

**VIOLENCE AGAINST WOMEN AND GIRLS  
IN SAN FRANCISCO:  
MEETING THE NEEDS OF SURVIVORS**

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## **EXECUTIVE SUMMARY**

### **PURPOSE**

The Commission on the Status of Women (COSW) has requested this needs assessment of Violence against Women and Girls services in the City of San Francisco. The goals are to determine the needs of clients currently receiving Violence against Women (VAW) services from agencies funded by COSW, from agencies not funded by COSW, and of potential clients not currently receiving services. In assessing the needs of these three groups, this study describes services that are currently offered, barriers experienced by women and girls in seeking and accessing services, and gaps in current programming that need to be addressed. This study also identifies and describes populations that experience a higher risk of exposure to violence and/or are currently under-served by the existing VAW programs in San Francisco. In conclusion, recommendations, based upon the experiences, needs, and concerns of San Francisco's women and girls and the insights and experiences of service providers, are offered to improve the provision of violence prevention and intervention services.

### **DEFINING VIOLENCE: AN ANTHROPOLOGICAL APPROACH**

Violence against women and girls in contemporary U.S. society is pervasive. While the threat of violence affects all women and girls, a complex interaction of social factors may produce different experiences of violence for particular populations. These factors include economic resources and opportunities, immigrant status, and societal attitudes and prejudices regarding race, ethnicity, religion, gender, and sexuality. The interplay of these various factors results in different risks for exposure to violence and in different needs for services.

In defining violence, it is critical to understand that violence against women is not a singular phenomenon but manifests itself in many forms and contexts. In this study, violence has been defined to include physical, emotional, sexual, psychological, and/or financial abuse or control. Sexual assault includes rape, sexual abuse, sexual harassment, and incest. In examining needs and services, this study includes all violence whether perpetrated by an intimate partner or family member, by a stranger or acquaintance, or by an authority figure.

While this definition of violence guided research, it was necessary to determine if it resonates with the diverse populations that reside in San Francisco. The first step in understanding the needs of women and girls is determining how violence is identified and dealt with by different communities. Gaining the perspectives of women and girls who have experienced violence has been a central priority of this study and has influenced the identification of priority populations and the generation of recommendations that meet the needs of the diverse communities in San Francisco.

## **METHODOLOGY**

Primary data was collected in three phases encompassing interviews with agencies providing Violence Against Women (VAW) services and agencies working with populations deemed at-risk or under-served in phase one; focus groups and one-on-one interviews with women and girls who experienced violence, and key informant interviews with individuals who have expertise on specific population in phase two; and a city-wide survey administered in person and over the phone in phase three.

This mix of qualitative and quantitative methods allowed us to determine available services, determine the vulnerabilities, needs and barriers faced by women and girls in priority populations, and assess the needs of women and girls in the general population of San Francisco.

## **SERVICES AVAILABLE IN SAN FRANCISCO**

There is an extensive and diverse array of services available to women and girls within the City of San Francisco. This report summarizes these services according to the type of agency that provides the service (violence-specific agency or community based agency) and by type of service (crisis intervention, non-crisis intervention, prevention), as well as discussing the various service models utilized in San Francisco. While there are numerous services available, gaps exist in services that target specific populations, in enough services to meet particular needs such as emergency shelter, and in services that utilize alternative models in dealing with violence.

## **PRIORITY POPULATIONS**

Priority populations are those populations under-served by existing services and/or at a high risk for victimization. These populations encompass many identities including culture, religion, immigrant status, type of violence experienced, occupation, housing status, disability, age, gender identity and sexual orientation.

The priority populations identified are:

- sex workers
- adult survivors of sexual assault
- child and adolescent survivors of sexual assault
- the disabled
- the elderly
- youth
- lesbian, bisexual and transgender women

- recent immigrants
- Muslim women
- Asian American women
- Native American women
- African American women
- Latina
- perpetrators.

A discussion of the particular needs of each population including existing barriers to seeking and/or accessing services is offered in conjunction with specific recommendations for services.

## **CITYWIDE SURVEY RESULTS**

Both women and girls who had and had not experienced violence were questioned about their needs should they ever experience violence in the future, service provider preferences, and the most effective ways to inform women and girls about services and to prevent violence. Survey questions were categorized according to the perpetrator of the violence: an intimate partner or family member, a stranger or acquaintance, and an authority figure.

### ***Violence From An Intimate Partner Or Family Member***

When asked what kind of help would be needed if they experienced violence from an intimate partner or a family member, the most common answer was therapy (counseling, support groups, etc.) (17%) followed by legal help<sup>1</sup> (14%), a place to go such as a shelter or group home (13%), and support from family or friends (11%). As to where they would seek this help, 28% would use informal networks of friends, family members and co-workers, 21% stated they would seek help at VAW agencies and 18% would seek help from a health care provider.

### ***Violence From A Stranger Or Acquaintance***

In situations of violence from a stranger, the type of help needed most frequently mentioned by respondents was legal help (23%), followed by therapy (11%), and support from family and friends (11%). Other needs commonly mentioned were medical treatment (10%) and steps to make one feel safe (8%). Five percent of respondents gave an open-ended answer, the most common being immediate self-defense measures to help fight off an attacker such as fighting and yelling. Respondents stated that they would seek these types of help by asking for referrals from an informal network (32%), from health

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<sup>1</sup>The category of legal help includes assistance from the police as many respondents included law enforcement in their understanding of legal help.

care providers (24%) and from either community-based organizations (14%) or official entities like law enforcement (14%).

### ***Violence From An Authority Figure***

In situations of violence from an authority figure, the type of help needed most frequently mentioned was legal help (24%), talking to someone who believes you (16%), therapy (12%) and support from family or friends (11%). Respondents said they would seek this help by using their informal network of friends, family, or co-workers (34%) or going to institutional entities such as unions, labor boards, and law enforcement (20%). Also mentioned were community-based organizations (15%) and health care providers (16%).

### ***Service Provider Preferences***

If the service provider did not speak the same language but used an interpreter, 53% would be less likely to seek services while 29% would be as likely to seek services.

If the service agency were in the same neighborhood, 56% would be more likely to seek services while 29% would be just as likely.

If the service provider were the same sexual orientation as the respondent, 51% would be just as likely to seek services while 37% would be more likely.

If the service provider were the same ethnicity as the respondent, 50% would be just as likely to seek services while 39% would be more likely.

65% of the sample felt it was very important that the service provider be sensitive and knowledgeable about their background.

### ***Informing Women and Girls about Available Services***

Twenty-nine percent of the sample felt that the most effective way of informing women and girls about services was through the media (e.g. newspaper, television, radio, billboard, and MUNI advertisements), followed by programs located at sites such as schools, daycare facilities, and the workplace (17%). Both community leaders and health workers were mentioned by 7% of the sample as being effective venues to inform people of available services.

### ***Violence Prevention***

The most frequently mentioned way to prevent violence against women and girls was to increase community awareness (14%), followed by self-defense/safety classes for women and girls (12%) and life skills classes such as parenting, job training, and self-empowerment training (12%). Also mentioned were anger management programs for

abusers (11%) and diversionary programs for youth (e.g. after-school or summer programs) (11%). Nine percent provided open-ended responses, the most common of which was education.<sup>2</sup>

## **BARRIERS TO SERVICES**

Agencies and the women and girls they hope to serve face numerous barriers to providing and accessing services. These barriers mark the gaps in services available in San Francisco.

### ***Barriers To Providing Services***

#### Chronic Shortage of Qualified Staff

Adequate staffing was one of the significant barriers to their ability to provide violence against women programming. Staffing for violence related programs requires maturity and experience in handling sensitive issues, as well as a willingness to work long hours for low wages and few benefits. In addition, most agencies reported difficulties in the recruitment of bilingual employees.

#### Inadequate Training of Agency Workers

Staff members are often unequipped to work with women with special needs such as women who have been abused by other women, women who adhere to traditional views on sexuality, women working in prostitution or the sex industry, and women who are homeless and/or using illegal substances.

#### Inadequate Training of Private Sector Providers

Private therapists and physicians often have little or no training in dealing with domestic violence or sexual assault. These service providers may fail to recognize or acknowledge domestic violence, minimize the problem, or blame the women for the violence.

#### Short Term Funding

The time and resources required to constantly apply for funding and to satisfy the requirements made by funders limit VAW agencies' abilities to develop and maintain programs, and to initiate innovative long-term programs.

#### Inadequate Infrastructure

Organizations are in need of improvements in their facilities such as upgrades in existing computer and telecommunications equipment, the purchase of software that increase efficiency in the management of services and clients, increasing compliance with ADA standards, and relocating to larger more accessible locations.

### ***Barriers To Receiving Services***

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<sup>2</sup> Education refers to educating women and girls about their options in dealing with violence and educating potential abusers about appropriate behavior.

### Will Not Seek Services Identified as Violence Related

The stigma and shame associated with experiencing violence prevents some women and girls from accessing such services, particularly if they feel responsible for the violence, don't want to embarrass family by telling outsiders about violence, and don't want to be identified as a "victim."

### Do Not Identify with Available Services

Many women and girls believe that services provided by agencies outside of their particular communities are not directed at them, will not be sensitive to their particular needs, or will encourage inappropriate or unwanted actions.

### No Unified Definition of Violence

While physical violence seems to be broadly accepted as violence by women and girls, other forms such as forced sex (particularly in the context of marriage), verbal insults and intimidation, emotional torment, and financial control are not so widely defined as violence. If an individual does not define her experience as violence, no matter how much she may desire change, she will not seek help from violence prevention or intervention programs.

### Inability to Communicate with Service Providers

Inability to communicate--either because of language, literacy or disability--prevents awareness of services and the ability to access them.

### Belief that Violence can not be Resolved

For some women the predominant view of violence is that physical, verbal and emotional abuse is commonplace, to be expected, and that alternatives are impossible to imagine.

### Fear of Negative Consequences from Seeking Services

Many women and girls have valid fears about potential consequences of seeking services that include the fear of losing custody of their children, of ending an emotional relationship, of ostracism from their community for 'airing dirty laundry', of deportation, of not receiving services because they are not believed, and fear of prejudicial treatment.

### Not Aware of Available Services

Some women, especially recent immigrants, may not be familiar with the idea of violence related services.

### Attitudes towards Age and Gender

Beliefs in age hierarchy and traditional gendered roles significantly prevent many women from questioning abuse or perceiving options for dealing with abuse.

### Concepts of Privacy and Shame

A dominant belief among many women and girls is that violence, particularly within the family, is considered shameful and a private matter.

### Emotional Reactions

Women who have experienced violence repeatedly refer to the emotional turmoil caused by violence. They cite volatile emotional states of confusion; despair and disbelief coupled with fear of retaliation as contributing to women's and girls' inability to seek services. The psychological impact of repeated attacks on one's self-esteem, feelings of helplessness, and an inability to trust others also contribute to why women and girls do not seek services.

## **RECOMMENDATIONS**

The following recommendations emphasize the need for violence-specific agencies and community based organizations (CBOs) to collaborate in addressing violence. The development of violence prevention and intervention programs within CBOs must be promoted and supported. These programs should be population-specific and ameliorate specific barriers that violence-specific agencies cannot adequately address. And they should be designed and operated through collaboration with violence-specific agencies, creating an integrated, citywide response to violence.

The following general recommendations integrate, expand upon, or are in addition to specific recommendations made for each population:

### **Promote Community Based Programs in Collaboration with Violence-Specific Agencies**

Some women and girls are more likely to access services that come from within their communities. Such services circumvent many of the barriers and fears women face in seeking services from providers unfamiliar with their identities or circumstances. Specific ways to achieve the goal of collaboration include promoting outreach to specific populations, promoting provider education and training projects, promoting education and sensitivity training of authorities and caretakers, developing community based transitional and long-term housing, providing viable alternatives to violent environments, promoting family oriented holistic programs, promoting programs that address all forms of violence, promoting programs to deal with perpetrators of violence, and promoting early childhood violence prevention and intervention education.

### **Promote Empowerment Programs**

A lack of resources and choices severely limits a woman's options in dealing with violence. Prevention efforts must include programs that promote the empowerment of women such as promoting job training and placement programs, promoting immigration and naturalization programs and life skills educational programs for immigrant women, promoting self-defense classes, and promoting enhancement of personal strengths.

### **Promote a Public Awareness Campaign**

If the city of San Francisco is committed to ending violence as it is now defined within the service provider, activist, and academic communities, then it must convince all of its citizens that these defined acts are violent and that assistance is available. An integrated

public awareness campaign should be conducted targeting all communities and using multiple, culturally appropriate methods which promote a single city-wide definition of violence; define the negative consequences of violence to the individual, family, and community; promote community intolerance of all these forms of violence; reinforce that *all* communities are vulnerable to violence; explain where to seek help from violence; explain what will happen when seeking help, including what a person's rights are with respect to child custody, immigration, and economic support; and provide models of alternative, non-violent behavior.

### **Promote Training of Authorities and Private Sector Providers**

Programs to train authorities and private sector providers such as doctors, therapists, and lawyers to identify abuse and to respond appropriately to both abusers and survivors must be promoted and funded.

### **Expand Existing VAW Programs**

Existing VAW programs are either oversubscribed or, due to a lack of funding and/or qualified staffing, not offered on a consistent basis. Of particular concern, and in need of expansion are long-term counseling and support groups, and emergency shelter programs.

### **Improve Agency Infrastructure and Operations**

In order to serve more efficiently the women and girls of San Francisco, agencies should improve physical access to their existing services, and expand their operating hours. It is hoped that agencies will be assisted in these efforts by the City and private funders as well as through assistance in the purchase of agency offices, the standardization of reporting requirements of funders, and the provision of computer programs to agencies to manage reporting requirements.

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## **1.0 INTRODUCTION**

### **1.1 PURPOSE**

The Commission on the Status of Women (COSW) has requested this needs assessment of Violence against Women and Girls services in the City of San Francisco. The goals are to determine the needs of clients currently receiving Violence against Women (VAW) services from agencies funded by COSW, from agencies not funded by COSW, and of potential clients not currently receiving services. In assessing the needs of these three groups, this study describes services that are offered currently, barriers experienced by women and girls in seeking and accessing services, and gaps in current programming that need to be addressed. This study also identifies and describes populations that experience a higher risk of exposure to violence and/or are currently under-served by the existing VAW programs in San Francisco. In conclusion, recommendations, based upon the experiences, needs, and concerns of San Francisco's women and girls and the insights and experiences of service providers, are offered to improve the provision of violence prevention and intervention services.

### **1.2 DEFINING VIOLENCE: AN ANTHROPOLOGICAL APPROACH**

Violence against women and girls in contemporary U.S. society is pervasive. All women and girls are potential targets of violence regardless of whether they are rich or poor, disabled or able-bodied, heterosexual or lesbian, of a particular age, or a member of a particular ethnic, cultural or religious group. While the threat of violence affects all women and girls, a complex interaction of social factors may produce different experiences of violence for particular populations. These factors include economic resources and opportunities, immigrant status, and societal attitudes and prejudices regarding race, ethnicity, religion, gender, and sexuality. The interplay of these various factors results in different risks for exposure to violence and in different needs for services.

In defining violence, it is critical to understand that violence against women is not a singular phenomenon but manifests itself in many forms and contexts. In this study, violence has been defined to include physical, emotional, sexual, psychological, and/or financial abuse or control. Sexual assault includes rape, sexual abuse, sexual harassment, and incest. In examining needs and services, this study includes all violence whether perpetrated by an intimate partner or family member, by a stranger or acquaintance, or by an authority figure.

While this definition of violence guided research, it was necessary to determine if it resonates with the diverse populations that reside in San Francisco. The first step in understanding the needs of women and girls is determining how violence is identified and dealt with by different communities. Gaining the perspectives of women and girls who have experienced violence has been a central priority of this study and has influenced the identification of priority populations and the generation of recommendations that meet the needs of the diverse communities in San Francisco.

This needs assessment also has been guided by the recognition that the impact of violence against women and girls permeates all social domains, and as such, responses to violence should not be limited to the medical, legal and educational arenas. In order to prevent violence and effectively provide services tailored

to the needs of women and girls who experience violence, the context in which the violence occurs and the specific challenges facing women must be considered in conjunction with each other.

### 1.3 SCOPE OF VIOLENCE

In understanding women and girls' experiences of violence and their needs, it is helpful to understand the scope of violence. Sources of data on violence against women and girls, particularly at the local level, are limited. The rates reported do not accurately reflect the real scope of violence. Many women do not report crimes of violence, particularly if they have not sustained a physical injury, do not seek medical help or are not identified as victims of violence, or they seek medical help from private facilities and, thus, are not included in official statistics.

#### 1.3.1 Intimate Violence

Intimate partner violence is pervasive in U.S. society.

- Nationally, nearly 25% of surveyed women and 7.5% of surveyed men said they were raped and/or physically assaulted by a current or former spouse, cohabiting partner, or date at some point in their lifetime. And 1.5% of surveyed women and 0.9% of surveyed men said they were raped and/or physically assaulted by an intimate partner in the previous 12 months.<sup>3</sup>
- Nationally, a current or former husband, cohabiting partner, or date assaulted 76% of women who were raped and/or physically assaulted since the age of 18.<sup>4</sup>
- Approximately 1.5 million women and 834,732 men are raped and/or physically assaulted by an intimate partner annually in the United States. Because many victims are victimized more than once, the number of intimate partner victimizations exceeds the number of intimate partner victims annually. Thus, annually, approximately 4.9 million and 2.9 million intimate partner rapes and physical assaults are perpetrated against women and men respectively.<sup>5</sup>
- Women ages 19-29 reported more violence perpetrated by intimates than any other age group.<sup>6</sup>
- Violence against women occurs in 20% of dating couples.<sup>7</sup>
- Nationally, female homicide victims are more than twice as likely to have been killed by an intimate partner than are male homicide victims.<sup>8</sup>
- 20% of women killed in California in 1998 were killed by their spouse. Another 40% were killed by a friend or acquaintance, which includes ex-husbands or boyfriends.<sup>9</sup>
- Nearly 80% of stalking cases occur within intimate relationships<sup>10</sup> and approximately 1,000,000 women are stalked annually in the United States.<sup>11</sup>

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<sup>3</sup> Tjaden, P. and Thoennes, N. 2000. *Extent, Nature, and Consequences of Intimate Partner Violence*. Washington, D.C.: National Institute of Justice.

<sup>4</sup> Tjaden, P. and Thoennes, N. 1998. *Prevalence, Incidence, and Consequences of Violence Against Women: Findings from the National Violence Against Women Survey*. Washington, D.C.: National Institute of Justice.

<sup>5</sup> Tjaden, P. and Thoennes, N. 2000. *Extent, Nature, and Consequences of Intimate Partner Violence*. Washington, D.C.: National Institute of Justice.

<sup>6</sup> Bachman, R. and Saltzman, L.E. August 1995. *Violence Against Women: Estimates from the Redesigned Survey*. Bureau of Justice Statistics, Special Report. Washington, D.C.: U.S. Department of Justice.

<sup>7</sup> American Psychological Association. 1996. *Violence and the Family: Report of the American Psychological Association Presidential Task Force on Violence and the Family*. Washington, D.C.: APA.

<sup>8</sup> Bureau of Justice Statistics. December 1996. *Female Victims of Violent Crime*. Washington, D.C.: Bureau of Justice.

<sup>9</sup> California Department of Justice Criminal Justice Statistics Center. 1998. *Homicide in California 1998*.

<sup>10</sup> National Institute of Justice Research. April 1996. *Domestic Violence, Stalking and Anti-stalking Legislation: An Annual Report to Congress under the Violence Against Women Act*. Washington, D.C.:

- In 1998, there were 1,188 arrests for domestic violence in San Francisco.<sup>12</sup>
- Two-thirds of women murdered in San Francisco were killed by their spouse, partner or ex-partner.<sup>13</sup>

Physical and sexual violence perpetrated against women by intimates is accompanied by emotionally abusive and controlling behavior. The National Violence Against Women survey found that women whose partners were jealous, controlling, or verbally abusive were significantly more likely to report being raped, physically assaulted, and/or stalked by their partners, even when other socio-demographic and relationship variables were controlled. Indeed, having a verbally abusive partner was the variable most likely to predict that a woman would be victimized by an intimate partner. These findings support the theory that violence perpetrated against women by intimates is part of a systematic pattern of dominance and control.<sup>14</sup>

According to the same survey, most intimate partner assaults are not reported to the police. Only approximately one-fifth of all rapes, one-quarter of all physical assaults, and one-half of all stalkings perpetrated against females by intimates were reported to police. Even fewer rapes, physical assaults, and stalkings perpetrated against male respondents by intimates were reported. The majority of victims who did not report their victimization to the police thought the police would not or could not do anything on their behalf. These findings suggest that most victims of intimate partner violence do not consider law enforcement an appropriate vehicle for resolving conflicts with intimates.

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National Institute of Justice.

<sup>11</sup> Tjaden, P. and Thoennes, N. 1998. *Stalking in America: Findings from the National Violence Against Women Survey*. Washington, D.C.: National Institute of Justice and Centers for Disease Control and Prevention.

<sup>12</sup> California Department of Justice Criminal Justice Statistics Center. August 1999. *Report on Arrests for Domestic Violence in California, 1998*. Volume 1, Number 3.

<sup>13</sup> San Francisco Family Violence Project, Office of the District Attorney. 1997. *Domestic Terror: Family and Domestic Violence Homicide Cases in San Francisco*.

<sup>14</sup> Tjaden, P. and Thoennes, N. 2000. *Extent, Nature, and Consequences of Intimate Partner Violence*. Washington, D.C.: National Institute of Justice.

### 1.3.2 Sexual Assault

Sexual assault is an encompassing term that includes any sexual activity that is forced upon a person. The force used may be physical or the use of threats, fear, pressure, or drugs and alcohol. Various research efforts suggest that perhaps only 16% to 36% of all rapes are ever reported.<sup>15, 16</sup>

- 1 in 6 U.S. women has experienced an attempted or completed rape as a child and/or adult.<sup>17</sup>
- 1 in 3 women and 1 in 5 men will be sexually assaulted in their lifetime.<sup>18</sup>
- 78% of rape victims are estimated to know their rapist.<sup>19</sup>
- 64% of rapes and 80% of attempted rapes are not reported to police.<sup>20</sup>
- In 1998, 252 forcible rapes were reported to the police in San Francisco and 231 patients were seen at the Rape Treatment Center.<sup>21</sup> In 1999, 212 forcible rapes were reported.<sup>22</sup>

### 1.3.3 Child Sexual Assault

Sexual assaults against children are underreported and surely represent a more significant problem than statistics indicate.

- 3.2% of girls and 0.6% of boys reported suffering, at some point in their lives, sexual abuse involving physical contact.<sup>23</sup>
- 1 in 4 girls and 1 in 6 boys will be sexually abused before they turn 18.<sup>24</sup>
- In 1999, 431 children and adolescents were seen at the San Francisco Child and Adolescent Sexual Abuse Resource Center.<sup>25</sup>
- In 1996, the San Francisco Department of Human Services received an average of 22 calls per day reporting possible child abuse, neglect, exploitation or abandonment of children in San Francisco.<sup>26</sup>

### 1.3.4 Sexual Harassment

Sexual harassment is any unwanted sexual conduct such as sexual words or behaviors meant to frighten, humiliate, embarrass, objectify, or intimidate a person.

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<sup>15</sup> Kilpatrick, D., Edmunds, C., and Seymour, A. 1992. *Rape in America: A Report to the Nation*. Arlington, VA: National Crime Center.

<sup>16</sup> U.S. Department of Justice. 1997. *Criminal Victimization in the United States, 1994*. Washington, D.C.: U.S. Department of Justice.

<sup>17</sup> Tjaden, P. and Thoennes, N. 1998. *Prevalence, Incidence, and Consequences of Violence Against Women: Findings from the National Violence Against Women Survey*. Washington, D.C.: National Institute of Justice.

<sup>18</sup> National Center for Victims of Crime & Crime Victims Research and Treatment Center. 1992. *Rape in America: A Report to the Nation*. Arlington, VA: National Center for Victims of Crime.

<sup>19</sup> *Ibid.*

<sup>20</sup> Ringel, C. 1997. *Criminal Victimization 1996: Changes 1995-1996 with Trends 1993-1996*. Washington, D.C.: Bureau of Justice Statistics, U.S. Department of Justice.

<sup>21</sup> Personal Communication, Dr. Vanessa Kelly, May 2000.

<sup>22</sup> San Francisco Police Department Crime Statistics. URL <http://www.ci.sf.ca.us/police/crimes/districts/stats.htm>

<sup>23</sup> Finkelhor, D. and Dziube-Leatherman, J. 1994. Children as Victims of Violence: A National Survey. *Pediatrics*. 94:413-420.

<sup>24</sup> Ringel, C. 1997. *Criminal Victimization 1996: Changes 1995-1996 with Trends 1993-1996*. Washington, D.C.: Bureau of Justice Statistics, U.S. Department of Justice.

<sup>25</sup> Personal Communication, Amy Buhlig, April 19, 2000.

<sup>26</sup> San Francisco Department of Public Health, Violence Prevention Network. Press Release May 1999. Available at: <http://www.dph.sf.ca.us/press/pr052499.htm>

- Studies report that between 40% and 90% of women in the United States workforce have experienced sexual harassment on the job.<sup>27</sup>
- Only 10% to 15% of women who experienced harassment protected themselves by responding assertively or by reporting the harassment to employers or authorities.<sup>28</sup>
- 50% of women who filed a complaint of sexual harassment in California were fired. Another 25% resigned due to the stresses of the complaint process or the harassment itself.<sup>29</sup>
- 4 in 5 students reported experiencing sexual harassment at some point during their schooling.<sup>30</sup>
- 2 in 3 students surveyed have been targets of sexual comments, touching, grabbing, or pinching in a sexual way at school.<sup>31</sup>
- Among girls who have been harassed, 81% report having been harassed by a male acting alone and 57% by a group of males.<sup>32</sup>
- 18% of students who have been harassed cite an adult as the perpetrator.<sup>33</sup>
- Fewer than 1 in 10 students who have been sexually harassed say they have told a teacher, although girls are twice as likely to have reported the harassment than boys.<sup>34</sup>

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<sup>27</sup> Oppenheimer, D. 1995. Exacerbating the Exasperated - Title VII Liability of Employers for Sexual Harassment Committed by Their Supervisors. *Cornell Law Review*. 81(1):66-153.

<sup>28</sup> Gruber, J, and Smith, M. 1995. Women's Responses to Sexual Harassment: A Multivariate Analysis. *Basic and Applied Social Psychology*. 17(4):543-562.

<sup>29</sup> Fitzgerald, L. 1993. Sexual Harassment: Violence Against Women in the Workplace". *American Psychologist* 48(10):1070-1076.

<sup>30</sup> American Association of University Women. 1993. *Hostile Hallways: Key Findings of the American Association of University Women's Survey on Sexual Harassment in America's Schools*. Washington, D.C.: AAUW Educational Foundation.

<sup>31</sup> *Ibid.*

<sup>32</sup> *Ibid.*

<sup>33</sup> *Ibid.*

<sup>34</sup> *Ibid.*

### 1.3.5 Elder Abuse

Elder abuse includes physical abuse, sexual abuse, neglect, abandonment, fiduciary abuse, mental suffering, and isolation.

- In 1996, 450,000 elderly persons in domestic settings were abused.<sup>35</sup>
- Female elders are abused at a higher rate than male elders even after controlling for their larger proportion in the aging population.<sup>36</sup>
- Our oldest elders, those 80 years and over, are abused at two to three times their proportion of the elderly population.<sup>37</sup>
- In almost 90% of the elder abuse and neglect incidents with a known perpetrator, the perpetrator is a family member and two-thirds of the perpetrators are adult children or spouses.<sup>38</sup>
- Neglect was the most frequent type of abuse of elders, affecting 48.7% of all victims of elder abuse. 60% of the victims of neglect were female.<sup>39</sup>
- Emotional/psychological abuse is the second most frequent form of abuse of elders, affecting 35.4% of all elder abuse victims. 76.3% of the victims were female.<sup>40</sup>
- From September 1999 to February 2000, San Francisco had 134 confirmed cases of elder abuse.<sup>41</sup>

### 1.3.6 Youth Dating Violence

- A summary of several studies indicates the average prevalence rate for non-sexual dating violence is 22% among both male and female high school students and 32% among college students.<sup>42</sup>
- A study of 8<sup>th</sup> and 9<sup>th</sup> grade male and female students showed that 25% had been victims of non-sexual dating violence and 8% had been victims of sexual dating violence.<sup>43</sup>
- While studies of high school students suggest that both males and females “inflict” and “receive” dating violence in equal proportion, females are more often defending themselves rather than perpetrating the violence. Thus, it is important not to assume that youth dating violence is “mutual” where both partners have equal power and are acting violently towards each other.<sup>44</sup>

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<sup>35</sup> National Center on Elder Abuse and American Public Human Services Association. 1998. *The National Elder Abuse Incidence Study: Final Report*. Washington, D.C.: Administration for Children and Families & Administration on Aging, U.S. Department of Health and Human Services.

<sup>36</sup> *Ibid.*

<sup>37</sup> *Ibid.*

<sup>38</sup> *Ibid.*

<sup>39</sup> *Ibid.*

<sup>40</sup> *Ibid.*

<sup>41</sup> California Department of Social Services. 2000. *Elder and Dependent Adult Abuse and Adult Protective Services in California: A Six Month Review September 1999 to February 2000*. Sacramento, CA: California Department of Social Services.

<sup>42</sup> Sugarman, D. and Hotaling, G. 1989. Dating Violence: Prevalence, Context and Risk Markers. In *Violence in Dating Relationships*. M. Pirog-Good and J. Stets, eds. New York: Praeger.

<sup>43</sup> Foshee, V. et al. 1996. The Safe Dates Project: Theoretical Basis, Evaluation Design, and Selected Baseline Findings. Youth Violence Prevention: Description and Baseline Data from 13 Evaluation Projects. *American Journal of Preventive Medicine*. 12(5):39-47.

<sup>44</sup> Gray, H. and Foshee, V. 1997. Adolescent Dating Violence: Differences Between One-Sided and Mutually Violent Profiles. *Journal of Interpersonal Violence*. 12(1):126-141.

- A recent study in San Francisco found that 40% of girls between the ages of 10-17 reported that they or a friend had been abused by a boyfriend.<sup>45</sup>

### 1.3.7 Hate Violence

Hate violence is violence perpetrated against a person because of her or his ethnic identification, national origin, religion, sexual orientation, gender identification, mental or physical disability or other defining identity. Feminist analysts and activists against violence have suggested that violence against women must be seen as hate violence where misogyny is the motivating factor, rather than as a crime against an individual who happens to be female. The Hate Crimes Statistics Act does not include hate crimes against women. Over 2,000 hate crimes were reported in California in 1999. These crimes affected 2,436 victims.<sup>46</sup>

- 59.8% of hate crimes were committed against persons because of their ethnicity with African Americans experiencing the highest victimization.
- 22.2% of hate crimes were committed against persons because of their sexual orientation or gender identity.
- 17.2% of hate crimes were committed against persons because of their religion with Jews experiencing the highest victimization.
- 0.1% of hate crimes were committed against persons because of their physical or mental disability.
- In San Francisco in 1999, there were 192 hate crime ‘events’<sup>47</sup>, 195 hate crime ‘offenses’<sup>48</sup> and 227 hate crime victims.<sup>49</sup>

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<sup>45</sup> San Francisco Department of Public Health, Violence Prevention Network. Press Release May 1999. Available at: <http://www.dph.sf.ca.us/press/pr052499.htm>

<sup>46</sup> California Department of Justice. June 2000. *Hate Crime in California 1999*. Sacramento, CA: California Department of Justice.

<sup>47</sup> The California Department of Justice defines an “event” as “...an occurrence where a hate crime is involved... There may be one or more suspects involved, one or more victims targeted, and one or more offenses involved for each event.” California Department of Justice. June 2000. *Hate Crime in California 1999*. Sacramento, CA: California Department of Justice.

<sup>48</sup> The California Department of Justice records the following offenses: “murder, forcible rape, robbery, aggravated assault, burglary, larceny-theft, motor vehicle theft, arson, simple assault, intimidation, and destruction/vandalism as defined in the national Uniform Crime Report (UCR) and the national Hate Crimes Statistics Report.” *Ibid.*

<sup>49</sup> The California Department of Justice includes as victims “...an individual, a business, government, or other. For example, if a church or synagogue is vandalized and/or desecrated, the victim would be a religious organization.” *Ibid.*

## **2.0 METHODOLOGY**

In pursuing the goals of the research, a wide array of individuals have contributed to both the qualitative and quantitative data. These include service providers; past, current, and potential clients; scholars working on violence against women; and individuals who, through either their membership in particular communities or their work with those communities, are able to offer insight into the factors that impact upon a woman's ability to access services. As anthropologists, we are committed to the ideal of research that serves social transformation, avoids harming those studied, and acknowledges the expertise and extensive knowledge of those being studied. These principles guided us throughout all phases of research.

Primary data was collected in three phases:

### **2.1 PHASE ONE: IDENTIFICATION OF SERVICES**

The first phase of research identified VAW services available in San Francisco. Twenty-one COSW funded agencies were interviewed first to determine the type of services available, their client base, the barriers their clients face in receiving services, the barriers they face in providing services, and their perception of priority populations (see Appendix A for interview schedule). These agency interviews yielded referrals to other agencies providing VAW services or agencies that work with populations deemed at-risk or under-served. These agencies were then contacted and an interview was requested. A total of thirty-one such agencies agreed to be interviewed (see Appendix B for complete list of agencies interviewed). The majority of interviews were conducted in person at the agencies to allow the interviewer to observe agency facilities and operations. In some cases, interviews were conducted at another location or by telephone. Interviews were then analyzed to determine available services and priority populations.

### **2.2 PHASE TWO: PRIORITY POPULATION FOCUS GROUPS AND INTERVIEWS**

The second phase of research determined the needs of and barriers faced by women and girls in the priority populations. Three methods were used to gather this data:

#### **2.2.1 Focus groups**

Focus groups were conducted with Native American women who had experienced violence, Korean service providers and survivors of violence, and Youth (see Appendix C for focus group guide). These focus groups were conducted in an environment familiar to participants, were anonymous, and were tape recorded with permission.

### **2.2.2 One-on-one interviews**

One-on-one interviews (see Appendix D for interview guide) were conducted with women who have experienced violence and are members of the following priority populations: Lesbian, Bisexual, and Transgender (LBT) women; Muslim; Chinese; Vietnamese; African-American; incarcerated women; and sexual assault survivors. Interviews were conducted in person at the woman's home, at an agency, or at a café, and were tape recorded if permission was granted.

### **2.2.3 Key informant interviews**

People who have expertise on a specific population either because of their membership in that population or their work with that population, were interviewed. Key informant interviews (see Appendix E for interview guide) were conducted for the following populations: Russian; Samoan; Korean; Filipina; African immigrant; Arab-American; South Asian; Cambodian; Laotian; Vietnamese; Latina immigrant; African-American; Native American; Muslim; perpetrator; low income women; middle and upper income women; sex workers; pregnant women; incarcerated women; homeless women; the elderly; sexual assault survivors; substance abusers; disabled women; LBT women; and youth. Interviews were conducted either in-person or by telephone.

These focus groups and interviews were analyzed to determine vulnerabilities, barriers, and service needs specific to each population. This information is presented in the population summaries. Additionally, common themes were noted across all populations, which led to the identification of general barriers and general recommendations.

## **2.3 PHASE THREE: CITY-WIDE SURVEY OF CURRENT AND POTENTIAL CLIENTS**

Utilizing data from the first two phases of research, a survey instrument was developed to assess the needs of women who have used VAW services as well as women in the general population (see Appendix F for survey instrument). Care was taken that responses to close-ended questions accurately reflected the variety of responses given by women in phases one and two both in content and language. In order to reach a representative sample of San Francisco's population as well as women who have used VAW services, the survey was administered using three different methods. First, surveys were administered at a Native American Pow Wow to insure a sample of Native American respondents. A Native American woman distributed surveys and respondents self-administered the survey. Second, surveys in English, Spanish, and Chinese were administered at agencies to insure a sample of women who have received VAW services or who are members of communities shown to be under-represented in phone surveys. These surveys were self-administered by respondents unless there were issues with literacy in which case agency staff assisted respondents. Third, surveys were administered over the telephone. San Francisco State University's Public Research Institute conducted this phase of the survey using a random digit dialing sampling frame and a trained staff of seven women interviewers. Language translation was provided by bilingual/bicultural interviewers for Spanish-speaking, Russian-speaking, and Chinese (Cantonese and Mandarin)-speaking respondents. Additional technical details about survey administration may be found in Appendix G.

In addition to the three phases of primary data collection, researchers also attended the following meetings and conferences: a meeting of the San Francisco Domestic Violence Consortium; the Multicultural Family Violence Prevention Conference in Sacramento; a Korean American Coalition to End Domestic Abuse (KACEDA) retreat; the City of Mountain View's Town Meeting on Domestic Violence; and the Community United Against Violence's press conference on lesbian, gay, bisexual, and transgender hate violence. Data gathered from these meetings and conferences, in conjunction with the primary data and a review of the academic literature, provide the basis for the findings and recommendations of this needs assessment.

## 3.0 SERVICES

### 3.1 DEFINING SERVICES

VAW services may be classified broadly as either *prevention* or *intervention* services. Prevention services attempt to reduce the incidence of violence in a population by addressing known or suspected factors associated with violence. Examples of prevention efforts include anger management programs, parenting classes, literacy classes, skill development classes, and tolerance programs.

Intervention services may be classified as either *crisis* or *non-crisis* intervention services. Crisis intervention services provide assistance to women and girls at the time of or immediately after an experience of violence and are usually focused on the immediate needs for health and safety. Examples include emergency shelters, emergency hotlines, crisis counseling, and accompanying survivors to medical facilities. Non-crisis intervention services provide assistance to individuals and families already impacted by violence in order to prevent further harm or reduce risk of future victimization. Examples include vocational counseling and referrals for job training, assistance in finding housing, assistance in planning for safety, and long-term individual and group counseling.

Initially, the effort to deal with violence against women and girls focused primarily on intervention. Recently, however, more emphasis has focused on developing prevention efforts with the recognition that intervention, alone, cannot address the complex dynamics of violence.<sup>50</sup> Under the current system of funding, the commitment of resources to intervention, particularly crisis intervention, limits the availability of resources for prevention. Prevention efforts require the greatest commitment of resources over time, are the most difficult to evaluate, and encompass goals, such as the empowerment of women, that are difficult and slow to achieve.

Within prevention and intervention services, agencies are also increasingly emphasizing *outreach* such as public education, professional education, and interagency collaboration. These providers have sought to enlarge the understanding of community members and professionals about the nature, dangers, consequences, and prevalence of violence, and to inform them about the services available. Outreach may entail education of and collaboration with community leaders representing religious, cultural, recreational, and service organizations, encouraging them to assist in community-wide efforts to reduce violence.

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<sup>50</sup> Wolfe, D. and Jaffe, P. 1999. Emerging Strategies in the Prevention of Domestic Violence. *Future of Children* 9(3):133-144.

## **3.2 SERVICE MODELS**

Operating within these broad categories of services are several models of service delivery. These models are based upon numerous theoretical perspectives and emphasize different approaches to providing prevention and intervention services. No single model is intrinsically superior to another. However, each model has particular strengths and weaknesses in dealing with specific populations, specific types of violence, and the specific needs of individuals. In this study, we have identified and described various service delivery models with the realization that the most effective models in delivering services to particular priority populations or in dealing with specific types of violence may differ.

### **3.2.1 Traditional Models**

Traditional models of service delivery are rooted in the helping traditions of social welfare and public health, and are usually utilized by public social service agencies that serve a population defined by the problem. Service delivery is problem-specific with narrow, clearly delineated purposes, geared to treating a problem after it occurs. Tight resources and funding constraints require program planners to focus intervention efforts within these models on central, crisis-oriented goals. This method is spare and efficient both with regards to staff and resource utilization, but is somewhat inflexible. Efforts to revise the template approach are underway with the introduction of cultural competency standards. An example of this model in action is the Department of Public Health's Rape Treatment Center.

### **3.2.2 Feminist Models**

Feminist models of service delivery developed out of the grassroots battered women's movement of the 1970s. These models find the foundations of violence against women in society's patriarchal norms. Thus, the historical goal has been to empower clients. The focus is primarily upon the woman as an autonomous individual. Children initially were considered "secondary" victims of domestic violence, and thus were not primary targets of service interventions.<sup>51</sup> However, focus has expanded, out of necessity, to include services for children since children accompany 80% of women in shelters.<sup>52</sup> In dealing with domestic violence, these models emphasize the "cycle of violence" and the need for the survivor to break that cycle by leaving the batterer. The "cycle of violence" refers to research that suggests that violence occurs in a cyclical pattern of first a tension-building phase, then the violent episode, then a loving reconciliation, and then a return to abuse. These models have used the establishment of shelters as an important and successful tool in enabling women to escape abuse. Two strong assumptions of this model are that abuse escalates over time and the perpetrator is very unlikely to end his or her abusive behavior. W.O.M.A.N., Inc. is an example of an agency founded and operating within a feminist model.

### **3.2.3 Alternative Models**

Service providers have realized that models that treat all women the same are inadequate. This is particularly true in today's multicultural society. Women's responses to violence vary widely and are based upon characteristics of (1) the violence and abuse, (2) the woman or girl, (3) the perpetrator, and (4) the context or environment in which the violence occurs and in which the woman must respond to and heal from it. Alternative models have been developed which are adaptations of existing models. These models tend to be more integrated and have flexible service designs aimed at supporting the needs of women within the context of their families and communities. They do not focus solely on the woman, but also

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<sup>51</sup> Peled, E. 1996. Secondary victims no more: Refocusing intervention with children. In *Future Interventions with Battered Women and their Families*. J.L. Edleson and Z.C. Eisikovits, eds. Thousand Oaks, CA: Sage Publications.

<sup>52</sup> National Coalition Against Violence. 1999. *About the National Coalition Against Domestic Violence*. Denver, CO: NCADV.

include supports to her family and community. They have been developed to serve the needs of immigrants; gay, lesbian, bisexual, and transgender (GLBT) people; many people of color; and others with significant cultural or religious differences from dominant society. These models are sometimes referred to as “holistic” models, because they consider variables such as spirituality, the power of unity, wholeness, cultural values, and the support of family and community. Donaldina Cameron House and Glide Memorial’s Black Extended Family Recovery Program are examples of agencies or services operating within holistic, alternative models.

One alternative model, the *family model*, deals with violence by treating the family as a unit. At times, this means including the perpetrator in cases of domestic violence, if it does not compromise family safety and if it is what the survivor wants. Alongside a respect for those with a strong familial orientation, is a philosophy that respects an individual’s autonomy while placing a priority on safety. This model is also based on the idea that everyone in the family is affected by an individual’s experience of violence and there is a need for each person in the family to be supported during this difficult time. The UCSF/Mt. Zion Violence Prevention Project’s Pathways and LINC programs utilize a family model in dealing with violence.

As previously stated, no single model is intrinsically superior to another model. However, some models or a combination of models are better suited for reaching specific populations, dealing with specific types of violence, or helping women with different needs.

What is clear from this research is that an integrated, citywide response to violence must include all models, preferably operating in collaboration with each other. Interviews with agencies indicate that there is some tension among agencies over the best model for approaching violence. Agencies should be encouraged to recognize the unique strengths and weaknesses of their own and other’s approaches, to acknowledge that no single model will be sufficient to resolve violence, and that by working in collaboration with each other prevention, intervention and outreach to all San Franciscans will be more effective.

### 3.3 SERVICES AVAILABLE IN SAN FRANCISCO

Both violence-specific agencies and agencies that deal with priority populations were interviewed to determine the types of services available in San Francisco for women and girls who experience violence. The services provided by these agencies are described in Appendix H. In addition to this summary of services, each priority population summary lists services targeted to that population.

The following tables present a numerical summary of services categorized by those provided by violence-specific agencies and those provided by non-violence specific agencies:

| <b>I. SERVICES PROVIDED BY VIOLENCE SPECIFIC AGENCIES</b> |                                    |
|---|------------------------------------|
| <b>Type of Service</b>                                    | <b>Number of Existing Programs</b> |
| <b><i>Intervention Services</i></b>                       |                                    |
| Shelters and Housing:                                     | 7                                  |
| Emergency Safe Housing                                    | 3                                  |
| Emergency non-Safe Housing                                | 2                                  |
| Transitional Housing                                      | 2                                  |
| Crisis Lines  | 12                                 |
| Medical Services:   | 5                                  |
| Crisis  | 2                                  |
| Non-Crisis  | 3                                  |
| Psychological Services:                                   | 24                                 |
| Crisis  | 3                                  |
| Non-Crisis  | 21                                 |
| Legal Services  | 14                                 |
| Advocacy/Accompaniment                                    | 11                                 |
| Vocational Counseling/Job Training                        | 5                                  |
| Referral/Information                                      | 5                                  |
| <b><i>Prevention Services</i></b>                         |                                    |
| Self-Defense  | 6                                  |
| Skill Development   | 3                                  |
| Personal Resource Development/Life Skills                 | 9                                  |
| Education/Outreach  | 16                                 |

| <b>II. SERVICES PROVIDED BY NON-VIOLENCE SPECIFIC AGENCIES</b> |                                    |
|--|------------------------------------|
| <b>Type of Service</b>   | <b>Number of Existing Programs</b> |
| <b><i>Intervention Services</i></b>                            |                                    |
| Shelters and Housing:  | 13                                 |
| Emergency Housing  | 5                                  |
| Transitional Housing   | 8                                  |
| Medical Services   | 1                                  |
| Crisis   | 1                                  |
| Non-Crisis   | 0                                  |
| Psychological Services   | 9                                  |
| Crisis   | 1                                  |
| Non-Crisis   | 8                                  |
| Legal Services   | 3                                  |
| Advocacy/Accompaniment   | 0                                  |
| Vocational Counseling/Job Training                             | 1                                  |
| Referral/Information   | 1                                  |
| <b><i>Prevention Services</i></b>                              |                                    |
| Self-Defense   | 0                                  |
| Skill Development  | 3                                  |
| Personal Resource Development/Life Skills                      | 2                                  |
| Education/Outreach   | 2                                  |

#### 4.0 SURVEY OF SAN FRANCISCO'S WOMEN AND GIRLS

A citywide survey of women and girls was conducted to determine their needs and desires for services. Both women and girls who had and had not experienced violence were questioned about their needs should they ever experience violence in the future. To assure that respondents were using the same definition of violence, they were asked to answer questions based on the following definition of violence: “By violence, we are talking about all types of violence such as being called names, yelled at, mocked, threatened, or other emotional abuse; being slapped, hit, pushed or other physical abuse; being forced to have sex; or being harassed.”

Preliminary qualitative research suggested that needs and experiences vary according to the perpetrator and context of the violence. Therefore, survey questions were categorized according to the perpetrator of the violence: an intimate partner or family member, a stranger or acquaintance, and an authority figure. For each potential situation of violence, women and girls were asked to identify the services they would need, where they would seek these services, their most likely course of action if confronted with violence, and possible reasons why women and girls might not seek any services for such violence. They were able to provide up to three responses including open-ended responses.

Women were also asked about their perception of the severity of violence against women and girls in San Francisco, the adequacy of existing services, and the importance of five service provider characteristics:

- 1) the use of interpreters versus bilingual providers,
- 2) the provision of services within or outside one's community,
- 3) the provision of services by a provider of the same or different sexual orientation,
- 4) the provision of services by someone of the same or different ethnicity, and
- 5) the provision of services by someone sensitive to and knowledgeable of their “background” (to be interpreted as the identity most salient to the respondent, e.g., ethnicity, religion, age, etc.).

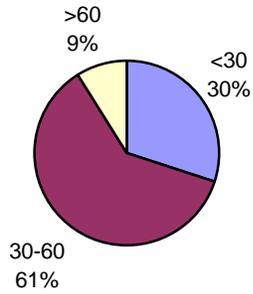
Finally, women were asked about the most effective approaches for informing women and girls about available services and the most effective programs for preventing violence.

#### 4.1 DEMOGRAPHICS

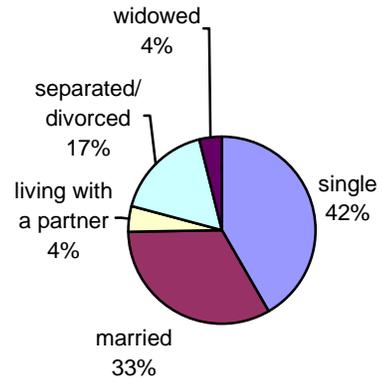
##### **4.1.1 Description of the Sample**

A total of 361 women and girls living in San Francisco answered the COSW Survey. The refusal rate was 65% for the in-person surveys and 60% for the telephone surveys. We believe this is due to the sensitive nature of the topic. Residents of all areas of San Francisco were represented. The age range of respondents was from 12 to 60 + but the majority were between the ages of 30 and 60. The majority of respondents were not currently living with an intimate partner and a majority had children. The majority were also US born and preferred to have the survey administered in English. Members of ethnic/racial groups were represented in proportion to their presence in the population. The majority of respondents identify as straight although there were eleven respondents who identify as lesbian, bisexual or transgender. The majority of respondents had attended college. The respondent's annual household income ranged from under \$10,000 to over \$80,000 with the majority under \$30,000. At least 22% of respondents answered the survey while seeking VAW services and, therefore, are known to have experienced violence. We did not ask respondents directly if they had ever experienced violence, so we cannot make a statement regarding experiences with violence for the remaining respondents.

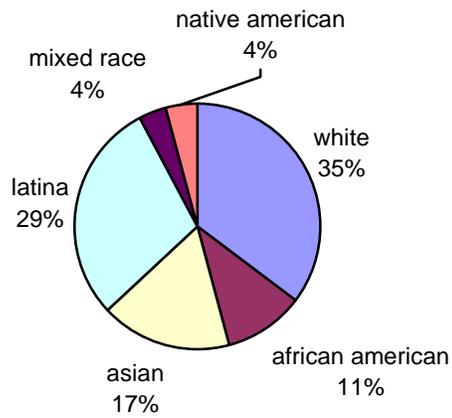
**COSW SURVEY RESPONDENTS: AGE COMPOSITION**



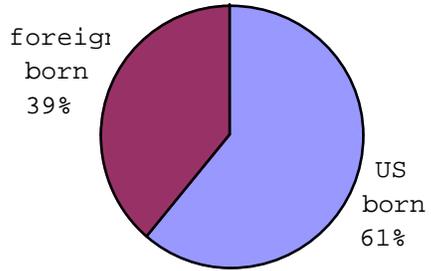
**MARITAL STATUS**



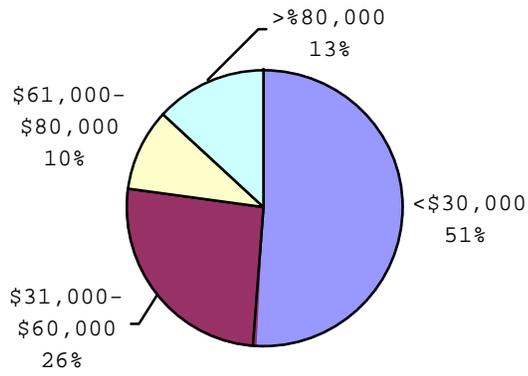
**ETHNIC/RACIAL COMPOSITION**



### IMMIGRANT STATUS



### ANNUAL INCOME



### 4.1.2 Representativeness of the Sample

In comparing demographic characteristics with data on San Francisco women as a whole<sup>53</sup>, the COSW Survey respondents were comparable on ethnicity, immigrant status, marital status, and educational attainment. Data on the proportion of LBT residents in San Francisco are not available so we are unable to assess representativeness other than to note our low participation rate. There was a higher proportion of survey respondents who were younger than 30, Latinas, had children, and were less affluent than San Francisco women as a whole.

Within the sample, those reached by telephone and those in person also differ from each other in some characteristics:

**Income** - The difference in income was most salient with 84% of the in-person respondents having an income less than \$30,000 as compared to 28% of the telephone respondents. Less than 5% of in-person respondents made over \$60,000 while 22% of telephone respondents did.

**Age** - The average age of those reached by telephone was 40 as compared to 34 for the in-person administration. However this was by design as we made a concerted effort to have youth respondents for the in-person survey.

**Ethnicity** - The telephone survey under-represents Native Americans and speakers of Chinese. The in-person survey obtained higher proportions of Native respondents, but fewer White respondents, than the telephone survey. Both modes of administration under-represents Asians.

**Sexual Orientation** - The in-person survey obtained a higher proportion of LBT respondents than the telephone survey.

**Marital Status** - The in-person survey had more respondents who were separated or divorced (23%) than the telephone survey (12%).

**Children** - 50% of those reached by phone have children as compared to 66% of those who responded in-person.

### 4.1.3 Sampling Error

The estimated sampling error at the .95 confidence level is  $\pm 5$  percentage points for a sample of 360. This means that we are 95% confident that all women residents of San Francisco would produce responses to each survey question within a little more or less than five percentage points of the results obtained from this sample. For example, 84% of

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<sup>53</sup> Based on U.S. Census and California Department of Finance Data.

survey respondents believed that violence against women and girls in San Francisco was either a very serious or serious problem. We are 95% sure that if we asked all women residents of San Francisco, between 79% and 89% would have the same response. This measurable error, which results from using a sample to represent a whole population, does not account for other sources of error such as non-response bias.

## **4.2 SEVERITY OF VIOLENCE AND ADEQUACY OF SERVICES**

Of the women and girls surveyed, 34% thought violence against women and girls in San Francisco was a serious problem while 50% thought it was a very serious problem. There was no significant difference in these results when comparing by demographics although a slightly higher percentage of US-born respondents believe violence is very serious as compared to foreign-born.

40% of the respondents felt that there were not enough services in San Francisco for women and girls who experienced violence, while 43% were not sure. This may reflect women and girl's unfamiliarity with services currently available.

## **4.3 VIOLENCE FROM AN INTIMATE PARTNER OR FAMILY MEMBER**

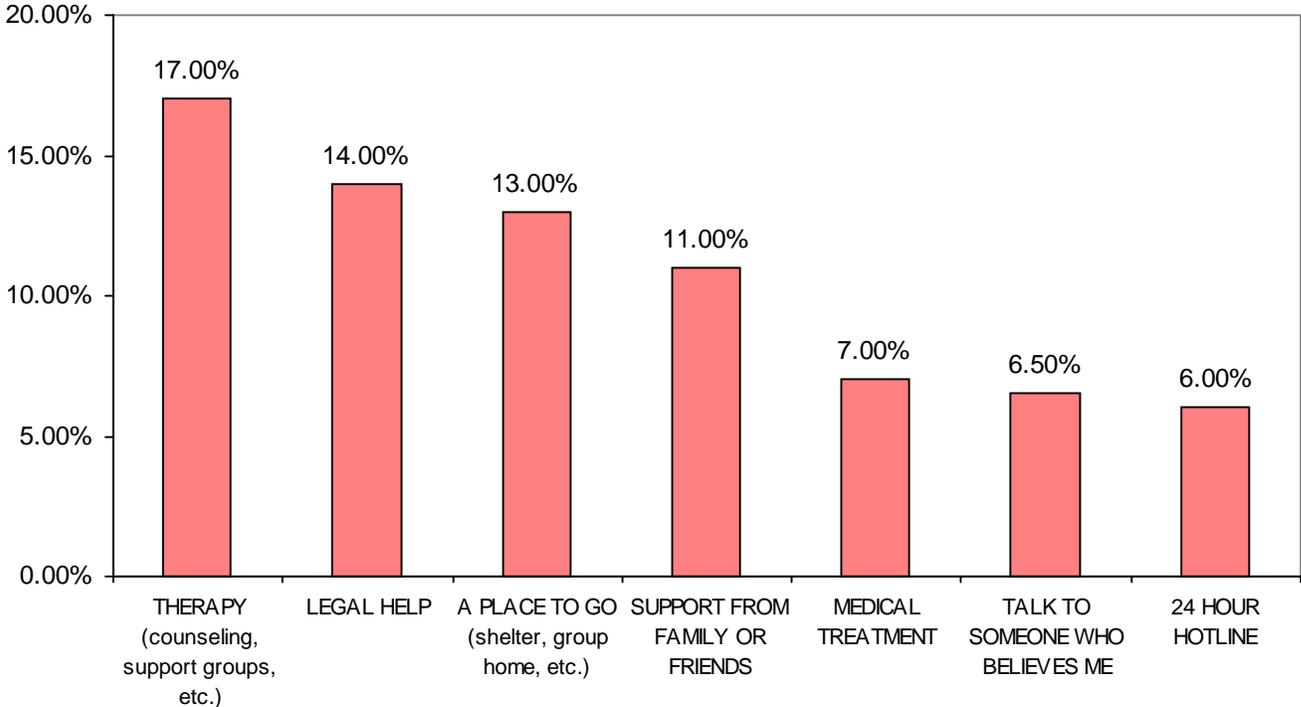
### **4.3.1 Needs**

When asked what kind of help would be needed if they experienced violence from an intimate partner or a family member, the most common answer was therapy (counseling, support groups, etc.) (17%), followed by legal help<sup>54</sup> (14%), a place to go such as a shelter or group home (13%), and support from family or friends (11%). As to where they would seek this help, 28% would use informal networks of friends, family members and co-workers, 21% stated they would seek help at VAW agencies and 18% would seek help from a health care provider.

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<sup>54</sup>The category of legal help includes assistance from the police as many respondents included law enforcement in their understanding of legal help.

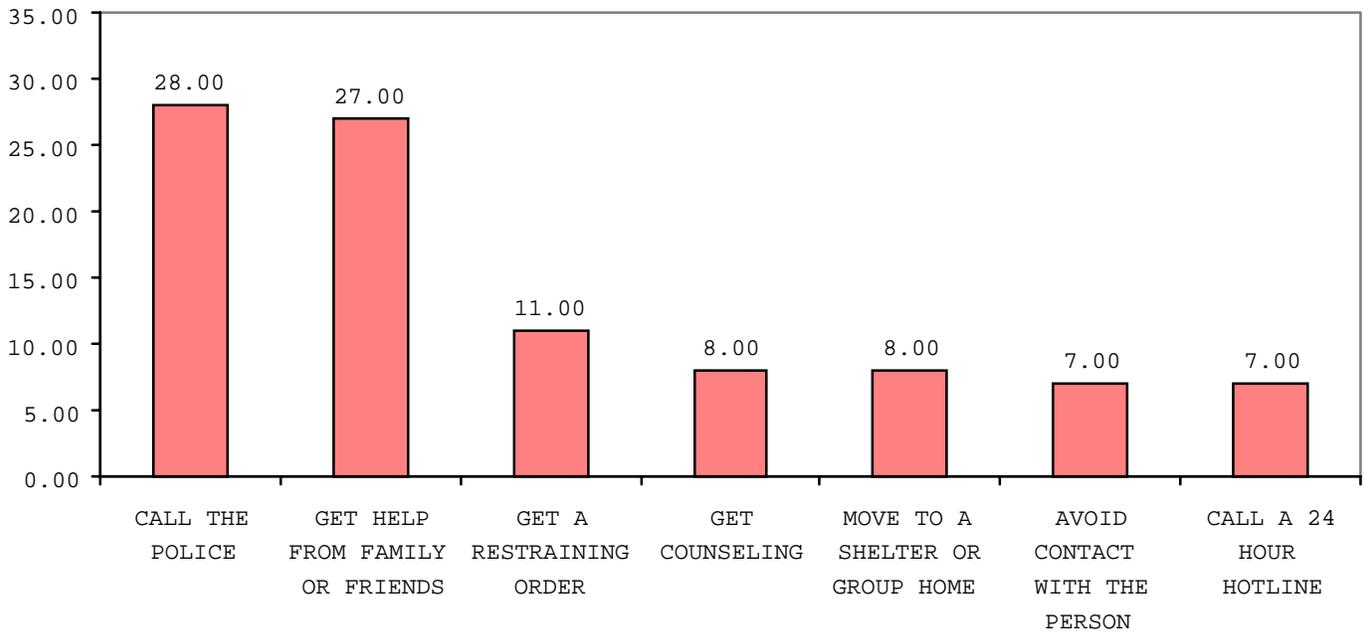
**HELP NEEDED IF EXPERIENCE VIOLENCE FROM FAMILY MEMBER/INTIMATE**



### 4.3.2 Options

When asked what options were most feasible when confronted with violence perpetrated by an intimate partner or family member, 28% of respondents would call the police and 27% would seek help from family or friends. Other common responses were to get a restraining order (11%), get counseling (8%) and move to a shelter (8%).

**IF I EXPERIENCED VIOLENCE FROM A FAMILY MEMBER/INTIMATE, I WOULD...**



### 4.3.3 Reasons for not Seeking Services

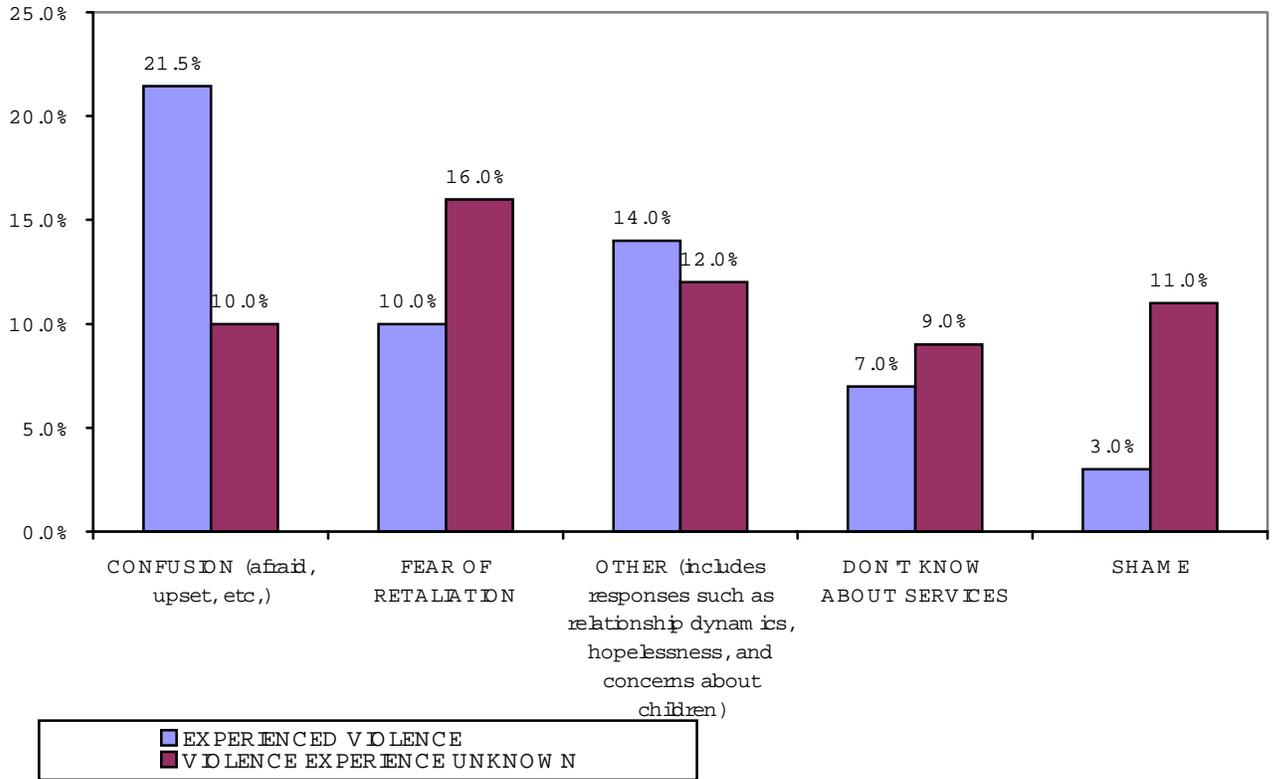
The reasons most often cited for why women and girls do not seek services for violence from an intimate partner or family member differed markedly depending on the respondent's experience of violence and utilization of VAW services. Women and girls who had experienced violence and were receiving VAW services believed the reasons women and girls do not seek services are confusion<sup>55</sup> (22%), followed by Other<sup>56</sup> (of which relationship dynamics was the most common write-in response) (14%), and fear of retaliation (10%). Women and girls whose violence history was unknown also mentioned fear of retaliation (16%) and relationship dynamics (12%) but shame (11%) was also a frequent response. In contrast, only 3% of women and girls who experienced violence and were receiving VAW services mentioned shame. This does not necessarily mean that shame is not an important reason for why women do not seek help for violence. It may, rather, reflect that among women who experience violence, those who make the step to seek and utilize VAW services feel less shame than those who do not seek services. Or, alternatively, it may reflect a change in perception after having received VAW services.

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<sup>55</sup> "Confusion" is defined as an emotional state that is a reaction to the violence, which includes mixed emotions to the point of paralyzing the woman's ability to act. This emotional state could include factors such as fear, anger, hurt, uncertainty, emotional pain, sorrow, grief, worry, and not knowing what to do.

<sup>56</sup> Write-in responses mainly fell into three categories: relationship dynamics, feelings of hopeless and concerns for children. The category of relationship dynamics reflects the reality that women who experience violence from a family member/intimate partner have emotional, financial and legal ties to the perpetrator. Many women expressed the difficult position of not wanting the relationship to end but wanting the violence to stop.

**REASONS FOR NOT SEEKING SERVICES FOR VIOLENCE FROM A  
FAMILY MEMBER/INTIMATE**



## **4.4 VIOLENCE FROM A STRANGER OR ACQUAINTANCE**

In explaining this potential situation of violence, respondents were asked to consider violence “from a stranger or someone you do not know well such as a neighbor, a friend of a friend, or someone you may pass on the street on the way to work or school, etc.”

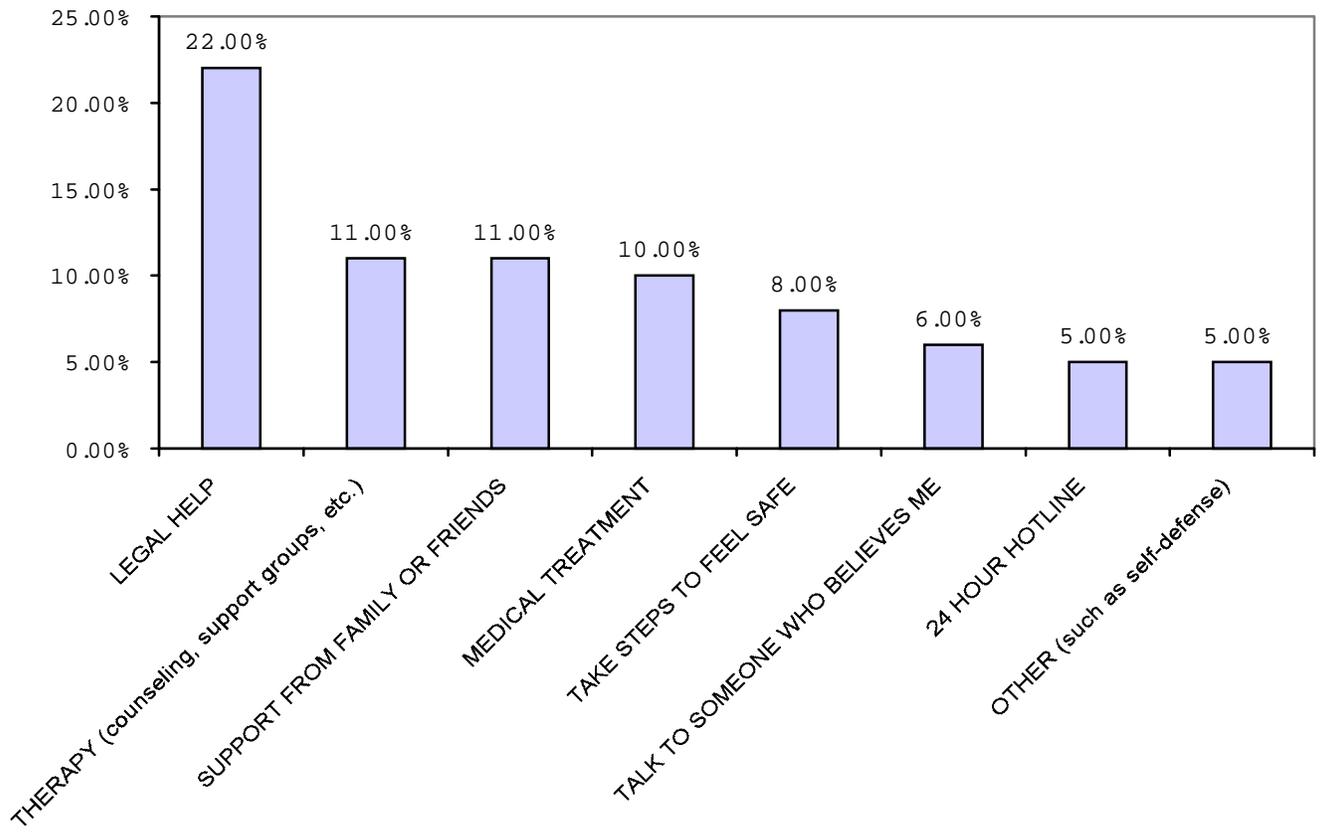
### **4.4.1 Needs**

The most frequently mentioned types of help needed for violence from a stranger are legal help (23%), followed by therapy (11%), and support from family and friends (11%). Other needs commonly mentioned are medical treatment (10%) and steps to make one feel safe<sup>57</sup> (8%). Five percent of respondents gave an open-ended answer, the most common being immediate self-defense measures to help fight off an attacker such as fighting and yelling. Respondents stated that they would seek these types of help by asking for referrals from an informal network of friends and family (32%), from health care providers (24%) and from either community-based organizations (14%) or official entities such as law enforcement (14%).

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<sup>57</sup> “Steps to make one feel safe” includes responses such as self-defense classes, new locks, purchasing a weapon, putting in an alarm system, and taking alternative transportation or routes.

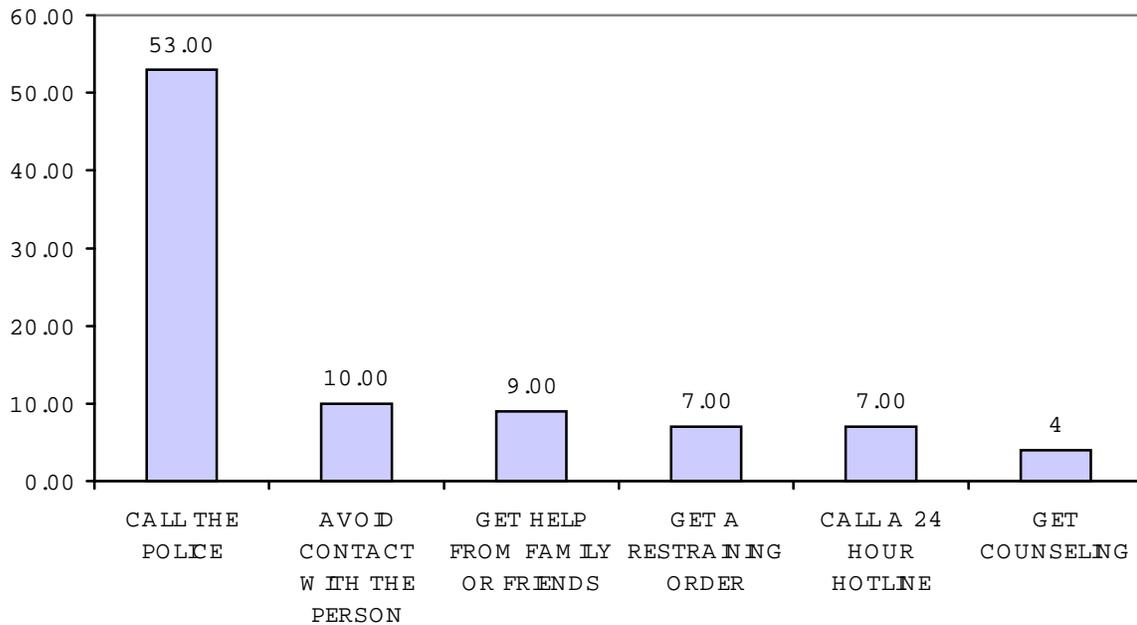
**HELP NEEDED IF EXPERIENCE VIOLENCE FROM A STRANGER**



## 4.4.2 Options

Women and girls overwhelmingly responded that they would call the police (53%) if they were in a situation of violence from a stranger or an acquaintance. Other responses given were avoiding the person (10%), getting help from friends or family (9%), getting a restraining order (7%) and calling a 24 hour hotline (7%).

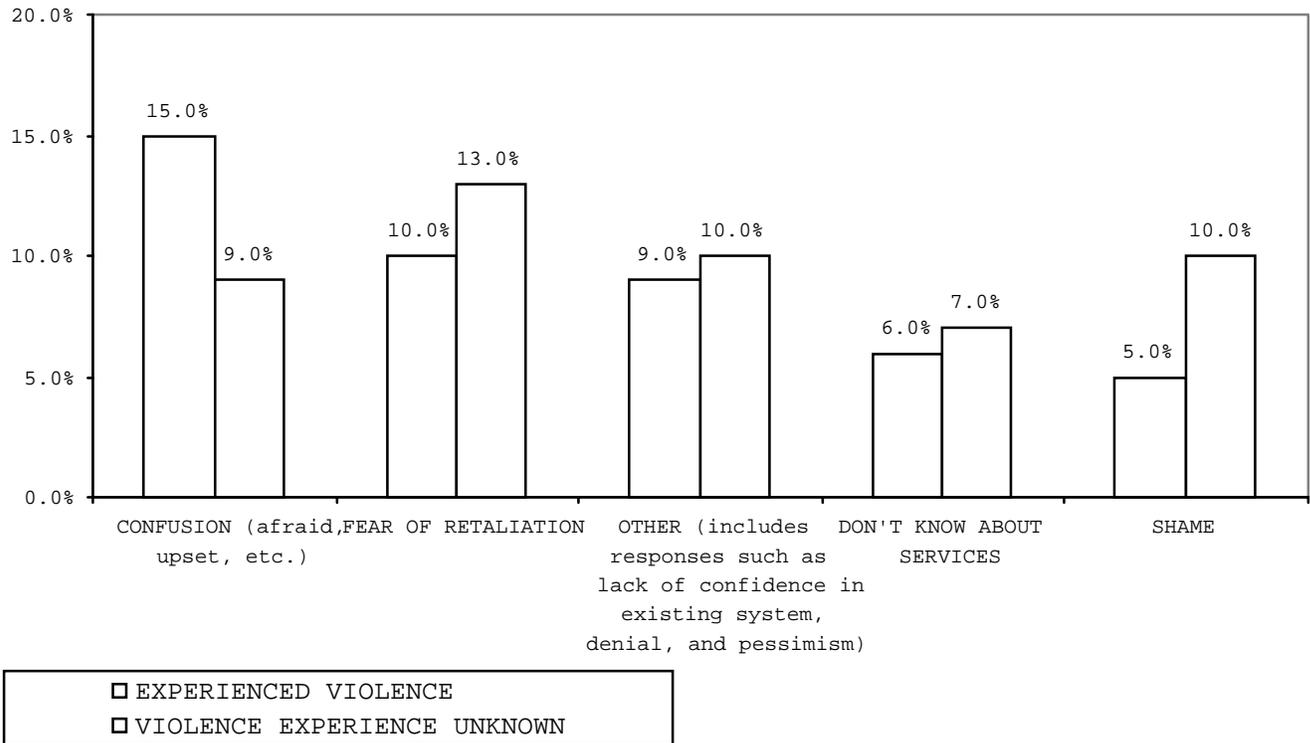
**IF I EXPERIENCED VIOLENCE FROM A STRANGER, I  
WOULD ...**



### 4.4.3 Reasons for not Seeking Services

Again, women and girls who have experienced violence and are receiving services cited confusion (15%) as the most common reason women and girls do not seek services in a situation of violence from a stranger. In contrast, respondents whose experience of violence is not known cited fear of retaliation (13%) as the most common reason. Women and girls who have experienced violence also identified fear of retaliation as a reason for not seeking services but less frequently (10%). Of open-ended responses, both groups cited lack of confidence in existing services and feelings of hopelessness as reasons women and girls do not seek services.

**REASONS FOR NOT SEEKING SERVICES FOR VIOLENCE FROM A STRANGER**



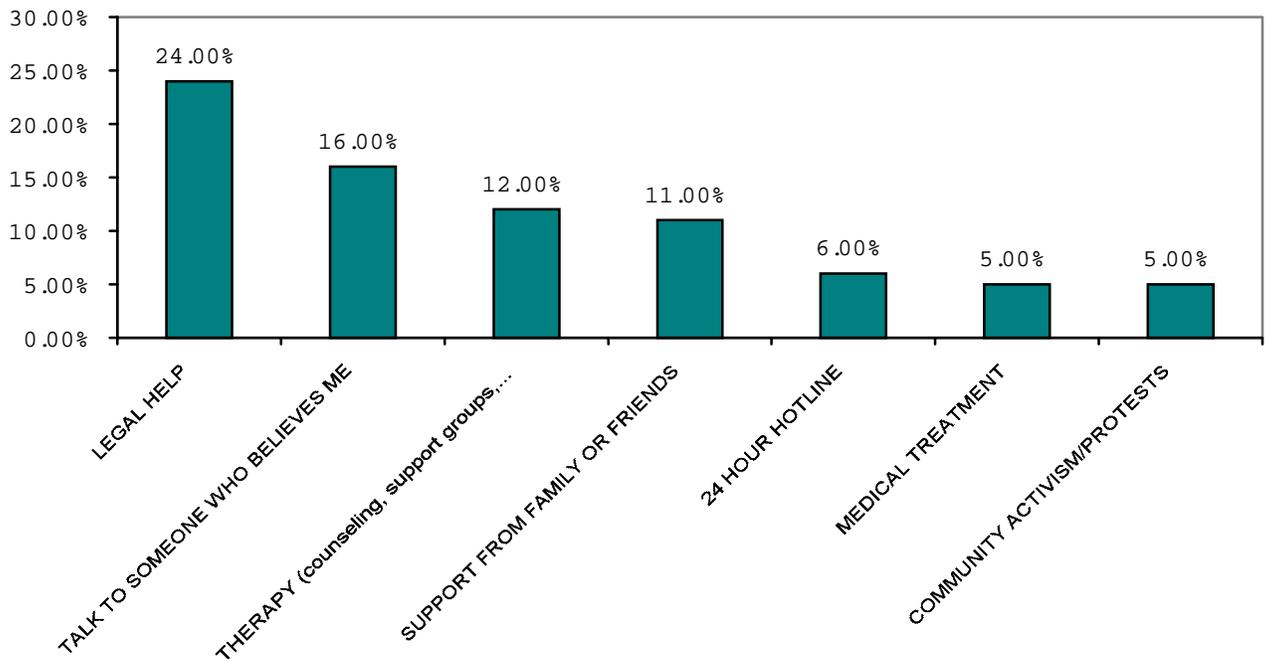
## 4.5 VIOLENCE FROM AN AUTHORITY FIGURE

An authority figure was defined as “someone who has authority over you such as a police officer, an employer, a caretaker, or a teacher, etc.”

### 4.5.1 Needs

In situations of violence from an authority figure, the most frequently mentioned types of help needed are legal help (24%), talking to someone who believes you (16%), therapy (12%) and support from family or friends (11%). Respondents said they would seek this help by using their informal network of friends, family, and co-workers (34%) or by going to institutional entities such as unions, labor boards, or law enforcement (20%). Community based organizations (15%) and health care providers (16%) were also mentioned as sources of help.

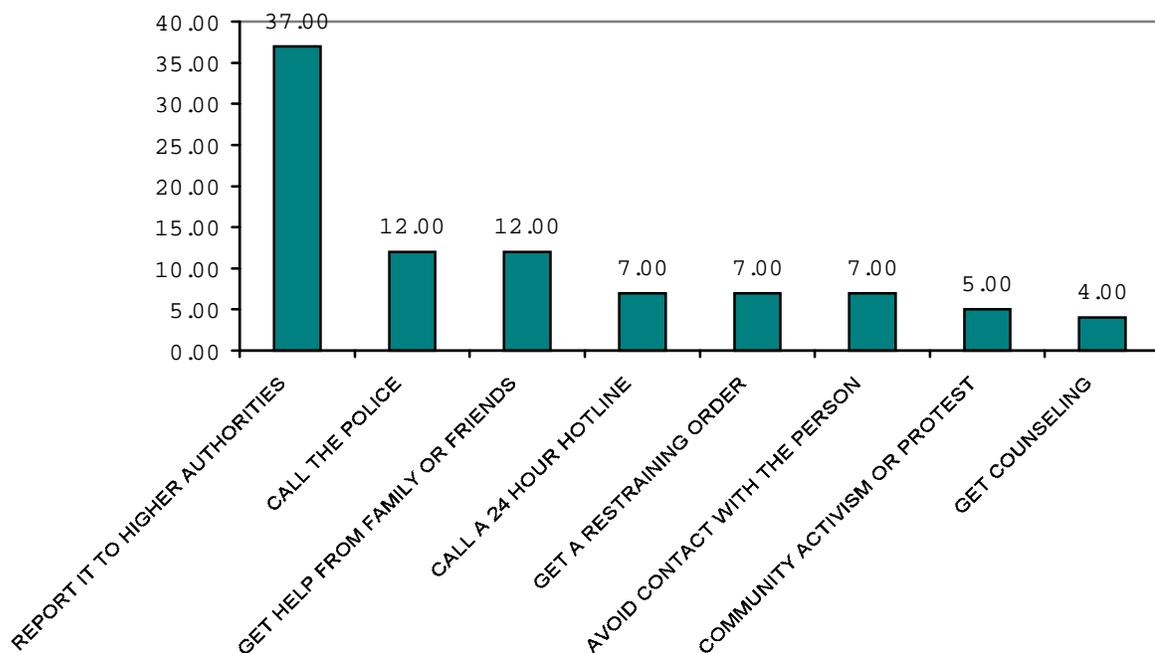
**HELP NEEDED IF EXPERIENCE VIOLENCE FROM AN AUTHORITY  
FIGURE**



## 4.5.2 Options

Respondents said they would most likely report the incident to higher authorities (37%) if confronted with a situation of violence from an authority figure. The next most common responses were to get help from family or friends (12%) and to call the police (12%).

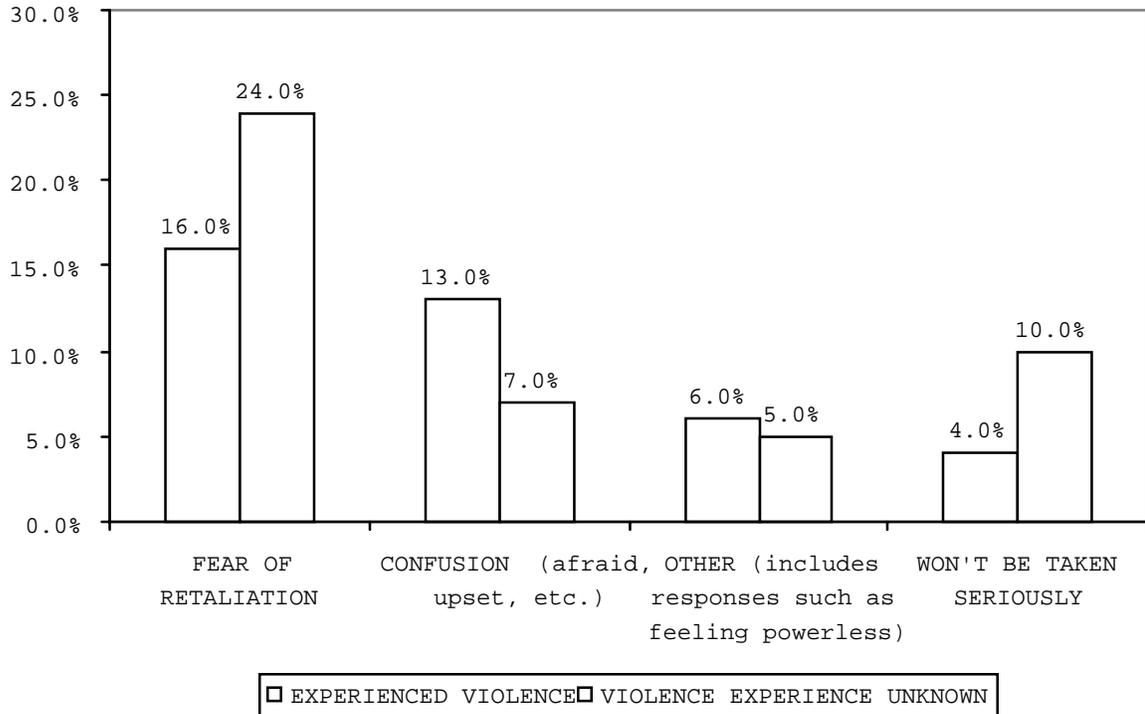
### IF I EXPERIENCED VIOLENCE FROM AN AUTHORITY FIGURE, I WOULD ...



### 4.5.3 Reasons for not Seeking Services

Sixteen percent of women and girls who have experienced violence and 24% of women whose history is unknown identified fear of retaliation as the main reason women and girls do not seek services for violence perpetrated by an authority figure. Thirteen percent of women and girls who have experienced violence also cited confusion. Ten percent of women whose violence history is not known cited a fear of not being taken seriously as a reason women and girls do not seek services.

**REASONS FOR NOT SEEKING SERVICES FOR VIOLENCE FROM PERSON IN AUTHORITY**



## **4.6 SERVICE PROVIDER PREFERENCES**

If the service provider did not speak the same language but used an interpreter, 53% would be less likely to seek services while 29% would be as likely to seek services.

If the service agency were in the same neighborhood, 56% would be more likely to seek services while 29% would be just as likely.

If the service provider were of the same sexual orientation as the respondent, 51% would be just as likely to seek services while 37% would be more likely.

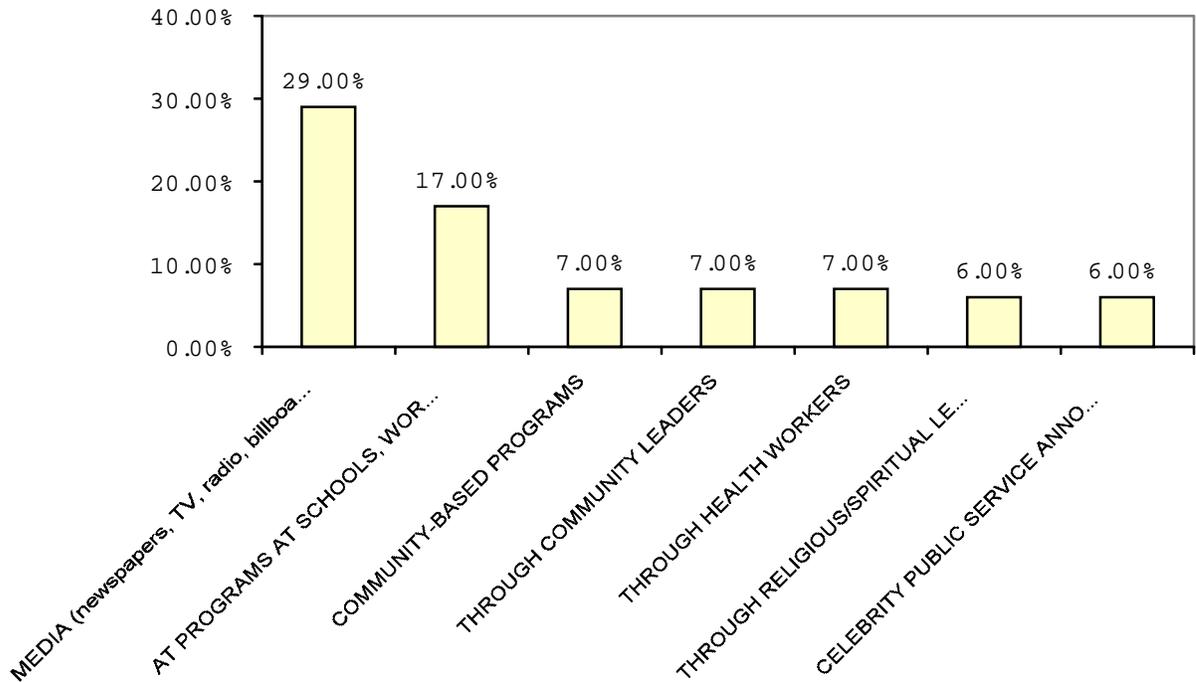
If the service provider were of the same ethnicity as the respondent, 50% would be just as likely to seek services while 39% would be more likely.

65% of the sample felt it was very important that the service provider be sensitive and knowledgeable about their “background” (interpreted as those characteristics most salient to the respondent).

## 4.7 INFORMING WOMEN AND GIRLS ABOUT AVAILABLE SERVICES

Twenty-nine percent of the sample felt that the most effective way of informing women and girls about services was through the media (e.g. newspaper, television, radio, billboard, and MUNI advertisements), followed by programs located at sites such as schools, daycare facilities, and the workplace (17%). Both community leaders and health workers were mentioned by 7% of the sample as being effective venues to inform people of available services.

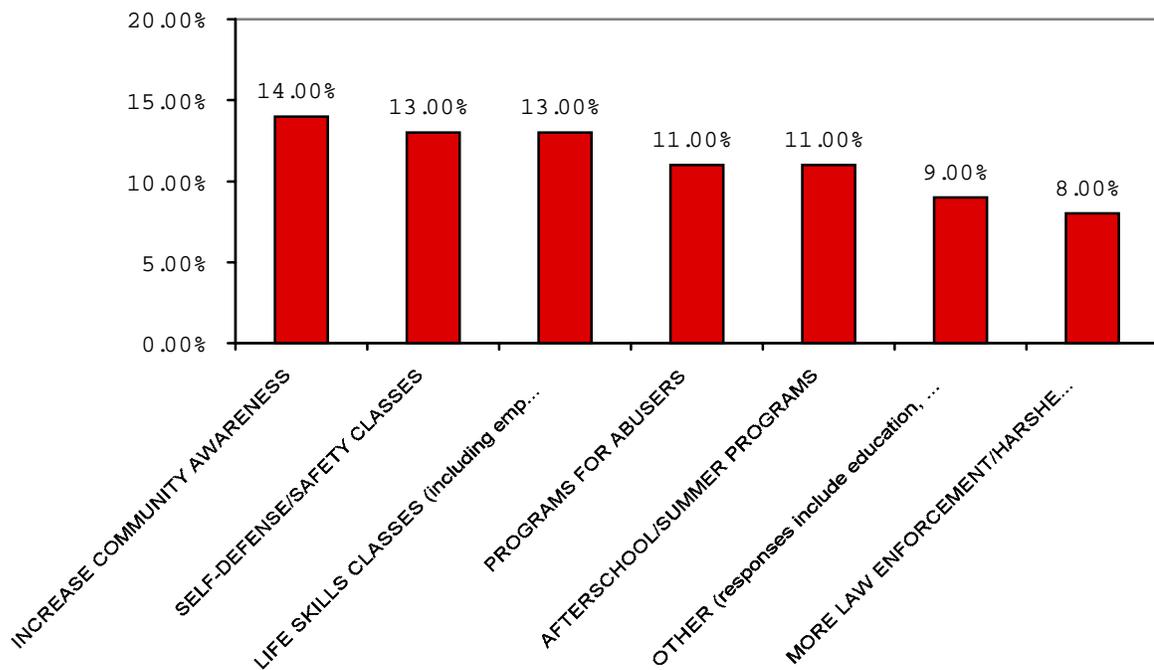
**MOST EFFECTIVE WAY TO INFORM WOMEN AND GIRLS ABOUT AVAILABLE SERVICES**



## 4.8 PREVENTING VIOLENCE

The greatest diversity of responses appeared when respondents were asked what would be the most effective way to prevent violence against women and girls. The most frequently mentioned manner was to increase community awareness (14%), followed by self-defense/safety classes for women and girls (12%) and life skills classes such as parenting, job training, and self-empowerment training (12%). Also mentioned were anger management programs for abusers (11%) and diversionary programs for youth (e.g. after-school or summer programs) (11%). Nine percent provided open-ended responses, the most common of which was education.<sup>58</sup>

**MOST EFFECTIVE WAY TO PREVENT VIOLENCE AGAINST WOMEN AND GIRLS**



<sup>58</sup> Education refers to educating women and girls about their options and men and boys about appropriate behavior.

## **5.0 PRIORITY POPULATIONS**

In this section we discuss specific priority populations. These populations have been identified by VAW service providers, community based organizations (CBOs), women and girls who have experienced violence, and scholarly research as being under-served by existing services and/or at a high risk for victimization. These populations encompass many identities including culture, religion, immigrant status, type of violence experienced, occupation, housing status, disability, age, gender identity and sexual orientation. This reflects the complex and diverse circumstances in which violence occurs and the differing needs of women based upon their experiences and identities.

In understanding these populations and their particular vulnerabilities and needs it is important to remember that every individual embodies numerous identities. For example, a woman may be a recent immigrant, disabled, and a sexual assault survivor compounding the barriers she faces in accessing services and influencing her needs for services.

### **5.1 THE INTERRELATIONSHIP OF CONFOUNDING FACTORS**

In addition to the complex interaction of multiple identities, there are also complicated interrelationships among other variables that must be considered in assessing these populations. Issues such as economic status, education, occupational skills, language skills, homelessness, and substance abuse all contribute to a person's experience of and ability to prevent or deal with violence.

The concepts of "race," "ethnicity," and "culture" are often erroneously used as a proxy for what is actually one of these more specific variables. Race has been defined by phenotypic traits such as skin color and facial features that are used to represent presumed biological differences between individuals and groups. These distinctions, meaningless unto themselves, are linked to particular social values, producing an ideology of race that is used to explain, predict and control social behavior. Race is often used interchangeably with ethnicity. Whereas the former is associated with biological difference, the latter is often used as a surrogate for social, economic, religious and political qualities including worldview, language, diet, dress, customs, kinship systems, and historical or territorial identity.

The danger in uncritically using race, ethnicity, or culture in describing differential patterns of violence within communities is that one may incorrectly assume that these patterns are endemic to particular groups and are explained as simply "cultural." For example, one service provider stated that she found an unstated assumption among some providers that "Samoan culture" is inherently "violent" and, therefore, little can be done to prevent violence in this community. She felt the needs of Samoans experiencing violence were being dismissed because of this erroneous assumption.

While there are different responses to violence in different communities, it is imperative to identify the complex interaction of underlying factors that contribute to these various responses. The primacy given to race, ethnicity and culture all too often conflate independent factors such as immigration history, relative economic status and values associated with age and gender that have direct impact on women seeking and accessing services related to violence.

Before presenting specific populations, we discuss some of these independent factors to provide a better understanding of how they may interact to produce a particular experience of violence and particular obstacles to ending violence.

### 5.1.1 Economic Status

Violence occurs within all economic strata. However, a woman's access to resources and her economic status influence her options, perceived or real, in dealing with violence. It appears also to affect her exposure to violence.

Poverty is associated with increased stresses including difficulty or an inability to meet basic life needs such as housing, food, and medical care. A 1997 review of the literature demonstrates the strong association between domestic violence and welfare.<sup>59</sup> Various studies report that between 15% and 19.5% of welfare recipients reported experiencing current physical abuse from a partner. Between 34% and 65% reported experiencing physical abuse at some point in their adult lives. The U.S. Department of Justice (DOJ) has also noted a significant link between poverty and increased incidence of domestic violence, reporting that in 1992-93 women with annual family incomes under \$10,000 were more likely to experience domestic violence than women earning more than \$10,000.<sup>60</sup>

Clearly, there is a high prevalence of violence among women in poverty. This suggests two issues. First, poverty itself is a tremendous stressor perhaps exposing women to more situations where violence is more likely to be manifested and severely limiting her options for dealing with violence. The stress of living in over-crowded, poorly maintained housing and trying to supply the most basic needs of family members creates situations of enormous frustration and fear. Many individuals in our society, poor and wealthy, are inadequately prepared to deal with extreme stress in a non-violent manner. And, once violence has occurred, a woman in poverty has fewer options in escaping or healing from that violence. She cannot easily find safe alternative housing nor afford long term therapy.

Second, abused women may be kept in poverty because of the abuse. The research demonstrates that women were prevented from maintaining jobs or continuing education and training programs because of the abuse of partners who actively tried to prevent the woman from gaining economic independence. This suggests that any program seeking to empower women economically must take into consideration supports to enable her to continue in the program.

The stresses associated with poverty are increasing in San Francisco, making economic empowerment even more critical in dealing with violence. The recent economic boom in the San Francisco Bay Area has made it impossible for people in the lower economic strata to afford basic, acceptable housing. As rents increase, requiring even middle-income individuals to pay more than half their salaries towards housing, people are forced into over-crowded housing or out

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<sup>59</sup> Raphael, J.; Tolman, R.M. 1997. *Trapped by Poverty, Trapped by Abuse: New Evidence Documenting the Relationship Between Domestic Violence and Welfare*. Project for Research on Welfare, Work, and Domestic Violence.

<sup>60</sup> *Ibid.*

of familiar communities and into areas where their culture, religion, or sexual orientation may be less tolerated. As people are forced out of their communities to less expensive communities, they are separated from traditional or familiar systems of support exacerbating the problems they already face in seeking help.

These stresses are not limited to the unemployed. The working poor face the same insurmountable economic barriers yet have fewer government social supports to assist them in meeting basic needs. Additionally, they typically do not have flexible jobs allowing them to access services easily. Most work in highly structured and restrictive jobs while most services operate on a traditional workday schedule. Working poor, unlike the unemployed or higher level employees, do not have flexibility in schedules or the luxury of time off from work to access such services.

Middle and upper income women and girls also face obstacles in obtaining services. While middle and upper income women may seem to have more options in dealing with violence, they themselves do not necessarily perceive these options. For example, middle and upper income women often do not see themselves as potential clients of social service agencies. Such women may identify more with being on the board of directors or working as volunteers in such agencies. Thus, they are more likely to seek assistance in the private sector such as from their physician or from a therapist. Our research suggests that seeking assistance from the private sector such as from a physician or therapist is risky because of poor training in identifying and dealing appropriately with survivors of violence (see *Inadequate Training of Private Sector Providers*, page 98).

For middle and upper income women whose social identity is closely tied to their partner's economic status, the fear of losing that identity is often greater than the fear of the violence. The prospect of losing economic wellbeing is a strong deterrent to leaving a violent relationship. For a woman whose partner holds high social status within the community, speaking about the abuse is even more difficult for she is challenging the community's image of her partner. She fears not being believed, retaliation, and her own future economic and social wellbeing, which is so intimately tied to her abuser's wellbeing.

Additionally, although middle and upper income women may have a high joint income, the abusive partner may control financial resources such as by having assets only in his name. Thus, a woman may live in an expensive home and be a millionaire, but have neither car keys nor access to any bank accounts. Such financial control, a form of abuse in itself, affects a woman's options in dealing with the violence.

And, finally, as a society, we do not hold the wealthy accountable for their actions in the same way we do the poor. Our society has a long history of intervening in and probing into the lives of the poor. Their utilization of social support services requires them to submit to the scrutiny of outsiders who may look for and identify violence. Social institutions assume the right to intervene in the lives of those who lack financial power. The same is not true for the middle and upper economic strata. Notions of privacy and appropriate scrutiny into the lives of these families are much stricter. Their non-use of public and social support services means fewer occasions to be scrutinized. The people who may observe evidence of violence, such as doctors, private therapists, and teachers, may be reluctant or ill prepared to offer support or intervention. One private therapist specializing in violence suggested that even those providers who know of or

suspect abuse are less likely to offer support to women in upper economic strata because of their shared socioeconomic status with the abuser. A corollary to this is the belief that women in upper economic strata and women with high educational levels should “know better” than to find themselves in an abusive relationship--an outgrowth of the assumption that the victim’s actions cause the abusive behavior. As the private therapist stated, “These [wealthy] men are literally getting away with murder.”

### **5.1.2 Education and Occupational Skills**

Low educational attainment and a lack of occupational skills directly affect the options a woman has in dealing with violence, particularly domestic violence and violence experienced in risky occupations. Women who are financially dependent upon their abusers and/or who do not have the education or skills needed to earn a livable wage will have difficulty leaving the abusive relationship. Economic empowerment is vital to increasing a woman’s options.

At the same time, immigrant women who work outside the home and contribute to the household economy through wages challenge traditional patriarchal values that define men by their role in the public sphere. These women often experience increased incidents of violence from husbands or other intimate partners who may be frustrated with their inability to obtain employment and/or who use violence as a way of asserting their power and control over their increasingly financially independent wives.

### **5.1.3 Substance Abuse**

High rates of alcohol and/or other substance abuse are found in incidents of domestic violence, homicides, and emergency room visits. While substance abuse affects all populations, the homeless, mentally ill, and sex workers are particularly vulnerable.

The relationship between substance abuse and violence is complex. Substance abuse both contributes to and is a response to violence. People under the influence of alcohol or other drugs are less able to protect themselves from violence, are more vulnerable to situations of potential violence, and may react to situations violently. People who are experiencing violence may turn to substance abuse as a means of coping with that violence, exacerbating the barriers they already face in dealing with violence.

Current VAW services force women who are both being abused and using substances to disassociate what is an interrelated and complex problem. Most VAW services do not have the ability to address the needs of substance abusers. And substance abuse programs, while addressing violence, generally do not synthesize the role of violence in their clients’ substance abuse and do not have integrated programs to prevent or intervene in cases of violence. Programs that are able to address the role of substance abuse in the experience of violence are needed.

These confounding variables have a direct impact upon a woman’s exposure to violence, experience of violence, and options in dealing with that violence. In understanding the

following priority populations it is important to consider how these confounding factors may affect a woman or girl in that population.

The following priority population descriptions summarize salient characteristics about the population that increase its members' vulnerability to violence and/or affect their ability to deal with violence. Existing services for these populations are identified. However, these are not comprehensive lists. Some agencies are missing either because they were not identified or we could not gather sufficient information about their services. Finally, barriers and recommendations that are particularly pertinent to each population are described.

## 5.2 SEX WORKERS

By "sex workers," we mean women and girls engaged in both legal and illegal occupations such as prostitutes, strippers, professional dominants and submissives, phone sex operators, models, porn stars, and escorts. Sex workers, especially prostitutes, are both particularly vulnerable to violence and face significant barriers to accessing services.

For many sex workers, their jobs place them in frequent contact with potentially violent employers and clients. The stigma and illegality associated with some of these occupations also increases violence perpetrated by intolerant authorities such as police officers. Service providers and the women and girls themselves report life long, multiple incidents of extremely violent abuse including childhood sexual abuse, kidnapping, beatings, rape, torture, and domestic violence. Women report that they entered the sex industry to pay for drugs. For some, a lack of alternatives for economic support led them into sex work. And for others, sex work was a choice.

As a highly stigmatized population, sex workers face prejudice and intolerance in accessing services and receiving assistance from service providers and authorities. For those in illegal occupations, their victimization and the circumstances that brought them into illegal activity are ignored in favor of criminalizing their behavior. There are few opportunities for women to leave sex work. For those who do leave, they must "...struggle with the stigma of their past, the challenges of developing a new identity, and the impact of their past on current intimate relationships."<sup>61</sup>

### 5.2.1 Services

- *Women in Dialogue/U.S. Prostitute Collective* provides accompaniment, advocacy, case management, educational programs, legal assistance, and general lobbying efforts for women who work in the sex industry. These services are provided in English, Spanish, Mandarin and Vietnamese.
- *SAGE Project* is a grassroots organization for women victimized by or at risk of sexual exploitation, violence, and prostitution. It provides case management, community outreach, peer and public education, mental health services for trauma, holistic and traditional healthcare, mentoring and job placement, incarcerated women's assistance, and support groups. In addition, they operate a Harm

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<sup>61</sup> Sterk, Claire E. 2000. *Tricking and Tripping: Prostitution in the Era of AIDS*. Putnam Valley, NY: Social Change Press.

Reduction Program geared towards individuals who are still working in the sex trade. Its goals are to reduce risks such as hepatitis, HIV, and physical and emotional violence.

### **5.2.2 Barriers to Services**

***Stigma Associated with Sex Work:*** Sex work is highly stigmatized in this society. Sex workers are treated horrendously by authorities and some service providers. Women and girls who work in the sex industry may feel shame and embarrassment about their occupations. The prospect of having to reveal the circumstances in which violence has occurred and the nature of their work is a serious deterrent to seeking services. Many fear that friends, family and others will discover their work in the sex industry if they participate in violence related programs.

***Treatment of Women as Victims:*** Sex workers often feel that they are being treated like “victims” and are considered “pathetic” by service providers. Women will often not seek services in an effort to preserve their dignity and pride.

***Fear of Incarceration:*** The illegality of some sex work also increases the probability that women will not report incidents of violence and will not seek services. Often violence must be severe where women are placed in grave danger before they are willing to seek assistance.

***Controlling Behavior by “Managers”:*** Sex workers are under surveillance of managers who track their movements and activities. The ability for women and girls to utilize services unattended by managers is impeded by the fear that sex workers will reveal incriminating information about their work. This increases the difficulty women and girls face in accessing services.

***Violence is not Taken Seriously:*** Authorities and service providers often do not take women and girls who report sex work-related violence seriously. While the incidents described are identified as violent, the prevailing sentiment is that these women “choose” to enter into a potentially dangerous occupation and as a result, are believed to be responsible for their predicaments. These attitudes often manifest in unsympathetic treatment and poor delivery of services. The police were reported as showing a lack of concern and in some cases, contempt towards and abuse of sex workers who reported violence.

***Hopelessness:*** Service providers reported that a significant proportion of their clients who work in the sex industry have past histories of abuse most commonly levied by husbands, boyfriends and other intimate partners. The history of past abuse contributes to a sense of hopelessness in the minds of many sex workers in which alternatives to violence are no longer easy to perceive.

***Fear of loss of income:*** Many sex workers will not seek services out of fear that they will lose their ability to earn an income. They do not have viable alternatives for employment.

### **5.2.3 Recommendations**

***Increase Programs Targeted to Sex Workers:*** Currently, there are few programs that are able to offer programs specifically for women and girls in the sex industry. A major

barrier to services is the fear of stigmatization and that staff will not be sympathetic to or educated about the particular contexts in which violence occurs among sex workers. The development of programs for sex workers is necessary to address these fears and to provide an environment in which women and girls feel comfortable. Programs including peers are particularly valuable.

***Develop Tolerance Education Programs for Police:*** Due to the shame and, in some cases, illegality of sex work, the police act as a serious barrier to services for sex workers. In addition to the fear of incarceration, women have reported being harassed by the police when attempting to report incidents of violence. An educational campaign that attempts to educate the police about the seriousness of violence in the lives of sex workers is vital. In addition, the police department must discipline officers who commit violence. It is inexcusable that authorities are not held accountable for violence, too.

***Promote Training of Service Providers:*** VAW service providers need training on the specific needs and appropriate means of assisting sex workers who have experienced violence.

***Promote Job Training and Education Programs:*** Sex workers need job training and education programs to expand their economic options.

***Expand Emergency Shelter and Safe Housing:*** There is not sufficient emergency shelter or safe housing within the city of San Francisco. Sex workers need safe, accepting emergency shelter to escape violence.

### 5.3 ADULT SEXUAL ASSAULT SURVIVORS

The majority of sexual assault survivors who seek services are over the age of 18 and overwhelmingly women. According to statistics from the San Francisco Rape Treatment Center, 49% of their clientele were white, 26% were African American, and 12% were Latino. Assaultants were predominantly current or former sexual partners.<sup>62</sup>

#### 5.3.1 Services

- ***SFWAR*** maintains a 24 hour crisis hotline and provides self-defense instruction, medical and legal advocacy and in-person short-term counseling.
- ***Rape Treatment Center*** at San Francisco General Hospital is a program managed by the Department of Public Health. The Center provides medical treatment and counseling and engages in evidence collection.
- ***Women's Safety Project*** does not have a specific program for sexual assault survivors, however, a significant proportion of their clients report having been assaulted.
- ***Glide Foundation (Glide Memorial Church)*** provides support groups for survivors of sexual violence.
- ***Westside Community Mental Health Center*** provides in person crisis counseling for survivors of sexual and/or domestic violence.

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<sup>62</sup> Personal Communication, Dr. Vanessa Kelly, May 2000.

- ***Woman's Place*** provides shelter with beds reserved for women who report having been raped.
- ***Victim/Witness Assistance Program*** provides advocacy with criminal court proceedings, victim compensation, crisis intervention, emergency assistance, and assistance in filing for compensation from the State Board of Control's Victims of Crime Program. In addition, the Program assists clients with obtaining financial support and job retraining.
- ***The Rape Prevention Education Program of the UCSF Center for Gender Equity*** offers support groups for survivors.
- ***SAGE*** provides gender specific mental health services for mental and physical trauma, peer support groups, and satellite sexual trauma counseling.
- ***California Coalition for Women Prisoners (CCWP)*** is a statewide coalition supporting women prisoners. It advocates for women who have experienced sexual assault by guards and for women imprisoned for defending themselves against their abusers.

### **5.3.2 Barriers to Services**

***Lack of Understanding of the Criminal Justice System:*** Women who have experienced sexual assault are often not acquainted with the process by which sexual assault crimes are handled. The fear of the possibility of having to face perpetrators, of having to relive the sexual assault through self-testimony, of having nothing done to pursue perpetrators, or of perpetrators being allowed to go unpunished contribute to incidents going unreported and survivors not seeking services. This barrier is particularly significant for women who are undocumented and/or newcomers to the United States.

***Inability to Accept Incident as Sexual Assault:*** It is not uncommon for survivors to be unwilling to identify incidents of violence as sexual assault. Service providers reported that women often will not identify their experiences as rape, particularly if the violence occurred in a dating situation or with an acquaintance or known intimate. Denial is a serious challenge in providing services to women in need.

***Lack of Support by Survivor's Social Network, Community, and/or Religious Institution to Seek Help:*** Survivors are often blamed by their communities for having been victims of sexual assault. Women are believed to have brought on attacks in their behavior or lack of caution. Family, friends, and/or community members who discourage women from talking about their violent experiences further exacerbate the shame associated with sexual assault. In addition, religious sexual taboos can add to the shame experienced by survivors of sexual assault. Religious institutions have encouraged keeping silent about sexual violence.

### 5.3.3 Recommendations

***Need for Outreach to Homeless Women:*** Sexual violence is a major problem confronting homeless women. While the San Francisco Rape Treatment Center reported that 18% of their clients were homeless, service providers believed that this reflected a small percentage of homeless women in need of services.

***Need for Ongoing Therapy and Counseling Programs:*** Survivors of rape, and often of rape attempts, usually manifest some elements of what has come to be called Rape Trauma Syndrome (RTS), a form of Post-traumatic Stress Disorder (PTSD). The effects of RTS often last for years or decades, and can be life-long. Apart from a small number of therapists and counselors specializing in sexual assault cases, few psychotherapists are familiar with the literature on RTS. For this reason, a rape survivor is usually well advised to consult with a rape crisis center or someone knowledgeable in this area rather than relying on general counseling resources. The same applies to those close to a rape victim, such as a lover or parent; these people are termed "secondary victims" by rape crisis counselors.

***Develop Awareness Programs for Women who Experience Sexual Assault Perpetrated by other Women and for LBT Women:*** Women who survive sexual assault from other women are often met with disbelief from others. Their experiences are minimized and believed to be as less traumatic than if the perpetrator was a man. In addition, there is a strong belief within LBT communities that same sex violence does not occur, which increases the difficulty of women survivors of same-sex sexual assault to discuss their experiences and seek help. These women are often seen as betraying their communities and run the risk of isolation if assistance is sought.

***Improvement of Existing Services:*** Clients indicated that current services do not adequately address their needs. Currently there is a severe shortage of nurse practitioners that handle sexual assault cases in hospital emergency rooms. Due to the shortage, sexual assault survivors are forced to wait long periods to be seen. In addition, there is a need for more case managers as well as greater outreach to various communities. There needs to be a greater effort to contact sexual assault survivors beyond the emergency rooms. Home visits have been suggested as an alternative to the hospital setting, however, this will increase current demands on qualified staffing. Clients also reported a need for additional sensitivity training of crisis line workers.

***Expansion of Current Self-Defense Programs:*** There was a significant call for programs that empower women sexual assault survivors. Free and low-cost self-defense programs should be expanded to reach a greater number of women and should be publicized in all of San Francisco's diverse communities.

## **5.4 CHILD AND ADOLESCENT SURVIVORS OF SEXUAL ASSAULT**

In 1999 the Child and Adolescent Sexual Abuse Resource Center (CASARC) had 431 cases of sexual assault involving individuals under the age of 19 years. Populations that are at particular risk are the undocumented, children in foster care, runaways, the developmentally and physically disabled, adolescents not attending school, homeless youth and those living in informal and unstable living arrangements.

### **5.4.1 Services**

- *Child and Adolescent Sexual Abuse Resource Center (CASARC)* provides a broad range of services for children and adolescents reporting sexual assault.
- *UCSF/Mt. Zion's Violence Prevention Project* provides counseling for children who have experienced or witnessed violence, including sexual assault, through its *Pathway Project*.

### **5.4.2 Barriers to Services**

**Fear of Repercussions and/or Retaliation:** Service providers reported that children and adolescents are reluctant to report incidents of sexual assault for fear of negative repercussions such as the removal of family members, placement into foster care, disbelief that incidents occurred, revelation by friends and family that assault occurred and/or that the survivor has been sexually active, and retaliation by the perpetrator or others including gangs.

**Lack of Access to Existing Services:** Youth survivors of sexual assault reported that they were unable to access services due to a lack of transportation. This was also problematic for the physically disabled as well as the developmentally disabled. In the case of the latter, transportation presented a serious problem when the caretaker was the perpetrator of the violence. In addition, clients' inability to take off time from work and school resulted in a lack of service provision. Service providers confirmed this, stating that much of their time is being spent on re-scheduling missed appointments.

### **5.4.3 Recommendations**

**Expansion of After School Programs for Girls:** Programs that provide a safe place for girls and a venue to disseminate information on services for sexual assault survivors is critical to the prevention of sexual assault. Girls are particularly vulnerable to sexual assault when out of school and not under the supervision of parents. After school programs cover this period of vulnerability.

**Development of Public Awareness Program for Parents and Youth:** To minimize the fears youth survivors of sexual assault may have about the process of reporting incidents of violence and seeking services, a public education program is needed. In addition,

parents, educators, and caretakers should be educated on sexual assault on children and be informed of existing services.

***Development of an Escort System for Youth Survivors of Sexual Assault:*** Children and adolescents who wish to seek services should be able to call a central hotline number and be escorted to available services.

***Development of Self-Defense Classes for Girls:*** As with adult women, girls need training and guidance in assertiveness and self defense. Self Defense courses were suggested as an important means of encouraging confidence and teaching girls how to protect themselves.

## **5.5 THE HOMELESS**

Homelessness is one of the most significant problems facing San Francisco. In addition to those already homeless, many people are on the verge of homelessness because of a shortage of affordable housing and an increase in poverty. Homelessness is associated with increased exposure to violence and victimization, especially sexual assault. Additionally, domestic violence is one of the significant causes of homelessness for families.

### **5.5.1 Services**

There is a very serious lack of VAW programming directed at homeless women. Such programming must be holistic and address the needs of the women both as survivors of violence and as homeless.

- ***Arriba Juntos***, a project of Proyecto Apoyo, works with immigrant women and women of color who are homeless or at risk of homelessness because of domestic violence. They receive counseling, job training, employment and support services with the goal of becoming economically self-sufficient.

### **5.5.2 Barriers**

***Fear of Reporting Violence to Police:*** Due to the increasing criminalization of homelessness, homeless women are reluctant to report violence. Women who have been abused are afraid that further harassment and abuse by police officers will occur if they attempt to report violence.

***Inability to Stay in Programs:*** Providing violence prevention and intervention services to the homeless is extremely difficult because of the precarious circumstances in which they live and the difficulty they have in continuing with services. It is extremely difficult for a homeless person to predict the future and plan accordingly. Thus, staying in and completing programs is difficult.

***Hopelessness:*** Homeless women and girls, in the struggle to obtain basic necessities of life, are not able to place a priority on dealing with violence. One service provider of mostly homeless, mentally ill clients describes violence in this population as “normalized” indicating that these women and girls have a sense of hopelessness about dealing with violence. Clients freely discuss the violence they experience, however, it is a regular feature of their everyday lives and they do not perceive options out of the violence. They are not likely to access any services for violence, except for physical violence requiring medical treatment. In

such cases, the woman would go to an emergency room where she will not receive assistance in preventing future violence or in healing from past violence.

### **5.5.3 Recommendations**

***Increase Collaboration Between VAW Services and Homeless Shelters:*** Existing VAW services should engage in outreach to homeless shelters to encourage participation of women and children in both crisis intervention and prevention programs. In addition, VAW service providers should develop educational workshops for service providers for the homeless to improve the identification of women and girls who may have experienced violence and to increase awareness of current VAW services and appropriate referrals for potential clients.

***Advocate Decriminalization of Homelessness:*** The criminalization of homelessness impedes a homeless person's ability to deal with homelessness and its attendant problems including violence.

***Increase Emergency Shelter and Transitional Housing Programs:*** Many women and their children face a choice of remaining in a violent relationship or becoming homeless. Increased housing options that are affordable and safe must be developed to allow a woman to leave abuse without becoming homeless.

## **5.6 THE DISABLED**

The term "disabled" encompasses a broad range of people in a variety of circumstances. By disabled, we mean any individual who is in some way limited in activity because of impairment. Thus, women and girls with sensory impairments (e.g., blindness, deafness), chronic disease (e.g. AIDS, multiple sclerosis, and mental illnesses), developmental disabilities, learning disabilities, and mobility impairments are all included within this population. While disabled women and girls embody diverse histories and experiences, there are common obstacles all people with disabilities face enabling us to note common patterns of vulnerability to violence and barriers to obtaining services.

Although there is a perception in our society that the disabled are treated benevolently because of their disabilities, in actuality, limited studies indicate that they are equally or more vulnerable to abuse. There are few studies on violence against the disabled and most are dated. The Center for Research on Women with Disabilities conducted a nation-wide survey of both physically disabled and non-disabled women and found that the prevalence for emotional, physical, and sexual abuse was the same for disabled and non-disabled women. However, women with disabilities were significantly more likely to experience abuse from caretakers, including health care workers.<sup>63</sup>

The disabled are often infantilized. Disabilities create in people's minds the need to treat the disabled person paternalistically such as making decisions for the individual or preventing her from making normal

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<sup>63</sup> Young, M.E., Nosek, M.A., Howland, C.A., Chanpong, G., Rintala, D.H. 1997. Prevalence of abuse of women with physical disabilities. *Archives of Physical Medicine and Rehabilitation Special Issue*. 78 (12, Suppl. 5) S34-S38.

life course advances towards independence. While this is not typically cited in definitions of violence, it is clearly a form of violence in its control over an individual.

The disabled are also particularly vulnerable to confounding factors described earlier, particularly poverty and, for the mentally ill, homelessness. More than 70% of disabled people are unemployed.<sup>64</sup> And 30-40% of homeless individuals in San Francisco are estimated to have a mental illness.<sup>65</sup> Thus, these multiple issues compound the difficulties women face in accessing services.

### 5.6.1 Services

There are no violence specific services for disabled women. There are several agencies addressing the needs of people with disabilities, which encounter women and girls who have experienced violence.

- ***Independent Living Resource Center*** is a peer-based organization operated by people with disabilities and addressing the needs of all disabled people. They provide advocacy, information and referral, and assistance to people with disabilities. They concentrate on facilitating the desires of their clients rather than defining their clients needs.

### 5.6.2 Barriers to Services

***Lack of Access to Services:*** Some agencies or services are simply inaccessible to women with mobility impairments, mental illness, or to the deaf. Of the three shelters, only one is truly wheelchair accessible. Although two shelters are theoretically accessible, one (La Casa de las Madres) is not accessible to larger wheelchairs such as electric wheelchairs. Not all agencies have easy or quick access to deaf interpretation services or TDD/TTY telephone communication allowing deaf individuals to contact them by telephone. And low functioning women, such as those with untreated or poorly treated mental illness, simply have a difficult time getting places, keeping schedules, and staying in services.

***No Appropriate Services:*** There are no services or intervention protocols specifically targeted to disabled women. While violence-specific agencies have services targeted at some vulnerable populations, they do not target the disabled to ensure that outreach is directed to them and that the agency itself has training and a protocol in dealing with the disabled. For example, it is important for service providers to be familiar with and sensitive to deaf culture in dealing with deaf clients, but no violence-specific agencies have a dedicated program to reach the deaf community and accommodate deaf clients.

For low functioning women, such as those with untreated mental illness, or for women who need daily assistance with self-care or medications, there are no violence against women specific services such as shelters or group counseling. Agencies that deal specifically with such populations, but do not provide VAW services, make every attempt to get women in violent situations into residential treatment programs where they will be out of the violent situation. However, these programs are not designed to deal specifically with violence, but rather with other problems such as substance abuse.

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<sup>64</sup> Personal Communication, Grace Regan, August 28, 2000.

<sup>65</sup> Northern California Council for the Community. December 1998. *Building a Healthier San Francisco: A Citywide Collaborative Community Assessment. Volume 1: 1998 Health, Social and Economic Indicators Report.* Available at [http://www.nccsf.org/community/san\\_francisco.html](http://www.nccsf.org/community/san_francisco.html).

Additionally, women may be placed in mental health housing, but these are not safe houses.<sup>66</sup>

Standard crisis intervention protocols that call for the woman to plan and prepare herself for an escape if necessary are not feasible for many disabled women. A woman dependent upon the abuser for daily living tasks such as mobility, eating, and dressing, simply cannot perform the tasks necessary to plot out and actually escape the violence.

**Hopelessness:** For many women and girls, they simply can not imagine their lives could be any different. They have given up hope, see no alternatives to their present situation, or the alternatives they identify are more frightening. One service provider provided the example of an East European refugee diagnosed with major PTSD and major depression. She was raped both in her native country and the United States and is in a relationship with an undocumented immigrant who batters her. The agency has struggled to get her out of the relationship, but she does not want to leave because he represents the only family she has left. The alternatives are inconceivable to her.

**Violence not Defined or Identified:** Violence in this population is often not identified and, when it is, it is commonly defined as a “disability” issue rather than a “violence” issue. Interviews with disability service providers and research<sup>67</sup> suggest that disabled women rarely receive services from violence-specific agencies. Thus, if intervention and assistance is to occur it is most likely to occur through a disability specific agency.

### 5.6.3 Recommendations

**Self-Defense Workshops:** Free and low-cost self-defense workshops should be specifically geared towards the disabled, teaching them how to protect themselves and their interests.

**Education Programs for Caretakers and Families:** Violence may occur in families of the disabled because of frustrations and ignorance about the capabilities and motivations of the disabled, particularly the mentally ill. Violence can be prevented by educating caretakers and families on understanding and dealing with the specific needs of disabled individuals.

**Education of Disability and Violence Service Providers:** Disability service providers need to be trained in how to identify violence and in where to seek violence services for their clients. Violence specific service providers need to be educated about how to identify and provide for the needs of disabled clients. Collaboration between both types of agencies should be encouraged to develop an integrated service benefiting from their respective expertise.

## 5.7 ELDERLY

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<sup>66</sup> Safe houses are houses or shelters whose locations are secret to protect residents from perpetrators of violence.

<sup>67</sup> Andrews, A. B., & Veronen, L. J. 1993. Sexual assault and people with disabilities. Special issue: Sexuality and disabilities: A guide for human service practitioners. *Journal of Social Work and Human Sexuality*, 8(2), 137-159.

The usual definition of "elder abuse" includes physical abuse and neglect, psychological abuse and neglect, financial abuse (through theft or misuse of property), and violation of personal rights. As is the case in other types of violence against women, crimes against the elderly are unlikely to elicit police action when the offense is committed by someone related to the victim. In one study, it was found that few of the cases were referred to the police, although several involved life-threatening actions or the loss of considerable sums of money or property.<sup>68</sup>

Victims tend to be living with adult children or other informal caretakers who become neglectful or abusive when the burdens of providing care for a frail, elderly person interact with stress, inadequate preparation, medical problems of the caretaker, alcohol abuse, financial difficulties, and other situational factors.<sup>69</sup>

### 5.7.1 Services

There are no VAW programs specifically for elderly women. Service providers at organizations that offer other health and social services to the elderly report that elder abuse is a serious problem among their clientele, however, referrals were difficult to make because of a lack of services. The following are the three largest organizations catering to the elderly in San Francisco.

- ***Nihonmachi Legal Outreach*** provides services for Asian and Pacific Islander elders who are experiencing physical and financial abuse. This includes educational programs for families and community groups and court actions for protective orders.
- ***Goldman Institute for Aging*** provides programs in care management, health education, long term care, mental health, rehabilitation, and assistance with the disabled. While the organization does not offer a specific program on violence, these issues are broached by women who participate in on-going support groups and counseling at the Institute. The agency also runs the Consortium for Elder Abuse Prevention. The agency serves a variety of populations including Russian, Chinese, and African Americans.
- ***North of Market Services*** provides medical assistance to senior citizens 60 years and older. They provide a full array of referral services including legal assistance, money management, nutritional assessment and adult program placement. The client population is primarily Southeast Asian, Filipino, Anglo, African American and Russian. The agency has interpretative capabilities in Vietnamese, Laotian, Cantonese, Tagalog, and Russian. A significant portion of the client population includes homeless women.
- ***Legal Assistance to the Elderly*** provides free legal advice and representation to San Francisco residents over 60 years of age. It assists in avoiding financial and physical abuse.

### 5.7.2 Barriers to Services

***Older Women Seen as Lost Cause:*** Battered older women are silenced by ageist assumptions that they are too resistant to change or are made invisible by the notion that

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<sup>68</sup> Sengstock, Mary. 1984. Domestic Abuse of the Elderly: Which Cases Involve the Police? *Society for the Study of Social Problems (SSSP)*

<sup>69</sup> Douglass, Richard. Opportunities for Prevention of Domestic Neglect and Abuse of the Elderly. *Prevention in Human Services* 1983, 3, 1, fall, 135-150.

very frail elders are the only victims of elder abuse.<sup>70</sup> Women who have been living with violence for most of their lives may be aware that services exist, but feel that they are not intended for them. Prevention programs often discount the elderly by emphasizing prevention programs for younger women and girls.

***Fear of Institutionalization:*** Older women will often deny being abused out of fear that family members and/or health personnel will recommend that they be institutionalized. The prevailing sentiment is that living with continued abuse is more favorable than being taken away from one's social network and familiar environment. When the perpetrators of violence are caretakers entrusted by families to attend to elderly relatives, older women believe that their families will have little alternative than to institutionalize them.

### **5.7.3 Recommendations**

***Develop Education Programs to Alleviate Fears of Losing Autonomy:*** Intervention depends on detection, which is difficult when victims often cannot or do not report abuse. Intervention is also impeded by self-blame and the fear of institutionalization. Intervention should respect autonomy and allow survivors to make as many decisions as possible.<sup>71</sup> Older women would benefit from programs that focused on notions of empowerment in accessing services for violence and information on services that would not lead to institutionalization.

***Expand Programs Educating Family Members on How to Detect Caretaker Abuse:*** Most family members have little training in recognizing signs that may indicate their elderly relative is being abused by a caretaker. Programs are needed to educate family members to detect early signs of abuse and to promote communication within the family regarding violence.

***Develop Educational Programs on the Aging Process for Agencies Providing Violence against Women Services:*** VAW agencies would benefit from staff training on the aging process including physical and cognitive deficits and fears associated with becoming older and more dependent on others.

***Target Outreach to Older Women:*** The dominant orientation of existing programs is on youth and younger and middle aged women. Service providers and many elderly women themselves believed that they were "lost causes" with little hope of getting out of a violent situation. Elder abuse was also rarely mentioned by service providers and is often treated as a separate category of violence that is beyond the scope of current services. In addition, elderly women expressed fear that reporting incidents of violence by family members, caretakers, and others would result in a loss of autonomy and/or institutionalization. In the development of programs, providers should work with family members in order to allay fears of abandonment. In addition, service providers must consider that many elderly women are often limited in their ability to attend programs at service agencies due to declining mobility and health status. Programs for women who are housebound, therefore, should be developed.

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<sup>70</sup> Seaver, Carole. 1996. Muted Lives: Older Battered Women. *Journal of Elder Abuse and Neglect*. 8(2):3-21

<sup>71</sup> James, Marianne. 1994. Abuse and Neglect of Older People. *Family Matters*. 37(Apr):94-97.

## 5.8 YOUTH

Young women and girls are extremely vulnerable both to victimization and to facing barriers in receiving help for violence. In discussing violence among youth, greater focus has been placed on youth as offenders rather than youth as victims or survivors.

Young women and girls, because of their age, are more vulnerable to violence. They may lack the experience and skills necessary for defending themselves and for recognizing potentially dangerous situations or abusive relationships. And because of these vulnerabilities, they may be targeted for violence, particularly sexual assault. They may be less likely to recognize more subtle forms of violence such as verbal and emotional abuse or sexual harassment as violence. For youth who do not have the social supports traditionally provided by family, vulnerability is increased dramatically. They lack an obvious source of assistance and guidance including role models of healthy relationships.

Violence prevention and intervention among our young is probably the most important tool in reducing violence. We have a responsibility to protect all citizens, but particularly our young. Youth who have experienced violence are more likely to grow up to be abusers and to continue to experience abuse throughout life. Thus, prevention and intervention must address boys and young men as well.

### 5.8.1 Services

- ***Nihonmachi Legal Outreach*** has initiated a collaborative program with *Narika*, a VAW service agency serving South Asians in the East Bay, to provide workshops, media and internet activities to educate young men and women about violence and to foster non-violent interpersonal relationships.
- ***Family Service Agency of San Francisco*** runs the Adolescents Seeking Paths Toward Independence, Responsibility, and Empowerment (ASPIRE) program for siblings of pregnant or parenting teens receiving Teenage Pregnancy and Parenting Project services. Youth 11-17 years old are eligible for support with accessing health care, school issues, relationships, accessing job training, and legal issues.
- ***Legal Services for Children, Inc.*** is a free, comprehensive law office for children and youth, up to 17 years of age, providing legal and social services. Services include restraining orders, victim support, emancipation, guardianship, mental health services, child abuse services, school discipline, special education, and delinquency.
- ***Legal Services for Youth*** provides free legal assistance for youth including restraining orders, victim support, custody, paternity, and emancipation. Spanish, Chinese, and Tagalog are spoken.
- ***Students Talking about Non-Violent Dating***, a project of SFWAR, trains teens to be peer educators on dating violence, sexual assault, and domestic violence. They also lead workshops that teach sex education as rape prevention to girls.
- ***Mission Girls-Proyecto Adelante*** offers after-school prevention workshops on rape, sexual assault, date rape, statutory rape, and battering in English and Spanish.
- ***Chinatown Youth Center's Young Asian Women Against Violence Program*** produces violence prevention materials for Asian girls and facilitates violence education workshops.
- ***Sisters Working in Community (SWIC)*** is a collaboration between SAGE Project, ManAlive Education and Research Institute, and Women and Children Family Services to expand

prevention and education to women and girls at risk for experiencing intimate partner violence and sexual assault.

- ***Men Overcoming Violence (MOVE)*** provides teen dating violence prevention education at schools and weekly workshops for incarcerated youth.
- ***Young Woman Arise Project*** is a collaboration between Horizons Unlimited, Westside Community Mental Health Center, New Generation Health Center, and Youth Guidance Center. The program focuses on self-esteem/self-concept development for young African American and Latina women and includes a component, *Females Against Violence (FAV)*, which is a peer education project focusing on domestic violence and sexual assault.
- ***Westside Community Mental Health Center*** in the Western Addition has a *Youth Awareness Program (YAP)* which includes training on anger management, communication and social skills development, and parenting issues.
- ***Omega Boys Club*** works with both young men and women 14-21 years old who are at risk for violence. Their *Street Soldiers Violence Prevention Program* provides information and referrals; workshops and presentations for community agencies, schools and other organizations; presentations to inmates in correctional institutions; and training workshops for agency staff.
- ***Women Overcoming Violence Everywhere: Empowered, Trained and Capable (WAVE, ETC)***, a project of Bayview Hunter's Point Foundation, is domestic violence and sexual assault prevention and education project. The project targets culturally appropriate peer violence prevention education to schools and mothers at home through fact sheets and educational literature.
- ***Violence is Preventable (VIP) Girls Project*** assists young women at risk of becoming victims or perpetrators of violence by giving them access to a referral network. Services include counseling, case management, mentoring, family mediation, employment, peer education, and the production and distribution of a brochure on sexual violence in the African American community.
- ***Girl's After School Academy (GASA)*** is a comprehensive program that serves girls 8-18 years old living in San Francisco's largest public housing development, Sunnyside, and the greater Visitacion Valley. It focuses on gangs, violence, and pregnancy prevention and academic enhancement.
- ***Girls Take Charge***, a program of the Women's Safety Project, provides three years of after school self-defense instruction and information on accessing resources to middle and high school aged girls at three community locations (Visitacion Valley, Sunset, and Richmond).
- ***Teen Crisis Line*** is a 24-hour crisis line for youth dealing with abusive situations. English and Spanish are available.
- ***United Players*** is a gang prevention program at Balboa High School open to any interested youth, gang member or not, which organizes group activities as alternatives to gang-banging.
- ***Child and Adolescent Sexual Abuse Resource Center (CASARC)*** provides a broad range of services for children and adolescents reporting sexual assault.
- ***UCSF/Mt. Zion Violence Prevention Project's Pathways*** program provides counseling for children who have experienced or witnessed violence.

## 5.8.2 Barriers to Services

***Do not Identify with Services:*** For most youth, the family is the locus of support and guidance. When the family is the source of violence or when the family lacks the ability to provide support, the youth often does not know where to seek help. Getting assistance from social service agencies is not necessarily a familiar experience for youth.

***Fear of Repercussions and/or Retaliation:*** Service providers reported that children and adolescents are reluctant to report incidents of family violence for fear of negative repercussions such as the removal of family members, being kicked out of the family, placement into foster care, disbelief that the incidents occurred, or retaliation by the perpetrator or others including gangs.

***Lack of Access to Existing Services:*** Youth survivors of violence reported that they were unable to access services due to a lack of transportation or a lack of programming directed towards youth survivors. Obtaining social services tends to be a difficult process requiring numerous attempted contacts and accessing several different agencies to acquire all the support services one needs. This is a difficult process for anyone, but is particularly disheartening to youth that may not have mastered the skills and perseverance necessary to wade through complicated bureaucracies.

## 5.8.3 Recommendations

***Promote Outreach to Youth in all Populations:*** Outreach should be targeted to youth to educate about them about alternative sources of support for violence. This outreach must be both youth oriented and population-specific oriented. Thus, outreach approaches will vary for populations such as immigrant youth, Native American youth, Latina youth and so on.

***Promote After School Programs for Girls and Boys:*** Programs that provide a safe place for youth after school are critical to the prevention of violence. Youth are more susceptible to violence when they are without supervision and positive role models.

***Promote Mandatory Early Childhood Violence Prevention and Intervention Education:*** COSW, VAW service providers, and CBOs should take a leadership role in lobbying for mandatory early childhood anti-violence education programs analogous to sex education. Such programs should begin in the first year of primary school and continue through the last year of high school. Education efforts should cover appropriate and respectful behavior, identifying violence, anger management skills, conflict resolution, self-defense skills, safe dating skills, and where to seek help in cases of violence. Mandatory education would serve both to prevent violence and as outreach to youth, who do not know where to seek assistance. As experts in violence prevention and intervention, service providers should also be encouraged and funded to develop appropriate curriculum guidelines and teacher training guidelines for implementing such a curriculum.

***Develop a Public Awareness Program for Parents, Educators, and Caretakers:*** In order to improve the awareness among parents, educators, and caretakers, a public campaign educating these adults on the prevalence of violence among youth and the services available to youth and families should be established. This campaign should include a program on prevention and encourage adults to discuss violence with youth and to establish communication pathways in case violence should occur.

## 5.9 LESBIAN, BISEXUAL, AND TRANSGENDER (LBT) WOMEN

In defining this population, we include lesbian, bisexual, and transgender<sup>72</sup> (LBT) women and girls because of the common barriers they face as sexual and gender minorities. While this study is specifically about women and girls, in discussing this population it is impossible not to mention violence against gay men. Many of the statistics and reports that are available include gay male survivors of violence.

Same-sex relationships are estimated to have the same risk of violence as opposite-sex relationships. The prevalence of domestic violence in gay and lesbian relationships is approximately 25% to 33%.<sup>73</sup> LBT women and girls face one facet of abuse, though, that straight women do not, the threat of being “outed” (having one’s sexual orientation revealed) and of losing family support because of one’s sexuality or gender identification. For example, a Korean bisexual woman, whose husband is physically and emotionally abusive, reported that she had decided to divorce her husband and initially received the support of her mother. However, to keep her from divorcing, her husband “outed” her to her mother knowing her mother would not be able to accept her sexuality. After discovering her daughter’s sexuality, the mother withdrew her support for the divorce and threatened to disown her daughter and commit suicide should her daughter divorce. The woman’s strong sense of filial obligation, a desire not to shame her family because of her sexuality, and the threat of losing her family has kept her in the abusive marriage.

As members of a highly stigmatized population, GLBT women and men are particularly vulnerable to hate violence. While the San Francisco Bay Area has a reputation for tolerance towards gay, lesbian, bisexual, and transgender (GLBT) communities, the violence experienced by GLBT individuals demonstrates the continued existence of prejudice and intolerance. While the number of assaults on GLBT men and women in San Francisco declined slightly in 1999 as reported to the Community United Against Violence (CUAV), the number of severe, injury-causing assaults rose by 20%. Hate violence tends to be more brutal and directed towards destroying the individual’s emotional self than other forms of violence such as muggings where the goal is financial gain.<sup>74</sup>

LBT individuals are also more vulnerable to suffering abuses committed by intolerant authorities. Although the San Francisco Police Department is hailed as one of the best in the nation for documenting anti-GLBT violence and showing courtesy and respect to survivors, police or security personnel perpetrated nearly half of reported cases of violence against transgender people. Additionally, the police subjected 10% of survivors reporting any anti-GLBT violence to

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<sup>72</sup> Transgender refers to an individual whose gender identity is different from the one assigned to them at birth. A “transgender woman” thus, refers to an individual whose gender identity is female but who was defined as male at birth. Gender orientation and sexual orientation are not linked and, therefore, transgender women may identify as lesbian, bisexual, or heterosexual.

<sup>73</sup>Barnes. 1998. It’s Just a Quarrel. *The American Bar Association Journal*. February.

<sup>74</sup>*Anti-Lesbian, Gay, Transgender and Bisexual Violence in 1999*. 2000 Preliminary Edition. A report of the New York City Gay and Lesbian Anti-Violence Project and San Francisco’s Community United Against Violence.

them to further violence.<sup>75</sup> CUAV has documented narratives of survivors, which demonstrate the vulnerability of individuals confronted by violent authorities:

Sinead is walking through the Tenderloin on her way to see a friend. A San Francisco police car pulls up, two officers get out and barrage Sinead with a series of anti-transgender questions: “What is your real name? Are you a prostitute? Do you have a penis or vagina? Are you a dude?” Sinead shows them her CA driver’s license, which lists her gender as female, but they disregard it. “You’re a fucking guy!” She is arrested for prostitution, and shoved up against a brick wall. One of the officers performs a body search, telling Sinead, “I can do whatever I want with you.” During the search his hands linger on various parts of her body. The prostitution charges were later dropped.<sup>76</sup>

### 5.9.1 Services

There are 5 GLBT-specific services or agencies available to GLBT individuals experiencing violence. The first two agencies are devoted exclusively to GLBT communities, while the latter three are programs within larger agencies. Many agencies work with LBT women but do not have dedicated projects for outreach or assistance to LBT women.

- ***Community United Against Violence (CUAV)*** works to end violence against and within GLBT communities. They provide hate violence and domestic violence programs including advocacy for survivors, counseling, emergency housing, and a 24-hour crisis line. They also have a sexual assault program, police violence prevention program, women-of-color and youth violence prevention program, and a speaker’s bureau to educate the community and prevent violence. CUAV is unique in that it deals with all forms of violence.
- ***Network for Battered Lesbian and Bisexual Women*** is a small grass-roots collective organization providing counseling, educational workshops, support groups, referrals, and advocacy for women who have been abused by female partners.
- ***Queer Asian Women Services*** is a service of the Asian Women’s Shelter providing counseling and other support services for LBT Asian women.
- ***Queer Violence Prevention and Education Project*** is a project of Bay Area Legal Aid providing education, training and outreach to other violence against women service providers, community based organizations, the legal community, police, and governmental agencies about violence in GLBT communities. This project does not have a direct services component.
- ***Woman-To-Woman Domestic Violence Program*** of W.O.M.A.N., Inc. provides a 24 hour crisis line, support groups, walk-in and ongoing counseling, assistance in getting restraining orders, referrals, education for advocates of LBT women, consultation and training for shelters and service providers, and technical assistance.

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<sup>75</sup>*Ibid.*

<sup>76</sup>*Ibid.*, page J.

## 5.9.2 Barriers to Services

***Pervasiveness of Homophobia and Transphobia:*** Members of the LBT community experience assaults upon their identity on a daily basis. Whether these assaults are direct, such as being called “dyke,” or indirect, such as through the casual remarks of others, messages in the popular media or legislative attempts to curb civil rights, they create an environment in which intolerance and disrespect are, at some level, expected. While racist epithets and sentiments have become taboo in the popular media in this country, homophobic and transphobic remarks are still sanctioned. These assaults are so common and expected that few women and girls even think to report such incidents. In conversations with LBT women and girls, it is common for incidents of hate violence, especially verbal assaults, to be minimized, “brushed off,” or not identified as violence.

***Do not Define their Experiences as Violence:*** As is true in any marginalized community, LBT communities struggle to accept that violence can and does happen between women. Violence is often perceived as being perpetrated only by males, making it difficult for survivors to identify their experiences as violence. A service provider reported that women tended to minimize their experiences, even in cases of severe physical abuse. One survivor stated that she felt her experiences of physical and emotional abuse were trivial compared to the experiences of the straight women in her support group, so she stopped attending the support group. This woman had sustained serious physical injuries from her partner requiring emergency medical treatment.

***Do not Identify with Available Services:*** While there are 5 GLBT-specific services and agencies available, LBT women and girls do not necessarily identify with VAW services in general. Discussions about services and literature advertising services still emphasize male upon female violence, although agencies in San Francisco do report that they try to make their discussions with clients and their promotions of services gender neutral. And even though there are GLBT-specific services available, LBT women and girls must still access services that are not GLBT-specific such as group counseling sessions and shelters where they may feel uncomfortable and isolated being the only LBT individual. One Native American woman reported tremendous intimidation and fear about joining a three-day survivor’s retreat as the only lesbian and woman-of-color. However, she persevered and was pleasantly surprised to find herself welcomed and her experiences validated by the group. Thus, while general services may be open and accepting to LBT women, the LBT woman has no way of knowing this ahead of time and takes a risk in seeking such services.

In addition, some LBT women, particularly women-of-color, reported they do not relate to the predominant feminist service provider model of domestic violence with its emphasis on the “cycle of violence” and a sharp dichotomy between the “batterer” and the “survivor.” LBT women and women-of-color identify with their batterer as a fellow “queer”<sup>77</sup> woman and/or woman-of-color facing the same homophobic and racist society. The survivor often wants to stay with the batterer and recognizes the roots of the batterer’s violent behavior in the abuse she survived in a homophobic and racist society. The survivor’s identity as a queer woman and a woman-of-color is validated by her relationship making it difficult for the survivor to go outside of her community for help. She may feel she is betraying her community and her own identity in doing so.

***Fear of Being “Outed”:*** Women who are not open to family, friends, employers, or the general public about their sexual orientation risk divulging this information when they seek help for violence. Their fear of being “outed” may be greater than their fear of the violence, preventing them from seeking services. Service providers reported that they sometimes suspect some of their clients may be in an abusive same-sex

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<sup>77</sup> “Queer” is an umbrella term encompassing gay, lesbian, bisexual, and transgender individuals. The term has been embraced by younger community members to destroy its derogatory power as used in the straight community. Many agencies in San Francisco use “Queer” in naming their services. Some older community members still find the term offensive and do not identify with it.

relationship, but are pretending to be in an opposite-sex relationship to avoid revealing their sexual orientation. Thus, although agencies may make every effort to be inclusive, have LBT-specific services, and have LBT women on staff, some LBT women may still be uncomfortable acknowledging their sexual orientation.

***Violence not Believed or Taken Seriously:*** Authorities, friends, and family members do not always take hate violence or violence between intimate partners of the same sex seriously. Some people find it difficult to acknowledge that women have the capacity to be violent and, therefore, do not believe the survivor's reports. Same-sex violence is often mistakenly perceived as "mutual battering" where both partners are believed to have equal power and control. One woman interviewed described a lack of support from family and therapists during her attempts to deal with her extremely abusive partner. She associated this with a lack of seriousness given to same-sex relationships in general. Police, security officers, and other authorities such as public transportation officials were also reported as minimizing or ignoring reports of violence made by LBT individuals.

### **5.9.3 Recommendations**

***Promote GLBT Community Responses to Violence:*** LBT women are more likely to access services that come from within their communities. Such services circumvent many of the barriers and fears women face in seeking services based on a service provider model of violence that is alien to the LBT woman's experience and identity. Community responses might include, for example, the establishment of discussion groups where relationship violence may be discussed without the attendees having to take on the threatening identity of "victim" or "survivor." These discussion groups may be sponsored by community based organizations. Collaborations with established and experienced violence-specific agencies should be encouraged in developing and implementing community-based responses.

***Support an LBT Shelter:*** Although, in general, we discourage promoting population-specific shelters, the LBT community may benefit from a shelter specifically for women who have experienced violence from other women. This would resolve many of the fears and conflicts LBT women may face in receiving services from straight-dominated projects. It would also serve to validate the woman's identity, keeping her within her community.

***Educate Service Providers about LBT Needs:*** As one interviewee stated, "Queer women don't feel safe." If service providers can make it known to LBT women that they are safe seeking services from their agency, LBT women will be more likely to seek those services. Service providers, therefore, need to be educated on the needs of LBT women and how to promote an agency environment where LBT women will feel safe. Asian Women's Shelter may serve as a model for other agencies in this regard. Every service of the agency addresses the needs of queer women, so that queer services are not a token, stand-alone service, but an integral part of all services. They conduct homophobia workshops for staff and have a "homophobia busters" team comprised of straight women on the staff who take on the responsibility of teaching other straight staff about homophobia and ending it.

***Promote Education and Outreach:*** Community outreach and education directed specifically to the GLBT communities should be promoted. Messages need to include how to identify all forms of violence, that violence occurs in GLBT relationships, what a person's legal rights are in dealing with violence, where to report hate violence, and where to seek help for all forms of violence.

***Promote Education and Sensitivity Training of Authorities:*** Programs must be developed to educate authority figures such as police officers, security guards, teachers, and employers about sexual orientation and gender identity and the fair and equitable treatment of all people. Additionally, police officers must be held accountable for their own acts of violence.

## **5.10 RECENT IMMIGRANTS**

Immigrants make up a large proportion of the population in San Francisco. While the largest numbers of immigrants originate from Asia and Latin America, the immigrant population in the city represents a broad range of societies that contribute to a diversity of experiences, perspectives, beliefs and practices. However, there are several factors that immigrant women and girls experience in common that impede their ability to seek and access violence related services and that contribute to their needs for specific programs. In understanding immigrant needs, we examined the experiences of Chinese, Southeast Asian, Latina, Pacific Islander, African, Russian, Arab, and South Asian recent immigrants.

For a significant number of recent immigrants to San Francisco, immigration may involve movement from a largely agrarian or recently industrialized society into a densely populated, metropolis governed by an economy that rewards specialized, technologically oriented skills and knowledge. Immigrants, hampered by little or no English language ability and few marketable job skills, are at a significant disadvantage in competing for higher paying jobs and are often relegated to low paying, undesirable positions. For example, many Yemeni (Arab) women arrive in San Francisco with no or only a few years formal education and no knowledge of English, severely limiting their options in dealing with violence.

Additionally, most immigrants face dramatic changes in family roles and responsibilities. Women's roles are often expanded to include a significant contribution to family finances, while men's roles may contract. Tension in handling and adjusting to these shifts in traditional roles may lead to violence within the family. As children become acculturated faster than their parents, the parent's traditional authority and integrity decline, leading to further disruptions in the family. This emerged in several of the interviews. One community-based organization in the Filipino community urged a focus on youth programs due to the growing tension and increasing violence between parents and children.

Several immigrant groups have also experienced a wide range of violence prior to arriving in the United States. This includes violence associated with warfare, political oppression, and refugeeism. These past histories directly impact groups' definitions of violence and their inclination to seek services. Those who experienced violence from authorities in their country of origin may be extremely fearful of police or other authority figures in the United States. And many have not healed from these early experiences of violence, making it even more difficult for them to deal with current violence. For example, a service provider working in a Laotian CBO emphasized the futility of hotlines for Laotian women because of their extreme distrust of strangers.

For many immigrants, life in the United States is devoid of the traditional extended family and close knit community. There are either not enough fellow immigrants from the same country of origin or immigrants have not settled into ethnic enclaves where traditional communities may be "recreated" in the United States. This is particularly true for African immigrants who do not have a pan "African" identity, but rather identify with their home countries. Without these traditional systems of support, women and girls are

at a loss about how to deal with violence, for it is traditionally dealt with in the family or community. For those women who do not have extended family in the United States, the prospect of losing one's only family may be more frightening than living with the violence.

Service providers have also found that many immigrant women's experiences of violence may be quite different from patterns first delineated in research on domestic violence in the United States. For example, anecdotal evidence suggests that the "cycle of violence" pattern is not a typical feature of domestic violence for South Asian and other immigrant women from societies in which men hold a strong sense of entitlement and where marriages are arranged. It is suggested that in such circumstances, the man does not go through a period of remorse and reconciliation because he sees no need to do so. Instead, abuse is more constant.

### 5.10.1 Services

- *Asian Women's Shelter* provides literacy classes, citizenship workshops and legal assistance to their clients.
- *Donaldina Cameron House* provides legal assistance and support groups specifically for newcomers. Literacy and citizenship classes are also offered.
- *Nihonmachi Legal Outreach* provides a broad range of legal assistance to Asian and Pacific Islander communities including assistance with immigration and naturalization, government benefits and family law.
- *African Immigrant and Refugee Resource Center* offers cultural orientation classes, language tutoring, adjustment counseling, immigration and citizenship assistance, crisis intervention, job training and placement, and emergency housing for primarily African immigrants.
- *The Arab Cultural Center Service Network* provides cultural educational services including classes in Arabic, a lecture series, and community events. The center has an academic enrichment program for youth offering ESL, homework tutoring, acculturation sessions, and field trips to acquaint youth with living in the United States. It also provides an English language and literacy and Life Management skills class to recent Muslim immigrants.
- *Citizenship, Refugee, and Immigration Services (CRIS)* is a program of Catholic Charities of the Archdiocese of San Francisco provides culturally sensitive services in 10 languages. Services offered include ESL, job training and placement, civic education, advocacy, mentoring and tutoring, child care vocational training, employment counseling, emergency translation services, and referral. They provide special outreach and services to homebound seniors and Asian immigrants.
- *Jewish Family and Children's Services* provides services to recent immigrants, particularly from the former Soviet Union. Services include case management, support groups and counseling, employment assistance, and financial assistance.
- *Arriba Juntos*, a project of Proyecto Apoyo, works with immigrant women and women of color who are homeless or at risk of homelessness because of domestic violence. They received counseling, job training, employment and support services with the goal of becoming economically self-sufficient.
- *Mujeres Unidas y Activas* is a grassroots immigrant women's organization, committed to education and organizing about domestic violence, unemployment, access to services, health care, and legal and civil rights.

### **5.10.2 Barriers to Services**

***Not Aware of Services:*** Immigrant women may not be aware of available services or have only a vague understanding of how agencies may help them. Services for women experiencing violence often are not commonplace in countries of origin and so the concept of such services is not familiar to many immigrant women. For example, the only means of dealing with domestic violence in the former Soviet Union was to appeal to the abuser's employer or the Communist Party leadership for assistance. As a result, many Russian women in San Francisco do not realize there are other means of assistance available to them.

***Limited English Language Ability:*** The majority of recent immigrants are unable to communicate in English. This often prevents awareness of services and the ability to access them. For example, after a year and a half of physical abuse from her husband and father-in-law and threats to have her deported back to China, one Chinese immigrant woman attempted to call 911 after her husband threatened her with a butcher knife. When the police arrived, the husband who had functional English abilities claimed that his wife was having a jealous tantrum. Due to her inability to communicate with the police officers, the woman was not able to explain the situation and the police officers left. Later that evening, her husband and father-in-law beat her and locked her in a room for two days.

***Fear of Deportation:*** Immigrant women, particularly undocumented women or immigrants dependent upon their abuser for their immigration status, fear being deported if they seek assistance. Abusers also use the threat of deportation to control survivors.

***Limited Job Opportunities:*** Recent immigrants to the United States struggle to obtain employment. These women often immigrate with a marriage visa and due to their immigration status are not eligible for full time work. Their limited capabilities in English also impede their ability to obtain employment that contributes to their economic dependence on their husbands. Several Chinese immigrant women who were interviewed identified a need for job training programs. One woman who recently separated from her husband after three years of physical, verbal and emotional abuse stated that the best way to help women who are experiencing violence is to help them find jobs.

***Do not Define their Experiences as Violence:*** For the majority of immigrant women, violence is more narrowly defined than it is in the service provider community. Physical abuse is considered violence, but other non-physical means of control are not always viewed as violence.

***Distrust of Authority Figures:*** Many immigrants, such as Southeast Asian and Bosnian refugees, had traumatic experiences of war and moved between refugee camps and other settlements prior to arriving in the United States. Service providers reported that memories of war including interrogation, accusation, and rape by authority figures, continue to resonate in the lives of many immigrants. This contributes to reluctance on the part of many to report incidences of violence to police or service agencies.

### **5.10.3 Recommendations**

***Increase Collaboration between CBOs and Existing VAW Services:*** Locating services such as counseling, support groups and other preventive programs in community based organizations may alleviate the reluctance among many immigrant women and girls from venturing out of their neighborhoods to seek services. Increasing collaboration between community based organizations and violence against women services will also increase

the immigrant women's trust of service providers.

***Promote Life Skills Training:*** Immigrant women are in desperate need of life skills training to teach them about living in the United States and to enable them to fully participate in the community. Such programs are vital to prevention of violence, expanding a woman's options and educating her about her rights. In addition to teaching basic skills such as dialing 911 and how to use the public transportation service, programs such as literacy and job training equip them with the skills necessary to leave violent relationships should they wish. Immigrants who have not established "communities" with fellow immigrants present a particular challenge for existing services and programs due to their extreme isolation. The most effective point of intervention may be at the point of immigration.

## **5.11 MUSLIM WOMEN**

Muslim women and girls in San Francisco comprise both native born women and immigrants primarily of Arab, Middle Eastern, North African, and Asian heritage. In identifying Muslim women and girls as a priority population, it is important to state that we are not identifying the religion, Islam, as promoting or condoning violence against women. The Islamic faith condemns all forms of violence against women and the Quran emphasizes the fundamental equality of men and women.

Muslim women and girls, rather, may be considered a priority population because Islam is a misunderstood and often denigrated faith in the broader society, most service providers have little experience working with Muslim clients and few have Muslim women on staff, and many Muslim women are from recent immigrant groups facing barriers common to immigrants (see *Recent Immigrants*, page 59). Recent Muslim immigrants tend to come from cultures in which religion is integrated into all institutions of life. Thus, any discussion of providing services to Muslim women and girls must take into account Islam and its impact upon how a woman lives her life and perceives her role within the family and community.

One factor that increases a Muslim woman's vulnerability to violence is the American public's attitude towards Islam. The American public has very little understanding of Islam and its followers. The media promotes intolerance of and ignorance about Islam by falsely equating Islam with fundamentalism and terrorism. The result is a climate in which the Islamic faith and its followers are misunderstood, denigrated, and even feared. Incidences of hate violence increase in such a climate. And service providers and authorities mistakenly offer misguided or inappropriate assistance because of ignorance about the community. Additionally, many Muslim women then live with a perception that they are not safe or accepted within the larger society. A central goal of many Islamic organizations across the United States has been to educate the public about Islam and to end incidences of hate violence.

### **5.11.1 Services**

There are no services specifically directed towards Muslim women or girls explicitly stated to be violence prevention or crisis intervention programs. There are community based and faith based organizations such as the *Arab Cultural Center*, which provide services to Muslim women. These services are not explicitly stated to be violence related programs, although prevention and intervention is one of the implicit goals. Specifically stated violence prevention or intervention programs are unlikely to be accepted or used by the Muslim community. Discussions of violence outside the context of the family or community is taboo and shameful, thus, any program directed at preventing or intervening must be embedded within a holistic framework directed towards improving the lives of the entire family and community (see *Alternative Models*, page ).

### 5.11.2 Barriers to Services

***Do not Identify with Available Services:*** Muslim women may feel that programs that are not Muslim-specific will not meet their needs, understand their history and experiences, or accommodate their religious faith. There is a general perception that American society is antagonistic to the “family” and that VAW programs will encourage the woman to leave her partner. There is tremendous stigma associated with divorce and within some communities, a divorced woman will experience a social death or social banishment. Programs that treat women apart from the family are also very suspect because of the strong focus Islam places upon one’s ties to the family.

***Concepts of Privacy and Shame:*** There is a very strong belief that problems in the family must be dealt with by the family and community. Breaking family silence is taboo and brings tremendous shame and humiliation upon the community and the family. As one Middle Eastern Muslim survivor of sexual assault stated, “Growing up, things like violence or sexual abuse were never discussed. It is always hush, hush, so it is impossible to deal with. If you aren’t discussing it, then you can’t deal with it.”

In the country of origin, the extended family is the locus of support and guidance sometimes providing the woman with culturally appropriate people to go to for help. In this country, though, women may be without their extended families and do not readily identify alternative people from whom to seek guidance. When outside help is sought for violence, it is the survivor who risks social ostracism for breaking the silence. For example, one Muslim woman was being beaten and choked with a telephone cord by her husband. A neighbor saw the incident through the window and called 911. The husband was immediately arrested. Many in the community blamed the woman for having her husband arrested, despite his attempt to murder her. To this day, her Imam (religious leader) and some community members will not speak with her.

Women will go to the Imam for guidance. The guidance she receives though depends upon how informed he is about violence against women. Some Imams may refer women to appropriate agencies. However, some will encourage women to ignore the violence. A Berkeley service provider whose clients include Muslim women gave the example of a woman who first sought guidance from her Imam. The Imam told her that in the worst case scenario her husband will kill her, but if this happens she will be considered *shaheed* (religious martyr), an honored death.

***Denial:*** As with other marginalized or minority groups, Muslims have been slow to accept that all communities, including their own, experience violence against women. Accepting the existence of violence in the community is threatening to religious and community identity. People also fear that acknowledging violence in the community means supporting the larger society’s prejudiced assumptions that Islam and Muslims are violent.

### 5.11.3 Recommendations

***Promote Tolerance Programs:*** Programs that educate the community about Islam and Muslims should be promoted. Such programs are vital to prevention of violence by changing societal myths that lead to prejudice, intolerance, and hate violence. These programs will also promote religiously sensitive and informed responses to the needs of Muslim clients by police officers, service providers, and others. *The Islamic Network Group* of Santa Clara, which provides education seminars to police, businesses, schools, and other organizations serves as a model of such a program. This type of education is a vital component of any prevention effort.

***Promote Faith-Based Agency Violence Prevention Programs:*** Muslim women are more likely to access programs from agencies that represent their religious and cultural heritage. Programs to prevent violence should be promoted in such agencies. It is vital that funders understand, though, that such programs will need to be prevention and intervention programs that promote the empowerment of women rather than explicitly stated VAW prevention or intervention response programs based on traditional or feminist models. The extreme privacy and shame felt in the Muslim community and the focus on the family over

the individual means such programs would be threatening and doomed to failure. Programs such as literacy, life-skills, employment skills training, and other education efforts will empower women and are key to expanding a woman's options in dealing with violence. Additionally, programs need to be directed towards Muslim men. It was suggested that education efforts emphasizing the negative impact of violence on the children and the family as a whole would be more successful in preventing and ending violence.

**Promote Outreach to the Muslim Community:** Outreach to community leaders is necessary to inform the community about violence, the consequences of violence on the family and community, and the services available to prevent and deal with violence. Additionally, outreach efforts should seek to establish collaborations with religious leaders and Muslim organizations to help in designing an appropriate response to violence.

## **5.12 ASIAN AMERICAN**

Asian Americans represent the majority of residents in San Francisco. The term "Asian American" applies to members of over 25 groups that have been classified under a single category because of their common ethnic origins in Asia. Asian Americans as a group are tremendously diverse and include individuals from China, Japan, Korea, Vietnam, Cambodia, Philippines, India, and the Pacific Islands.<sup>78</sup> Although this category consists of several diverse populations with their own histories of immigration to the United States, there are several factors that they share in common that are critical in understanding the experiences of violence by women and girls. Many of these are associated with the experience of immigration including limited linguistic capabilities, limited economic opportunities, diverging values associated with gender roles, and disruptions in social institutions and networks. The impact of these factors on the provision of and access to services for women and girls who have experienced violence is discussed below. In addition to these shared characteristics, certain Asian American populations present unique challenges that effect current needs for services. These have been identified below as well.

### **5.12.1 Services**

Service agencies providing programs specifically for women and girls within the Asian American community who experience violence include a combination of community based organizations that cater primarily to individuals of common national origin as well as Pan-Asian agencies that provide services for several Asian American populations. The research indicates a mixed reaction to each type of agency. While several populations indicated that women feel more comfortable participating in programs within the community, the small size and tight social relationships within certain Asian populations coupled with the stigma associated with violence, particularly within the family, prevents women from accessing community based services. Pan-Asian programs, such as *Asian Women's Shelter*, which offers crisis intervention programs, such as a 24 hotline, counseling, and shelter, is able to provide interpretation services in a wide range of languages. However, several Asian American women expressed discomfort in accessing these services due to the perception that the agency was not intended for their particular

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<sup>78</sup> Uba L. 1994. *Asian Americans: Personality Patterns, Identity, and Mental Health*. New York: The Guilford Press.

community. These women said they would be more likely to utilize services from an organization that was both located within their community and staffed by members from their community. This mixed reaction to community-based services and pan-Asian agencies presents a unique challenge in improving utilization of services by women in Asian American populations.

- ***Asian Women's Shelter (AWS)*** offers emergency housing for battered Asian women as well as counseling, childcare services and job training. AWS runs a hotline as well as an extensive language "bank" that includes interpretation in 20 languages. In addition, AWS provides classes in literacy, ESL and citizenship.
- ***Asian Perinatal Advocates*** serves Asian and Pacific Islander communities by providing infant follow up care at San Francisco General Hospital which include home visits. In addition, APA provides a variety of educational workshops on infant care, parenting, child abuse and neglect, and family violence.
- ***La Casa de las Madres*** is a multilingual shelter (English, Spanish, Korean, Japanese, and Tagalog) offering an eight-week emergency housing program and advocacy resources for women and children. La Casa works in conjunction with the Job Shop to provide resume writing and interviewing skills workshops and with Arriba Juntos to provide job training.
- ***Nihonmachi Legal Outreach (NLO)*** serves Asian and Pacific Islander communities and provides legal representation for individuals who have experienced domestic violence. It also provides assistance and education programs on immigration and naturalization and other aspects of family law.

### 5.12.2 Common Barriers to Services

***Fear of Losing Custody of Children:*** Many perpetrators threaten to take the children away. Women reported that this prevented them from attempting to seek services until children became the victims or potential victims of abuse. Strong patriarchal values on lineage may contribute to this barrier to services as children are traditionally believed to be the property of the husband rather than the wife. In addition, when seeking services means leaving children behind, Asian American women will often choose to remain in situations of violence rather than abandon their children.

***Adherence to the "Good Wife, Wise Mother" Ideal:*** Many Asian societies hold women up to a standard of being a wife and mother who sacrifices her own personal desires and needs for those of her husband and children. This necessarily demands a loss of autonomy and prevents some women from seeking services in abusive situations<sup>79</sup>

***Attitudes towards Age and Gender:*** Asian Americans often originate from societies that maintain strict age and gender hierarchies. Confucian ideology dictates that younger generations should honor, obey and remain loyal to older generations. This value structure will often prevent youth from reporting violence experienced from older members of their families. In the same way, the value of male superiority over women will prevent women from reporting violence from husbands and other intimate partners. These attitudes tend to prevail even with increasing numbers of women working outside

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<sup>79</sup> Dasgupta, Shamita. 1996. In the Footsteps of "Arundhati:" Asian Indian Women's Experience of Domestic Violence in the United States. *Violence Against Women*. 2(3) Sept:238-259

of the home. It appears that women's economic contributions do not necessarily reduce husbands' dominant positions nor diminish violence. Traditional family values, and beliefs in age hierarchy and traditional female roles significantly prevent Asian American women from relying on service programs to cope with abuse.

***Lack of Familiarity with the Idea of VAW Services:*** For most, services for women experiencing violence were not commonplace in their countries of origin and they are unaware that such services exist in the United States.

***Lack of Space in Shelter Facilities:*** Currently shelters are highly oversubscribed. The two largest shelters that provide interpretation in Asian languages, *Asian Women's Shelter* and *Casa de Las Madras*, are at capacity. As one staff member noted, "We are afraid to do outreach because we just don't have the space for more women. We are forced to turn away women everyday."

***Concepts of Privacy and Shame:*** A prevailing belief among Asian American populations is that violence, particularly within the family, is considered shameful and a private matter. It is believed that women are virtuous by enduring suffering without complaining. Women who reveal experiences of violence are believed to bring on shame and dishonor to their families and are often given little support from Asian American communities.<sup>80</sup>

***Do not Identify with Available Services:*** The insularity of the many Asian American populations contributes to the belief among women that services provided by agencies outside of their particular communities are not directed for them.

***Lack of Community Based Programs:*** Due to several factors such as lack of funding, shortage of staffing, and lack of recognition of violence as a problem, many community based organizations do not offer programs for women who have experienced violence.

***Do not Identify Violence as a Problem that can be Fixed:*** The predominant view of violence, particularly within the family, is that physical, verbal and emotional abuse is commonplace and to be expected between family members. It is believed that economic survival is more important than these incidents of violence. In addition, women often believe that their life situations are the result of "fate." Buddhism, for example, teaches the virtue of "persevering" and as a result, women holding this religious belief will often remain in violent situations.<sup>81</sup>

***Stigma Associated with Counseling:*** Asian Americans are often reluctant to engage in therapy or to participate in counseling groups due to the belief that counseling results from serious psychological problems. In addition, Asian Americans often originate from societies where psychotherapy and counseling, involving discussion of one's feelings, is not common.

### 5.12.3 General Recommendations

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<sup>80</sup> Yick A. 1999. Domestic Violence in the Chinese American Community: Cultural Taboos and Barriers. *Family Violence and Sexual Assault Bulletin* 1999; 15:16-23.

<sup>81</sup> Masaki B and Wong L. 1997. Domestic violence in the Asian Community. In *Working with Asian Americans: A Guide for Clinicians*. E. Lee, ed. New York: Guilford Press.

***Expand Shelter Program offering Asian Language Interpretation:*** There is a chronic shortage of spaces in shelter programs that offer bilingual and bicultural staffing. The shortage prevents existing programs from increasing outreach to populations that may be served. Service agencies such as Asian Women’s Shelter and Casa de las Madres have a range of programs and language abilities as well as a historical presence in San Francisco. These programs are currently highly oversubscribed and would benefit Asian American women and girls if they were expanded.

***Development of Transitional Housing Programs within Asian Communities:*** Asian American women reported fear of losing contact with their communities when placed in transitional housing. There is a severe shortage of transitional housing in San Francisco and existing programs tend to be small. By developing transitional housing programs for women and girls within communities, Asian American women and their children would be able to leave familial environments of violence while maintaining existing social networks with their communities. Research on domestic violence indicates that abuse decreases when social networks are strong.<sup>82</sup>

***Public Education Campaign Expanding the Definition of Violence:*** Many Asian American women define violence as limited to physical abuse and do not include sexual, emotional, verbal or economic abuse in their conceptualization of violence. As a result, Asian American women will often not seek services as they believe that their experiences do not qualify them for participation in violence against women programs.

#### **5.12. 4 Specific Needs for Asian American Communities**

##### ***Chinese Americans***

Immigrants from China, Taiwan and Hong Kong represent the largest immigrant population in the city of San Francisco. In a recent study conducted in California, over 81% of Chinese American women reported verbal abuse in the preceding 12 months and 85% reported verbal abuse during their lifetime. 6.8% reported physical spousal abuse in the last 12 months and 18% over the course of their lives.<sup>83</sup> While the relatively long history of Chinese immigrants in San Francisco has resulted in a strong network of community based organizations, there continues to be significant need for services specifically for Chinese immigrant women and girls who have experienced violence. While several service agencies provided Chinese interpreters and translators, the main problem is outreach.

*Donaldina Cameron House* is a highly successful CBO that offers a full range of VAW services including shelter, literacy and job training classes, legal assistance and food supplements. It is centrally located within the Chinatown area and engages in strong outreach efforts.

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<sup>82</sup> Shah, Nasra et al. 1997. Violence against Women Migrant Workers: Issues, Data and Partial. *Asian and Pacific Migration Journal*. 6(1):5-30.

<sup>83</sup> Yick, A. 1999. Domestic Violence in the Chinese American Community: Cultural Taboos and Barriers. *Family Violence and Sexual Assault Bulletin* 1999; 15:16-23.

However, due to the increasing demand for services, this agency is in need of expansion. Other service agencies such as *Asian Women's Shelter* and *Asian Perinatal Advocates* also report high utilization by Chinese American women, however; current capacity is limited and in great need of further development to meet existing demand.

### ***Japanese Americans***

Japanese Americans, along with Chinese Americans, have one of the longest immigration histories in San Francisco. The current population spans up to five generations. Traditional values of saving face and familial honor influence open discussion of violence, particularly within the family, which continues to be treated with secrecy and shame. This has contributed to the significant lack of information on the incidence of violence within this population. Despite the strong network of CBOs, there are currently no VAW specific programs available through these organizations. *Nobirukai*, or *Japanese Newcomer Services (JNS)*, offers a wide range of services for recent immigrants from Japan including women support groups and counseling. However, the agency does not address VAW directly. Pan-Asian agencies such as *Nihonmachi Legal Outreach*, *Asian Women's Shelter*, and *Asian Perinatal Advocates* offer VAW services for this population; however, service providers reported few of their clients identify themselves as Japanese.

With fewer Japanese immigrating to the United States and the proportion of third, fourth, and fifth generation Japanese growing, Japanese women who experience violence may be accessing services from organizations, agencies, and health professionals that are not targeted for Asian Americans. However, agency funding reports do not indicate that Japanese clients are using their services. Further research on this population is necessary.

### ***Southeast Asian Immigrants***

Hmong, Laotian, Vietnamese, and Cambodian individuals immigrated to the United States in large numbers during the 1970's and 1980's and have similar immigration experiences. Many of these immigrants reside in highly insular, geographically circumscribed areas of San Francisco. The largest populations reside in the Tenderloin District, which suffers from significant overcrowding and a high incidence of crime.

While these populations have been routinely grouped under the general category of "Southeast Asian Refugees", it is important to treat these groups as separate when developing programs related to violence. The languages used are distinct and the political histories, while intertwined, produce particular relationships that may impede individuals from these populations from feeling comfortable in participating together in programs. Currently, there are community agencies that serve the Laotian, Vietnamese, and Cambodian populations; however, there are no agencies specifically for the Hmong. The Hmong are at particular risk of being under-served due to the lack of bilingual staff available. None of the existing community based organizations have programs specifically addressing violence among women and girls. When referrals are made,

women are directed to contact the *Asian Women's Shelter*.

Southeast Asians do not identify with service agencies not directly targeting them. One service provider within the Cambodian community, for example, reported that despite the availability of interpretive and translation services in Khmer at pan-Asian organizations, most Cambodian women would not be inclined to seek services at these agencies. Most Cambodian women, she explained, would only be comfortable seeking services at agencies that were not only staffed by other Cambodians but also located within areas where Cambodians reside and work.

### ***South Asian Immigrants***

A large percentage of South Asian women are recent arrivals to the United States. Many come through arranged marriages with South Asian men working in the Bay area. Unlike many of the other Asian American groups in San Francisco, South Asians do not live in ethnic enclaves within the city and are often isolated from one another. This contributes to widespread feelings of social isolation and leads to a perception that women are men's property, leaving them vulnerable to abuse.<sup>84</sup>

The triangulated effect of little or no English language ability, little preparation for life in the United States, and little social contact with other South Asians, contributes to the vulnerability of South Asian women. Isolation is a particularly pernicious form of abuse faced by this community. Women reported that their husbands would leave them alone in their homes during the day while at work without keys to leave the home. One reported that her husband would disconnect their phone and take it with him to work in order to prevent her from making contact with others. Another woman never left her home alone for over six months because she did not realize that she could open a double bolted door from the inside.

South Asian women have also reported a cycle of abuse that stems from regular phone calls made by husbands to his parents in South Asia. One woman reported that during the week, she and her husband would get along without incidence of violence. However, on Sunday after her husband made his weekly telephone call to his parents, her husband would physically and verbally abuse her. Others reported the same cycle of violence, explaining that during these conversations, wives were routinely criticized and husbands were instructed to control and punish their wives.

Currently, there are no community-based programs focused on violence against women in San Francisco. There are two community-based programs, *Narika* and *Maitri*, which are located in Berkeley and Sunnyvale, respectively.

### ***Filipino Americans***

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<sup>84</sup> Abraham, Margaret. 1998. Speaking the Unspeakable: Marital Violence against South Asian Immigrant Women in the United States. *Indian Journal of Gender Studies*. 5(2) July-Dec:215-241.

Violence among Filipino Americans has recently become recognized as a serious issue within the community. It has emerged in importance due to reports in recent years that Filipinos experience one of the highest rates of violence in comparison to other groups. In addition, two highly publicized cases of the murder of Filipino women by their husbands has resulted in increased awareness and concern within the community. However, there still does not exist a community-based program specifically addressing violence against women and girls.

Immigration patterns have contributed to a generational divide within the Filipino community. There are larger populations of older women and school-aged girls with fewer women in their 30s and 40s. This impacts the service needs for this population. Due to the large proportion of Filipino youth, programs developed in conjunction with school and youth groups are needed to increase awareness of violence and provide information of available services. In addition, there is a need for programs for older Filipino women. The prevailing sentiment is that older women have few options other than to remain in a violent situation. Older women are considered to be missed opportunities for intervention and were rarely included in current VAW programming. CBOs are more inclined to develop programs for youth as measures towards prevention. Such programs targeting older women were, however, considered of low priority. The lack of current emphasis on older women indicates a gap in services and the need for outreach to this age group. These programs would require Tagalog and Illocano language services.

### ***Korean Americans***

Koreans have immigrated in large numbers to the Bay Area since the 1960's; however, compared to other Asian populations with similar immigration histories, the Korean American community tends to be highly insular. The research indicates that violence is a serious problem among this population. Over 60% of Korean American women report that they have experienced violence from their husbands or intimate partner.<sup>85</sup> Service providers and Korean women clients indicated that Korean Americans were less likely to subscribe to pan-Asian programs and were attracted to programs and organization that were community-based. Because of the high insularity of the community, there is a tight social network that impacts negatively on open dialogue about violence against women and girls within the community. As discussed previously, this presents a unique challenge to providing services.

Recently, the *Korean Community Center of the East Bay (KCCEB)*, the *Asian Women's Shelter (AWS)* and the *Korean American Coalition to End Domestic Abuse (KACEDA)* have initiated a new domestic violence program in Oakland for Korean American women and girls in the Bay Area. Through funding from the California Department of Health Services, Child and Maternal Branch, these three organizations collaborated with CBOs in the Bay Area to establish *Shimtu* to provide both intervention and prevention programs for women who have experienced violence. Currently, there is no community-based organization that specifically addresses violence in the Korean American community in San Francisco.

Service providers, key informants, and Korean women who have experienced violence identified the Korean Church as a barrier for women seeking VAW services. The church and church leaders play a significant role within the community with over 70% of Korean Americans estimated in weekly attendance.<sup>86</sup> It was reported that women who have experienced violence who seek clergy for assistance are often told violence is a private matter. One woman reported that after revealing that her husband had physically beaten her, her minister told her that as a wife she must return home and obey her husband. Outreach and training of key social leaders on violence and VAW services is needed.

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<sup>85</sup> Song-Kim Y. 1992. Battered Korean Women in Urban United States. In *Social Work Practice with Asian-Americans*. S. Furuto et al eds. California: Sage Publications.

<sup>86</sup> Nishioka, Joyce. 1999. Korean American Fight Domestic Violence. *Asian Week*. 21(11):1 November 4.

## *Pacific Islanders*

Although only about 2% of the Asian population in San Francisco is Pacific Islander, they are an under-served population. The community is made up of first and second generations and has a consequent blend of traditional ways with Western and a strong influence of urban culture. The Samoan community is mostly located in the southwestern part of the city (Sunnydale, Excelsior, and the Outer Mission) yet its members do not usually utilize social services and agencies located in these areas.

Because the community is close-knit and insular, it is difficult to take action in situations of violence against women, particularly if the violence occurs between intimates. The tendency is to keep such incidents quiet and take care of them “within house.” It is common for extended families to live within one household. When domestic violence occurs, the family will often turn a blind eye to violence, thinking it is better to let the couple work it out themselves. However there is evidence that this attitude varies by generation and where one is reared.

Currently there is no community-based organization that specifically addresses violence in the Pacific Islander community. Samoans are served by the *Samoan Community Development Council (SCDC)*, which provides case management, advocacy, and informal peer counseling in English and Samoan. The SCDC works with *Asian Perinatal Services*, *Family Resources Network*, and the *Girl’s Project* to provide services targeted to families, children, and youth. *Child Protective Services* also consults them when there is a case of suspected child abuse.

There is a need for outreach to educate the community about options and to raise awareness about violence against women. It is suggested that an appropriate format would be a series of structured workshops using Samoan and non-Samoan co-facilitators, both in English and Samoan. In addition, women expressed the need for job training, particularly for women between the ages of 25 and 45 years, to expand options and move beyond traditional gendered roles.

## **5.13 NATIVE AMERICAN**

Numerically comprising a small percentage of San Francisco residents (less than 1%)<sup>87</sup>, Native American women and girls are generally overlooked or grouped in with other women-of-color despite their high rates of exposure to generalized violence in their everyday lives. They are a priority population which presents a challenge to service providers. A history of oppressive policies has created a legacy of displaced and broken families that “often [have] multiple problems of posttraumatic stress, abuse (physical, emotional, and/or sexual), substance abuse (especially alcohol), identity, and poverty”<sup>88</sup> combined with a distrust of mainstream agencies.

Of the many policies created to force Native peoples to assimilate, the Relocation Program of the 1950s is significant. Native Americans from reservations were relocated to urban environments where they had virtually no support system in the way of family or clan and had very little knowledge of how to cope with the adjustment difficulties resulting from this change in lifestyle. Oakland and San Francisco were targeted destinations and consequently the greater San Francisco Bay Area now has one of the highest concentrations of urban Native Americans in the country, with more than 250 tribes represented. In the

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87 US Census Bureau, 1999.

88 Beauchamp, S. 2000. Family and Child Guidance Services. *Native Health Newsletter*, July.

Bay Area, the residential geographic boundaries of Native Americans are fluid, with people moving around the Bay Area as dictated by job leads, family and service needs.

Native American leaders have identified alcohol abuse and its attendant consequences as the primary health problem in their community. This is significant for the majority of efforts in the health arena have focused on chemical dependency issues, and spousal and child abuse and neglect are related to alcohol abuse.<sup>89</sup>

### 5.13.1 Services

There are only two social service agencies in San Francisco that provide services specifically for Native women and girls who have experienced violence. Neither agency has violence as their main focus. While other agencies may provide services to Native women and girls, they do not have dedicated projects for outreach or assistance, nor do they provide culturally relevant services.

- **Friendship House** is a residential substance abuse treatment program and drop-in support center primarily for Native Americans. It is the only treatment center in the Bay Area targeting Native Americans and they utilize traditional methods such as talking circles and drum circles. They have an Indian Health Service funded demonstration project, The Women's Health Prevention Project, which includes domestic violence prevention as a component, but no direct services for women and girls who have experienced violence. They work closely with the Native American Health Center to get mental health, medical, and dental services for women who have experienced violence.
- **Family and Child Guidance Center** of the Native American Health Center provides mental health and substance abuse counseling for individuals, families, and groups both in English and indigenous languages (Lakota, Navajo). They offer both Western-style psychotherapy and traditional healing ceremonies to their clients. Support groups are run as talking circles and they have a talking circle for survivors of abuse.

### 5.13.2 Barriers to Services

**Racism:** When not ignored, Native Americans have long been targets of racism and denigration. While struggling with maintaining a tribal identity and cultural roots in an urban environment, some Native individuals must also contend with internalized oppression and low self-esteem.

**Concepts of Privacy:** As members of a marginalized community with a history of oppressive relations with the dominant society, many Native Americans feel it is not culturally appropriate to tell "outsiders" about problems. It is better to keep such problems within the family and community. This is particularly true for violence in the face of persistent racist portrayals of Native Americans as savages, primitive, and uncivilized.

**Lack of Trust of non-Native Agencies:** Native Americans are often distrustful of and uncomfortable with non-Indian agencies based on the long history of intervention and denial of self-determination by official government agencies and charitable institutions. For example, on reservations the Bureau of Indian Affairs took charge of policing. Many Native Americans would choose not to call authorities in cases of rape, severe violence, or murder because such crimes would be handled by the Federal Bureau of Investigation rather than by tribal authorities.

**Do not Identify with Available Services:** Native women may feel that programs that are not Native specific will not meet their needs, understand their history and experiences, or treat their spiritual needs. They often do not use non-Native services because they feel their culture is ignored and, consequently, they

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89 DeBruyn, L. and Lujan, C. 1987. *Family Alcohol Abuse and Child Abuse and Neglect: An Intergenerational Study of the Native American Population Served by the Santa Fe Service Unit*. Albuquerque: Indian Health Service.

do not have a sense of belonging. In the focus group, Native women stated the Native American experience is unique and so they could not work well with women who were not Native themselves or at least part of Native culture. Additionally, VAW agencies do not conduct outreach for Native American women and do not provide services in Native languages indicating to Native women that the services are not for them.

***Fear of Losing Custody of Children:*** Native American women feared that seeking services may place them at risk of losing children, particularly to Child Protective Services. This fear should be understood against the historical backdrop of the widespread practice of removing children from Native homes to be raised by Anglo families or of being sent to boarding schools to force assimilation.

***Economic Constraints:*** Native women noted the high cost of housing, the need to take care of children, and the lack of job skills as reasons that prevented them from leaving violent situations.

***Lack of Priority Placed on Dealing with Violence:*** Violence against women and girls is not always given top priority. In the context of dealing with high rates of substance abuse, incarceration, and cultural dislocation, the issue of violence loses some of its urgency. A Native service provider felt women had the attitude that they “just had to deal with it” along with a myriad of other serious issues.

***Hopelessness:*** Native women who had experienced violence spoke of the negative psychological effects of trying to obtain help: the discouragement when confronted by shelter waiting lists, the difficulty in finding resources that were culturally appropriate and accessible, the impossibility of seeing any potential change, and the increased feeling of isolation when their efforts were unsuccessful. One woman expressed the need for “something set up to let [us] know that you’re there, that [you] can help [us], that we can sit and talk, to keep [us] going instead of feeling like nothing, like there’s nobody there.”

### **5.13.3 Recommendations**

***Promote Outreach to the Native American community:*** Culturally appropriate outreach efforts need to be increased. Outreach needs to include Native American staff and should be conducted at Pow Wows and other Native American cultural events.

***Promote Community Based Programs:*** Programs are needed for Native American women and girls who have or may experience violence. However, the insularity and alienation felt by a significant proportion of Native Americans demands that programs be initiated and maintained by Native American service providers.

***Promote Domestic Violence Components in Existing Programs:*** Existing programs serving Native Americans should integrate violence prevention and intervention components into their projects. Many of these programs address confounding factors to violence and, thus, are an appropriate means for targeting women and girls most vulnerable to violence.

***Promote Education and Training of Service Providers:*** VAW agency providers need to be trained about the needs of Native Americans in order to provide the most appropriate services.

## **5.14 AFRICAN AMERICAN**

African Americans comprise approximately 11% of San Francisco residents. While African Americans reside throughout the city, communities are concentrated in Bayview-Hunter’s Point, the Tenderloin, Western Addition, and OMI, each with its own unique, in addition to common, concerns and experiences.

African American communities are severely affected by violence against men, women and children. Nationally, the number one cause of death among African-American females, ages 15 to 34 years, is homicide at the hands of an intimate partner or ex-partner.<sup>90</sup> This is borne out in San Francisco, as well, where 36 % of the women who died as a result of domestic violence were African American. Additionally, 26% of the women seen at the Rape Treatment Center were African American,<sup>91</sup> as were 40% of the children seen by the Child and Adolescent Sexual Abuse Resource Center.<sup>92</sup>

Experiences of violence in African American communities are directly linked to racism, sexism and the economic and social oppression African Americans continue to experience today. Hate violence against African Americans, which continues today often in institutionalized forms, has long historical roots in this nation. For example, African Americans experience more severe penalties in the criminal justice system including higher rates of incarceration and increased criminalization of youth. Community experiences with drug and alcohol dependency reflect the oppression experienced by African Americans. These are all factors that greatly inhibit any community's ability to respond effectively to experiences of violence.

### 5.14.1 Services

African American community based organizations have developed several innovative, holistic responses for dealing with violence against women and girls. Some VAW agencies have specific programs or groups targeting African American women.

- ***Critical Incident Response Team (CIRT)***, a project of Bayview Hunter's Point Foundation, provides crisis intervention, mental health counseling, grief counseling and social services referrals to individuals (24 years and under) and their families. Individuals who are experiencing emotional stress and/or trauma due to violence including gang and drug related incidents, domestic violence, sexual assault and hate crimes are targeted. They also conduct community outreach and education forums which focus on violence prevention education and grief counseling
- ***Bayview Hunter's Point Foundation's Community Defenders*** provides legal and ancillary services including representation within the criminal justice system. Clients are also assisted with preparing for and obtaining employment.
- ***Women Overcoming Violence Everywhere: Empowered, Trained and Capable (WAVE, ETC)***, a project of Bayview Hunter's Point Foundation, is domestic violence and sexual assault prevention and education project. The project targets culturally appropriate peer violence prevention education to schools and mothers at home through fact sheets and educational literature.
- ***Girl's After School Academy (GASA)*** is a comprehensive program that serves girls 8-18 years old living in San Francisco's largest public housing development, Sunnydale, and the greater Visitacion Valley. It focuses on gang, violence, and pregnancy prevention and academic enhancement. GASA embraces a youth development model with an African-American focus. The program provides a safe

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<sup>90</sup> Sullivan, C.M. and Rumptz, M.H. 1994. Adjustments and needs of African-American women who utilized domestic violence shelters. *Violence and Victims*. 9(3):275-286.

<sup>91</sup> Personal Communication, Dr. Vanessa Kelly, May 2000.

<sup>92</sup> Personal Communication, Amy Buehlig, April 2000.

and nurturing environment for girls by offering positive role models, activities to inspire learning, and access to educational and recreational resources. GASA girls develop skills that help them communicate effectively, resolve conflicts non-violently, acquire gender and cultural pride, and become strong, competent leaders.

- ***Sojourner Truth Family Resource Center*** is a community center offering services, support and educational groups, information and referral. They have co-educational violence prevention groups and African American groups for abusive men.
- ***Glide Memorial Church***, located in the Tenderloin, has a number of programs tailored to African Americans and violence. In their *Black Extended Family Recovery Program*, domestic violence is dealt with as part of the process of recovery by providing help with temporary restraining orders, referrals to shelters, escape plans, stay plans with danger awareness, support groups, and individual counseling. The *Family Support Center* assists with the transition to self-sufficiency by giving families individualized help in important areas such as counseling, support groups, nutrition and wellness workshops, case management, parenting classes and job skills training.
- ***Young Woman Arise Project*** is a collaboration between Horizons Unlimited, Westside Community Mental Health Center, New Generation Health Center, and Youth Guidance Center. The program focuses on self-esteem/self-concept development for young African American and Latina women and includes a component, *Females Against Violence (FAV)*, which is a peer education project focusing on domestic violence and sexual assault.
- ***Westside Community Mental Health Center*** in the Western Addition has a *Youth Awareness Program (YAP)* which includes training on anger management, communication and social skills development, and parenting issues.
- ***Omega Boys Club*** works with both young men and women 14-21 years old who are at risk for violence. Their *Street Soldiers Violence Prevention Program* provides information and referrals; workshops and presentations for community agencies, schools and other organizations; presentations to inmates in correctional institutions; and training workshops for agency staff. Their *Omega Academic Program* provides academic preparation and life skills education for all Club members. They receive counseling, college placement assistance and scholarship support for college-bound students and social and employment skills necessary for the job market to non-college bound students.
- ***Experiment in Diversity Program***, sponsored by the Potrero Hill Neighborhood House, works to reduce community violence by bridging gaps caused by fear and misunderstanding.
- ***Jelani House*** is a residential substance abuse treatment center with outpatient services for pregnant or parenting women. More than 80% of their clients have experienced some type of abuse in interpersonal relationships so they have domestic violence education, prevention, and support groups.
- ***Sisters Working in Community (SWIC)***, is a collaboration between SAGE Project, ManAlive's Education and Research Institute, and Women and Children Family Services. The program targets immigrants, refugees, lesbians, prostitutes, and incarcerated women and girls focusing on the four under-served communities of Bayview/Hunters Point, Mission District, Western Addition and Visitacion Valley.

- ***Violence is Preventable (VIP) Girls Project*** assists young women at risk of becoming victims or perpetrators of violence by giving them access to a referral network. Services include counseling, case management, mentoring, family mediation, employment, peer education, and the production and distribution of a brochure on sexual violence in the African American community.
- ***The Women of African Descent Task Force*** is a project of San Francisco Women Against Rape (SFWAR). They work to develop culturally relevant services for African American women to support survivors of rape and sexual assault, their friends and family members, and to use education and community organizing as tools of prevention.
- ***W.O.M.A.N., Inc.*** in collaboration with Family and Children's Services offers a weekly support group for African American women who are or have experienced domestic violence.

### 5.14.2 Barriers to Services

***Racism:*** African Americans face racist assumptions about community behaviors and needs that affect outsiders' responses to and actions against African American communities. Racist and sexist myths about both African American men and women serve to minimize the violence they experience, the consequences of that violence, and the very real needs in the community to overcome and heal from violence. African American women and men may be hesitant to speak about violence they experience within their communities for fear that it will perpetuate racist assumptions that African Americans are more violent.

***Lack of Trust of Police and other Institutions:*** Many African Americans do not trust the formal legal system because of historical bias and concern that the system will treat African Americans more harshly. African American women may experience a conflict when experiencing violence and seeking help. They may want help but fear calling the police because of this distrust and their awareness of the criminalization of African Americans. Also women may fear inappropriate handling by social service agencies. If the woman is involved in social services, she may be protective of divulging information that could be used against her or used to define her negatively.

***Hopelessness:*** The extent of violence within some communities combined with confounding factors such as poverty produce a sense of hopelessness at ever being able to overcome violence. Multiple problems within any community are prioritized, where violence against women and girls may be given lower priority than other community needs. As with other populations that are experiencing hopelessness, alternatives are sometimes hard to imagine.

### 5.14.3 Recommendations

***Promote Neighborhood Community Based Programs:*** African American service providers stressed the unique characteristics and needs of different neighborhoods within San Francisco. Thus, localized neighborhood programs that address the specific needs of neighborhoods should be promoted.

***Outreach to Churches:*** The church plays a vital role in the lives of many African Americans and serves as an important avenue for community organizing and promoting prevention and intervention efforts. Collaborations between VAW agencies and churches in the development of programs is vital to establishing community rapport and support.

***Promote Economic Empowerment Programs for Women, Men, and Youth:*** African Americans have been unfairly denied access to important means of economic empowerment more easily available to others such as business loans. Programs enabling economic empowerment within African American communities, including job training, assistance in establishing businesses, and assistance in procuring loans

and other economic supports should be encouraged. Economic empowerment for everyone will serve to diminish the stresses that contribute to violence.

## 5.15 LATINA

Based on the 1990 census, approximately 14% of San Franciscans identify as Latino. This statistic includes both immigrant and U.S. born Latinos and reflects the pervasive tendency to not differentiate between the two groups. American born Latinas and Latinas who immigrated to the United States have a complex cultural identity, combining and transmuting many elements of both American and Latin culture. For example, Latino culture in general places high importance on smooth interpersonal relations. Family needs are often put before individual goals. There are varying levels of Spanish language ability and code switching (moving from one language to another depending on the topic of conversation) is fairly common. For many English language dominant Latinas, Spanish is the language associated with family and emotions.

Because of the constant stream of migration and the relative closeness of Latin America, many Latinas have immediate and extended family members who are immigrants. Regardless of immigration status, Latinas have had to face xenophobia, racism, and oppression. Within the family setting, often times there is not much distinction drawn between those who are American born and those who are immigrants. There is potential conflict over differing concepts of proper behavior and response to situations, particularly with regard to gender relations.

There is much concern over youth violence and community violence among Latinos, particularly among those living in sectors of the city with gang activity where there is greater exposure to violence. It must be remembered that class affects experience significantly.

### 5.15.1 Services

The majority of VAW services in San Francisco have Spanish language capabilities, but there were few identified that have programs especially designed for Latinas.

- ***Young Woman Arise Project*** is a collaboration between Horizons Unlimited, Westside Community Mental Health Center, New Generation Health Center, and the Youth Guidance Center. The project promotes self-esteem/self concept development for young Latina and African American women. *Females Against Violence (FAV)*, a component of the project, focuses on domestic violence and sexual assault.
- ***Mission Girls-Proyecto Adelante*** offers after school prevention workshops on rape, sexual assault, date rape, statutory rape and battering in Spanish and English.
- ***Homies Organizing the Mission to Empower Youth***, a component of the Real Alternatives Program, focuses on gentrification and gang violence.
- ***Instituto Familiar de la Raza*** offers mental health services to Latina women.
- ***Instituto Laboral de la Raza*** provides services to those confronted with labor issues, including sexual harassment.
- ***Arriba Juntos***, a project of Proyecto Apoyo, works with immigrant women and women of color who are homeless or at risk of homelessness because of domestic violence. They received counseling, job training, employment and support services with the goal of becoming economically self-sufficient.
- ***Mujeres Unidas y Activas*** is a grassroots immigrant women's organization, committed to education and organizing about domestic violence, unemployment, access to services, health care, and legal and civil rights.
- ***Central American Resource Center (CARECEN)*** runs a free medical clinic with a weekly women's health clinic, which makes referrals in cases of violence.

### 5.15.2 Barriers to Services

**Concepts of Privacy and Shame:** As with so many other populations, behaviors that may reflect poorly on the community are kept quiet from outsiders. The long history of stereotyping and racism conspire against community acknowledgement of violence. It is also believed that problems should be resolved within the family. Discussing matters of a sexual nature is frowned upon, which makes seeking help for sexual assault, particularly if perpetrated by an acquaintance or intimate, difficult.

**Religious Beliefs:** Strong adherence to religious principles may limit what are acceptable options in cases of violence. For example, the Catholic proscription against divorce makes it difficult for a strongly devout woman to consider seeking services if she believes the only option will be divorce.

**Denial:** Latinos have a strong family orientation. The family is seen as a place of refuge and shelter from the world. It is, thus, difficult to admit that there may be harmful behaviors within the family. It is sometimes thought better to accept violence than possibly to disturb the family structure, particularly the potential removal of an individual from the household.

**Adherence to Gender Ideal:** There are strong messages about proper gender behavior including the image of *la mujer sufrida*, the long-suffering woman who silently endures on behalf of her children and family, and *el hombre macho*, the man who is responsible for making decisions within the household. Even though Latinas reject these ideals as outmoded and chauvinistic, the cultural ideals may still play an unconscious role in her decision to seek services for violence.

**Uneven Relationship with Institutions:** Personal contact and *personalismo* is important in Latino culture. A woman is less likely to use services if she is shunted from office to office or if, in her initial interaction, she is treated coldly. In addition, many Latinas are distrustful of bureaucracies and institutions such as the legal and judicial system, which have a history of violating the civil rights of Latinos.

**Fear of Being “Outed:”** There are still strongly conservative opinions about homosexuality in the Latino community. LBT Latina women may hide abuse if it may result in revealing their sexual orientation.

### **5.15.3 Recommendations**

**Promote Development of Latina Programs:** Programming which goes beyond just the provision of Spanish language capabilities, but actively seeks to include cultural considerations, should be developed.

**Outreach to Professional Latinas:** More outreach to hire bilingual and bicultural Latina VAW agency staff should be encouraged.

### **5.15.4 Latina Immigrants**

San Francisco has long been a destination for immigrants from Latin America. The largest populations are from Mexico and Central American, particularly El Salvador, Guatemala, and Nicaragua. A survey conducted by the Immigrant Women’s Task Force of the Northern California Coalition for Immigrant Rights reveals that 34% of Latinas surveyed had experienced domestic violence either in their country of origin, in the U.S., or both. Despite this, there are few organizations specifically for Latina immigrants that deal with violence. Although Spanish language capabilities are available at many VAW agencies, there are no programs specifically designed for immigrant Latinas with the exception of *Mujeres Unidas y Activas*. Latina immigrants face the same barriers as other immigrants detailed in section 5.10.

## 5.16 PERPETRATORS

Perpetrators of violence were identified as a priority population, because any serious effort to reduce violence must address the causes of violence. Service providers noted a serious lack of programs to prevent men and women from becoming violent and to treat those who are already violent.

Efforts that do exist focus primarily on male perpetrators. However, women do perpetrate violence, making this a seriously neglected population. Current efforts to deal with domestic violence perpetrators include court mandated counseling in certified programs. Court mandated counseling must last 52 weeks, an arbitrary length of time and not based upon the actual progress the client makes in counseling.

Service providers also suggested that new models of violence and violence prevention and intervention must be developed. Models that emphasize a dichotomy between “perpetrators” and “survivors” obscure the fact that all people have the potential for violence. It promotes a perception that only specific “types” of people are violent, allowing perpetrators of violence to deny their violent behavior or making it difficult for perpetrators to admit their violence and seek services. This sharp dichotomy also makes it difficult for service providers to develop holistic, community based efforts to deal with violence.

### 5.16.1 Services

The following agencies provide prevention and/or intervention services for abusive men. There is only one agency and few private therapists who offer services specifically for abusive women.

- ***Youth Striving for Excellence***, a program of the Center for Human Development, provides mentors to at-risk youth in the County Community Schools to help with substance abuse issues and violence prevention.
- ***Sexual Assault and Domestic Violence Prevention Program***, a program of the Center for Human Development, provides domestic violence and sexual assault prevention curriculum into the curriculum of therapeutic groups at Log Cabin Ranch, a young men’s detention facility.
- ***Men Overcoming Violence (MOVE)*** offers prevention and intervention services for straight and gay men identified as abusive. They provide individual and group counseling. They also have a Youth Program to end young men’s violence through group, individual, and family counseling; mentoring; and prevention education. MOVE is an SF APD Domestic Violence Certified Program.
- ***POCOVI*** provides Spanish language services for abusive men and is SF APD Domestic Violence Certified.
- ***MANALIVE*** offers services in English, Cantonese and Vietnamese and is SF APD Domestic Violence Certified.
- ***Center for Special Problems*** specializes in mental health cases and in female offenders and is SF APD Domestic Violence Certified.
- ***Latino Family Center*** offers English and Spanish language services. It is SF APD Domestic Violence Certified.
- ***Jewish Family and Children’s Services*** provides counseling and referral to violent men.
- ***Men’s Hotline*** is a 24-hour crisis line for batterer intervention counseling. English and Spanish are available.

### 5.16.2 Barriers to Services

***Lack of Follow Up and Long Term Programming:*** Service providers emphasized that current programs do not have the capabilities of follow up or supporting clients long term. Young clients were seen to benefit from intervention and prevention programs, but a lack of follow up makes it extremely difficult for clients to maintain non-violent lives. They need continued support and constant reinforcement of recently learned behaviors and beliefs. Most clients live in contexts that lack this support. Thus, there is

tremendous frustration that the current short-term and no follow up programming results in a “band aid” effect for clients.

***Denial of Problem:*** Most perpetrators of violence deny that they are violent. They typically blame their behavior on the survivor or on stressful circumstances. When perpetrators of violence are required to attend counseling, they may be resentful and resistant to any benefits counseling may have provided.

***Lack of Appropriate Services:*** There is a serious lack of services, particularly services directed to specific populations. Agencies are not able to accommodate men and women who do not speak English. There is a lack of culturally appropriate programming. And there is a lack of services for female perpetrators.

***Lack of Accountability:*** Programs have had difficulty instituting measures of accountability. Without a sense of accountability to the community, family, and partner, changing behavior is difficult to achieve.

### **5.16.3 Recommendations**

***Promote More Creative Prevention and Intervention Programs:*** Programs should be developed that draw upon alternative, holistic models of violence prevention and intervention. Such programs should institute measures that require perpetrator accountability to the community, family, and partner.

***Increase Collaboration with VAW and Community Based Organizations:*** Perpetrator intervention programs would benefit from increased collaboration with VAW agencies and community based organizations. The problems faced in dealing with perpetrators should not be seen as separate from the issues faced in dealing with survivors of violence.

***Promote Public Awareness Campaign:*** A public awareness campaign should be promoted that promotes a community-wide definition of violence and how to recognize violence.

***Promote Long Term Programming:*** Longer-term interventions must be instituted to insure that perpetrators remain accountable and do not continue to be violent.

***Promote Population Specific Programs:*** Perpetrators from different populations have different needs and respond to different approaches in dealing with violence. Programs that serve the needs of specific populations should be promoted.

## **6.0 BARRIERS TO SERVICES**

Agencies and the women and girls they hope to serve face numerous barriers to providing and accessing services. These barriers mark the gaps in services available in San Francisco. The following barriers integrate, expand upon, or are in addition to the specific barriers noted in each population.

### **6.1 BARRIERS TO PROVIDING SERVICES**

Interviews with service providers revealed several barriers they face in providing services to clients:

#### **6.1.1 Chronic Shortage of Qualified Staff**

Most agencies reported that adequate staffing was one of the significant barriers to their ability to provide violence against women programming. The economic climate in the Bay area has resulted in a very shallow supply of qualified individuals who are willing to work long hours for low wages and few benefits. The scarcity of affordable housing in San Francisco has forced most agency personnel to commute from outside of the city. In addition, staffing for violence related programs requires maturity and experience in handling sensitive issues. Many workers experience 'burnout'. Due to the factors described above, agencies usually attract younger employees who often do not remain over the long term. In addition, most agencies reported difficulties in the recruitment of bilingual employees. While some collaboration between agencies has resulted in the "sharing" of bilingual staff, adequate language services are not available at most programs.

#### **6.1.2 Inadequate Training of Agency Workers**

Staff members are often unequipped to work with women with special needs. These include women who have been abused by other women, women who adhere to traditional views on sexuality, women working in prostitution or the sex industry, and women who are homeless and/or using illegal substances. The ability of staff members to handle the special needs of particular populations is critical to a woman's decision to continue to seek help.

#### **6.1.3 Inadequate Training of Private Sector Providers**

From the experiences of women we interviewed, private therapists and physicians are a risky choice for a woman seeking assistance from violence. Several women initially sought help from private therapists who clearly had no or little training in dealing with domestic violence or sexual assault. The therapists failed to recognize or acknowledge domestic violence or blamed the women for the violence. For example, one middle income woman sought individual and couple's counseling from a therapist because of her female partner's severe physical and emotional abuse. The therapist defined the issue as a communication problem between the partners and never defined her partner's violence as violence, inappropriate behavior, or dangerous to her physical and emotional well being. This woman, who has since left the abusive relationship with the help of friends (not, significantly, with the help of VAW services), reports being very angry about her experiences with private therapists. She felt betrayed and blamed. This same woman made several trips to the emergency room where, on one occasion, the doctor offered to list her broken nose as "bruised" in her medical records so that she could avoid "embarrassment." In another example, a rape survivor sought therapy from a college psychologist who blamed her for the rape. This woman became suicidal during the therapy. It was not until she entered a rape crisis center counseling program that she was able to begin healing.

#### **6.1.4 Short Term Funding**

Several organizations reported that time and resources required to constantly apply for funding and to satisfy the requirements made of funders detracted from their ability to develop and maintain programs. Because funding usually is made in smaller grants and requires renewal after one to three years, service providers reported that they were unable to initiate innovative long-term programs without assurances that funding for such projects would be sustained. Ideally, funding should cover a minimum of five years to enable programs to become established.

#### **6.1.5 Inadequate Infrastructure**

Organizations are in need of improvements in their facilities. Disabled clients are not able to access several programs located in buildings that are not compliant with ADA standards. In addition, there is a severe shortage of space at many of the service agencies. The high rental rates for property in San Francisco has prohibited agencies from moving to larger facilities and in some cases, has resulted in the relocation of organizations to less accessible locations. Greater efficiency in the delivery of services could be made with other capital improvements such as upgrades in existing computer and telecommunications equipment and the purchase of software that increase efficiency in the management of services and clients.

## **6.2 BARRIERS TO RECEIVING SERVICES**

Analysis of open-ended responses to the COSW Survey and interviews with women and girls who have experienced violence, service providers, and key informants revealed numerous common barriers to accessing or receiving services:

### **6.2.1 Will not Seek Services Identified as Violence Related**

Although clients and potential clients recognized the importance for services related to violence, the stigma and shame associated with experiencing violence prevents many from accessing such services. Women reported feeling responsible for the violence, not wanting to embarrass family by telling outsiders about violence, and not wanting to be identified as a “victim.”

### **6.2.2 Do not Identify with Available Services**

The insularity of many populations contributes to the belief among women and girls that services provided by agencies outside of their particular communities are not directed at them, will not be sensitive to their particular needs, or will encourage inappropriate or unwanted actions. Unless an agency makes a specific effort to target specific populations, it is less likely women and girls in these populations will seek out services from that agency. For example, *Narika*, a Berkeley based agency targeting South Asian women, did not start receiving significant numbers of Muslim South Asian women until a Muslim staff member was hired and began doing outreach to the Muslim community.

### **6.2.3 No Unified Definition of Violence**

The definition of violence accepted by service providers, activists, and academics is not the same definition accepted by large portions of the general public. Nearly all service providers stated that the majority of their clients did not define violence as broadly as they do. Clients had to be “educated” about what constitutes violence. While physical violence seems to be broadly accepted as violence, other forms such as forced sex (particularly in the context of marriage), verbal insults and intimidation, emotional torment, and financial control are not so widely defined as violence. Many either do not question such behavior or define it as a natural outlet of anger or frustration that cannot be changed. Additionally, the consequences of these behaviors are insidious and not easily recognized by survivors. If an individual does not define her experience as violence, no matter how much she may desire change, she will not seek help from violence prevention or intervention programs.

### **6.2.4 Inability to Communicate with Service Providers**

The majority of women and girls who have recently arrived in the United States are unable to communicate in English. This often prevents awareness of services and the ability to access them. In addition, women with disabilities such as deafness and blindness are particularly vulnerable to being under-served as few service agencies are able to offer sign language and Braille material to potential clients.

### **6.2.5 Belief that Violence can not be Resolved**

For many women the predominant view of violence, particularly within the family, is that physical, verbal and emotional abuse is commonplace and to be expected between family members. It is believed that economic survival and maintaining an intact family unit are more important than these incidents of violence. In addition, women often do not perceive alternatives to the violence. For women and girls living in precarious circumstances, such as the homeless, substance abusers, and sex workers, violence may be so much a part of everyday life that alternatives are impossible to imagine. From the open-ended responses given to the COSW Survey, it is apparent that some women feel that it is better to “forget about the violent incident” and “put it behind you.” Seeking services was “too much trouble” and would possibly “complicate their lives” even further.

### **6.2.6 Fear of Negative Consequences from Seeking Services**

- ***Fear of losing custody of children:*** Many perpetrators threaten to take the children away. Women reported that this prevented them from attempting to seek services until children became the victims or potential victims of abuse. Strong patriarchal values on lineage in some cultures may contribute to this barrier as children are traditionally believed to be the “property” of the husband. In addition, when seeking services means leaving children behind, women will often choose to remain in situations of violence rather than abandon their children. In the survey, a number of women stated that it was concern for children, which kept women from seeking services.
- ***Fear of ending relationship:*** Although there is violence within an intimate relationship, many women differentiated between wanting the violence to stop and wanting the relationship to end. The perceived insistence on breaking the cycle of violence by ending the relationship was not seen as an acceptable resolution for women who felt, for example, that they had to ‘respect their marriage vows’, that they were in love or that children need both parents.
- ***Fear of ostracism from community:*** Clients believe that in reporting violence and seeking services they will be separated from their communities. They believe that in breaking taboos associated with making public violence and/or sexuality, members of the community will reject them. In addition, clients were fearful of seeking services located outside of their community for fear of losing their social network.
- ***Fear of deportation:*** Immigrant women reported that husbands, fathers-in-law, and other immigration sponsors threatened to report them to the INS if they sought assistance.
- ***Fear of not receiving services:*** Women reported that they were reluctant to report violence and/or seek services out of fear that their experiences would not be believed or that their experiences would not be seen as violent. This is of particular concern for LBT women who have experienced violence from other women, women who experienced “date rape”, youth who were abused by other youth, and those experiencing violence from someone in a position of authority.
- ***Fear of prejudicial treatment:*** Several women reported that they did not seek services out of fear that they would be treated negatively. Women of color, in particular, were wary of reporting violence to authorities due to their experiences in confronting racism and discrimination. Immigrant women fear having their immigration status questioned. LBT women fear prejudicial treatment due to homophobia and transphobia. Women in the COSW Survey repeatedly stated that they were ‘afraid of the police’ and had ‘no trust in the system.’ The deep mistrust marginalized and oppressed populations have for authorities or agencies prevents these authorities and agencies from being a viable alternative for women and girls experiencing violence.

### **6.2.7 Not Aware of Available Services**

Many women, especially recent immigrants, may not be familiar with the idea of violence related services. In addition, violence is usually a matter dealt with by the family. Several immigrant women reported that they were unaware that services specifically addressing violence against women existed in the United States. Such

services were not commonplace in their countries of origin and they were unfamiliar with the concept of obtaining assistance outside the family for such services. This contributes to a lack of awareness that such services exist in San Francisco.

### **6.2.8 Attitudes towards Age and Gender**

A significant number of women and girls in San Francisco originate from societies that maintain strict age and gender hierarchies. These hierarchies will often prevent youth from reporting violence experienced from older family members and women from reporting violence from husbands, other intimate partners and other family members. Beliefs in age hierarchy and traditional gendered roles significantly prevent many women from questioning abuse or perceiving options for dealing with abuse.

### **6.2.9 Concepts of Privacy and Shame**

A dominant belief among many women and girls is that violence, particularly within the family, is considered shameful and a private matter. Women who reveal experiences of violence are believed to bring shame and dishonor to their families and are often given little support within their communities. The family is of paramount concern overriding a woman's concern for herself, as one Middle Eastern immigrant stated: "It is very complex. We come attached to our family. We're not as individualistic as Americans are. We are very attached to our family ties and everything we do in our lives is reflected in that."

### **6.2.10 Emotional Reactions**

Women who have experienced violence repeatedly referred to the emotional turmoil caused by violence. They cite volatile emotional states of confusion, despair and disbelief coupled with fear of retaliation as contributing to women's and girl's inability to seek services. The psychological impact of repeated attacks on one's self-esteem, feelings of helplessness, and an inability to trust others also contribute to why women and girls do not seek services.

## 7.0 RECOMMENDATIONS

In developing general recommendations, we have distinguished between agencies whose sole mission is the provision of violence prevention and intervention services and community-based organizations (CBOs) that serve the broader needs of particular populations.<sup>93</sup> Our research has demonstrated the vital roles both types of agencies serve in addressing violence against women and girls and the absolute necessity of collaboration between those agencies.

Support and expansion of violence-specific agencies and their programs are imperative to address the needs of women and girls experiencing violence. These agencies and their dedicated staff have indispensable expertise in addressing the needs of women and girls in crisis, in conducting outreach, and in formulating and promoting prevention efforts. They serve an important leadership role within the broader service-provider network in advocating for and keeping attention focused on violence prevention and intervention. However, they cannot adequately address the multiple needs of diverse clients. As this research has demonstrated, there are numerous populations for whom seeking services from violence-specific agencies is not acceptable, possible, or adequate. These agencies have made admirable attempts to accommodate the needs of all of San Francisco's women and girls, but the sheer diversity of San Francisco has made this an impossible task.

On the other hand, CBOs serving specific populations such as the disabled, Muslims, or African immigrants, have essential expertise and experience in dealing with their clients' broader needs. Their devoted staff have the awareness and sensitivity necessary in providing appropriate and acceptable services to their clients. They have vitally important capabilities such as language skills necessary for effective intervention. And, perhaps most importantly, they represent a trusted, non-threatening locus of support for community members. Individuals and families may seek services from CBOs without threatening their identity or their place within their community. However, very few CBOs have staff trained specifically to deal with woman and girls who have experienced violence.

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<sup>93</sup> While we distinguish between these two types of agencies, we recognize that there are some agencies whose sole mission is the provision of violence related services to specific populations. An example is the Community United Against Violence, which works to end violence against and within GLBT communities. Community-based agencies working solely on violence prevention and/or intervention are rare and often transform, through the years, into serving a broader base of clients. For example, the Asian Women's Shelter began as a localized, community-based center, but has since developed into an agency that serves an extremely diverse group of populations and is not identified with any one particular ethnic group in providing violence related services. In this report, when speaking about CBOs, we are referring to agencies that cater to the needs of an identified population or community, providing a broad spectrum of services that may include but are not limited to violence. They also tend to be inclusive of members of the entire community that they serve, transecting age, gender, and/or immigration status.

The following recommendations emphasize the need for violence-specific agencies and CBOs to collaborate in addressing violence. Neither type of agency can effectively tackle this problem alone. The development of violence prevention and intervention programs within CBOs must be promoted and supported. These programs should be population-specific and ameliorate specific barriers that violence-specific agencies cannot adequately address. And they should be designed and operated through collaboration with violence-specific agencies, creating an integrated, citywide response to violence.

Collaboration between agencies is not an intuitive process. If collaboration is to be successful and on going, funders of collaborative programs must also provide technical training to collaborating agencies on how to develop and maintain effective collaborative projects. Collaborative projects have a very high risk of failure if agencies do not receive technical training in how to collaborate and do not institute procedures basic to the maintenance of collaborations. The role of each agency must be explicit, communication between agencies must be continuous and well defined, and the expertise of each agency must be acknowledged and integrated into the collaboration.

Finally, providers must understand the multiple and, sometimes, contradictory models used by agencies in addressing violence. Providers need to be aware of the strengths and weaknesses of each model, the situations and populations most likely to benefit from each model, and how to work collaboratively with agencies using different models. Collaboration between agencies using different models is vital to a successful, integrated citywide response to violence. It is only through the implementation of services that encompass all models that all women and girls will have access to services. However, collaboration is not possible if agencies do not respect and understand different models of service provision.

The following general recommendations integrate, expand upon, or are in addition to specific recommendations made for each population:

### **7.1 Promote Community Based Programs in Collaboration with Violence-Specific Agencies**

Many women and girls are more likely to access services that come from within their communities. Such services circumvent many of the barriers and fears women face in seeking services from providers unfamiliar with their identities or circumstances. CBO-based programs have the advantage of tackling violence in an appropriate and acceptable manner to specific populations. Violence-specific programs have the advantage and experience of dealing with crisis situations. Following are recommendations for specific programs:

- ***Promote outreach to specific populations:*** Programs increasing awareness within specific populations about how to identify violence and where to seek assistance should be promoted. Outreach to community and religious leaders is particularly important as they have the power to influence community attitudes and responses to violence. The COSW Survey data suggests that people experiencing violence will often seek assistance or guidance from family or friends. Thus, it is vital that a

significant component of this outreach focus on how someone can assist family or friends experiencing violence. Collaboration will insure that outreach is conducted in the most effective way to reach a specific population. Creativity in developing non-traditional methods of outreach should be encouraged.

- ***Promote provider education and training projects:*** Violence-specific agencies should provide education and training to CBOs about how to identify and deal with violence. CBOs should provide training to violence-specific agencies about how to provide appropriate and acceptable services to specific populations. Legal service providers should provide training to providers about the legal rights and remedies for clients. These complementary education and training projects should be a component of all collaborations among agencies.
- ***Promote education and sensitivity training of authorities and caretakers:*** Programs must be developed to educate authorities figures such as police officers, security guards, teachers, and employers about populations such as sex workers, LBT women and girls, the disabled, the elderly, and youth, who are particularly vulnerable to violence perpetrated by authorities and caretakers. This is imperative in light of the COSW Survey results, which reveal that seeking help from authorities is the action most likely to be taken in situations of violence, while at the same time there is expressed fear and mistrust of the system and its representatives.
- ***Develop community based transitional and long-term housing:*** There is a significant problem of homelessness after women exhaust the maximum time limits on occupation of emergency shelter. Currently, there is a chronic shortage of transitional and long-term housing. Clients who have been fortunate to have found spaces in existing programs report feelings of isolation and alienation. As immediate dangers from violence recede, women wish to reside in their communities and are fearful of permanent breaks in their social networks. The development of transitional and long-term housing through collaboration between CBOs and violence-specific agencies will insure appropriate, holistic services with knowledgeable violence prevention and healing components.
- ***Promote a central 1-800-crisis line with multilingual access:*** Considering only 7% of respondents in the COSW survey stated they would use a 1-800-crisis line if seeking help for violence, a central crisis line should not be a priority in developing services at this time. However, if funding is available to develop an integrated central crisis line in conjunction with an extensive public education campaign to promote the line, such a service may be beneficial. With appropriate public promotion, residents may come to view it as an appropriate source of help and guidance. If a crisis line is developed it should be developed in collaboration with all VAW agencies and relevant CBOs. The current lack of bilingual crisis line workers requires that women who are monolingual in languages that are not provided at the time of their call be called back when an appropriate staff member is available. This not only increases the probability that these women will not be provided services, but it also aggravates a sense of alienation, fear and isolation that women in crisis may feel when seeking help. It is not feasible for each individual agency with a crisis line to recruit enough staff and volunteers to cover all possible language needs and the current effort to share translators among agencies does not resolve the problem. In order to prevent the need for callbacks and to provide immediate help for women and girls in crisis, a

universal hotline number should be developed. This central hotline should operate utilizing the resources of the entire network of VAW agencies and CBOs. One possibility is to have a central answering service staffed by trained crisis line operators who, if dealing with a monolingual caller, will determine the language needs of the caller. They can then immediately transfer the call to an appropriate bilingual 24-hour crisis line operator. These bilingual operators may either be at the central crisis line center or at participating CBOs or VAW agencies that serve the caller's particular community and, therefore, have bilingual staff and volunteers easily available. Recruiting enough staff and volunteers to operate the universal crisis line would then be feasible because they would serve the needs of all agencies in the city. Thus, for example, only enough Farsi speakers would need to be recruited to cover hours during which a Farsi speaker is not available on staff at a participating agency.

- ***Provide viable alternatives to violent environments:*** A violence prevention effort must provide viable alternatives to the environments in which women and girls are exposed to violence. This is best done in collaboration. After school programs for youth and routinely scheduled family activities are examples of events where CBOs may collaborate with VAW service agencies in providing VAW information in a non-confrontational manner.
- ***Promote family-oriented, holistic programs:*** There are insufficient programs that treat families holistically when addressing violence. Such programs are particularly important in reaching several priority populations who do not relate to or have multiple issues that cannot be addressed by traditional or feminist service models.
- ***Promote programs that address all forms of violence:*** Very few agencies deal with all forms of violence, leaving women and girls who are abused by non-intimate family members (parents, children, parents-in-law), strangers, acquaintances, or authority figures (police, employers, caretakers, teachers) no place to go. This is a very serious gap in services that must be addressed. Agencies continually receive calls from San Franciscans seeking help, but are unable to offer help and have no place to refer these individuals because the abuser is not an intimate partner. Again, such programs will be more successful in reaching all populations if designed and operated as collaborations.
- ***Promote programs to deal with perpetrators of violence:*** Programs addressing perpetrators of violence are inadequate both in the populations they are able to serve and in their ability to influence and positively change behavior. The court mandated 52 weeks of therapy for perpetrators is arbitrary and not based upon sufficient research regarding successful and appropriate methods of treatment. Creativity in designing programs that require accountability to the community and community support and monitoring should be encouraged. Programs also must be designed that are appropriate to the particular needs and experiences of communities.
- ***Promote early childhood violence prevention and intervention education:*** COSW, VAW service providers, and CBOs should take a leadership role in lobbying for mandatory early childhood anti-violence education programs analogous to sex education. Such programs should begin in the first year of primary school and continue through the last year of high school. Education efforts should cover appropriate and respectful behavior, identifying violence, anger management skills,

conflict resolution, self-defense skills, safe dating skills, and where to seek help in cases of violence. Mandated education would serve both to prevent violence and as outreach to youth, who do not know where to seek assistance. As experts in violence prevention and intervention, service providers should also be encouraged and funded to develop appropriate curriculum guidelines and teacher training guidelines for implementing such a curriculum.

## 7.2 Promote Empowerment Programs

A lack of resources and choices severely limits a woman's options in dealing with violence. Prevention efforts must include programs that promote the empowerment of women. The following empowerment programs are recommended:

- ***Promote job training and placement programs:*** Women who wish to leave a violent situation within the family are often impeded by their lack of job skills. Immigrant women, in particular, need vocational training that will allow them to earn independent incomes. In addition, several clients reported that if they contributed to the family income, violence levied by husbands, fathers and father-in-laws, and others might be prevented as these potential perpetrators would have less power and control over the women.
- ***Promote immigration and naturalization programs for immigrant women:*** A significant fear among immigrant women and girls who wish to seek VAW services results from a lack of information on their legal rights as non-naturalized residents of the U.S. A multi-lingual program educating immigrant women of these rights is needed. Critical to the success of such a program will be creative outreach measures that may include the showing of informational videos and distribution of brochures on international flights and at immigration checkpoints in airports.
- ***Promote life skills educational programs for immigrant women:*** A multifaceted program providing literacy and ESL classes as well as instruction on everyday skills such as how to use a telephone, how to lock and unlock doors and windows, how to ride public transportation and where to locate the nearest hospital, clinic, and police station are needed for immigrant women. Immigrant women who do not reside in ethnic enclaves and have little social contact with others who speak their language and who are familiar with the beliefs, values, and customs of their native society are at particular risk for not receiving services for violence. Written information on such programs should be distributed in a wide array of languages to immigrants and refugees arriving in the United States.
- ***Promote self-defense classes:*** Self-defense classes teach a woman how to defend herself and avoid situations placing her at higher risk for violence. They also are important in promoting a woman's sense of confidence, teaching her that she can protect herself. They should especially be encouraged for adolescents and young women who are undergoing a developmental stage in which their self-esteem suffers.
- ***Promote enhancement of personal strengths:*** Skills such as assertiveness, public speaking, critical thinking, and leadership are all traits that increase one's confidence and sense of personal power. Many of the COSW survey respondents suggested empowerment as an effective way to prevent violence.

## 7.3 Promote a Public Awareness Campaign

There is no generally accepted definition of what constitutes violence across cultures and communities. Additionally, there is a tremendous lack of understanding about and fear of seeking help in dealing with violence. If the city of San Francisco is committed to ending violence as it is now defined within the service provider, activist, and academic communities, then it must convince all of its citizens that these defined acts are violent and that assistance is available. Respondents to the COSW Survey identified raising community awareness as the most effective way of preventing violence. An integrated

public awareness campaign should be conducted targeting all communities and using multiple, culturally appropriate methods. Such a campaign should:

- a) promote a single city-wide definition of violence;
- b) define the negative consequences of violence to the individual, family, and community;
- c) promote community intolerance of all these forms of violence;
- d) reinforce that *all* communities are vulnerable to violence;
- e) explain where to seek help from violence;
- f) explain what will happen when seeking help, including what a person's rights are with respect to child custody, immigration, and economic support; and
- g) provide models of alternative, non-violent behavior.

It is imperative that the campaign implement varied, creative and non-traditional approaches to reach all citizens and that the campaign be sustained long enough to impact community attitudes. For example, the above messages may be given sequentially over several years, building upon and reinforcing each previous message. In designing the campaign, it is absolutely vital that community leaders and CBOs have significant input to insure culturally appropriate messages and community support of the campaign.

#### **7.4 Promote Training of Authorities and Private Sector Providers**

Programs to train authorities and private sector providers such as doctors, therapists, and lawyers to identify abuse and to respond appropriately to both abusers and survivors must be promoted and funded.

- ***Promote education and sensitivity training of authorities and caretakers:*** Programs must be developed to educate authority figures such as police officers, security guards, teachers, and employers about populations such as sex workers, LBT women and girls, the disabled, the elderly, and youth, who are particularly vulnerable to violence perpetrated by authorities and caretakers.
- ***Develop education and training curriculum for medical, law, and professional schools:*** VAW service providers should be encouraged to develop medical, psychotherapeutic, and legal education curriculum to be made available to medical, law, and professional schools for adoption within their regular curriculum. This approach, which has been used successfully by organizations promoting improved education of medical students about women's health, will insure that future providers will know how to identify and respond appropriately to violence against women and girls. Even if professionals do not provide direct services to women and girls who have experienced violence, they were identified by COSW Survey respondents as a likely source of information and referrals.
- ***Develop continuing education curriculum for practicing professionals:*** VAW service providers should be encouraged to develop a curriculum and attain state continuing education certification to provide the actual continuing education training of doctors, therapists, nurses, and lawyers. This will insure that currently practicing professionals receive training in identifying and responding appropriately and effectively to violence against women. This approach may also provide financially strapped service agencies a vital source of income through fees for continuing education training.

## 7.5 Expand Existing VAW Programs

Service providers and clients reported a significant need for the expansion of specific VAW programs. These programs are either oversubscribed or, due to a lack of funding and/or qualified staffing, not offered on a consistent basis.

- ***Increase Support of long-term Counseling and Support Groups:*** Therapy, particularly support groups, was identified as one of the top needs desired by women and girls of San Francisco. Lack of funds and/or staffing result in interruptions of counseling and support groups for women and girls. Private counseling and therapy is not an option for the majority of women and girls because of the expense. Counseling and support groups are often critical for building social networks after a woman has decided to seek services for violence. The very short term counseling available now has a “band aid” effect and is insufficient to enable women to heal and move on.
- ***Expand Emergency Shelter Programs:*** Currently, shelters are highly oversubscribed. The three shelters within San Francisco do not focus on outreach efforts as they are consistently at capacity and must turn away over 50% of the women who contact them for shelter. These programs have been highly successful, as they are able to offer services in a wide array of languages. The expansion of shelter programs should include efforts to recruit bilingual and bicultural staff. It should also include an effort to accommodate those populations not adequately served by shelters.

## 7.6 Improve Agency Infrastructure and Operations

Agencies cannot provide efficient and effective services when they are preoccupied or hindered by poor infrastructure and limited options in operating procedures. While providing resources to ameliorate institutional problems may not appear to be a priority, ignoring these problems is shortsighted. The following recommendations will improve agency ability to perform mandated goals:

- ***Improve physical access to existing services:*** Agencies need support to become compliant with the Americans with Disabilities Act (ADA). This includes making agencies accessible to the hearing impaired through TDD/TTY telephone systems. To assist in planning improvements, agencies may request a manual from the National Coalition Against Domestic Violence which gives guidelines for violence against women agencies on becoming ADA compliant.<sup>94</sup>
- ***Expand operating hours:*** Agencies need to improve their accessibility to working clients by operating during non-traditional hours such as in the early mornings, evenings, and on the weekends. This will require increased support from funders.
- ***Encourage assistance in the purchase of agency offices:*** Agencies need assistance in purchasing affordable offices to relieve the financial burden of renting inadequate facilities and the threat of losing facilities when rents increase. Low interest loans, city subsidized office space, or other forms of assistance or debt relief should be examined.
- ***Standardize reporting requirements of funders and provide computer programs to agencies to manage reporting requirements:*** Funders differ in their reporting requirements of service agencies. These requirements include statistical tabulations of client demographics, interim progress reports and program evaluations. Time spent on these projects diminishes the amount of time staff members are able to spend on providing services to clients. Funders should work together to standardize reporting requirements so that one report may be submitted to all funders. In addition to standardization of

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<sup>94</sup> National Coalition against Domestic Violence. 1996. *Open minds, open doors: Technical assistance manual assisting domestic violence service providers to become physically and attitudinally accessible to women with disabilities*. Denver, CO: National Coalition against Domestic Violence.

reporting requirements, a computer software program should be developed that may be given free to all grantees to simplify accounting and reporting requirements. Thus, for example, agencies that are still using the old fashioned method of counting up hash marks to keep track of demographics will be able to free up expensive and valuable resources for the actual work of preventing and dealing with violence.

## **8.0 FUTURE RESEARCH**

This research has pointed to numerous, serious gaps in research necessary for providing violence against women services. The following recommendations are suggested for future research:

### **8.1 Population-Specific Research on Experiences of Violence**

Research needs to be conducted on the prevalence of violence, the types of violence experienced, and personal experiences of violence for specific populations. While we know violence occurs in every community, we do not have a clear understanding of the variation across communities. A better understanding of violence within populations is vital to address violence appropriately.

### **8.2 Program Assessments**

Current programs must be assessed systematically to determine client experiences, needs and satisfaction. Most agencies currently conduct their own assessments by interviewing or administering questionnaires to clients. Agency self-assessment is inadequate to assess program effectiveness. Clients may be inhibited in their complaints and agency staff may be tempted, consciously or unconsciously, to minimize problems in the program. Assessments should be conducted by researchers who are not affiliated with the program's agencies to ensure unbiased responses from clients. While we were able to interview agencies and have access to demographic information, determining client satisfaction with specific programs was beyond the scope of this research. Such an assessment is vital to determining whether or not specific programs and agencies are indeed meeting the needs of their clients. While we had difficulty accessing current clients of agencies because of agency reluctance to expose their clients to research, we were able to interview numerous women who had or were currently receiving services and who had very strong feelings, both positive and negative, about the assistance they received.

### **8.3 Research on Perpetrators of Violence**

Research must be conducted on those who perpetrate violence. A holistic effort must be used to end violence and this includes understanding the roots of violence and how to end that violence. Little research has been conducted on perpetrators of violence, batterer treatment programs and their success rates.

**APPENDIX A**

**SURVEY OF COSW FUNDED AGENCIES PROVIDING  
VIOLENCE AGAINST WOMEN SERVICES**

AGENCY:  
PROJECT NAME:  
NAME:  
TITLE:

DATE:  
INTERVIEWER:  
LOCATION:

**THE AGENCY AND AGENCY SERVICES:**

1. What services does your agency offer?

a. What Violence against Women services do you provide? (Listen to respondent's narrative and then use COSW standardized categories)

|   |   |   |
|---|---|---|
| <input type="checkbox"/> accompaniment        | <input type="checkbox"/> crisis line          | <input type="checkbox"/> shelter        |
| <input type="checkbox"/> advocacy             | <input type="checkbox"/> education            | <input type="checkbox"/> media contacts |
| <input type="checkbox"/> case management      | <input type="checkbox"/> legal                | <input type="checkbox"/> other          |
| <input type="checkbox"/> information/referral | <input type="checkbox"/> distribute materials |   |
| <input type="checkbox"/> counseling           | <input type="checkbox"/> technical assistance |   |

b. In what languages are these services provided?

2. Go over statistical and demographic data.

3. How does your agency define Violence against Women?

4. Do you find that your clients have a similar definition?

5. Do your clients using Violence against Women services also utilize your agency's other services?

a. If so, which ones?

6. Is your funding sufficient to provide Violence against Women services to all people seeking them?

**OBTAINING SERVICES**

7. Please describe the typical process a client goes through to obtain services at your agency.

8. Do you charge a fee for your services? YES NO

a. If yes, have you had to turn away potential clients because of these fees?

9. Do you have any eligibility requirements/rules for services? YES NO

a. If yes, what are these requirements?

b. If yes, what proof of eligibility do you require?

### **CLIENTS**

10. What do you think makes a woman decide to come in for services? (type, severity, frequency, victim of violence)

11. Who do your clients most commonly report as the perpetrator of the violence?

12. What are your clients' most common concerns? (Probe: immigrant status)

13. Are there any populations that you see needing services but not coming in for them?

a. Why do you think are they not coming in?

### **BARRIERS TO PROVIDING OR RECEIVING SERVICES**

14. What barriers do potential clients face in receiving your services? [Prompts: how they define violence, stigma, lack of privacy, poor facilities, lack of interpreters, fees for services]

15. What barriers do you face in providing services? [Prompts: lack of funding, staffing, poor facilities, client definitions of violence]

16. Do you have a referral process for individuals you cannot help or who need additional services? YES NO

17. Are there services that you would like to provide but are not doing so now? (refer to response to Q 12)

a. If yes, what are these services?

b. If yes, what do you need to be able to provide these services?

### **PROMOTING SERVICES**

18. How do clients know about your services? [Prompts: community outreach, referral, advertisement, word-of-mouth]

### **ADDITIONAL QUESTIONS**

- Are there any important issues we haven't addressed in this survey

-inform respondent of phase two and ask for their assistance in recruiting participants

-ask respondent to suggest other agencies

## **APPENDIX B**

## **AGENCIES INTERVIEWED**

### **COSW Funded Agencies**

Arriba Juntos-Proyecto Apoyo  
Asian Perinatal Services  
Asian Women's Shelter  
Bay Area Legal Aid (formerly SF Neighborhood Legal Assistance Foundation)  
Bayview Hunters Point Foundation  
La Casa de las Madres  
Center for Human Development  
Chinatown Youth Center  
Cooperative Restraining Order Clinic (CROC)  
Domestic Violence Legal Services  
Donaldina Cameron House  
Horizons Unlimited  
Mary Elizabeth Inn  
Mujeres Unidas y Activas  
The Riley Center  
San Francisco Women Against Rape (SFWAR)  
W.O.M.A.N., Inc.  
Women in Dialogue/U.S. Prostitute Collective  
Women's Safety Project  
YMCA Mission Girls Services

(Only one COSW funded agency, Nihonmachi Legal Outreach, was not interviewed.)

### **Other San Francisco Agencies**

African Immigrant and Refugee Resource Center  
The Arab Cultural Center  
Catholic Charities  
Child and Adolescent Sexual Abuse Resource Center  
Community United Against Violence (CUAV)  
District Attorney Family Violence Project  
Friendship House/Healthy Nations  
Glide Memorial  
Guerrero House  
Independent Living Resource Center  
Instituto Familiar de La Raza  
Jelani House

Jewish Family and Children's Services  
March Of Dimes – Teenage Pregnancy and Parenting Project (TAPP)  
Men Overcoming Violence for Equality (MOVE)  
Mission Neighborhood Health Clinic  
Mount Saint Joseph's  
Native American Health Center  
North Of Market Senior Services  
OMI Family Services  
Sage Project  
Samoan Community Development Center  
San Francisco Network for Battered Lesbian and Bisexual Women  
San Francisco Rape Treatment Center  
Traumatic Stress Unit  
UCSF/Mt. Zion Violence Prevention Project  
West Bay Pilipino Multi-Service Corporation

**Agencies outside of San Francisco**

Narika  
Maitri  
Raheema  
Islamic Network Group

**APPENDIX C**

**FOCUS GROUP GUIDE (COSW Needs Assessment)**

## **Introductions/Purpose**

Introduce self as focus group moderator:

We're meeting here today to find out what services you think are needed for women and children who've experienced violence. Your comments and opinions will be presented to the Commission on the Status of Women, along with the comments of women from other communities in San Francisco

We're running this discussion as a 'focus group' which means there are a few things we all have to agree to:

-confidentiality

Everything we say in this room stays in this room. When your comments are reported back to the Commission, you will not be individually identified.

-respect

This discussion is based on respect. We're interested in your opinion. If you don't agree with your neighbor's opinion, you can say that but no personal attacks. Also, everyone should have the chance to answer the question on the table.

-passing

We'll be dealing with a sensitive topic...if there's any question you don't want to respond to, you don't have to. Just say "pass" when your turn comes.

-tape recorded

This discussion will be tape-recorded so that I can pay attention to what you're saying, and not have to be taking notes at the same time. After we compile your comments, the tape will be destroyed. Is that okay with everyone?

Are there any questions before we start?

## **Definitions of violence**

I'm going to start by asking what do you consider to be violence against women?

(prompt for broader definitions if not mentioned; consider violence in the street, in the home, at work, at school, in public)

How is this kind of violence viewed in your community? (explore acceptance, disapproval, etc.)

**Exploration of options**

When you or your friends have experienced violence, where have you gone for help first?

If not you, where have people you know gone?

Can you tell me about it.

Why did you seek help?

What were your concerns?

Did you feel you got help at \_\_\_\_\_? (refer to previous comments)

What was helpful? Why?

If type of violence not mentioned (intimate violence, sexual assault, incest/molestation, harassment), ask what women would do in a hypothetical situation.

**gaps and barriers to services**

What services do you know of that are available for \_\_\_\_\_?

(Use types of violence already brought up; domestic violence, sexual assault, incest/molestation, harassment)

Have you or your friends/family ever gone to \_\_\_\_\_?

Do you feel you got help at \_\_\_\_\_?

If yes: What was helpful? Why?

If no: How were you treated?

What makes it difficult to go to \_\_\_\_\_?/What would make it easier to\_\_\_\_.?

If not mentioned,

Is there anything about being XX that service providers should be sensitive to?

You didn't mention\_\_\_\_\_. Why is that? (probe for attitude towards services)

**LIST OF SERVICES**

- accompaniment
- advocacy
- case management
- information/referral
- counseling
- crisis line
- education (parenting, etc.)
- legal
- support groups
- shelter

What services would you like to see available to women in your community?

**prevention**

There's been a move to offer preventive services like self-defense training, anger management and training women to be peer advocates. What do you think of these efforts?

**public awareness campaign**

Have you seen this poster? (show model)

What do you think about it?

**wrap-up**

Is there anything we haven't talked about or any other comment you'd like to make?

Thank you for sharing your thoughts and opinions with us.

I know the topic of violence is not an easy one. If this discussion brought up any issues that you may want to talk about with a counselor, I can give you a number to call.

I also have some pamphlets available with resource information.

**FOCUS GROUP SIGN-IN**

Name (Optional Or First Name Only)\_\_\_\_\_

Age\_\_\_\_\_ Place Of Birth\_\_\_\_\_

Years Living in SF\_\_\_\_\_ Zipcode\_\_\_\_\_

Race/Ethnicity\_\_\_\_\_

Marital Status\_\_\_\_\_ Living With Partner?\_\_\_\_\_

Who Do You Live With (parents, friends, relatives, etc.)?\_\_\_\_\_

Do You Have Children?\_\_\_\_\_ How Many?\_\_\_\_\_

What is Your Approximate Yearly Household Income (Optional):

under \$10,000\_\_\_\_\_

\$11,000 to 2,0000\_\_\_\_\_

\$21,000 to 30,000\_\_\_\_\_

\$31,000 to 40,000\_\_\_\_\_

\$41,000 to 60,000\_\_\_\_\_

over \$60,000\_\_\_\_\_

## APPENDIX D

### ONE ON ONE INTERVIEW PROTOCOL

POPULATION:

REFERRAL:

PSEUDONYM:

DATE:

INTERVIEWER:

LOCATION:

### **Introduction to the Interview**

My name is Jennifer Price and my colleagues and I have been asked by the Commission on the Status of Women to conduct a study on services for women who have experienced violence. We are speaking to women to understand what are the current needs for services and what are the barriers or gaps in existing services. A goal of this project is to identify populations of women whose voices may not be heard. We are thankful for your willingness to talk with us.

We wanted to tape record the interview so we will be able to remember what was said. The tape will only be heard by myself and will be destroyed after I have written up my notes. Rest assured that we will keep anything you say strictly confidential and your name will not appear in any of our reports. Would it be okay to use the tape recorder?

The interview will take about an hour. If there are any questions that you feel uncomfortable answering, just let me know and we will move on. Do you have any questions before we begin?

### **GENERAL INFORMATION:**

1. You don't have to tell me your address, but could you tell me which zip code you live in?
2. How long have you lived in San Francisco (or the Bay Area)?
3. How old are you?
4. Do you have children? (sex and age)
5. What type of work do you do? Can you describe your work?
6. Are you currently in a relationship? Can you tell me about it? (living together, supportive, with the perpetrator, knows about past experiences with violence)

### **DEFINING AND EXPERIENCING VIOLENCE**

I would like to switch gears a bit and ask some questions about the violence you experienced. Would that

be okay?

7. So you've experienced violence at some point? Could you tell me a little about that?
8. How did you feel?

### ***SUPPORT AND SERVICES***

9. Did you talk to anyone about what was going on (had happened)? Who was it and what was the response?
10. Was their response helpful? What kind of support would you have wanted from them?
11. Did you talk or think about talking about it to anyone else? (probe further for other responses)
12. What types of services would be (or have been) helpful for you as an XYZ woman experiencing violence?
13. What should service providers take into account when working with XYZ women experiencing violence? (ethnicity, culture, sexuality affecting experiencing)

### ***PREVENTION AND HEALING***

14. What has helped you to heal from this experience? What would help you to heal?
15. There has been a move to offer prevention services such as anger management and self-defense training. What do you think of these efforts? Would they be helpful?

### ***PUBLIC AWARENESS CAMPAIGN***

16. Have you seen this poster (show model)?
17. What do you think of it?

### ***WRAP UP***

18. Is there anything else you think is important that I didn't ask about?
19. We are planning to conduct a large-scale survey. In order to be able to address the concerns of other women in the community, we want to be able to reach these women. Can you recommend certain locations, times of day, days of the week that might be more successful?
20. If you know of any other women who would be willing to talk with me, could you please call me at this number collect.

## APPENDIX E

### KEY INFORMANT PROTOCOL

Date:  
Interviewer:  
Group:  
Key Informant Name:  
Position:  
Place:

#### A. IDENTIFY TYPES AND CONTEXT FOR VIOLENCE

1. Are women in this group at high risk for violence or abuse?
2. What type of violence do you hear about the most within this community?
  - a. Who do the women most commonly report as the perpetrator?
3. How are these types of violence viewed in this community? (*explore acceptance, denial, disapproval?, etc.*)

#### B. EXPLORATION OF OPTIONS OUT OF VIOLENCE

1. When a woman experiences violence, how might she deal with it? (Where would she go first for help? What options do they feel they have?)

#### C. IDENTIFY GAPS AND BARRIERS TO SERVICE

1. What are the services available to women in this population?
2. What are the barriers to a woman accessing these services?

[PROBE: What services that deal with violence are not particularly helpful?]

[PROBE: Why would a woman hesitate to seek a service?]
3. Are there specific services that would be helpful for women in this population?
4. What do service providers need to take into account when working with this community?

5. What is the best way to reach women in this community to inform them about prevention and services?

## **H. WRAP-UP**

1. If this is a population that we are conducting one-on-one interviews with (Russian, Chinese, Queer) request referrals to possible informants.
2. Inform person of the large scale survey and ask about locations, times of day, days of the week where we may be able to reach women in this population.
3. Is there anything we haven't talked about that you think is important for me to know?

**APPENDIX F**  
**SURVEY INSTRUMENT**  
**(PENDING)**

## APPENDIX G

### SURVEY METHODOLOGY

The COSW Needs Assessment Survey was conducted from May to October 2000 using two modes of administration: in-person (pen and paper) and telephone. These modes were chosen to assure a probability sample representative of San Francisco residents. Note that “street corner sampling” is not probability based so results cannot be conclusive, merely suggestive.

The survey instrument, designed by the authors of this report, consisted of a combination of open and closed responses and was translated into Spanish, Chinese, and Russian by native speakers. The survey instrument was pre-tested both in person and over the telephone.

As with any survey or interview, disclosures depended on how comfortable and safe the participants felt to respond to the very sensitive questions posed. Despite the availability of translated surveys, language barriers could have prevented certain individuals from participating in the survey, as could issues of literacy. Respondents to the pen and paper surveys were recruited from community-based agencies serving particular communities and/or women who have experienced violence. Agencies were chosen to reflect the ethnic diversity and various geographic regions of San Francisco, as well as willingness to participate in the survey. During agency recruitment of respondents, steps were taken to maintain probability within the sample. However, it should be noted that the sample may have self-selected for women who are predisposed to seek services. Of the pen and paper surveys returned, 6% were thrown out because of missing data or for not meeting the study’s eligibility criteria. The final response rate was 35%.

The telephone survey was conducted by female interviewers at San Francisco State’s Public Research Institute (PRI), under the direction of Diane Godard. The telephone sample frame was drawn by random-digit dialing (RDD) of listed and unlisted residential telephone numbers in San Francisco City and County numbers (approximately 70% of all San Francisco residential numbers are unlisted). This list of telephone numbers was stratified into four regions of the city and a sample was drawn from each in proportion to the region’s population. To increase response rates from Asian, African American, Russian and Latina women, the sample was supplemented with both additional RDD samples from targeted areas of the city and listed telephone numbers of persons with Hispanic, Asian and Russian surnames.

These random-digit numbers were called by PRI interviewers from their central telephone facility, where non-working, nonresidential, fax/modem and cellular numbers were screened out. Once a residential household was reached, an eligible woman in each household was identified. Only adult women were recruited for participation in the Violence Against Women telephone interview. Due to the sensitive nature of the study’s content and to ensure respondents optimum privacy, special measures were instituted to screen qualified respondents for participation. Given the unique screening procedures, the 40% response rate achieved for the telephone interviews was relatively high.

Only female interviewers were used and language translation was provided by bilingual/bicultural interviewers for Spanish-speaking, Russian-speaking, and Chinese (Cantonese and Mandarin)-speaking respondents.

A total of 151 women were administered the pen and paper survey; 210 women were interviewed over the telephone using a computer-assisted telephone interviewing system. The final total sample was 361. Open-ended responses were transcribed verbatim and then coded into categories by the authors. The data from these surveys were coded, key entered into a database, and then merged.

Data were analyzed using SPSS software. Frequency distributions were generated for all variables, as well as cross tabulations for selected variables. The chi-square statistic was used to test for statistically significant differences between variables ( $p$ -value  $< .05$ ). Any estimates based on five or fewer responses were deemed unreliable and therefore were not tested for statistically significant differences between groups. Because estimates presented in this report generally exclude "don't know," "refused," and other invalid responses, sample and sub-sample sizes ( $n$ 's) vary across statistical runs. The estimates from this survey, as from any sample survey, are subject to random sampling error.

## APPENDIX H

### SERVICES AVAILABLE IN SAN FRANCISCO

***Services are categorized by those provided by violence-specific agencies and those provided by non-violence specific agencies. We further categorize by type of service. Languages available for each service are also listed, if known. Languages listed, however, may not always be available and sometimes a callback or significant wait is necessary to access a particular language. This list is not comprehensive; we were not able to identify or interview all agencies and programs within San Francisco.***

#### **Violence Specific Agencies: Crisis Intervention**

##### ***Emergency Shelters and Housing:***

There are three emergency safe houses or shelters in San Francisco specifically for women who have experienced violence. The locations of emergency safe houses or shelters are secret to protect clients from perpetrators. All have waiting lists. Additionally, other agencies provide emergency housing, but these are not safe houses, meaning their locations are not secret and, therefore, residents may still be at risk.

- ***Riley Center*** operates Rosalie House, a 20-bed emergency safe house for women and their children for 8 weeks. Spanish and English are spoken. They accept teenage mothers.
- ***La Casa de las Madres*** is a 35 bed emergency safe house for women and their children for 8 weeks. English, Spanish, Korean, Japanese, and Tagalog are spoken. It will accept teenage boys with their mother, large families, women with chemical dependencies, and the mentally disabled.
- ***Asian Women's Shelter*** is a 16-bed safe house for women and their children. It can provide translators for over 22 languages.
- ***Donaldina Cameron House*** has temporary emergency housing, a studio apartment, at one location that is not a "safe house." They also have a special arrangement to place women at a second location, a residential hotel.
- ***W.O.M.A.N., Inc.*** also provides vouchers to local motels, which are not "safe houses," for emergency housing.

##### ***Crisis Lines:***

- ***The National Domestic Violence Hotline*** is a 24-hour line for counseling, crisis intervention, information, and referral to local agencies. It has multiple language capabilities.
- ***W.O.M.A.N., Inc.*** operates the only local 24-hour domestic violence crisis line in the Bay Area. English, Spanish, and 22 Asian languages are available through collaboration with the Asian Women’s Shelter. They take over for other domestic violence hotlines during the weekends and evenings.
- ***Riley Center*** operates a crisis line in English and Spanish. Its line is taken over by W.O.M.A.N., Inc. on evenings and weekends.
- ***La Casa de las Madres*** has a crisis line for teens and adults in English and Spanish. W.O.M.A.N., Inc. answers its line on evenings and weekends.
- ***TALK-Line*** is a 24-hour hot line that deals with parental stress and child abuse. It focuses on “preventative medicine” by providing an outlet for parents to air their frustrations and to find alternatives to abuse.
- ***San Francisco Rape Treatment Center*** operates a 24-hour crisis line for survivors of sexual assault.
- ***Child and Adolescent Sexual Abuse Resource Center (CASARC)*** runs a 24 hour crisis line for survivors of sexual abuse, incest, statutory rape, and other sexual assaults who are under 18 years of age. English, Spanish, and Cantonese are spoken.
- ***San Francisco Women against Rape (SFWAR)*** has a 24-hour crisis line for survivors of sexual assault including sexual harassment, incest, child sexual assault, same-sex sexual assault, domestic violence, ritual abuse, stalking, male survivors, and suicide prevention. English, Spanish, Cantonese, Mandarin, Vietnamese, Tagalog, Japanese, Korean, Portuguese, Arabic, Farsi, Tamil, Krio, and French are available.
- ***Community United Against Violence (CUAV)*** operates a 24-hour crisis line for gay, lesbian, bisexual, and transgender individuals experiencing any type of violence. English, Spanish, Japanese, and Tagalog are available.
- ***Shalom Bayit Jewish Women’s Task Force on Domestic Violence*** operates a crisis line for survivors of domestic violence.
- ***Teen Crisis Line*** is a 9 to 5 crisis line for youth dealing with abusive situations. It is operated by the Riley Center. After hours, the line is taken over by W.O.M.A.N., Inc. English and Spanish are available.
- ***Men’s Hotline*** is a 24-hour crisis line for batterer intervention counseling operated by ManAlive. English and Spanish are available.

***Crisis Medical Services:***

- ***San Francisco Rape Treatment Center*** provides 24-hour medical treatment and exams including evidence collection for survivors of sexual assault. English, Spanish, and Chinese are available and they have access to San Francisco General Hospital interpreters.
- ***CASARC*** has medical treatment, exams, and evidence collection available 24-hours for sexual assault survivors under 18 years of age. English, Spanish, and Cantonese are spoken.

***Crisis Psychological Services:***

- ***San Francisco Rape Treatment Center*** offers 24-hour rape crisis intervention and short term counseling for sexual assault survivors.
- ***CASARC*** offers 24-hour rape crisis intervention and short term counseling for sexual assault survivors under 18 years old.
- ***The Traumatic Stress Unit of San Francisco General Hospital (SFGH)*** provides services for any adult who has experienced or witnessed violence. Services include individual, group, short and long term counseling, bedside assessment, referral to other assistance and home visits. Clinicians speak Spanish, English, Russian, Bulgarian, and Tagalog and interpreters are available.

***Advocacy/Accompaniment:***

- ***SFWAR*** accompanies survivors of rape and sexual assault to San Francisco General Hospital's Emergency Room for evidence collection and/or medical treatment. Medical advocates work in conjunction with Sexual Assault Nurse Examiners to create a safe and supportive atmosphere for survivors during the medical/forensic exam.

**Violence Specific Agencies: Non-Crisis Intervention**

***Transitional Shelters:***

- ***Brennan House***, operated by Riley Center, is a one-year transitional housing facility with 30 beds for women, their children, and emancipated minors.
- ***Mary Elizabeth Inn*** provides transitional housing for women leaving emergency shelter. It offers counseling and provides services in English and Japanese.

***Legal Services:***

- ***Bay Area Legal Aid*** (formerly the San Francisco Neighborhood Legal Assistance Foundation) is a non-profit law office, which assists domestic violence clients in family law. It has English, Spanish, Chinese, Vietnamese, and Tagalog capabilities.
- ***Cooperative Restraining Order Clinic (CROC)***, run by Bay Area Legal Aid, assists women in obtaining orders of protection.
- ***W.O.M.A.N., Inc.*** screens and schedules clients for evening legal clinics through their 24-hour crisis line, provides guidance with self-representation in court and follow-up of police responses, and provides information on legal rights and the criminal justice system.
- ***Donaldina Cameron House*** provides legal assistance for issues such as restraining orders, child custody, child support, immigration, and divorce for battered Asian immigrants in partnership with Nihonmachi Legal Outreach (NLO).
- ***Nihonmachi Legal Outreach (NLO)*** serves Asian and Pacific Islander communities and provides legal and educational services in the areas of sexual harassment, domestic violence, date rape, and elder abuse. It also provides assistance and

education programs on immigration and naturalization and other aspects of family law. Several Asian and Pacific Islander languages are offered.

- **Community Defenders** of the **Bayview Hunter's Point Foundation** provides legal and ancillary services including representation in the criminal justice system.
- **Domestic Violence Legal Services** provides pro bono legal services to survivors of domestic violence.
- **Equal Rights Advocates** provides legal assistance, referrals, advocacy, and counseling for women with sexual harassment claims. They also have an advice and counseling hotline for practical advice, counsel, and public education. They work with youth. They use the AT&T Language Line enabling them to have a translator available in over 150 languages.
- **Legal Services for Children, Inc.** is a free, comprehensive law office for children and youth, up to 17 years of age, providing legal and social services. Services include restraining orders, victim support, emancipation, guardianship, mental health issues, child abuse, school discipline, special education, and delinquency.
- **Legal Services for Youth** provides free legal assistance for youth including restraining orders, victim support, custody, paternity, and emancipation. Spanish, Chinese, and Tagalog are spoken.
- **Divorce Center of San Francisco** offers low cost legal and paralegal help for family law and domestic violence cases including referrals, document preparation, and restraining orders. English and Spanish are spoken.
- **Legal Assistance to the Elderly** provides free legal advice and representation to San Francisco residents over 60 years of age. It assists in avoiding financial and physical abuse.
- **Legal Aid Society/Employment Law Center's Domestic Violence and Employment Project** has a toll free hotline, individual counseling, advocacy, training, and public education about employment issues affecting victims of domestic violence.
- **San Francisco's District Attorney Family Violence Project** provides free, confidential legal counseling and domestic violence advocacy to all victims of domestic violence regardless of sex, sexual orientation, or immigration status. Services include follow-up contact with survivors; assistance with victims of crimes compensation claims; orientation to the criminal justice system; case status and disposition information; notification of family, friend, employer or creditor; calculating losses from crime; and assisting in reclaiming property from police or prosecutor.

#### ***Medical Services:***

- **San Francisco Rape Treatment Center** offers medical counseling for STD testing, HIV testing, and pregnancy testing for survivors of sexual assault.
- **CASARC** conducts interviews in cases of suspected child sexual abuse.
- **SAGE**, a grassroots organization for women victimized by or at risk of sexual exploitation, violence and prostitution, provides holistic and traditional healthcare services.

#### ***Psychological Services:***

- **W.O.M.A.N., Inc.** offers group and individual counseling in English, Spanish, Hindi, Farsi, and Punjabi. Drop-in support and evening support groups are available. Free childcare is available. Also offers woman-to-woman violence counseling.
- **Casa de las Madres** offers drop-in and on-going counseling in English and Spanish. Support groups are offered to teens and in jails, clinics, and mental health facilities.
- **Asian Women's Shelter** offers counseling and support groups with special services directed to LBT women.
- **The Riley Center** provides peer counseling and support groups in English and Spanish.
- **Chinatown Youth Center** provides individual, group, and family counseling for at-risk youth and their families in Asian communities. Interpretation in Cantonese, Mandarin, Vietnamese, Korean, and Tagalog is offered.
- **The Rape Prevention Education Program of the UCSF Center for Gender Equity** offers support groups for survivors.
- **The San Francisco Network for Battered Lesbian and Bisexual Women** offers a support group for lesbian and bisexual women who are survivors of same-sex domestic violence.
- **Glide Memorial's Survivors of Abuse, Incest, and Violence (SAIV)** offers a support group for women.
- **PROMISE** offers support groups to survivors of prostitution, which are facilitated by peer counselors.
- **SAGE** provides gender specific mental health services for mental and physical trauma, peer support groups, and satellite sexual trauma counseling.
- **Donaldina Cameron House** provides individual and family counseling for Asian immigrants.
- **San Francisco Rape Treatment Center** offers individual, group, and family counseling for survivors of sexual assault.
- **CUAV** has short-term counseling and support groups for survivors of domestic violence, sexual assault, police brutality, and hate crimes.
- **SFWAR** provides 8 to 10 weeks peer counseling groups to women survivors of adult sexual assault, including survivors of same-sex sexual assault.
- **The Traumatic Stress Unit of SFGH** provides individual, group, short and long-term counseling.
- **The Women of Courage Project**, sponsored by Lyon-Martin Women's Health Services, offers support groups for female survivors of childhood abuse.
- **The Center for Special Problems** provides counseling for survivors of domestic violence and spousal abuse, support groups for incest survivors, and counseling for batterers including female batterers.
- **Bayview Hunter's Point Foundation's Critical Incident Response Team (CIRT)** provides mental health counseling and grief counseling for individuals under 24 years of age and their families who are experiencing emotional stress or trauma due to violence.
- **UCSF/Mt. Zion Violence Prevention Project** offers counseling to families with children under 18 years of age that are affected by violence.

- **Morris Center** provides low-cost, long-term recovery counseling for adult survivors of physical, sexual, or emotional child abuse.
- **MOVE** offers group and individual counseling and weekly support groups for men identified as abusive. They also work with 12 to 20 year old males who have been violent with their intimate partners or family members.

### ***Vocational Counseling/Job Training***

- **La Casa de las Madres** works with the Job Shop to provide resume building and interviewing-skills workshops and with Arriba Juntos to provide job training.
- **Riley Center** provides employment counseling.
- **Donaldina Cameron House** provides employment assistance and job development.
- **Arriba Juntos** provides job training and other employment services to immigrant women and women of color at risk of homelessness.
- **SAGE** provides mentoring and job placement for women victimized or at risk of sexual exploitation.

### ***Advocacy/Accompaniment***

- **W.O.M.A.N., Inc.** has advocates working with the San Francisco Police and Sheriff's departments.
- **Donaldina Cameron House** has multilingual children's advocates.
- **SFWAR** has legal advocates to support survivors who file a police report or seek a restraining order.
- **PROMISE** has domestic violence advocacy services from women in prostitution.
- **Chinatown Youth Center** has a crisis unit, which assists at-risk youths and their families in obtaining services such as education, legal help, and substance abuse counseling.
- **CASARC** provides accompaniment to court services for children and adolescent survivors of sexual assault.
- **California Coalition for Women Prisoners (CCWP)** is a statewide coalition supporting women prisoners. It advocates for women who have experienced sexual assault by guards and for women imprisoned for defending themselves against their abusers.
- **CUAV** provides advocacy through the court system for GLBT survivors of violence.
- **District Attorney Family Violence Project** provides support through the duration of the criminal court case, including accompaniment to court hearings.
- **Victims/Witness Assistance Program**, administered by the District Attorney's Office, advocates for women who have experienced violence by providing support through the criminal justice system and assistance in filing for compensation from the State Board of Control's Victims of Crime Program.

### ***Referral/Information***

All VAW agencies provide information and referrals to other agencies and services for clients who have additional needs or needs the agency cannot meet. Some agencies have

more extensive and up-to-date referral lists than others. W.O.M.A.N., Inc., for example, updates its referral list quarterly. In addition to agencies already mentioned, these agencies offer referral and information:

- ***Domestic Violence Response Unit of the San Francisco Police Department*** provides referrals to shelter, restraining order services, and other police protection services.
- ***San Francisco Child Abuse Council*** provides education, training, consultation, information, and referral services.
- ***The Community Outreach and Advocacy Program of the Mission Police Station*** provides information about the legal options available to survivors of domestic violence.
- ***Family Violence Prevention Fund*** provides information, referral and technical support to end domestic violence.
- ***Shalom Bayit Jewish Women's Task Force on Domestic Violence*** is a liaison between the domestic violence service community and the Jewish community. It refers women to shelters and services. It provides technical assistance to agencies to help them serve the needs of Jewish clients.

#### ***Technical Assistance:***

The majority of VAW agencies provide technical assistance to other agencies, community based organizations, police, health care providers, schools, and other interested institutions and organizations on violence prevention and intervention.

- ***Family Violence Prevention Fund's National Health Initiative on Domestic Violence*** trains health care providers throughout the nation to recognize signs of abuse and to intervene effectively to help battered women.
- ***Bay Area Legal Aid*** provides technical assistance to other providers (police, judges, doctors), professional groups and agencies (foster care agencies, juvenile probation officers, mediators), and domestic violence advocates about immigration relief, violence in GLBT communities, and the overlap between domestic violence and welfare.

#### **Violence Specific Agencies: Prevention**

##### ***Self Defense:***

- ***SFWAR*** offers free self-defense classes with on-site childcare throughout San Francisco. They target immigrants, women of color, women with disabilities, and teens.
- ***Women's Safety Project*** teaches physical defenses against sexual assault, verbal responses to harassment, and effective ways to set limits and de-escalate tense situations to women. It offers discounted rates on workshops to non-profit organizations serving low-income women.
- ***Girls Take Charge***, a program of the Women's Safety Project, provides three years of after school self-defense instruction and information on accessing resources to middle

and high school aged girls at three community locations (Visitacion Valley, Sunset, and Richmond).

- ***Defending Ourselves School of Self Defense*** offers comprehensive training in safety awareness, verbal assertiveness, and physical techniques to respond to violence for women, young women, and mothers and daughters together. This is a for-profit organization, but it offers special programs for low-income women.
- ***Crime Prevention Solutions*** teaches streetwise self defense with a focus on understanding the power dynamics in an assault and training students to gain control of a bad situation. Students learn verbal assertiveness, psychological responses, and physical techniques through role-plays. It has a date rape prevention program for junior and senior high school boys and girls. This is a for-profit organization, but it offers special programs for low-income women.
- ***CUAV*** conducts self-defense classes.

#### ***Skill Development:***

- ***AWS*** provides classes in literacy, English as a Second Language, and citizenship.
- ***Donaldina Cameron House*** provides anger management classes, parenting classes, English as a Second Language, and naturalization classes.
- ***Chinatown Youth Center's Parent and Youth Empowerment Program*** provides parenting classes for Chinese-speaking immigrant parents.

#### ***Personal Resource Development/Life Skills***

- ***Donaldina Cameron House*** has several youth programs including peer counseling, after school programs, and adolescent girls programs to increase self-esteem.
- ***Girls After School Academy (GASA)*** is a comprehensive program providing a safe environment for girls by offering positive role models, activities which inspire learning, and access to educational and recreational resources. Skill development focuses on effective communication, conflict resolution, gender and cultural pride, leadership, and academic enhancement.
- ***Young Women Arise Project***, a collaboration with Horizons Unlimited, Westside Community Mental Health Center, New Generation Health Center, and Youth Guidance Center, offers self-esteem/self-concept development for young African American and Latina women.
- ***Omega Boys Club*** works with young men and women from 14 to 21 years of age at risk for violence. Their Omega Academic Program provides academic preparation and life skills education for all Club members. College bound members receive counseling, college placement assistance, and scholarship support and non-college bound members receive social and employment skills necessary to enter the job market.
- ***The Center for Human Development's Sexual Assault and Domestic Violence Prevention Program*** incorporates a domestic violence and sexual assault prevention curriculum into the current curriculum for the therapeutic groups at Log Cabin Ranch, a young men's detention facility. It includes self-esteem, anger management, conflict resolution, grief and loss, problem solving, and mediation. They discuss different

triggers leading to domestic violence and sexual assault and identify physical cues and coping mechanisms. They also use role-play and teach mediation and visualizing what it is like to be a woman. Male and female volunteers work with staff members of the opposite sex to model healthy male/female interaction.

- ***The Center for Human Development's Youth Striving for Excellence (YSE) Program*** works with "at-risk" youth in the County Community Schools. Mentors from local universities and community groups work with youth one-on-one or in small groups as facilitators. A substance use and violence prevention curriculum is integrated into the program.
- ***United Players*** is a gang prevention program at Balboa High School open to any interested youth, gang member or not, which organizes group activities as alternatives to gang activities.
- ***Asian Perinatal Services*** serves Asian and Pacific Islander communities by providing infant follow up care at San Francisco General Hospital, such as home visits, individual on-site counseling, and a variety of educational workshops on infant care, parenting, child abuse and neglect, and family violence.
- ***Violence is Preventable (VIP)***, a program of the Girls Project, assists young women at risk of becoming victims or perpetrators of violence by giving them access to a referral network. Services include counseling, case management, mentoring, family mediation, employment, and peer education.

#### ***Education/Outreach:***

- ***SFWAR*** publishes rape prevention materials in English, Spanish, Chinese, Vietnamese, Japanese, Tagalog, and Arabic. Materials are in large print and on audiotape. They also conduct presentations at community-based organizations, universities and colleges, street fairs, neighborhood gatherings, and workplaces to address definitions of rape and sexual assault, prevention techniques, and resources for survivors.
- ***Students Talking about Non-Violent Dating***, a project of SFWAR, trains teens to be peer educators on dating violence, sexual assault, and domestic violence. They also lead workshops that teach sex education as rape prevention to girls.
- ***Mission Girls-Proyecto Adelante*** offers after-school prevention workshops on rape, sexual assault, date rape, statutory rape, and battering in English and Spanish.
- ***The Rape Prevention Education Program of the UCSF Center for Gender Equity*** gives workshops and trainings, resource referrals, and self-defense classes.
- ***Chinatown Youth Center*** provides on-site and school-based support groups, outreach, presentations, and after-school programs to at-risk youth in an effort to prevent delinquent behaviors.
- ***Chinatown Youth Center's Young Asian Women Against Violence Program*** produces violence prevention materials for Asian girls and facilitates violence education workshops.
- ***Sisters Working in Community (SWIC)*** is a collaboration between SAGE Project, ManAlive Education and Research Institute, and Women and Children Family Services to expand prevention and education to women and girls at risk for experiencing intimate partner violence and sexual assault.

- *Third Eye Movement* deals with police brutality issues through education workshops.
- *CUAV* documents and publicizes anti-GLBT violence and has an anti-bias speaker's bureau, which gives presentations to schools, agencies, and other community groups.
- *Men Overcoming Violence (MOVE)* provides teen dating violence prevention education at schools and weekly workshops for incarcerated youth.
- *W.O.M.A.N., Inc.* conducts training sessions and presentations to community organizations, clubs, and schools.
- *Bayview Hunter's Point Foundation's Critical Incident Response Team (CIRT)* conducts community outreach and education forums, which focus on violence prevention education and grief counseling.
- *Bay Area Legal Aid* does outreach and education with community based organizations about family issues, radio broadcasts with Donaldina Cameron House, and trains survivors to talk with the media. In a collaboration with SFWAR, they visit local schools to educate students and train teachers. They also conduct outreach to professionals through a column on domestic violence in a legal newspaper and by recruiting attorneys to do pro-bono family law work.
- *The Child Sexual Abuse Strategic Action Project* develops community-based education about child sexual assault.
- *Family Violence Prevention Fund* develops educational media campaigns, workplace action plans, neighborhood action plans, and individual action plans to promote domestic violence prevention.
- *Omega Boys Club* provides information and referrals; workshops and presentations for community agencies, schools and other organizations; and presentations to inmates in correctional institutions.

### **Non-Violence Specific Agencies: Crisis Intervention**

There are numerous agencies and organizations in San Francisco, which serve women and girls who have experienced violence, but they are not identified as a VAW service provider. These agencies have as their stated mission the provision of services to specific populations such as at-risk youth, substance abusers, the disabled, or the homeless. However, these providers cannot ignore the reality of their clients' lives and so violence is addressed, albeit sometimes indirectly.

#### ***Emergency Shelters:***

- *A Woman's Place*, a 50 bed emergency shelter for homeless women with substance abuse problems, saves some beds for women who have been sexually assaulted.
- *Huckleberry House* offers 24-hour crisis services and emergency shelter to high-risk and run-away youth.
- *Hamilton Family Center*, a 70 bed emergency shelter for homeless families, makes referrals to violence prevention programs and provides services in English and Spanish.
- *St. Joseph's Village Family Center*, a 25-bed shelter, provides homeless families and homeless pregnant women with 24-hour shelter, three meals a day, and an array of support services.

- ***Diamond Street Youth Shelter*** offers emergency shelter to runaway and homeless youth.

***Psychological Services:***

- ***Westside Community Mental Health Center*** provides crisis counseling for survivors of violence.

**Non-Violence Specific Agencies: Non-Crisis Intervention**

***Transitional Shelters:***

There are transitional shelters for women recovering from substance abuse, for pregnant or parenting teens, for homeless families, and for homeless youth. All these populations are at risk and so many have components of their programs that deal with violence and abuse.

- ***Jelani House*** is a residential substance abuse treatment center with outpatient services for pregnant and parenting women. More than 80% of their clients have experienced violence in interpersonal relationships so they have domestic violence education, prevention, and support groups as well as outpatient domestic violence abatement workshops for partners and ex-partners of clients.
- ***Mount St. Joseph's*** provides housing for pregnant and parenting teens with services in English, Spanish, and Tagalog.
- ***Florence Crittenton Services*** provides housing for pregnant and parenting teens.
- ***Clara House*** is transitional housing for homeless families providing counseling and skill development.
- ***Richmond Hills*** is transitional housing for homeless families providing counseling and skill development.
- ***Dream House***, a transitional home for homeless women with children, is operated by Jewish Family and Children's Services. It offers counseling in English and Russian.
- ***Orlando House*** is a 12-bed facility for homeless youth who may stay for up to one year.
- ***Guerrero House*** serves homeless young adults, 18-21 years of age. This 20-bed facility offers vocational training, case management, transitional living skills and counseling. The shelter was going to close for lack of funds. However, Catholic Charities, who runs Guerrero House, announced that the shelter will remain open with emergency city funds for the next three months, while city officials and the organization attempt to come up with a long-term plan to fund it. The demise of Guerrero House would reduce by half the number of transitional beds for homeless young people in the city.

### ***Legal Services:***

- ***Women in Dialogue/U.S. Prostitutes Collective*** provides accompaniment, advocacy, case management, educational programs, legal assistance, and general lobbying efforts for women who work in the sex industry.
- ***Legal Action for Women*** is a legal counsel group created specifically to help prostitutes who are unduly harassed and jailed by police. Their services are provided in English, Spanish, Mandarin, and Vietnamese.
- ***La Raza Centro Legal*** provides direct legal services to the Latino, indigenous, immigrant, and low-income communities. Outreach programs aim to educate the Spanish speaking community of their rights, and attorneys represent clients on issues of racial discrimination, wage injustice, and sexual harassment.

### ***Medical Services:***

- ***The Women's Needs Center (WNC)*** offers free reproductive health and gynecological services to women without health insurance, students, and low-income clients. Their services are provided exclusively by women. Services are offered in English, Chinese, French, German, and Spanish. They have a domestic violence/sexual assault response team and can conduct rape exams.

### ***Psychological Services:***

Community mental health centers provide psychological services to women, girls and families, many of who have experienced violence. ***Chinatown North Beach Mental Health Center; Mission Children, Adolescent and Family Services;*** and the ***Southeast Child Family Therapy Center***, for example, all provide individual, family and group counseling and family intervention in appropriate languages. In addition, the ***Westside Community Mental Health Center*** has a ***Youth Awareness Program (YAP)***, which includes anger management, communication and social skills development, and parenting issues.

Substance abuse is often dealt with simultaneously with abuse in the context of providing services.

- ***Glide Memorial's Black Extended Family Recovery Program***, domestic violence is dealt with as part of the process of recovery. They provide help with temporary restraining orders, referrals to shelters, escape plans, stay plans with danger awareness, support groups, and individual counseling.
- ***Iris Center*** provides counseling services to low-income women and their families. Their focus is on women of color, lesbians, single mothers, substance abusers, and homeless women. Along with recovery treatment, they have parenting classes and support groups, which focus on abusive relationships and sexual abuse recovery.
- ***Friendship House*** is a residential substance abuse treatment program and drop-in support center primarily for Native Americans. They work closely with the Native

American Health Center to get mental health services for women who have experienced violence.

- ***The Family and Child Guidance Center of the Native American Health Center*** provides mental health and substance abuse counseling for individuals, families, and groups. They have a talking circle for survivors of abuse.

#### ***Vocational Counseling/Job Training:***

- ***The Women's Health Initiative for Self Employment (WI)*** provides business training and technical assistance in English and Spanish to low-income women in the San Francisco Bay Area.

#### ***Referral/Information:***

- ***Mujeres Unidas*** is a grassroots organization committed to educating and organizing low-income Latina immigrants and refugees. They provide information and referral for assistance with public benefits, healthcare, domestic violence, legal rights, and other community services. They also provide advocacy on a wide range of issues to the immigrant/refugee community.

#### **Non-Violence Specific Agencies: Prevention**

##### ***Skill Development:***

- ***The Teenage Pregnancy and Parenting Project (TAPP)*** serves pregnant or parenting teens, mostly under the age of 18, who may be dealing with difficult home situations including household incomes below the poverty level, an incomplete or interrupted education, and domestic violence. They are given educational services, job skills training, and pregnancy/parenting related classes. The program focuses particular attention on issues of domestic violence and self-sufficiency.
- ***The Center for Young Women's Development's Street Survival Project*** fosters self-determination for young women under 25 years of age who are working in the street economy.
- ***The Bay Area Women's and Children's Center*** provides information and referrals to low-income women, children and families. Drop in services include job listings, assistance in resume writing, case management, and referrals in all areas. They provide counseling, information, and referrals for those experiencing violence.

##### ***Personal Resource Development/Life Skills:***

- ***LYRIC*** is an organization dedicated to gay, lesbian, bisexual, transgender, and questioning youth. Programs include peer led rap groups, health workshops, leadership programs, and job training opportunities.
- ***The Tenderloin Childcare Center*** provides enriched daycare for 36 children daily. Twelve slots are reserved for homeless children. Services include a specialized early

childhood curriculum, two meals a day, a foster grandparent program, parent support and training, play therapy, and family counseling.

***Education:***

- ***The ARC*** is a multi-service organization, which serves developmentally disabled adults. It informally provides abuse prevention and personal safety classes to clients as needs arise.
- ***Health Initiatives for Youth (HIFY)*** mainly provides support and education for HIV positive youth, but has begun expanding to work with young women's health, immigrant youth issues, queer youth health, and advocacy for all youth with local, state, and federal officials. Their booklet *A Young Woman's Survival Guide* is distributed free to young women and includes a section on violence prevention and awareness education.

## BIOGRAPHIES

ACCESS SOCIAL KNOWLEDGE (ASK) is a women owned and operated research and consulting firm. Founded in 1999 by two anthropologists, ASK conducts community-based domestic and international research on issues related to gender, aging, ethnicity, education, disability, and health. Utilizing quantitative and qualitative methods, ASK conducts focus groups, in-depth interviews, participant observation, surveys, network analyses, and archival research. Previous projects include needs assessments, program site assessments, and program evaluations. ASK may be contacted at (650) 218-9502.

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