilities underserved, unheard, and unprotected. This issue is compounded for survivors from marginalized communities – like immigrant, low-income, or communities of color, where the intersections of ableism, racism, and other systemic inequities are rarely acknowledged in safety planning.

The City of San José’s Disability Equity and Inclusion Pledge, co-authored by advocates with lived experience, offers a strong foundation to build upon. This pledge could serve as a model for embedding disability-inclusive practices into domestic violence response systems and funding priorities.

To strengthen the response to survivors with disabilities, the City could consider the following:

- Dedicating funding for services specifically designed to meet the needs of disabled survivors, including accessible shelter options, in-home advocacy, and communication accommodations.
- Supporting the creation of peer-led, disability-informed survivor support groups that offer culturally appropriate and trauma-informed spaces for healing and empowerment.
- Encouraging partner agencies and relevant City departments—including law enforcement and legal services—to utilize free training resources already available focused on working with survivors with disabilities.

By centering on the needs of survivors with disabilities, the City of San José would be furthering its existing disability-centered work, particularly around alternative and co-responses, not only strengthens its violence prevention and response systems but also demonstrates its commitment to equity, inclusion, and justice for all residents.

Rethink Housing Models to Center Survivor Choice, Cultural Relevance, and Holistic Safety

Survivors from diverse communities expressed significant concerns about the limited housing options that truly reflect their needs, identities, and circumstances. The current patchwork of often private housing and shelter models may require survivors to make impossible choices—leaving their partners, children, schools, or communities—to access safety. For many, especially those from immigrant, LGBTQ+, low-income backgrounds, or those living with disabilities, these trade-offs lead them to remain in unsafe situations because the alternatives feel even more destabilizing or isolating.

Survivors reported that in some cases, shelter meant losing their only accessible housing or encountering new trauma. For instance, transgender survivors may face abuse in shelters, while men often struggle to find space due to limited options for male survivors.

Survivors are asking for programs that meet them where they are, not services that impose a one-size-fits-all model.

To address these concerns, the City of San José could consider the following:

- Investing in flexible, survivor-led housing support that enables people to remain in or near their communities when it is safe. For example, in coordination with Santa Clara County and the Continuum of Care, the City could negotiate with private landlords to allocate some housing units for survivors.

- Supporting initiatives that integrate domestic violence advocacy within broader housing programs, such as placing domestic violence resource advocates within homeless shelters, similar to successful models in New York.⁹²
- Supporting community-led programs that provide holistic, culturally specific, and identity-affirming pathways to safety, considering intergenerational trauma, disability, LGBTQ+ identity, and other intersecting needs.

This is not merely about increasing the number of shelter beds; it focuses on transforming the system to better reflect the realities of survivors' lives and fostering real, lasting safety.

Clarity Around Definitions and Terminology

The City of San José could consider creating a glossary of terms for clarity among community-based organizations, service providers, and systems' professionals. Of note, many of the issues and challenges that were confronted and debated during the long evolution of the work on gender-based violence have reemerged during the various listening sessions. The City can use the glossary of terms (Appendix A) contained at the end of the report as a starting point but engage with the community to clarify the terms.

There appears to be confusion in the understanding of the terms Domestic Violence and Intimate Partner Violence. As outlined in the [literature review](#), the terminology has evolved over time. The term “battering” evolved into “domestic violence”, focusing on heterosexual violence and an understanding of how patriarchy and sexism have led to women being victims and men being perpetrators. As the movement pushed for legal responses from government, the term “domestic violence” expanded to include individuals in same sex relationships. Furthermore, the Centers for Disease Control (CDC) coined “intimate partner violence” to differentiate between family violence and abuse specifically within intimate relationships; it does not encompass other forms of violence between family members or roommates.

The substitution of “Interpersonal Violence” for “intimate partner violence” poses definitional concerns, impacting strategies for addressing, processing, and developing safety plans for individuals in intimate relationships versus those who are not. Failing to distinguish between these can affect how systems' professionals respond to crises and develop long term solutions. Community providers may also have trouble responding appropriately; assisting a family member dealing with a neurodivergent child who is violent from working with a partner engaging in coercive control. The origins of the violence and the solutions to the violence are different and cannot be treated the same.

To address this, the City of San José could consider the following:

- Develop a common glossary of terms that includes, at a minimum, definitions for Domestic Violence, Sexual Violence, Gender-based Violence, Intimate Partner Violence, Interpersonal Violence, Community, Community-based, Social Service Providers, Systems (such as criminal, family, civil, child protection, health), Intersectionality, Oppression and Bias.
- Provide trainings and educational sessions focused on the terminology that will help promote solutions that work for all.

Measure Domestic Violence Work in Culturally Responsive Ways

The City of San José could consider measuring progress on various recommendations outlined in this document. Measuring progress in this area has proven to be particularly challenging. On one hand, funders need assurance that their investment in services has led to a reduction in the rates of domestic violence and that these services meet the needs of survivors. On the other hand, there is valid criticism that the breadth of measurement does not adequately address the complex needs of diverse communities, often forcing individuals into generalized service models that may not be effective.

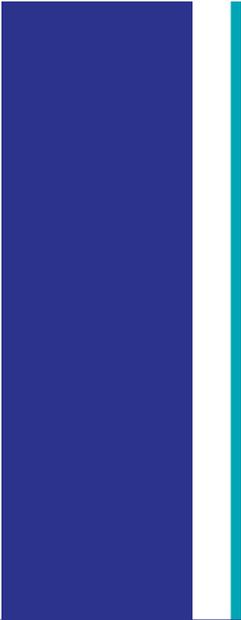
Measurement should include breadth, depth and durability. “Breadth” refers to standard measurements captured in hours of service and the number of victims served. “Depth” includes how long advocates have worked with a survivor, which advocacy methods were effective, and which needed to be rethought, adjustments made in programs, and lessons learned throughout the process. Finally, “durability” involves assessing the lasting impact of specific advocacy efforts, including what works for whom and the continual collection of data long after the intervention concludes.

Progress should be measured in a way that captures various issues, including: a) commonalities and differences in program delivery by community, b) breadth of service provision, c) different types of advocacy and their effectiveness for specific survivors, d) outreach methods and connections with community, e) the complex network of services, connections and advocacy needed for each survivor, and f) lessons learned from the work including successes and challenges.

To improve measurement, the City of San José could consider the following:

- Align terminology with data collection methods.
- Collect data on the breadth, depth and durability of program and advocacy efforts.
- Ensure data aligns with community and survivor needs.

- Capture both commonalities and differences in program delivery and advocacy.
- Maintain the integrity of gender concepts in the work and ensure that the origin of advocacy is preserved.
- Map the complex interventions required for most survivors, as well as the length and depth of advocacy provided.
- Enhance all data with lessons learned, including both what worked and what did not work.



Recommendations That Can Be Implemented with Minimal Funding

Certain recommendations can be initiated with minimal funding by coordinating with other City departments, integrating them into existing planning processes, and adjusting current policies. Furthermore, any actions should be closely coordinated with the County of Santa Clara. While other suggestions may require future investments, the following actions can be taken in the near term with little to no additional funding:

Timeframe	Actionable Idea
Within 3–6 months	<ul style="list-style-type: none"> • Incorporate findings and recommendations into the Children & Youth Services Master Plan • Provide clear definitions for key terminology to ensure consistent understanding across departments
Within 12–18 months	<ul style="list-style-type: none"> • Explore the development of a culturally responsive central hub to engage service providers, starting with convenings • Strengthen interdepartmental partnerships by aligning existing initiatives with community needs • Explore public-private partnerships to expand access to housing by leveraging existing City relationships • Begin identifying measurable indicators for culturally responsive services using current data systems



Other Forms of Violence in Community



Many communities in San José face numerous challenges when attempting to assist and support all their members. This often includes other forms of violence arising from interpersonal relationships within the family, kin or clan. Such violence may be exacerbated by issues related to mental health or physical disabilities. For many historically marginalized groups, accessing services as well as help from systems is an exercise of being subjected to discrimination, injustice and various forms of bias. Communities then must figure out ways to address these concerns, obtain more current information and knowledge on the issues, find resources and better services and develop cohesive strategies to effectively address the concerns of their members.

While the scope of this report centers on domestic violence, the needs vocalized by study participants demonstrate a clear need for community-based and culturally relevant services to address additional forms of violence. Specifically, some participants were interested in subsequent work around interpersonal violence.

In the U.S., many communities have tried to resolve the issue of community violence through the development of programs such as violence interrupters. These programs are highly specialized and have an outreach worker who uses mediation and anti-violence messaging directly with the individual who needs it most. They use both direct and indirect pathways to resolve disputes and prevent future violence.⁹³ There has been tremendous investment by local and state governments in many of these programs, particularly in those designed to reduce gun violence. The results have been a mixed bag, and the evidence on whether they work overall to reduce violence continues to be debated.⁹⁴ The City of San José hosted a study session on Gun Violence Prevention in August of 2022 with experts, City Staff and the County of Santa Clara. The resulting best practices were presented to the City Council.⁹⁵ Additionally, the City of San José also reported to City Council on violence prevention service models in other jurisdictions on December 7, 2023.

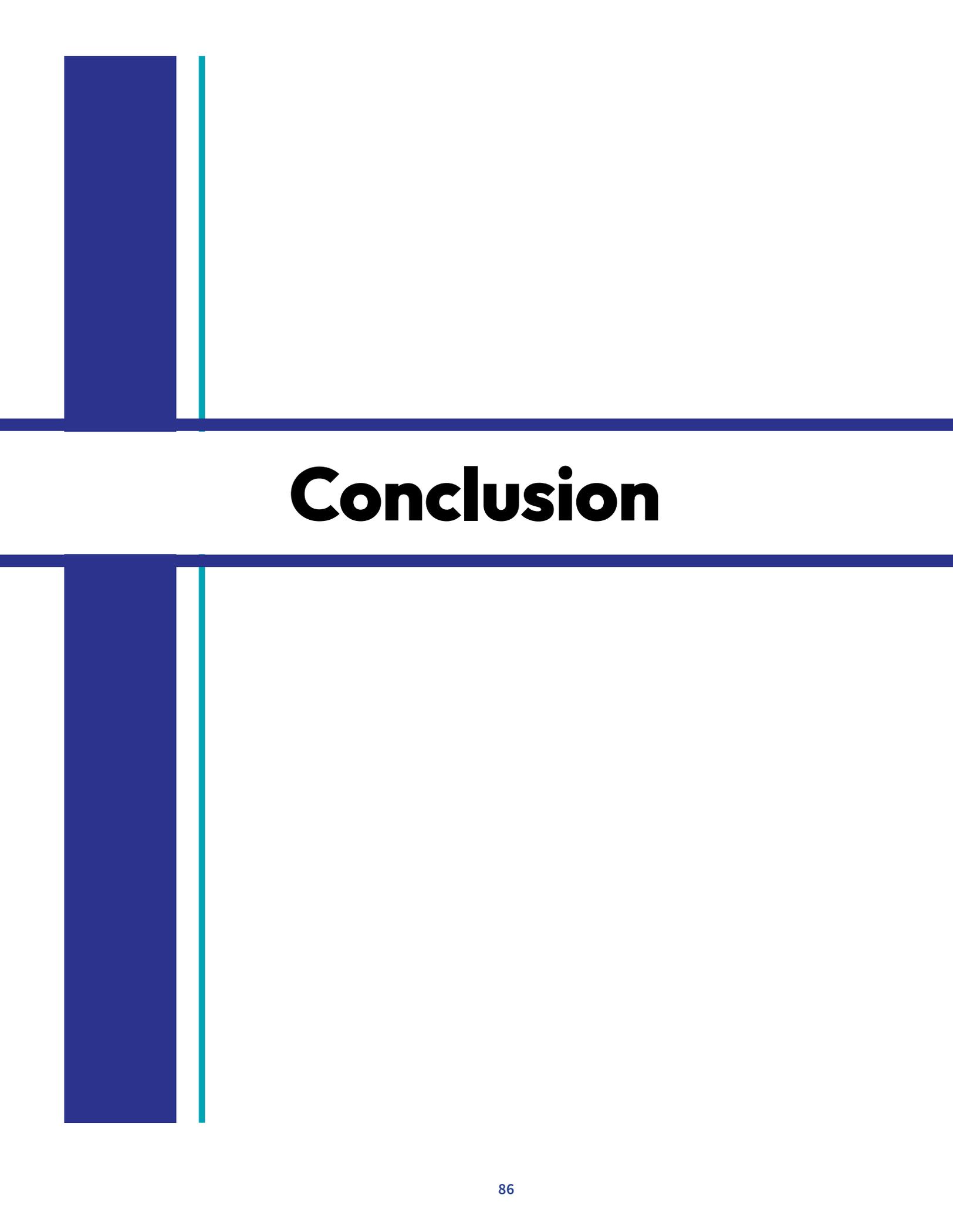
The City of San José may wish to adopt models, as mentioned above, as a way to address concerns raised by listening session participants. These participants⁹⁶ raised specific concerns that are grounded in what they have seen in their communities. They are interested in further exploring strategies around interpersonal violence more broadly, not just domestic violence specifically. We recognize that this and other forms of violence they identified are important and must be addressed. However, this study specifically focused on engaging communities around intimate partner violence. As stated in the Introduction, strategies for addressing intimate partner violence and interpersonal violence must differ. While all forms of violence are interconnected, especially in historically marginalized communities—strategies that are effective for one type of violence may not be appropriate or effective for another.

A community may want to focus their work on interpersonal violence since for some of the community members interviewed, that is the most pressing issue. A pilot project that looks specifically at community-oriented solutions for this form of violence could yield better insights and strategies. In this context, it is

essential to define “community” clearly and convey shared understanding of all related terms. Common definitions, combined with more scholarly concepts can be reconciled through listening sessions and tested over a few years to gauge the relevance of these terms in various contexts.

To address this, the City of San José could consider the following:

Implement a pilot project in a community to address Interpersonal Violence (distinguished from Intimate Partner Violence) and develop recommendations for scaling these efforts. The REAL Coalition members we spoke with were focused on this particular form of violence. Given the focus was different for this project, it is important that the City work with the REAL Coalition to figure out strategies that might be different for responding to Interpersonal Violence.



Conclusion

Community, with its many layers, is essential in addressing domestic violence in San José, as highlighted by the survivors and providers involved in the assessment. Community, however, can also present a major dilemma for survivors. On one hand, connections to others, a modicum of safety, similar values, support and trust are all critical elements for navigating life, especially for many immigrants and refugees adjusting to a new country. On the other hand, communities may lack the necessary support and safety that are essential to a life free of violence. Factors such as stigma, lack of knowledge, unsafe spaces, and breaches of confidentiality can negatively impact these community bonds.

It is critical that the City creates a mechanism to clarify all the terminology around domestic violence. There is some confusion around what domestic violence is and what it is not. Similarly, the term Intimate Partner Violence has a specific history and does not encompass other forms of interpersonal violence. Conflating these two can lead to programming strategies and services that can endanger survivors of domestic violence. Additionally, it is also clear that survivors want their communities to acknowledge domestic violence and design ways to support them. In the history of the evolution of strategies to combat domestic violence, claiming of and ownership of the issue by community members is essential to ending domestic violence.

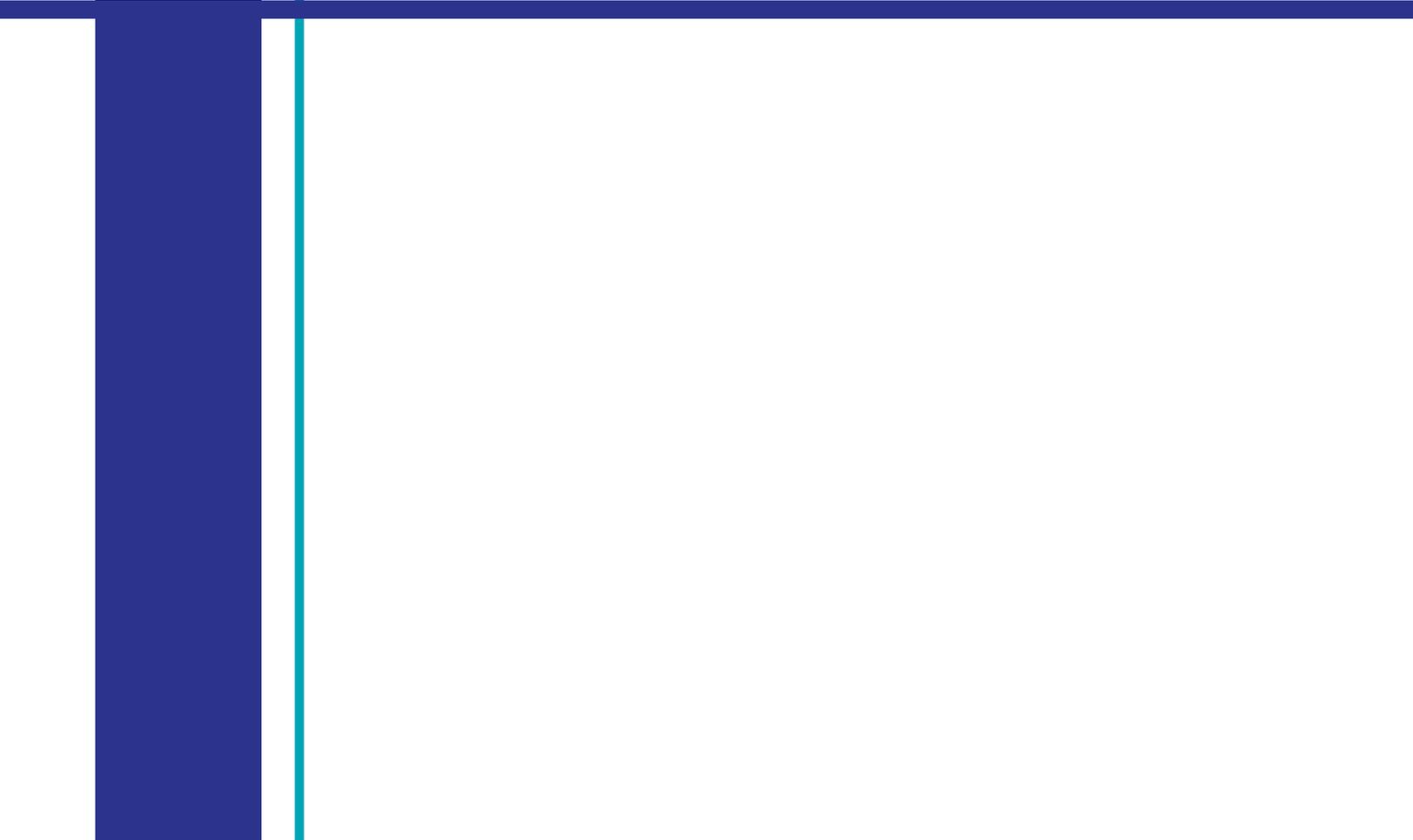
It is evident, that there are many programs to serve victims in San Jose. However, from the conversations with community, it is also clear that there is a big disconnect between what is offered, what knowledge people have and then what is accessed by whom and under what conditions. From what we learned during the study, the demand for all types – both residential and non-residential services is significant and domestic violence service providers try their best to meet the needs. The issue seems to be that, while services are available, they are sometimes insufficient—and awareness of them remains limited.

Many individuals and organizations within San José are effectively addressing the needs of domestic violence survivors in ways that are culturally responsive. While many provide standalone services, others incorporate domestic violence services as part of broader programmatic efforts. There is still much to be done to improve access for all, especially those with physical challenges or mental health concerns. Centralizing services is beneficial to those able to access them, however, it is clear that many remain unable to do so, often due to the association of advocacy with the criminal justice system. The City has an opportunity to explore alternatives with culturally specific providers and create enhanced support networks for everyone.

Since the focus of this assessment was on community, the legal system was not examined in depth. Survivors reported painful experiences with law enforcement, where they often felt treated without dignity and respect. As a result, they resort to law enforcement only as a last option. Survivors seek communities that possess knowledge of domestic violence, treat victims without prejudice, hold abusers accountable, and work with families to stop physical violence, enhancing the protection and safety of all members.



Appendices



Appendix A: Glossary of Terms

Community: a social unit with significant shared characteristics such as norms, values, and traditions. Different disciplines have different perspectives on what constitutes a community. Community creates an emotional connection and a sense of belonging. Communities are not monolithic, and survivors may identify with multiple communities at the same time.

Community-Based Organization (CBO): A nonprofit or grassroots group that is rooted in a specific community and works to address local needs, build capacity, and improve the well-being of residents—often through direct services, advocacy, education, or organizing.

Community-Based Response (CBR): An umbrella term encapsulating the fundamental role of any community to create a framework and process to respond to gender-based violence.

Coordinated Community Response (CCR): A collaboration that brings government organizations and sometimes community organizations to work together to coordinate and respond to domestic violence, sexual assault, and other forms of abuse.

Crisis Response, Mid- and Long-Term Support: Crisis response refers to all actions taken to address and manage any disruptive event. This may include calling the police to stop physical violence and requesting support from victim advocates to manage risk and safety for self and children. Mid- and Long-term responses include dealing with ongoing crisis (like in a domestic violence situation) and after the initial crisis has subsided. These responses may include managing the situation, communicating with necessary parties and adapting new strategies including detailed safety plans. Long term focuses on recovery, long term impact, learning from the experience and planning for the future.

Culture: A much-contested word. A critical definition of culture is about shared commonalities that change based on social and political contexts. It not only includes race and ethnicity but also intersects with all other identity markers.

Cultural Competency: The ability to understand, respect, and effectively interact with people from diverse cultures, backgrounds, and belief systems. It involves being aware of one's own cultural worldview, gaining knowledge of different cultural practices and perspectives, and developing skills to communicate and work respectfully and effectively across cultural differences. It is critical to acknowledge that no one person can become competent in someone else's culture.

Culturally Specific: An organization that fully reflects one ethnic/racial group's reality. This can also include religious, geographic, and other identity markers. The specific identity group is reflected throughout the

organization through a majority representation of staff, supervisors, senior management, and the board of directors. Decision-making, processes, and procedures clearly reflect cultural/racial realities— though they may differ from mainstream models. The constituency group is clearly defined and served.

Culturally Responsive/Culturally Affirming: An organization that has a deep appreciation for the value that culture brings to its staff, operations, management, and leadership, and this appreciation is reflected in decision-making, processes, and procedures. The organization understands the profound impact of culture on the lives of its internal and external constituents. People and communities of color feel welcomed and respected in this organization.

Cultural Sensitivity: The awareness and acknowledgment that cultural differences and similarities exist, and the willingness to respect and respond to those differences without judgment.

Domestic Violence: Refers to a pattern of coercive, controlling, and abusive behaviors used by one person to gain or maintain power over another in an intimate or familial relationship. These behaviors may include physical violence, emotional abuse, psychological manipulation, sexual assault, financial control, verbal abuse, digital surveillance, or threats to harm the victim or others. While often associated with physical harm, domestic violence is broader and includes non-physical forms of abuse that isolate, intimidate, or control the victim.

Gender-based Violence: An umbrella term used to describe various terms such as domestic violence, sexual assault, intimate partner violence, violence against women and girls, and violence against someone because of their gender or gender identity. Each of these terms has a specific meaning. However, gender-based violence, as the more encompassing term, is used internationally, and more recently in the U.S. as well, to capture the historical and cultural nuances within diverse communities, including that survivors may experience multiple forms of abuse.

Intimate Partner Violence: Refers to abuse or aggression that occurs in a romantic relationship. It can involve current or former spouses, dating partners, or individuals in any kind of intimate relationship. IPV includes physical violence, sexual violence, emotional abuse, psychological manipulation, financial control, stalking, and coercive control.

Interpersonal Violence: A broader term that refers to any violent interaction between individuals. It includes family violence, community violence, peer violence, and intimate partner violence, but is not limited to romantic or familial relationships

High Risk and High-Risk Teams: In the context of DV/IPV (DVHRT): The DV High Risk Team is a coordinated model designed to reduce domestic homicides. It includes early identification of the most dangerous cases

based on an evidenced based assessment such as the Danger Assessment or the Lethality Assessment. Additional support services are provided to the identified survivor by a multidisciplinary team and there is increased scrutiny of the offender. In domestic violence, high risk includes threats to kill, strangulation, escalation of violence, a long history of violence, child abuse and sexual assault to name a few.

Mainstream Culture: Represents the majority culture (usually Caucasian or white), individuals who have assimilated, and institutions that hold power.

Mainstream Organization: An organization that is led predominantly by individuals from the majority culture and utilizes mainstream values as a basis for decision-making, processes, and procedures.

Trauma-informed Approach: Being trauma informed means an understanding of how trauma can impact people. It is a holistic approach that attempts to ensure that steps are taken in the specific setting to prevent re-traumatization. The values of this approach include safety, trustworthiness, choice, collaboration and empowerment.

Trauma Informed Programs in Domestic Violence: A Domestic Violence Program that is trauma informed promotes a) *emotional safety* (focusing on the organization of the physical environment to avoid triggers, nonjudgmental approach, policies and practices are clearly communicated); b) *restoring choice and control* (opportunities for survivors to shape the focus of their work, survivors influence the programmatic work, foreground survivor narratives); c) *facilitating connections* (staff invest in relationship with survivor, opportunities for survivors to connect with each other, support survivor parenting relationships, connections with community); d) *supporting coping* (address domestic violence, strengthen and develop coping strategies, holistic healing); e) *Responding to identity and context* (physical space is inclusive and welcoming, responsive to and affirming of multiple identities, programs address diversity); f) *building strengths* (Recognition of and valuing strengths and opportunities for survivors to develop leadership skills).

Victim/Survivor: These two terms may be used separately or together depending on the context of the situation. “Victim” is used in systemic interventions. “Survivor” is more often used by advocates and advocacy organizations to describe the process of surviving and healing that many victims experience along their journey.

Appendix B: Model Comparison

Model	Description	Key Features	Frameworks
Promotores/ Promotoras Model	Evidence-based model of engaging community members to provide education and connection to resources in under-resourced and marginalized communities. Began in the healthcare industry.	Culturally relevant messaging Leadership development of community members Focus on health and wellness and capacity-building For community by community	Socio- Ecological
Community- Centric Outreach	Evidence-informed program in marginalized communities that uses alternate means of community-focused outreach and support to survivors.	Survivor-centered approach Trust-building before discussing domestic violence Holistic support addressing immediate needs	CCR
Mobile Advocacy	Evidence-based trauma-informed approach prioritizes the comfort and convenience of survivors. Promising an innovative approach, especially for marginalized groups or for rural and remote survivors. Began in the healthcare industry.	Flexibility and survivor empowerment Can meet survivors at home, parks, or coffee shops Includes multiple services (e.g., legal, financial, health)	CCR

Model	Description	Key Features	Frameworks
Lifetime Spiral of Violence	A prevention-focused model based on a life-course approach that addresses the intergenerational nature of domestic violence and works across all stages of life.	<ul style="list-style-type: none"> Focuses on the ecological factors of violence (individual, family, community, societal) Long-term prevention focus Intergenerational analysis 	Socio-Ecological
Community Violence Interrupters	A community-driven, holistic intervention program designed to reduce gun violence, including domestic violence, by leveraging local community credibility.	<ul style="list-style-type: none"> Community-based interventions Focus on credibility and local leadership Holistic approach to reducing violence in the community 	CCR

Appendix C: Culturally Specific Organizations

This appendix lists a sampling of some of the national, regional, and culturally specific organizations dedicated to preventing gender-based violence and supporting survivors.

- 1) **Arab American Family Services (AAFS)** provides services to Arab American families in Illinois, including those facing domestic violence. They offer counseling, advocacy, and legal assistance with an emphasis on cultural competence and language accessibility. [Link to website.](#)
- 2) **Asian Pacific Institute on Gender-Based Violence (APIGBV)** is a culturally specific national resource center on domestic violence, sexual violence, trafficking, and other forms of gender-based violence in Asian/Asian-American and Pacific Islander (AAPI) communities. [Link to Website.](#)
- 3) **Bisexual Resource Center** creates resources, provides support, and helps to create a stronger sense of community for bi/pan/fluid people across the US and beyond. [Link to website.](#)
- 4) **Black Women’s Health Imperative** is a non-profit organization created by Black women to help protect and advance the health and wellness of Black women and girls. [Link to website.](#)
- 5) **Caminar/HEART (Healthy, Equitable, and Respectful Together)**, an intimate partner violence prevention program in San José, California, has two main objectives: promoting healthy relationships through education and workshops and providing one-on-one resource referrals to ensure that the LGBTQ+ community and their families have what they need to stay safe. [Link to Website.](#)
- 6) **Cumberland Valley Domestic Violence Services Inc.** provides 24/7 crisis line, emergency shelter for all survivors of intimate partner violence, support groups, individual advocacy, court advocacy, and house assistance in rural Kentucky. [Link to Website.](#)
- 7) **Disability Independence Group, Inc. (DIG)** is a non-profit organization that promotes recruitment, education and employment of persons with disabilities thereby improving their lives through competitive employment and financial stability, and through the changing of society’s perception of persons with disabilities. [Link to website.](#)
- 8) **Enfamilia, Inc.** is committed to building healthy relationships through education and the art to provide educational programs to help improve and preserve family life for a large population of migrant farm workers and low-income families living in Deep South Miami-Dade County, Florida. [Link to website.](#)
- 9) **Esperanza United** works to advance social change by empowering Latino individuals and families to live free from violence. The organization provides leadership and advocacy that seeks to end violence within the Latino community while promoting a culture of respect, equality, and justice. [Link to Website](#)

- 10) **Maitri** has done transformative work empowering over thousands of survivors and has become the go-to agency for the South Asian community in the San Francisco Bay area. [Link to Website.](#)
- 11) **Mi Centro** cultivates the advancement of the Latino and Indigenous communities in Tacoma, WA by providing social services, legal information, and educational programming while honoring their heritage and culture through the arts. [Link to website.](#)
- 12) **National Indigenous Women’s Resource Center (NIWRC)** works to end domestic violence, sexual assault, and stalking in Native communities. They provide culturally appropriate services, advocacy, and resources for Native American women and their families. [Link to website.](#)
- 13) **Nisaa African Family Services** is a community-based organization with a mission to end gender-based violence in the African communities in Iowa. [Link to website.](#)
- 14) **The Peaceful Families Project (PFP)** is an initiative in Pennsylvania devoted to ending domestic violence in Muslim families by facilitating awareness workshops for Muslim leaders and communities, providing cultural sensitivity training and technical assistance for professionals, conducting research, and developing resources. [Link to website.](#)
- 15) **Ujima, Inc. (The National Center on Violence Against Women in the Black Community)** provides culturally specific services for Black women and families impacted by domestic violence, including crisis intervention, support groups, and advocacy. They aim to elevate the voices of Black survivors and offer resources that are culturally attuned. [Link to website.](#)
- 16) **UMOS** provides programs and services that improve the employment, educational, health, and housing opportunities of underserved populations. UMOS was formed by community and faith leaders who recognized the unmet needs and aspirations of migrant and seasonal farmworkers. UMOS serves thousands of families every day across Wisconsin, Texas, Missouri, Illinois, Florida, and Minnesota. [Link to website.](#)

Appendix D: List of Agencies, Individuals, Networks, and Committees

[Outreach List of over 100 organization serving the City of San José](#)

Appendix E: Demographics Summary

Breakdown of [demographic data](#) collected during outreach and engagement.

Appendix F: Community Engagement Materials

All materials made available in English, Spanish, Vietnamese, Chinese Simplified and Chinese Traditional)

- [Introduction Letter to Community](#)
- [Facilitator Guide](#)
- [Study Questions](#)
- Outreach Flyers:
 - [Community Intro Meeting Flyers](#)
 - [Listening Session and Interview Flyers](#)
 - [Community Validation Meeting Flyers](#)
- Presentations:
 - [Survivors – English, Survivors - Spanish](#)
 - [Provider & Community](#)
 - [Introduction to Community Meeting](#)
 - [Community Validation Meetings](#)
- Forms
 - [Demographic form](#)
 - Registration forms
 - » [Community Meeting - Introduction](#)
 - » [Listening sessions and interviews](#)
 - » [Community Meeting - Validation](#)
 - Consent form
- Interpretation
 - Interpreters, including ASL were offered at all sessions, interviews, and community meetings.

Appendix G: A Sampling of National Training Programs*

Agency & Program (s)	Description & Website
Asian Pacific Institute on Gender Based Violence (APIGBV) - Interpretation Technical Assistance & Resource Center (ITARC)	Culturally specific national resource center on domestic violence, sexual violence, trafficking, and other forms of gender-based violence in Asian/Asian American and Pacific Islander (AAPI) communities. www.apigbv.org
Creative Interventions to Stop Interpersonal Violence , Resources for Everyday People to End Violence - Creative Interventions Toolkit	Community-based guide for addressing violence outside carceral systems. https://www.creative-interventions.org/toolkit
End Abuse for People with Disabilities - Programs and training initiatives aimed at addressing the intersection of domestic violence and disability	Enhancing the capacity of organizations serving survivors with disabilities. https://www.endabusepwd.org/tools-and-training/
Esperanza United – Líderes Comunitarias y Promotoras	Programs focusing on developing Latina leadership to engage communities in addressing domestic violence and related issues. https://www.esperanzaunited.org
Faith Trust Institute - Educational materials to religious and secular institutions, aiming to integrate faith communities into the broader response to abuse and violence.	A national, multifaith, multicultural training and education organization dedicated to ending sexual and domestic violence. www.faithinstitute.org

Agency & Program (s)	Description & Website
Futures Without Violence – Coaching Boys into Men	Trains athletic coaches to teach young men about healthy relationships and nonviolence. futureswithoutviolence.org/initiative/coaching-boys-into-men-cbim/
The Learning Community to End Violence – Domestic Violence 101	Foundational domestic violence training on trauma-informed care and prevention - scope and impact of domestic violence, types of abuse, common tactics used, the cultural contexts of domestic violence and ways to effectively support someone who is experiencing abuse lms.thelearningcommunitytoendviolence.org/training/domestic-violence-101
Peaceful Families Project – Training & Technical Assistance	Islamic-based domestic violence prevention education and training for Muslim communities. https://www.peacefulfamilies.org
Safe Havens – Interfaith DV/ Elder Abuse Programs	Training and resources for faith communities to prevent domestic violence and elder abuse. https://www.interfaithpartners.org/domestic-and-sexual-violence
Violence Intervention Program – Community Engagement Program	Culturally specific organization dedicated to aiding Latinx survivors of domestic and sexual violence. Raise community awareness, engaging in activism and providing culturally competent services. https://www.vipmujeres.org/
UJIMA The National Center on Violence Against Women in the Black Community - Training and Technical Assistance	Focuses on empowering Black women and girls by providing culturally specific programs, policy advocacy, and research initiatives https://ujimacommunity.org/

*BWJP does not formally endorse any specific programs; we hope these resources are helpful as you explore available options.

Endnotes

- ¹ <https://www.sanjoseca.gov/home/showpublisheddocument/106750/638367848009000000> Page 401
- ² The Battered Women’s Justice Project (BWJP), based in St. Paul, MN is a national non-profit leader at the intersection of gender-based violence (GBV) and the law. BWJP is organized as a dynamic collection of national policy and practice centers which provide support, education, best practice, and innovation to advocates, systems professionals, community leaders, and policy experts.
- ³ These were not just limited to the criminal legal system but included the child welfare, health, civil, immigration and family.
- ⁴ Government systems include all systems that interact with victims/survivors. These include all those within both the criminal, family and civil systems. It may also include the child protective, preventive, and support systems, health care systems, behavioral health and others to name a few. Some of them may provide services to victims directly e.g. Law Enforcement, District Attorney and even the courts. Sometime community-based health care provides services. At other times, these agencies may connect identified victims to direct service providers or community-based organizations.
- ⁵ In qualitative studies, sample sizes are typically smaller. It is also more flexible. Saturation is the guiding principle for sample size in qualitative research. This concept was developed in 1967 as part of Glaser and Strauss’s work on grounded theory. Saturation determines that the data collected has captured the diversity, depth and nuances of the issues being studied. Content determines validity. The sample size has to be appropriate for the research question and the research has to address the reason for the sample size. Sample sizes vary from 6-10 participants for interviews to 2-4 for focus groups and approximately 30 for in depth interviews. Hennink, M and B.N. Kaiser. 2022. Sample sizes for saturation in qualitative research: A systematic review of empirical test. Vol 292, January 2022 <https://doi.org/10.1016/j.socscimed.2021.114523>
Glaser, B and A. Strauss. 1967. The Discovery of Grounded Theory: Strategies for Qualitative Research. Chicago, IL: Aldine
- ⁶ See Endnote 1.
- ⁷ Smith, S. G., Chen, J., Basile, K. C., Gilbert, L. K., Merrick, M. T., Patel, N., Walling, M., & Jain, A. (2017). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010–2012 state report. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf>

- ⁸ California Department of Justice, Office of the Attorney General. (2023). Domestic violence-related calls for assistance: San Jose, 2014–2023. <https://www.sjpd.org/records/crime-stats-maps/crime-statistics-archive>
- ⁹ See Endnote 6. During this time the San José Police Department also transitioned reporting methods and methodology for how domestic violence incidents were logged.
- ¹⁰ [See Glossary of Terms, Appendix A](#), at the end of the report for more information.
- ¹¹ [See Glossary of Terms, Appendix A](#), and [Literature Review](#) for more information.
- ¹² See Endnote 5.
- ¹³ For example, according to the National Crime Victimization Survey, only 21.5% of rape and sexual assault victimizations were reported to the police in 2021 (U.S. Department of Justice, Bureau of Justice Statistics, 2022).
- ¹⁴ The Battered Women’s Movement is an offshoot of the Civil Rights Movement and the Feminist Movement. See: Schechter, Susan. 1982. *Women and Male Violence: The Visions and Struggles of the Battered Women’s Movement*.
- ¹⁵ In the early 1970s, the term violence against women (VAW) referred to both domestic and sexual violence.
- ¹⁶ Nichols, Andrea J. 2014. *Feminist Advocacy: Gendered Organizations in Community-Based Responses to Domestic Violence*. Lanham, MD: Lexington Books.
- ¹⁷ The notion of an intersectional analysis goes back to Sojourner Truth - “Ain’t I a Woman”. The formal theoretical formulation goes to Crenshaw, Kimberlé. 1994. “Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color”. *The Public Nature of Private Violence*. Edited by Fineman, Martha and Mykytiuk, Rixanne. New York, NY: Routledge.
- ¹⁸ It is important to note here that Indigenous and Black women have always used an intersectional analysis to understand and work on issues of sexual and domestic violence. The racist and genocidal history of the beginnings of the U.S. required women from these communities to engage with the intersectional analysis from the outset.
- ¹⁹ From here on, the movement refers specifically to the Battered Women’s movement. Any other movement that is referred to will be addressed by the specificity of that movement.

- ²⁰ These systems were not just limited to the criminal legal system but included the child welfare, health, civil, immigration and family.
- ²¹ Terminology is always controversial, especially the use of Gender Based Violence (GBV). Many scholars and advocates now use GBV as the more encompassing term that captures the historical and cultural nuances within diverse communities. BWJP has also moved to using GBV recognizing that the solicitation uses domestic, dating violence, sexual assault and stalking (DDVSAS). The terms are used contextually and appropriately. See also <https://asiapacific.unfpa.org/si>
- ²² op.cit., Nichols, 2015. P.5
- ²³ Every state has numerous domestic violence programs and has at least one state coalition focused on domestic violence issues. Similarly, at the national level there are numerous organizations dedicated to working on the issue. They are too numerous to account here but all of them follow the current professional service model.
- ²⁴ A Community Based Response (CBR) is the broader framework. Coordinated Community Response models (CCR) emerged from this broader framework as a service model type.
- ²⁵ With VAWA funding, every state has numerous funded CCR models. Some of them are known as CCR models others as Multi-Disciplinary Coordinating Councils (MDTs). In almost all the cases, these programs focus on coordinating with the legal system, particularly the criminal one.
- ²⁶ © 2024. Battered Women’s Justice Project. Developed by A. Parker-Elder for the National Center on Reimagining CCR
- ²⁷ While the ideas encompassed within the concept of intersectionality are much older and can be traced back to Sojourner Truth’s: Ain’t I a Woman, it was codified and named by K. Crenshaw in her article: Crenshaw, Kimberle. 1989. Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics. University of Chicago Legal Forum, 1989 (1), 139-168. Originally, the idea of intersectionality encompassed the markers of race, class and gender. These are the three markers of identity that Crenshaw expounded upon. Since the 1990’s, the idea of intersectionality has not only transcended internationally but it has expanded to include other markers such as sexual orientation, age, geographic location, able-bodiedness, immigration status, language, and others. It is important to remember that these are categories created in order to understand the markers of difference; hence they are all contested terrain and the significance and meaning of each change as more knowledge is acquired.

- ²⁸ To see the list of FJCs, please visit <https://www.allianceforhope.org/family-justice-center-alliance>
- ²⁹ *National Center for Injury Prevention and Control, Division of Violence Prevention, Centers for Disease Control*, 2023. Johnson, L., & Stylianou, A. M. (2022). Coordinated community responses to domestic violence: A systematic review of the literature. *Trauma, Violence, & Abuse*, 23(2), 506-522. Shorey, R. C., Tirone, V., & Stuart, G. L. (2014). Coordinated community response components for victims of intimate partner violence: A review of the literature. *Aggression and violent behavior*, 19(4), 363-371.
- ³⁰ Non-dominant is another way of referring to groups that are marginalized historically and currently. They usually do not have power and influence compared to the dominant group. For example, the LGBTQ vis a vis heterosexual, disabled vs those who are able bodied and so on.
- ³¹ <https://www.rcdvcpc.org/the-greenbook-home.html> and Nikki Viavant, Reviving the Greenbook In the Context of Failure To Protect: Assessing Risk of Harm In Domestic Violence Situations To Best Assist Battered Mothers and Their Children, 35 *Hastings Women's Law Journal*. (2024).
- ³² The word community is often used loosely. It is a complicated term sometimes referring to a racial/ethnic community, sometimes a particular class, sometimes the LGBTQ+ community and so on. Criminal Justice professionals also call themselves community. What is critical to recognize is the communities are not monolithic, nor do the members form a single constituency. There are differing perspectives and opinions even within a racial/ethnic community. These divergences arise out of class/sexual orientation/gender differences. As much as a survivor has multiple allegiances and has needs that vary over time, so too does the community. The particular swing from systems to community because of serious racial injustices, is problematic if we do not problematize the concept of community. All communities are not always equipped to dealing with gender or domestic violence.
- ³³ As suggested by the socio-ecological framework.
- ³⁴ In many of the domestic violence risk assessments (there are many), the focus has always been the offender. When one analyses the risks faced by specific survivors, the risks may be family, community as well as the individual offender.
- ³⁵ Those servicing many marginalized victims and located in specific communities. These include many serving racial, ethnic, and LGBTQ+ groups.
- ³⁶ Links to all the national resource center and community based programs can be found here: <https://www.acf.hhs.gov/ofvps/programs/fvpsa/family-violence-prevention-services-resource-centers>
- ³⁷ See endnote 35.

- ³⁸ Which never considered community – see Warrior, S and K C Lizdas, 2022. : Coordinated Community Response Report <https://bwjp.org/site-resources/coordinated-community-response-report/>
- ³⁹ The Creative Interventions Toolkit arose from work in Oakland, CA to address the tension between standardized BIPs and community accountability. The area of BIPS or AIPs (Abused Partner Intervention program) and their efficacy remain controversial. See <https://www.innovatingjustice.org/dv-intervention-resources> and for an evidence based BIP program, Please see <https://www.nyu.edu/about/news-publications/news/2019/September/DomesticViolenceStudy.html>
- ⁴⁰ Also see <https://bwjp.org/site-resources/reimagine-coordinated-community-response-bwjp/>
- ⁴¹ Susan J. Hoppe, Yan Zhang, Brittany E. Hayes, Matthew A. Bills, Mandatory arrest for domestic violence and repeat offending: A meta-analysis, *Aggression and Violent Behavior*, Volume 53,2020, 101430, ISSN 1359-1789, <https://doi.org/10.1016/j.avb.2020.101430> (<https://www.sciencedirect.com/science/article/pii/S1359178920300409>)
- ⁴² Please see [Appendix B](#) for a table that outlines the similarities and differences between these models.
- ⁴³ See The Promotora Cooperative Initiative launched by the Latino Community Fund post the Sonoma and Napa county fires and funded by the California Health Care Foundation; King County , WA to reduce breast cancer rates and child health: <https://kingcounty.gov/en/dept/dph/health-safety/health-centers-programs-services/access-outreach-program>
- ⁴⁴ Serrata JV, Hernandez-Martinez M, Macias RL. Self-Empowerment of Immigrant Latina Survivors of Domestic Violence: A Promotora Model of Community Leadership. *Hisp Health Care Int*. 2016 Mar;14(1):37-46. doi: 10.1177/1540415316629681. PMID: 27257189. Menon SV, Allen NE. Community Organizing and Transformative Change in the Response to Domestic Violence in India. *Am J Community Psychol*. 2020 Sep;66(1-2):106-118. doi: 10.1002/ajcp.12427. Epub 2020 May 26. PMID: 32452566. <https://mhpsalud.org/el-arte-de-sobrevivir-embedding-support-survivors-community-multi-tiered-promotora-de-salud-model/>
- ⁴⁵ <https://www.nwica.org/overview-and-history>
- ⁴⁶ Ibid., Serrata et.al. 2020
- ⁴⁷ See <https://licensetofreedom.org/>
- ⁴⁸ Lupe Serrano, Executive Director Casa de Esperanza. Personal Communication.
- ⁴⁹ See [Glossary of Terms, Appendix A](#).
- ⁵⁰ Visit www.kingcounty.gov/vshsl-funding.

- ⁵¹ Blue Shield of California. 2019. Breaking the Cycle: A Life Course Framework for Preventing Domestic Violence. San Francisco, CA.
- ⁵² Wical, W. et.al 2020. A Credible Messenger: The Role of the Violence Intervention Specialist in the Lives of Young Black Male Survivors of Violence. Violence and Gender, 2020,7:2, 66-69 <https://doi.org/10.1089/vio.2019.0026>.
- ⁵³ <https://dccadv.org/> The outcomes are unknown as it is still in progress.
- ⁵⁴ Funders, especially government funders, are caught between answering to the public on taxpayers dollars that have been spent responsibly by the use of evidenced based work and performance measures. However, the issue is that this leads to many programs being funneled into a standard way of operating that often does not meet the needs of marginalized survivors. Many of these measures comes from programs that have worked for those in the dominant groups. Also, they do not address the multifaceted needs of many survivors. This is what led K. Crenshaw to write her intersectionality paper. She worked in domestic violence shelters and captured firsthand how black women were treated and their needs unmet. So, funders have to work together with many diverse groups to come up with performance measures that work for all. The concept of Margin to Center pioneered by bell hooks addresses this – hooks, bell. 1984. Feminist Theory: From Margin to Center. Boston: South End Press.
- ⁵⁵ U.S. Census Bureau. (2023). QuickFacts for San José and Santa Clara County. Retrieved from <https://census.gov/quickfacts>
- ⁵⁶ American Community Survey. (2023). Data Tables and Reports. Retrieved from <https://www.census.gov/programs-surveys/acs>
- ⁵⁷ Santa Clara County Public Health Department (2022). Health and Demographic Data Reports. Retrieved from <https://pewresearch.org>
- ⁵⁸ California Department of Finance. (2023). Demographic and Economic Reports. Retrieved from <https://dof.ca.gov>
- ⁵⁹ Pew Research Center. (2023). Immigration and Language Statistics. Retrieved from <https://pewresearch.org>
- ⁶⁰ Human Rights Campaign. (2022). Municipal Equality Index. Retrieved from <https://hrc.org/me>
- ⁶¹ United States Census Bureau. (2020). Disability Characteristics. Retrieved from <https://www.census.gov>
- ⁶² California Health Interview Survey. (2019). Disability Data. UCLA Center for Health Policy Research. Retrieved from <http://healthpolicy.ucla.edu>

- ⁶³ California Department of Public Health. (2020). California State Health and Human Services Agency: Disability Statistics. Retrieved from <https://www.cdph.ca.gov>
- ⁶⁴ American Farmland Trust. (2023). Farmland and Economic Data. Retrieved from <https://farmland.org>
- ⁶⁵ In qualitative studies, sample sizes are typically smaller. It is also more flexible. Saturation is the guiding principle for sample size in qualitative research. This concept was developed in 1967 as part of Glaser and Strauss’s work on grounded theory. Saturation determines that the data collected has captured the diversity, depth and nuances of the issues being studied. Content determines validity. The sample size has to be appropriate for the research question and the research has to address the reason for the sample size. Sample sizes vary from 6-10 participants for interviews to 2-4 for focus groups and approximately 30 for in depth interviews. Hennink, M and B.N. Kaiser. 2022. Sample sizes for saturation in qualitative research: A systematic review of empirical test. Vol 292, January 2022 <https://doi.org/10.1016/j.socscimed.2021.114523> Glaser, B and A. Strauss. 1967. The Discovery of Grounded Theory: Strategies for Qualitative Research. Chicago, Il: Aldine
- ⁶⁶ Flores, Glenn G. (2006) Language Barriers to Health Care in the United States. N Engl J Med.
- ⁶⁷ Key Informant in San José identifies cultural and language access as a major barrier. Their organization was intentionally funded to serve bilingual communities—primarily Spanish and English. Currently, over 90% of their direct service staff are fluent in Spanish, with fluency across different dialects. However, there’s a stark gap in language support for other communities. For example, there’s growing demand for services in South Asian languages and Russian—a new and unexpected trend—but there are too few staff to meet those needs.
- ⁶⁸ Erez, E., Adelman M. and Carol Gregory (2009). Intersections of immigration and domestic violence: Voices of battered immigrant women. Feminist Criminology, 4(1): 32-5
- ⁶⁹ <https://sanjose.legistar.com/View.ashx?M=F&ID=13693140&GUID=7BD96236-10DE-474C-B22E-11D70938D1E5>
- ⁷⁰ <https://sanjose.legistar.com/View.ashx?M=F&ID=13687637&GUID=D94288FD-5478-45AC-B4EC-36BDAE5F2C04>
- ⁷¹ https://files.santaclaracounty.gov/migrated/FY20%20OGBVP%20Annual%20Report_FINAL.pdf
- ⁷² Op-ed submitted by the Domestic Violence Advocacy Consortium member organizations, “Santa Clara County budget cuts threaten survivors of physical abuse,” San José Spotlight, April 26, 2024.
- ⁷³ Raj, Anita & Silverman, Jay (2002). Violence Against Immigrant Women. Violence Against Women Volume: 8 Issue: 3 Dated: March 2002 Pages: 367-398

- ⁷⁴ Bent-Goodley, T. B. (2005). Domestic violence in the African American community: A socio-cultural perspective. *Journal of Social Work*, 50(4), 331-340.
- ⁷⁵ Kulwicki, A., S. Schim, & A. Y. M. (2010). Health care and social services access for Middle Eastern immigrants and refugees in the United States. *Journal of Immigrant and Minority Health*, 12(5), 834-844.
- ⁷⁶ Alvarez, A., R. Zúñiga, & M. Ruiz (2018). Indigenous immigrant communities in the U.S.: Discrimination and challenges faced by the Mixtec and Zapotec groups. *International Journal of Migration Studies*, 25(1), 58-74.
- ⁷⁷ Santa Clara County Reentry Resource Guide. (2022). Asian Americans for Community Involvement (AACI) Shelters. Retrieved from <https://www.sccgov.org>
- ⁷⁸ Next Door Solutions to Domestic Violence. (2023). The Shelter Next Door. Retrieved from <https://www.nextdoor.org>
- ⁷⁹ Retrieved from [nextdoorsolutions.org](https://www.nextdoorsolutions.org) FY21-22 Report
- ⁸⁰ YWCA Golden Gate Silicon Valley. (2023). Housing Continuum for Survivors of Domestic Violence. Retrieved from <https://www.ywca-sv.org>
- ⁸¹ Santa Clara County Reentry Resource Guide. (2022). Asian Americans for Community Involvement (AACI) Shelters. Retrieved from <https://www.sccgov.org>
- ⁸² Next Door Solutions to Domestic Violence. (2023). The Shelter Next Door. Retrieved from <https://www.nextdoor.org>
- ⁸³ Next Door Solutions to Domestic Violence. (2023). The Shelter Next Door. Retrieved from <https://www.nextdoor.org>
- ⁸⁴ Safe Chat Silicon Valley. (2023). Domestic Violence Resources. Retrieved from <https://www.safechat.org>
- ⁸⁵ findhelp.org. (2023). Resources for Housing and Domestic Violence Support. Retrieved from <https://www.findhelp.org>
- ⁸⁶ From the listening sessions:
- “The organization’s resources were crucial for their healing and provided a sense of stability and community”
- “The transitional housing program played a major role in my recovery. I was placed in a two-year program, and eventually was able to get permanent housing”
- “We all agree on the importance of supporting and keeping organizations open. The services are crucial for our healing and to help others.”

⁸⁷ From the listening sessions:

“Coldness about it, matter of fact. ‘Fill out this form, fill out this form’—really you are in crisis mode and just trying to survive.”

“Have called orgs like housing, only avenue is to leave an email/voicemail, ‘we will call you back in 7-10 days.’ When you are dealing with DV, 7-10 days is too long.”

⁸⁸ While specific data for San Jose is limited, a 2022 report from the Santa Clara County District Attorney’s Office acknowledges racial disparities in misdemeanor domestic violence offenses. The report notes that reductions in filings have led to fewer Latino and African American community members being charged with these low-level crimes, yet the overall percentages by race and ethnicity of prosecuted individuals have remained largely unchanged <https://files.santaclaracounty.gov/migrated/Race%20Prosecutions%202022%20Report%20-%20Combined%20with%20Appendix.pdf?>

⁸⁹ See [Literature Review](#) Section: Critique of the Domestic Violence System, and Current Advocacy.

⁹⁰ This includes Asian, Black, Indigenous, Latine, and other communities of color.

⁹¹ During the listening sessions, smaller culturally specific community-based organizations (CBOs) and providers shared that they want to offer domestic violence support to their community members but need both financial resources and technical assistance to do so effectively.

⁹² New York City’s Department of Homeless Services (DHS) has a program called “No Violence Again (NoVA)” that provides domestic violence services, including assessment, crisis counseling, shelter referral, and placement assistance, for domestic violence survivors seeking emergency housing at all DHS intake centers. https://www.nyc.gov/assets/hra/downloads/pdf/services/domestic_vio/BRC-247-dv.pdf

⁹³ Hucke, K. (2024). Violence Interrupters: A Review of the Literature. Illinois Criminal Justice Information Authority. See link: <https://icjia.illinois.gov/researchhub/articles/violence-interrupters-a-review-of-the-literature/>

⁹⁴ MacGillis, A. 2023. Can Community Programs Help Slow the Rise in Violence? ProPublica <https://www.propublica.org/article/are-community-violence-interruption-programs-effective>

⁹⁵ The Report can be found - [Violence Prevention Service Models](#).

⁹⁶ The specific participants referred to here are members of the REAL Coalition