



Gender-based violence prevention in Minnesota's Latin@ community

**Preliminary report to the
Minnesota Legislature**



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Background

This report was produced on time sensitive deadline and still requires further study, analysis, and discussion.

In 2024, the Minnesota Legislature passed legislation and approved \$50,000, to develop a preliminary report and recommendations to reduce, prevent, and end violence against Latina women and girls, including queer Latin@s in Minnesota.

According to the legislation, the report must include strategies to disrupt the pathways toward gender-based violence and help prevent violence before it occurs, such as outreach and communication, public engagement, and public campaigns to address and educate local communities about self-confidence, leadership skills, family support, and healthy relationships.

To prepare the report, Esperanza United reviewed existing research and best practices, convened meetings with the Minnesota Department of Labor and Industry (DLI), the Minnesota Department of Education (MDE), the Minnesota Department of Health (MDH), Minnesota Department of Public Safety (DPS), and organizations/leaders serving Latin@ communities statewide. Nearly 40 Latin@ providers and active leaders serving Latin@s statewide also provided feedback and expertise through two focus groups.

This report includes meeting outcomes, findings around barriers, cultural and vocabulary references, and recommendations. Please see our attached “Culturally responsive gender-based violence prevention: Community-based programs & strategies” report for a comprehensive literature review.



Note on vocabulary choices

Spanish is a gendered language, which means that all nouns – including inanimate objects – are assigned masculine or feminine gender. The terms Latino or Latina, are used to describe a man or woman of Latin American descent.

Other terms related to Latin American identity include Latin@, Latinx, and Latine. Esperanza United has chosen to use “@” in place of the masculine “o” when referring to people or groups that are gender neutral or both masculine and feminine. This decision reflects our commitment to gender inclusion and recognizes the important contributions that women, men, and gender-nonconforming people make to our communities.

The Census defines Hispanic or Latin@ people as “of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.”

We have included the word “Hispanic” to reflect terminology associated with demographic reporting only.



Situation, needs, and barriers

Statistics about Latinas experience of intimate partner violence vary by study and the different methods of data collection. For immigrant women, acculturation, the number of years living in the U.S., economic status, housing stability, and health conditions predict prevalence and occurrence of intimate partner violence. For non-English speaking women, the language in which the study is conducted (including the use of variations in the Spanish language) can also affect the results of a study.

About one in three Latinas (34.4 %) will experience intimate partner violence during their lifetimes. Among 362 Latinas seeking family planning services, about half (51%) experienced intimate partner violence and 34% reported reproductive coercion.

Some studies report a link between intimate partner violence, reproductive coercion, and unintended pregnancies for Latina survivors. About 21% of pregnant Latinas experienced both reproductive coercion and intimate partner violence, increasing their risk for an unplanned pregnancy.

Research documenting economic outcomes related intimate partner violence shows that Latina women experience physical and sexual intimate partner violence connected with economic abuse. Partners who limit the victims' access to resources was the most common form of economic abuse.

There is a low rate of reporting abuse among Latinas. These low rates of reporting and self-help seeking among Latinas experiencing intimate partner violence may create the illusion that Latinas do not need intimate partner violence services. In a current systematic review of over 40,000 survivors of intimate partner violence in North America, Latina and Black women were less likely to seek mental health services compared to white women. Latina intimate partner violence survivors are less likely to seek mental health services than non-Latinas.

Latinas prefer to utilize informal sources of support such as family members, female friends, or neighbors to address intimate partner violence. This is especially true for undocumented Latinas who are more likely to seek out informal support for intimate partner violence as compared to Latinas with resident or citizen status. A recent study shows that nearly half of Latinas participating did not report abuse to authorities. Reasons for underreporting include fear and lack of confidence in the police, shame, guilt, loyalty and/or fear of partners, fear of deportation, and previous experience with childhood victimization.

Undocumented Latinas were less likely to know what an order of protection was as compared to Latinas with resident or citizen status (59% vs. 84%). An integrated review found that Latinas identified self-blame, shame, and embarrassment as barriers to disclosing intimate partner violence. Latinas with PTSD reported more physically forced rape than those without PTSD. Latinas with children are more likely to seek help for intimate partner violence than those without children. All women, including Latinas, who experience more severe physical abuse are more likely to seek formal, professional help. Low-acculturated Latinas are less likely to seek and use formal social services than their more acculturated counterparts.

Needs identified by Latina survivors and community advocates

The needs identified by Latina survivors, their families, and service providers point to the importance of culturally appropriate resources and approaches to assist Latinas. Culturally and linguistically appropriate services should include responses that account for cultural differences among Latin@ ethnic groups.

The most frequently mentioned needs are: information about rights and legal services when going to court, English lessons and education related to living independently, protection/safety/non-disclosure of legal/immigration status, transportation, a safe and accessible place to stay, someone to talk to in private, resources in their native language, and culturally-specific spaces and providers, including spaces for children and extended family.

Values of particular cultural relevance

Cultural values, generational identity, ethno-cultural identity, language preferences, and legal status, must be identified and understood to develop effective methods of intervention and prevention.

“Familismo” refers to the central place that the family has in most Latinas’ lives. Gender role expectations change as Latina immigrants acculturate to their new environment. However, for many Latinas their role as mothers is still the most important aspect of their lives. A study found that Latina survivors prioritized their children over themselves.

Religion often plays a strong role in Latinas’ decisions on how, or if, to address intimate partner violence. Religious beliefs may stop some Latinas from seeking services because they believe that the “sanctity of marriage” precludes their taking steps that could result in divorce or separation.

Latina survivors also identified Economic factors, employment, immigration status as important elements that affect intimate partner violence. Financial concerns and lack of formal schooling among Latinas have shown to be predominant barriers for seeking support and developing sustainable livelihood. Economic sabotage, such as when an abuser interferes with their partner's work outside the home, also occurs.

We also saw unique strategies employed by abusers of Latinas, such as denying access to a driver's license, lying about childcare arrangements, and sending the partner back to their country of origin temporarily.

Immigration is, for many Latinas, the most salient element of their lives. As a result, Latina survivors' decisions about intimate partner violence are deeply affected by their immigration status, and this contextual factor is a prime barrier to their ability to access resources.

Anti-immigrant environments created by strict immigration enforcement policies and increased rates of deportation have impacted many Latinas. For example, immigrant Latina women affected by intimate partner violence have reported experiencing increased rates of harassment, including reports of being followed by strangers, called derogatory words, and discrimination at work.

An increased climate of fear due to the immigration enforcement environment was identified as a barrier to reporting or help-seeking by 78% of respondents in a national survey conducted by national domestic violence advocacy organizations.

Few studies focus on the strengths and resilience of Latinas

Latina survivors report multiple strategies to survive intimate partner violence: Avoiding or placating the abuser, walking away, talking the abusive person down, and encouraging counseling for their partner.

Latinas also physically defend themselves by protecting their bodies, fighting back, locking themselves in a room, and teaching their children to call the police. They access spiritual or psychological support by joining a support group and maintaining a relationship with God. Other approaches include escaping, moving to an undisclosed location, disguising themselves, and saving money to eventually fund their independence. Mothers often take inspiration from the lives they want for their children to seek support.

Barriers

Immigrant Latinas often fear calling the police due to the fear of deportation. Immigrant Latinas may also fear deportation while seeking help from social services.

Latina survivors report that immigration status is often used as a control mechanism to ensure that they do not leave an abusive situation. The strength of this control tool is amplified by the current realities of heightened deportation and immigration enforcement.

A survey of over 500 foreign-born Latina women found that 14% of participants reported experiencing problems in accessing intimate partner violence services due to immigration issues, some reporting they were denied IPV services for lack of proper identification. Threatening Latina survivors to take away their children if they leave was an especially powerful strategy used by men against undocumented, non-English speaking women.

Low awareness of resources and language and cultural barriers limit access to services. There is little awareness of intimate partner violence services and options among Latina survivors; only one in four Latinas have even heard of intimate partner violence protective orders.



The larger problem

Latin@s face racial, ethnic, and anti-immigrant prejudice, including discrimination in employment, housing, education, and health care. Many Latin@s are victims of hate crimes causing injuries, deaths, and significant loss and trauma to families and the community. These factors contribute to greater marginalization and vulnerability for Latin@ victims of gender-based violence.

According to the Safe Jobs report issued by the AFL-CIO there was a 69% increase in serious workplace violence injuries experienced by workers in health care and social assistance in the last decade. These workers are four times more likely to suffer a workplace violence injury than workers in other occupations. Latin@ and immigrant workers experience the highest risk - 63% of Latin@s killed on the job were immigrant workers. Their job fatality rate is higher than the national average (Death on the Job. The Toll of Neglect AFL-CIO).

Latin@s experience discrimination and harm from systems meant to protect them and improve their health and well-being. Some discrimination and distress relate to immigration policies that have led many people to avoid interacting with law enforcement and public officials. Latin@s who are legally eligible for public services may not enroll in these services due to fear and intimidation (Migration Policy Institute 2015).

Latin@ couples report higher rates of intimate partner violence (14%) than white couples, with recurrence rates of 59% among Latin@ couples. Research shows that about 34.4% of Latinas will experience intimate partner violence in their lifetime in the U.S. Latina victims are more likely to suffer from untreated depression, suicidal ideation, and ultimately die (National Institute of Health 2023).



Minnesota Latin@ community demographic overview

The following demographics overview highlights the growth of the Latin@ population in Minnesota and underscores the need to pay more attention to the experiences faced by the growing student Latin@ population and large number of Latin@ essential workers in Minnesota.

- Minnesota is home to over 345,000 Latin@s, accounting for 6.1% of the state's total population. While the state's population grew by only 7.6% over the past decade, the state's Hispanic and Latin@ population grew 38%
- Nearly 30% of the state's Hispanic and Latin@ residents are under 15 years old, 38.2% of the population is in their prime working years, between 25 to 54
- Latina women are young with a median age of 26. The biggest segment (42%) are in their reproductive age
- All six Minnesota regions saw a rapid increase in Hispanic and Latin@ residents over the past decade. Southwest Minnesota had the highest concentration of Hispanic and Latin@ residents (7.9%), followed by the Twin Cities (7.2%), Southeast (6.5%), and Central Minnesota (4.2%)
- The top 14 counties with the highest percentage of Hispanic and Latin@ residents in the state are all located in Greater Minnesota.
 - Nearly one third of Nobles County's population identifies as Hispanic or Latin@
 - Almost 30% of the population in Watonwan County in South Central is Hispanic or Latin@
 - Kandiyohi (13.5%), Mower (12.7%), Freeborn (10.3%), Stevens (10.2%), and Rice County (10.1%) have attracted high concentrations of Latin@ workers for food manufacturing and agriculture employment.

Minnesota's labor force

- At 77.5%, workers of Hispanic and Latin@ origin had the highest labor force participation rate in the state of any race or origin group, and their rate was more than 10% higher than the state's white rate (67.2%)
- Comparing data using the 2021 ACS, Minnesota's Hispanic and Latin@ labor force participation rate was the third highest in the U.S.
- Minnesota's Hispanic and Latin@ labor force participation rate rose 4.4 percentage points, which was the third largest

increase in the U.S. While the white rate declined slowly and steadily from 70.0% in January 2020 to 68.1% in October 2022, the Hispanic and Latin@ rate actually increased from 76.2% to a peak of 80.4% in August of 2022

Minnesota employment concentration

- The largest number of Hispanic and Latin@ workers are employed in the manufacturing industry, accounting for 8.5% of total employment in the industry. There are 11,685 Hispanic and Latin@ residents who work in the food manufacturing subsector, easily the highest number of any subsector
- The largest and fastest increase in employment for Hispanic and Latin@ workers occurred in health care and social assistance, which jumped from 4,671 jobs in 2000 to 20,659 jobs in 2021, a 342.3% expansion
- The next three largest industries for Hispanic and Latin@ workers are accommodation and food services, retail trade, administrative support, and waste management services
- Hispanic and Latin@ workers account for over 20% of employment in several occupations in Minnesota, including roofers; packers; butchers and meat cutters; filling machine operators; food processing workers; media and communication; cutting and insulation workers; sewing machine operators; furniture finishers; janitorial, food service and cleaning services; and agricultural workers.

Incomes and poverty rates

- The median income for Hispanic and Latin@ households in Minnesota was significantly lower – about \$17,000 lower – than those of non-Hispanic white residents.
- Overall, the state poverty rate was 9.3%, which is 3.5% below the national rate. However, in 2021 it was estimated that 14.5% of the state's Hispanic and Latin@ population had incomes below the poverty level, compared to just 7.5% of the white population.

School demographics

- In 2022, Minnesota had 870,019 students enrolled in pre-K through twelfth grade across 2,690 schools in 331 school districts
- Enrollment in Minnesota public schools dropped to 846,192 in the 2022-2023 school year with Minneapolis and St. Paul school districts having the biggest decline
- The state expects about 10,000 fewer children entering kindergarteners in 2026. Fewer school-age children means budget challenges for Minnesota's public schools

- The demographic breakdown of K-12 students in Minnesota is as follows:
 - 2% American Indian
 - 7% Asian
 - 7% Hispanic and Latin@
 - 11% Black
 - 73% White
- In the 2022-2023 school year, enrollment increased for Hispanic and Latin@ students by 3.2%. Black student enrollment increased by 0.2%, Asian student enrollment by 0.4%, and students identifying as two or more races by 2.8%. White students saw enrollment decreases of 1.5%.

For more information, see the Minnesota Office of Economic Employment's 2023 report "[Hispanic and Latino Minnesotans: An Analysis of Employment, Educational and Other Economic Trends and Disparities Related to the Labor Force.](#)"

Future steps and recommendations

Violence prevention studies seldom include sufficiently large Latin@ samples that permit teasing apart the relevant differences and commonalities among Latin@ subgroups.

- Many of the scales and methods used currently may not be appropriate for capturing information that accurately reflects the experiences of all Latin@ populations.
- Culturally relevant factors that influence help-seeking such as cultural values, acculturation, language barriers, and immigration status be considered.
- Evaluation of intimate partner violence's impact on survivors needs to prioritize mental health (depression, PTSD, and other mental disorders) in addition to physical health.
- Studies and interventions should also incorporate a focus on the strength and protective factors of Latinas.

A community-based participatory research study of Latina survivors of intimate partner violence in the Midwest found that obtaining a U visa resulted in improved mental health, renewed confidence and self-esteem, less exploitation, access to better jobs and housing, freedom to travel, and improved economic and social well-being. The U visa was established for victims of certain crimes who have suffered mental or physical abuse.

A study examining maternal emotional health found that employment and domestic violence services are key resiliency

factors for Latina families. Similarly, mother's employment and access to domestic violence services were associated with a greater maternal acceptance of their children's negative emotions. Integrating cultural-specific practices into trauma-informed services showed higher levels of wellbeing among Latina survivors of intimate partner violence.



Findings from Minnesota state agencies

Although Esperanza United had a very limited timeframe to meet with state agencies and staff responsible for implementing legislation and programming related to violence prevention, we were able to review most of the information provided by state agencies' on their websites and meet with key staff managing relevant programs.

We want to extend our gratitude to staff from the MDH, DLI, MDE, DPS, and Minnesota Department of Administration for their availability and willingness to provide information to complete this report.

We find that while there is growing attention to addressing violence in all its forms, and the Minnesota Legislature has directed new resources to addressing violence in the last few years, state agencies continue to struggle to meet Minnesota's needs, there is a lack of coordination between state agencies, and there are no specific, visible tools, to measure accountability and the impact of those interventions.

A significant proportion of funding for violence prevention is federal. Federal cuts will create significant challenges for our state.

Most resources and tools posted on agency websites need to be updated and lack cultural relevance. Very few documents are translated, and translations into the Spanish language are difficult to read. It appears that AI has been utilized to translate this content, so it is confusing and difficult to comprehend.

According to organizations who receive funding from the state, there are some programs and initiatives that have been initiated by an agency staff member or commissioner. These programs are thus at risk when the staff or leader is no longer part of the agency, creating a lack of continuity.

Agencies have developed a significant number of resources and tools to educate and raise awareness about gender-based violence and intimate partner violence, but very limited resources to meeting practical, immediate needs of people experiencing violence.

We encourage the Legislature to take a closer look and work with the state agencies to learn directly from them about their current challenges. The Legislature also should encourage and provide incentives for greater collaboration between state and county agencies. The state and all communities will benefit from a statewide violence prevention strategy that involves all state agencies, counties, and other organizations serving victims of violence.

The state of Minnesota has been recognized nationally for efforts to prevent tobacco use and reduce tobacco's harm. The state has adopted significant policies and provided funding for community programs, technical assistance, and training to prevent smoking. People working in the field of domestic violence propose that the Legislature review this model and propose similar approaches to implement a statewide anti-violence campaign.

Minnesota Department of Health

MDH implements a public health approach to violence through its Violence Prevention Programs Unit in the Injury and Violence Prevention Section, which focuses primarily on the prevention of sexual violence, human trafficking and exploitation (sex and labor), domestic violence prevention, and maternal mortality.

MDH has a long history of partnering with organizations serving the Latin@ community, including Esperanza United. MDH has allocated funding received from the U.S. Department of Justice, Office on Violence Against Women to a number of sexual violence prevention programs such as Men as Peacemakers, the Don't Buy it Project, Padres en Liderazgo, Violence Prevention Programming for Pregnancy and Postpartum, Reduction of Maternal Violent Deaths from Homicide and Suicide, and others.

All funding available for prevention initiatives comes from federal sources. MDH's sexual violence prevention programming is currently funded by the Rape Prevention and Education program and Preventive Health and Health Services Block Grant through the Centers for Disease Control and Prevention. The Rape Prevention and Education program is authorized through the federal Violence Against Women Act, passed by Congress in 1994 and reauthorized in 2022.

MDH's sexual violence prevention programming does not currently receive state funding. The Domestic Violence and Sexual Assault Prevention Grant Program was funded by the Minnesota State Legislature from 2020-2022 to support community-driven and culturally relevant prevention strategies. MDH funded six community-based organizations under this program, but funding was temporary.

MDH lists evidence-based models such as community health workers / Promotoras de Salud, home visiting programs, and numerous reports and tools containing important information related to violence prevention and intervention. We did not find evidence that MDH or other state agencies are funding or implementing models such as Promotoras statewide. Hennepin County and other local agencies are implementing these models. We encourage the Legislature to hold hearings to learn about the

experiences of local communities. Their experiences may shed light on promising models that could be adopted statewide.

MDH has leveraged federal resources/grants to engage organizations, build collaborations, and adopt measures of accountability. Federal resources/grants include measures of accountability and collaboration as requirements for funding.

We recommend a further review to coordinate internal and agency-to-agency programming. MDH states that they currently work in partnership with Minnesota Department of Human Services; Minnesota DPS; Office of Justice Programs; Bureau of Criminal Apprehension; Office of Missing and Murdered Indigenous Relatives; Office of Missing and Murdered Black Women and Girls; Minnesota Department of Children, Youth, and Families; Minnesota DLI, and the Office of the Minnesota Attorney General. Formalizing and supporting this multiagency network may be the start of a statewide coalition capable of developing an effective violence prevention program.

We encourage the Legislature to review the sources of funding for prevention programs managed by MDH. Minnesota could face significant challenges if the federal government decides to cut funding for prevention programs. Entire divisions and community programs could be completely eliminated since they are 100% funded by federal dollars.

Minnesota Department of Public Safety

In 2005 the Minnesota DPS worked with Wilder Foundation to issue a report called “[Critical Issues in Domestic Violence](#).” In it, DPS commissioner Mary Ellison writes:

Putting together the report “made painfully clear the fact that, both nationally and in Minnesota, we have produced little evidence to show what actually works when it comes to serving victims and preventing domestic violence... This hinders efforts to obtain the resources needed to address domestic violence. We must find the means and the will to document the impact of our work.”

“During times of budget restraints, attention naturally turns to the day-to-day struggle of keeping current programming intact. However, advancing the cause demands that we challenge past assumptions, bring forth new ideas, and forge new alliances to address and prevent domestic violence. It is not likely that the funding for domestic violence services will grow significantly in the coming years. Therefore we must look at how resources can be realigned to achieve better results.

|| The times demand that we rigorously challenge each other to do this.

|| “I and my colleagues at the Minnesota Department of Public Safety stand ready to partner with you in these endeavors.”

Our review of the current status of DPS programming and efforts concludes that the statement from commissioner Ellison can be stated again today, after 20 years. DPS reports continue to show alarming statistics:

- In 2022, over 25,000 cases of domestic violence were reported to law enforcement, with the overwhelming majority of victims being women
- There is a dangerous intersection between intimate partner violence and firearms. On average, 20 to 25 Minnesotans are killed each year in intimate partner violence-related homicides. Many of these cases involve the use of firearms, which drastically increase the lethality of domestic violence situations
- Due to a lack of resources, rural areas experience slower law enforcement response and limited access to shelters or support services. Victims there are particularly vulnerable, reluctant to report abuse due to fears of retaliation or a lack of faith in the justice system. These reporting gaps prevent us from understanding the scope of violence in the community
- Law enforcement officers need specialized, culturally sensitive, trauma-informed training
- DPS has translated victims’ materials into different languages, but some documents translated into the Spanish language are difficult to read

Minnesota Department of Labor and Industry

Given the high participation of Latin@ workers in key industries and essential jobs in Minnesota, the State needs to consider stronger policy and workplace interventions to increase awareness about violence prevention in the workplace.

The [only guidance posted](#) on the DLI website includes references to data from 1996 and surveys collected between 1987 to 1992. The report clearly states that there is no Occupational Safety and Health Administration (OSHA) standard that specifically addresses an employer’s duty to prevent incidents of violence in the workplace. The report includes practical recommendations but there is no clarity about who monitors implementation and what are the consequences for lack of implementation. Some of these recommendations include:

- Establish a system for documenting violent incidents in the workplace. These statistics can be used to assess the need for action to reduce or mitigate the risks for workplace violence and implement a reasonable intervention strategy
- Intervention strategies may be identified within an industry or in similar industries
- Violence prevention policy and specific prevention strategies should be publicized companywide and appropriate training sessions should be scheduled
- Violence prevention policy should clearly indicate a zero-tolerance of violence, whether the violence originates inside or outside the workplace
- The success and appropriateness of intervention strategies needs to be monitored and adjusted with continued data collection
- Workplaces should develop teams to assess which threats and violent incidents can be reported. These teams should include representatives from human resources, security, employee assistance, unions, workers, management, and perhaps legal and public relations departments
- Violence prevention policy should explicitly state the consequences of making threats or committing acts of violence in the workplace. These policies should also include guidance on recognizing the potential for violence, methods for defusing or de-escalating potentially violent situations, and instruction about the use of security devices and protective equipment. Procedures for obtaining medical care and psychological support following violent incidents should also be addressed

Although awareness of workplace violence is growing, employers in some industries may not realize their workplaces are at high risk for violent incidents against Latin@s. But even in cases where the cited employer does not recognize a condition or activity as a hazard, the courts and the OSHA Review Commission look to what is reasonable and customary in a particular industry to determine whether a hazard is recognized.

According to the DLI, there is only one State employee assigned to work with employers and employees to increase their understanding of workplace violence. Compliance is voluntary and success is measured by requests for services. The department only responds to requests, and there are no resources to do proactive training or prevention interventions.

Esperanza United shares AFL-CIO's concerns about the serious workplace violence injuries experienced by workers in the last decade. According to their report, Latin@ and immigrant workers

experience the highest risk. In fact, 63% of Latin@s killed on the job were immigrant workers, and their job fatality rate is higher than the national average.

Minnesota Department of Education

The responsibility of the MDE to address and prevent violence in schools is perhaps the most important and the most challenging. In 2022, Minnesota had 870,019 students enrolled in public and private schools across the state. Of public school students, 88,000 identified as Hispanic and Latin@ with an additional 14,566 attending private schools (MDE 2022).

The Safe and Supportive Schools Act and the Violence Prevention Education Act are major pieces of legislation directing the MDE and schools to implement violence prevention and character development education programs to prevent or reduce violence in the schools.

State policy and instructions for implementation are posted on the MDE's website. Instructions outline responsibilities for school personnel and requirements for districts.

Failure to address bullying and non-compliance with the law are included. Consequences for employees who permit, condone, or tolerate bullying or engage in an act of reprisal or intentional false reporting of bullying may result in disciplinary action up to and including termination or discharge, but it is up to each school to adopt policy and mechanisms of implementation. No consequences are listed for schools who choose not to adopt or implement these policies.

We recommend further review of the implementation of school policies. The timeframe provided for this report limited Esperanza United's ability to thoroughly review district policy as well as MDE's plans to review compliance with statute 120B.22

Subdivision 1. Violence prevention curriculum:

(a) The commissioner of education, in consultation with the commissioners of health and human services, state minority councils, battered women's and domestic abuse programs, battered women's shelters, sexual assault centers, representatives of religious communities, and the assistant commissioner of the Office of Drug Policy and Violence Prevention, shall assist districts on request in developing or implementing a violence prevention program for students in kindergarten to grade 12 that can be integrated into existing curriculum. The purpose of the program is to help students learn how to resolve conflicts within their families and communities in nonviolent, effective ways

The MDE lists a number of tools available to schools but we could not identify tools for parents, teachers, or students. There are no records of school awareness campaigns or efforts to prevent violence led by the State.

There are examples of local school/district prevention efforts but no visible documents available from the MDE indicating whether those efforts work or not, and whether or not they could be replicated.

We encourage the Legislature to take a closer look and meet with MDE staff to further review the agency's efforts. We also encourage the Legislature to hold hearings to gather testimonies from local schools, organizations, and parent groups who are implementing innovative strategies to prevent violence.



Findings from focus groups, meetings with Latin@ agencies/leaders

Esperanza United met and interviewed many Latin@ providers, leaders, and advocates who are involved in violence intervention and violence prevention work. We collected the following feedback from these meetings/interviews:

- Providers are unaware of ongoing prevention programs, strategies, and training available to the community
- A few temporary initiatives have been made available but they are short-lived and limited in scope. Most services are for intervention and for the most egregious cases
- All providers are fully aware of efforts and services provided by Esperanza United
- Esperanza United is seen as a reliable, trusted, effective organization with limited resources to meet the needs of the community statewide
- Advocates feel very strongly that the state doesn't need to "reinvent the wheel." Esperanza United has been doing this work for decades and needs funding to expand our work
- The State should provide funding to community agencies for direct services, especially in rural Minnesota. The state continues to provide funding to tell the community what we already know. We need more prevention training in the schools and direct services to families in need, like housing and jobs
- Schools, counties, cities, the State need to do a better job or coordinating. These entities each have different websites (generally only in English) informing people about services that are not available or funded. For services that do exist, there are long wait lists
- Latina women need tailored shelters and support before they find themselves in critical/untenable situations. The system today primarily responds to tragic situations
- There was total consensus on expanding resources for prevention services, education, and coordination
- There is a need to assess efficacy before expanding. Some large organizations receive funding to serve the Latin@ community but Latin@ providers are unaware of their efficacy
- There is consensus about the need to invest resources in rural Minnesota, children, and workers. In rural communities, Latin@s are very isolated and families do not know where to go
- As a community, we need to do a better job following up. Many victims receive one time help and we do not know where they

go. This is particularly alarming for women with children, who may not seek help out of fear that their children will be taken away

- There is a significant need to support Latin@s in middle and high school about sexuality and family planning to prevent abuse and unplanned pregnancy. Providers would like to see MDE take a greater role in this effort
- Community members do not know their legal rights. Too often, they learn about too late, when they go to court. We need legal training to prevent tragic situations



Violence prevention efforts with Queer Latin@ communities

There is a growing number of educational tools, guidance and awareness materials available to the LGBTQ community. However, a significant gap remains when it comes to accessing practical resources that directly address this community's unique needs in everyday life, including housing, healthcare access, employment support, and navigating legal complexities related to LGBTQ identity. There are practically no materials or resources available for non-English speaking LGBTQ individuals, particularly new immigrants, who have limited English proficiency and lack legal status and family support.

Our preliminary review shows links to numerous educational awareness tools available in schools and organizations serving LGBTQ communities. Most of these tools focus on raising general awareness, promoting acceptance, and providing referrals to services provided by nonprofit organizations serving LGBTQ communities. However very few provide actionable steps or practical resources to meet the needs of LGBTQ individuals.

Data on Latin@ LGBTQ populations

The Trevor Project, a nonprofit organization dedicated to suicide prevention and crisis intervention services specifically for LGBTQ youth, published a comprehensive report in 2023 called *The Mental Health and Well-Being of Latinx LGBTQ Young People*, which states that Latin@ LGBTQ individuals hold multiple marginalized identities that may increase their susceptibility to negative experiences. Key findings include:

- Latin@ LGBTQ young people often report mental health challenges, including suicidal thoughts. compared to 32% of Latin@ cisgender LGBTQ young people. An alarming 44% of Latin@ LGBTQ young people seriously considered suicide in the past year, including 53% of Latin@ transgender and nonbinary young people and 32% of Latin@ cisgender LGBTQ young people.
- 16% of Latin@ LGBTQ young people attempted suicide in the past year, including 21% of Latin@ transgender and nonbinary young people and 9% of Latin@ cisgender LGBTQ young people
- 70% of Latin@ LGBTQ young people reported having symptoms of anxiety and 59% having symptoms of depression in the past two weeks
- 60% of Latin@ LGBTQ young people reported that someone tried to convince them to change their sexual orientation or gender identity, with 39% indicating that this pressure came from a parent or caregiver

- 39% of Latin@ LGBTQ young people reported discrimination based on their race/ethnicity in the past year and 66% of Latin@ transgender and nonbinary young people reported discrimination based on their gender identity in the past year
- 23% of Latin@ LGBTQ young people were physically threatened or harmed due to their sexual orientation or gender identity in the past year
- 34% of Latin@ LGBTQ young people worried about themselves or someone in their family being detained or deported due to immigration policies, compared to only 5% of non-Latin@ LGBTQ young people
- Parental acceptance of their child's sexual orientation or gender identity was a protective factor against suicide for Latin@ LGBTQ young people
- Latin@ LGBTQ young people who had access to supportive homes and schools had lower rates of suicide attempts compared to Latin@ LGBTQ youth without access to such spaces
- Latin@ transgender and nonbinary young people whose pronouns were respected by the people they lived with reported lower suicide rates than those who lived with people who did not

LBGTQ needs as identified by advocates

Housing assistance

In addition to LGBTQ-friendly housing options, LGBTQ people need help navigating discrimination in housing applications, accessing legal support for housing-related issues, and accessing affordable housing, including more affordable rental units and access to credit.

Access to affordable healthcare

Along with guidance and support on how to find affordable healthcare providers, there is significant need for actual access to comprehensive health care that offers mental health services, dental care, chemical dependency counseling, and coverage for gender-affirming care. LGBTQ communities also need better tools to understand medical terminology related to gender identity

Training opportunities and employment support

There is a need to address discrimination in the workplace and educate LGBTQ individuals about their legal rights. This is particularly true in rural Minnesota and small communities where LGBTQ individuals are isolated and unable to access systems of support.

Latin@ LGBTQ need help and support to graduate from high school to advance their skills and careers. We need more school counselors, social workers, and teachers who have experience and training on LGBTQ needs and culture.

Legal advocacy

Latin@ LGBTQ face significant barriers when it comes to accessing information about their legal rights. LGBTQ individuals who are separated from their families and communities often face legal challenges related to their immigration and working status. Many LGBTQ Latin@ do not have official documents and do not have the resources to obtain them. Some face language barriers that limit their ability to navigate legal challenges and interactions with law enforcement.

Lack of coordination of services, resources, and information

Our preliminary research shows lack of coordination and availability of up-to-date information for LGBTQ Latin@ communities and LGBTQ communities in general.

The MDE has a toolkit that was developed in 2017 and has not been updated in 7 years. Most other agencies, schools, and organizations offer repetitive, outdated educational information and basic referrals to organizations that are unequipped and under-resourced to meet the current needs of the community.

Most schools, organizations, and state agencies provide similar educational, general awareness information. There is no practical, educational information available in Spanish outside of the general resources offered by Esperanza United and CLUES.

Our preliminary review showed that most advocacy programs and systems of support available to schools and workplaces have been developed/initiated by the students or the workers, not the institutions or the organizations.

We encourage the Legislature to take a closer look and devote more resources and time to review the unique barriers and needs facing LGBTQ individuals who are experiencing violence in Minnesota.

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Culturally responsive gender-based violence prevention:

Community-based programs & strategies



Culturally responsive gender-based violence prevention: Community-based programs & strategies

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Research highlights

Research on gender-based violence shows that prevention efforts with whole communities are effective, particularly when community members lead those efforts. One evidence-based example is Promotoras de salud (health promoters) programs which are proven to:

- Build trust with communities
- Increase health screening
- Build social support and connection to needed resources
- Improve self-efficacy (i.e., confidence to make needed behavioral changes)
- Improve maternal and child health outcomes

Research supports the idea that individuals with previous exposure or risk factors for gender-based violence are particularly well-equipped to lead prevention efforts. Group-level, gender-specific interventions show promising results and intervention groups can be tailored for language, culture, and gender-specific issues and norms. Prevention settings include community-based organizations, shelters, home visits, or schools. Documented outcomes include:

- Improved mental health and wellbeing
- Increased social support and economic security
- Increased safety/safety behaviors and reduced intimate partner violence



Background

Gender-based violence is a public health issue that includes the fields of domestic violence, intimate partner violence, sexual assault, dating violence, and trafficking, among others. Gender-based violence includes gender-based physical, emotional, psychological, financial, and other forms of violence between romantic or dating partners, family members, and community members (National Domestic Violence Hotline, 2024). Prevalence of intimate partner violence and domestic violence have remained relatively stable over the last several decades, with many national research centers noting a lifetime prevalence of one in three among women (WHO, 2021).

Ethnic, racial, and gender disparities persist both in occurrence and access to intimate partner violence and domestic violence services. Specifically, correlational research with 2,019 individuals across the United States showed that Black, Asian/Asian American, Pacific Islander, and Latin@ individuals were more likely to report current or past intimate partner violence compared to non-Hispanic white individuals (Zhou et al., 2022). Research in the early-to-mid 2000s found over half of all female homicides are related to intimate partner violence, including among Latina/Hispanic women (Petrosky et al., 2017).

Historically, intimate partner violence and domestic violence advocacy involved sheltering women and their children after violence had occurred (Trieu, 2019). Increasingly, gender-based violence researchers have underscored the importance of “primary prevention” practice to reduce risk factors and bolster protective factors before violence occurs (Basile et al., 2016; APHA, 2018; Krisberg, 2018). Primary or universal prevention involves reaching whole populations regardless of exposure to gender-based violence (Hawkins et al., 2015).

Prevention efforts can also selectively target specific subgroups that may be at greater risk than others. Groups can be identified by factors such as age, gender identity, socioeconomic status, racial or ethnic background, etc. (Kumpfer et al., 1998). “Secondary prevention” and “tertiary prevention” are other terms used in prevention literature that, in the context of gender-based violence, refer to the earliest efforts to reduce the impact of abuse that has already occurred, and the work done to soften the impact of ongoing abuse, respectively (Institute for Work & Health, 2015; Outwater, 2017).

The goal of this literature review is to support a violence prevention resource network that includes Minnesota State

departments, Latin@ organizations and communities, and other allies, to support Latinas, including queer Latin@s, who are or may experience gender-based violence. As such, this review provides information, tools, and other resources to assist in the implementation of community engagement and prevention strategies in Latin@ communities. In this review, we summarize relevant findings from on scoping and systematic reviews of gender-based violence prevention practice, with a focus on community-based and culturally specific domestic violence programs (extending to related search terms such as family violence, intimate partner violence, and healthy relationships) within the United States. We also reviewed publicly available research and technical reports.



Relevant frameworks

In a socio-ecological approach, prevention efforts are implemented at many levels (Bronfenbrenner, 1979), including macro-levels like policy and culture to address root causes of gender-based violence (Krisberg, 2018). In the United States, the Center for Disease Control promotes preventative interventions at the individual, relational, community, and societal levels as this multipronged approach is critical to making population-level change against any form of sexual violence (Basile, 2016). At the community level, “participatory action research” centers the voices of individuals experiencing gender-based violence by engaging community members in planning and conducting research (Nicolaidis et al., 2013). Macro-level prevention comes through policy advocacy efforts, educational campaigns, and community mobilization, all informed by micro-level (e.g., family, schools) and individual initiatives.

Another relevant framework is Minnesota’s Knowledge and Competency Framework. In the “Family and Community Knowledge Systems: Culture Report,” acknowledging culture and building community strengths are at the heart of family-level and community education (Emarita & Chase, 2019). The report authors encourage families to share cultural perspectives and traditions with children as early as possible. The authors encourage programs that foster spaces where families can take the time to centralize their culture. This unique framework differentiates itself from others by recognizing the negative impact of societal systems on familial transferences of culture, transforming the narrative to include those culture-based idiosyncrasies in the development of their educational programs (Emarita & Chase, 2019).



Culturally responsive gender-based violence prevention

Findings from a review of best available research evidence

The Minnesota community is a demonstrated leader in state-level gender-based violence advocacy and promotes research-supported prevention through universities and organizations like the Women's Foundation of Minnesota and Wilder Research. In 2021, the Women's Foundation of Minnesota released a report of findings from listening sessions with local women. In it, they outlined important contextual considerations for women of color living in Minnesota. Specifically, listening session themes captured the importance of addressing women's mental health, economic security, intersecting identities, and intergenerational experiences of trauma in advocacy (Women's Foundation of Minnesota, 2021).

With regards to research across the United States and territories, several scoping, systematic, and commentary reviews have been conducted in the last decade on prevention practices that include community-based and culturally specific gender-based violence initiatives (Early, Burke-Winkelmann, & Joshi, 2016; Hawkins et al., 2015; Marrs-Fuchsel & Brummett, 2021; Ragavan et al., 2019).

In the following sections, Esperanza United organizes findings from these articles along with emerging research and reports. First, we begin with evidence-based and promising model interventions for primary prevention, followed by selective prevention with individuals with histories of domestic or intimate partner violence. Finally, we explore state and community-level policies that can support prevention efforts through schools and state/community partnerships.

Community outreach and peer model programs

Research on primary prevention (sometimes referred to as universal prevention) often focuses on bolstering protective factors and reducing risk factors. Two evidence-based models are community workshops and peer model programs such as promotoras de salud (health promoters) and community health workers. In Latin@ communities, promotoras are trusted members of their communities providing culturally relevant health education and outreach (Early et al., 2016). Among programs documented in research, this role is often occupied by women (though research with other genders in emerging), who work with nonprofits or community-based clinics and specialize in prevention programming as well as social issues related to gender-based violence, such as maternal and child health (Early, Burke-Winkelmann, & Joshi, 2016).

Research shows the importance of shared language, culture, and life experiences in peer model interventions and community outreach. With Líderes Comunitarias, Esperanza United's peer-intervention program, research showed our adapted curriculum leveraged the importance of shared ethnic identity, gender, and also, critically, histories of domestic violence (e.g., Serrata et al., 2015). While there is a need for more research with Latin@ elders, one study with Latin@ community members aged 66 and older found that promotoras were a trusted resource for reporting experiences of elder abuse and past physical, psychological, and sexual trauma (DeLiema et al., 2012).

Shared cultural knowledge, language, and history contribute to the many protective factors bolstered by peer-intervention programs, including increased screening, social support, connection to needed resources, self-efficacy (i.e., confidence to make needed behavioral changes), and positive maternal and child health outcomes (Early, Burke-Winkelmann, & Joshi, 2016). Increasing recruitment, funding, and compensation for promotoras and other community leaders can support retention and availability of individuals in these roles (Early, Burke-Winkelmann, & Joshi, 2016). Latina outreach workers with histories of domestic violence also exhibit empowerment effects (Serrata et al., 2015), suggesting peer programs can support both primary/universal prevention efforts as well as reach individuals with previous exposure or risk.

Other community-based prevention programs put their focus onto men and young boys. Psychoeducation programming on abusive behavior for young men (ages thirteen to eighteen) has shown promising outcomes (Graham et al., 2019). For example, the program "Coaching Boys into Men" found that participants reported significantly less domestic violence perpetration when compared to a group of young men who did not receive their programming (Miller et al., 2012; Miller et al., 2013). Community advocates can promote these curriculums by providing training to local sports coaches or partnering with other after-school activities.

Evidence for selective group-level intervention

Community-based group interventions often target individuals and families with histories of domestic violence or other risk factors (such as childhood trauma or immigration stress). Groups can work to challenge stigma around discussing violence, address intergenerational transmission of violence, and support macro-level cultural shifts in attitudes and acceptance of violence. Groups can be led by therapists, social workers, other professionals, or trained peer advocates (Marrs-Fuchsel & Brummett, 2021; Ragavan et al., 2019). For immigrant Latina survivors in particular, group-level intervention has the potential to grow the critical protective factor of social support (Molina et al., 2009; Morales-Campus et al., 2009). Social support is especially important for immigrant survivors who are isolated after

leaving their home country or due to language barriers (Rodriguez et al., 2019). In general, foreign-born women are at an increased risk of gender-based violence, including intimate partner homicide (Sabri et al., 2021).

Mental health risk factors can also be reduced by group-level interventions (Kaltman et al., 2016; Nicolaidis et al., 2013; Galano et al., 2017; McWhirter, 2011; Nicolaidis, Mejia et al, 2013; Nicolaidis, Wahab et al., 2013; Sullivan, 2003). This is a key area of intervention for Latina survivors, who experience worse domestic violence mental health outcomes as a group when compared to their non-Hispanic counterparts (Rodriguez et al., 2019). Reducing symptoms and risk for mental illness can, in turn, decrease risk for future violence. In the same vein, supporting well-being and positive mental health outcomes can be protective. Indeed, intervention for trauma-exposed Latin@ survivors resulted in decreased symptoms of both depression and PTSD (Kaltman et al., 2016).

Prevention programs also promoted psychological change through improved self-efficacy, self-esteem, and quality of life (Nicolaidis, 2013; Nicolaidis, Mejia et al, 2013; Nicolaidis, Wahab et al., 2013; Sullivan, 2003). Importantly, women's empowerment was at the forefront of many interventions and includes outcomes such as leadership identity development and skills (Galano et al., 2017; Serrata et al., 2016).

Individual and family-level prevention advocacy

Individual-level advocacy and individualized family support may be particularly important for those with ongoing or recent exposure or intimate partner or domestic violence. Research that includes Latin@ and other marginalized groups has shown evidence for the Domestic Violence Housing First Model for increasing housing stability and reducing instances of physical abuse, emotional abuse, economic abuse, and use of children as an abusive tactic (Sullivan et al., 2023).

Another form of individualized support is flexible funding, also known as cash assistance for survivors or families. Sullivan, Bomsta, & Hacskaylo (2019) analyzed interviews with 55 survivors that received cash assistance from a local nonprofit organization and found cash assistance supported them with rent, utility/cell phone bills, transportation, and basic needs. Individuals and families received assistance ranging from \$300 to over \$8,000 and used it to address barriers such as ex-partners that controlled finances, loss of work due to intimate partner violence, and childcare responsibilities (Sullivan, Bomsta, & Hacskaylo, 2019). Recipients reported increased housing and family stability (Sullivan, Bomsta, & Hacskaylo, 2019).



Limitations and practice implications

Despite a marked increase in research with marginalized communities in the past several decades, there remains a need for more culturally specific research on gender-based violence prevention. This includes research that is inclusive of understudied populations like Indigenous or Afro-Latin@ communities (Esperanza United, 2021a; Esperanza United, 2021b). In addition to limited disaggregation of data, other methodological limitations of the research we reviewed in this report include limited sample diversity regarding ability/disability and LGBTQ+ identities.

There is also limited research on culturally specific prevention across the lifespan, despite a clear need. For instance, 40.4% of Latin@ elders reported some form of abuse and/or neglect within the previous year (DeLiema et al., 2012). With regards to youth, analysis of data from 88,219 adolescents taking part in the national Youth Risk Behavior Surveillance Survey showed physical teen dating violence (e.g., hitting, kicking) was reported by 12% of Pacific Islander youth, 8% of Asian American youth, 10% of Latin@ youth, 10% of Black youth, and 7% of white adolescents (Fix et al., 2021). Prevalence rates for psychological dating violence show 38% to over half (59.4%) of Latin@ youth are affected (McNaughton Reyes et al., 2016; Reed et al., 2021).

Shifting social and cultural norms around gender through prevention can be supported at multiple levels, including bystander intervention programs (Amar et al., 2012; Borsky et al., 2018). Programs with skill-building components show promise for reducing future intimate partner violence perpetration and victimization (An et al., 2024). However, the elementary and secondary school programs documented in research often involve reaching youth at risk for gender-based violence or already currently exposed to it (e.g., Crooks et al., 2019). School-based interventions would benefit from partnerships with community-based, culturally specific organizations to support all youth with shifting cultural norms and building healthy relationship skills.

Finally, prevention research that examines community strengths and protective factors beyond social support is limited. As seen in culturally specific programming, community participants' strengths and coping mechanisms include strong cultural ties, spirituality, faith, strong family connections or values, connection with nature, and artistic outlets (Sabri et al., 2018; Macias et al., 2022). Incorporating these protective factors can enhance the cultural relevancy of prevention efforts.

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