
**Violence Against Women:
Focus Groups with
Culturally Distinct &
Underserved
Communities**

*A Report to the Wisconsin Department
of Health & Family Services
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Violence Against Women: Focus Groups with Culturally Distinct and Underserved Communities

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EXECUTIVE SUMMARY

On behalf of the Wisconsin Department of Health and Family Services (DHFS), Rainbow Research, Inc., conducted a series of focus groups with members of traditionally under-represented communities. “Traditionally under-represented” means those whose distinct experiences and needs have not been generally recognized or well served by the community institutions that respond to sexual and domestic violence. Ninety-five women participated in fourteen groups held in seven locations around the state, both urban and rural. Participants came from the following backgrounds: African-American, Hmong, lesbian, Native American, older women (over 55), women with disabilities, Deaf, and recently incarcerated.

Women’s lives are complex; there is no stereotypical “victim.” The focus group participants reminded us of this reality each time we sat down to listen: *Interventions aimed at simplistic categories of women will not succeed.*¹ Women experience and respond to sexual and domestic violence within the context of their complete lives, including cultural and racial identity, age, sexual orientation, disabilities, and geography.

The voices of focus group participants had more in common than perhaps would have been expected. Participants articulated several overarching themes that crossed cultures, identities, and experience.

- Disclosing violence and abuse is a threat to a woman’s privacy and control over what happens to her; denial and blame are the likely responses. “No one would believe her,” was an observation common to every focus group.
- Fear is intertwined with threats to privacy: fear of not being believed, fear of being blamed, and fear of “everybody knowing” what has happened to her (particularly with sexual assault). Women fear being victimized again by the legal system and the wider community. They fear poverty and loss of financial security, particularly in disclosing domestic violence. For women with children, it means being “twice as afraid.” They are afraid for their children’s safety and of the impact of violence, and afraid that batterers’ or Child Protective Services (CPS) will take their children.
- Women’s responses to abuse and violence are complex. They are constantly negotiating a path through threats to privacy and fears for themselves and children.

- Women believe that at some level they can and should control the violence directed toward them. If they are not at some level fighting back, resisting, or leaving, they are not truly assaulted or battered.
- Many women recalled their own experiences of being sexually assaulted as children and teenagers, and how this has stayed with them into adulthood. They spoke to the power of blame and disbelief in keeping girls and women silent.
- Children profoundly affect a mother who is battered. Children “make everything more complicated,” both while young and into adulthood. Women are more afraid when they have children: afraid to leave and afraid to stay. They face an ever-present fear that their children will be taken away. They face conflicting responses from their children: blame, denial, and support.
- Families are not a likely source of help and support. Women cannot trust their families to believe or support them without blaming. Families may also be intertwined with sexual abuse and have their own histories of domestic violence.
- Women welcome peer support from women who have experienced sexual assault or domestic violence.
- Women do not widely use the helping agencies most commonly associated with sexual assault and domestic violence, either because they are unaware of them, the agencies are inaccessible, or women do not believe they can help.
- Women are generally unaware of what services exist or they do not see the services as available or applying to them. Revictimization is often associated with seeking help.
- Trust, communication, and belief that the violence and abuse occurred are critical to meaningful help and support.
- Police and the legal system are not helpful, although women will turn to them if the level of violence and danger reach a certain point. Involvement with the criminal justice system is likely to mean additional trauma and revictimization.

Along with these common themes, women spoke to the many aspects of response to sexual assault and domestic violence that are distinctive to their culture, race, and

identity. This did not mean that all members of a particular focus group necessarily agreed on every observation. While they were often in agreement, they also brought the full range of their life experience to the discussion, and different perceptions of how women respond to violence and what might be most helpful.

- Several groups emphasized an almost complete lack of existing supports and services. In the rural Native women's group, "not one person could name anything helpful in their communities." Deaf women, lesbians, and women with disabilities echoed this feeling.
- African-American women, particularly in the small city group, expressed a deep lack of trust in white-dominated systems and the police in general, and skepticism about prison doing anything more than making men more violent.
- Spirituality or religion is a component of support and help for African-American, Native, Hmong, and Latina women, in particular.
- Hmong women and Latinas, and to a lesser degree older women, identified expectations related to marriage and women's traditional roles and influencing the options available to them in dealing with violence.
- Hmong women acknowledged that in-laws, elders, and the clan system play a significant role in response to domestic violence and sexual assault.
- For lesbians, the ever-present reality of homophobia affects whether, whom, and how they will disclose domestic and sexual violence. Because their relationships are not seen as "real," experiences of intimate partner violence are not taken seriously, particularly by the legal system.
- Native women emphasized an almost complete lack of services and support, particularly around sexual assault. Much of their discussion centered on the lack of community accountability toward batterers and sexual assault perpetrators.
- For older women, poverty is an uppermost concern in leaving a long-term marriage. Informal supports, like "the women's quilting group," or the senior center are the most likely places they will seek help.

- Women with disabilities face an almost complete lack of understanding of their options. They constantly have to weigh safety against ongoing care in deciding whether to disclose abuse.
- Deaf women experience profound isolation and lack of options in seeking help. Services are generally unavailable to them in hearing agencies and they cannot count on the Deaf community to be supportive.
- Women in small communities, both rural and in relation to the dominant culture, fear that everyone will know their business if they disclose abuse or violence.
- Older women and women with disabilities are more likely to favor strong sanctions from the legal system against perpetrators. They also share fantasies of violent retribution when asked what should happen to perpetrators.

Focus group participants had many ideas for improving support and services to women. Their most common recommendations include: believe what women say, provide peer support, and provide accessible services. Other recommendations addressed improving financial supports and resources, services to women with older children and women without children, support for alcoholic and drug-addicted women, 1-800 numbers, bringing advocacy and support to women (instead of requiring them to go “from here to there to there”), and building community-specific and culturally-specific services.

The focus groups suggest several lines of further inquiry and discussion to expand and strengthen the response to violence against women in Wisconsin. These include:

- How can strong, confidential peer support networks be built and sustained in diverse communities?
- Where women cite the influence of cultural traditions on help-seeking and response to violence, is there a disjuncture between what they feel they *must* do and what they would prefer to do?
- Where and how should alliances be built between existing domestic violence and sexual assault programs and diverse communities?
- Under what circumstances should services be developed that are specific to language, culture, and identity?

- How do we acknowledge and support women's desire to defend themselves and 'fight back'? Do we have a complete understanding of the consequences for women when they do fight back?
- How do we provide opportunities for all women to examine and analyze their experiences with violence?
- How do we develop the potential of supportive friends and others to help victims and survivors of violence against women?
- What would meaningful community response and accountability to violence against women look like? How would it look in diverse communities?

Another outcome of the project was the development of a pool of focus group facilitators from diverse communities who are available to continue these discussions. Twenty-six people from several regions of the state were interested in becoming facilitators for the project (Appendix B). Unfortunately, we could only use about one-third of them, covering the 15 planned discussions. While eight facilitators eventually conducted the focus groups, we recommend that the Department make use of the entire pool in the work that continues from this project.

A cautionary note about focus groups and interpreting the project's findings: while focus groups provide much information, they do not tell us everything. We use them to hear from those who may not be visible in official statistics or services. They are useful in learning about institutional response, via personal experiences. Focus groups also help identify themes across individuals, communities, and systems. How much of the picture we get, however, or how accurate, depends upon who is in front of us. In this project, as with all focus groups, we have learned about the experiences of some individuals in some communities, and raised common and distinctive themes that require more exploration and discussion.

It is risky to view cultural competency as a set of finite tasks that can be accomplished and set aside, such as conducting a series of focus groups. A more useful framework would be to consider this work as part of a process of *cultural humility*, as a "lifelong commitment to self-evaluation and self-critique . . . and advocacy partnerships with communities on behalf of individuals and defined populations."²

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ACKNOWLEDGEMENTS

First, our thanks go to the many women from around the state who shared their experiences and insights with us. There would be little to say without their openness and contributions. They also shared a key survival strategy: a sense of humor.

Our facilitators provided the essential component of credibility: Rose Barber, Irene Castro, LaVeale Grandberry, Jacquelyn Hunt, Leslie Myers, Stacy Seibert, Bev Sorensen, and Nor Yang. Maureen Ittig served as the project recorder, preparing notes for each session and keeping the tape recorder running. She also provided valuable continuity and insight in identifying common themes and distinctive issues. The following translators and interpreters enabled us to understand the conversations in several of the focus groups: Nedda Lopez, Mai Yia Thao, Barb Aschenbergener, and Sandi Smith. Sue Wolfe stepped in as recorder for the rural Native Women's group. Denise Johnson volunteered to provide additional facilitation for one of two groups scheduled with Deaf women.

Organizations in nine communities arranged or contributed space for the focus groups: They include: Asha Family Services, Independence First, Latina Resource Center, Hmong American Women's Association, Pathways to Courage, Beloit Inner City Council, Lac du Flambeau Domestic Abuse Program, St. Andrew's Church of Delevan, Wisconsin Coalition Against Domestic Violence, Southeastern Oneida Tribal Services, and Madison Public Library Hawthorne Branch.

A special thank-you goes to Dara McAllister at the Beloit Salvation Army, and Emma Harold, Inner City Council, for their generous help in recruiting participants. Also, to A.J. Moore for an extra dose of support in recruiting focus group facilitators.

Finally, thank you to Sharon Lewandowski, DHFS Domestic Abuse Program Coordinator, and all of the members of the project's Advisory Committee (Appendix A). Their willingness to make difficult decisions about selecting the number and distribution of focus groups meant that the project went forward.

Our apologies if we have overlooked any of the many people who contributed to the project.

PROJECT DESIGN

The target communities were identified by DHFS in its bid request. These included: “African-American women; Native American women; Hispanic/migrant farmworker women; Southeast Asian women; older battered women; Deaf and hard-of-hearing women; women who have been recently incarcerated; and the gay lesbian, bisexual, and transsexual community.” Groups were to have a rural and urban focus as appropriate.

A 21-member project Advisory Committee (Appendix A), recruited by Sharon Lewandowski, DHFS Domestic Abuse Program Coordinator, had the charge of determining how many focus groups to conduct in each community. The full committee met three times between March and May 2002. The committee designated a smaller work group to develop recommendations on the number and distribution of discussions, agreeing to abide by the committee’s decision. They structured their decision-making around five questions.

1. Whom haven’t we heard from? Where do we need additional information?
2. Who are the largest communities?
3. Where do we have strong connections to build upon?
4. Where do we need to build connections?
5. In which communities will there be challenges in organizing focus groups?

It is to the credit of the work group members, and the Advisory Committee, that they were able to reach consensus and avoid the kind of disagreements that could easily derail the sensitive process of apportioning focus groups among communities that have had little or no voice in shaping responses to sexual and domestic violence.

To assist the committee in making these decisions, Rainbow reviewed findings from eight focus groups conducted in Wisconsin between 1998 and 2001 as part of other initiatives (Appendix C). Out of this process, the Advisory Committee decided to conduct fifteen focus groups across the target communities, with the following distribution.

- African-American Women: 2 groups (urban and small city or rural)
- Hmong Women: 1
- Latinas: 1 (in an urban community)
- Lesbians: 2 (rural and urban)
- Native Women: 2. One was to be with women who are traditionally-focused and another was to include inter-tribal representation. Later discussions with the facilitator led to reframing the groups as rural and urban.
- Older Battered Women: 1
- Deaf and Hard of Hearing Women: 1; this was later increased to 2.
- Women with Other Disabilities: 3-4, including rural and urban settings and one with older women.
- Incarcerated/Recently Incarcerated Women: 1

Rainbow worked with the Advisory Committee to identify and recruit focus group facilitators from the target communities. Committee members received a recruitment packet, with a request to distribute it to prospective facilitators. It included an overview of the project, a facilitator's "job description," and a brief application form. Twenty-six people responded with an interest in facilitating the groups (Appendix B). Out of this pool, eight primary facilitators were selected, based on a combination of their backgrounds, availability, and the timeliness of their application.

Eleven individuals participated in a two-hour training, using the Rainbow Research focus group guide, with a scripted focus group guide and scenarios customized for this project (Appendix D). The Advisory Committee reviewed the scenarios and we revised them based upon their suggestions. We encouraged facilitators to adapt the scenarios to best fit particular focus groups.

This approach was meant to build community capacity to conduct focus groups and to strengthen relationships between DHFS and under-served communities.

Implications for Future Projects

DHFS has expressed interest in conducting additional focus group projects and has asked that we address “lessons learned” that will assist in any future efforts.

Statewide projects such as this, that seek diverse, broad-based community participation, need to adequately anticipate key expenses. Focus group projects require planning, coordination, note takers, participant compensation, expense reimbursement, and refreshments. They also require facilitator compensation, along with costs associated with on-site translators and interpreters and transcripts. The initial amount allocated did not accurately anticipate these costs. This project provides valuable information in planning and estimating the cost of future efforts.

One reason costs became an issue was because there was a desire for both focus groups to be held in several underserved communities and for a large number of focus groups to be held. It is easier to hold several focus groups in one community once partnerships and connections are formed. Since new partnerships had to be built for almost all focus groups conducted, project management became more expensive.

In recruiting community facilitators, we found a wider range of familiarity with focus group techniques than anticipated. The facilitator training, therefore, needed to be longer than two hours, primarily to provide additional practice time with techniques and discuss potential problems a facilitator might encounter. While adequate for some individuals, it left others feeling less certain about their skills. Although we were available to review techniques and answer questions individually, additional classroom experience and group training would have been more valuable.

Where facilitators experienced difficulties, with probing questions or balancing the discussion between sexual assault and domestic violence, for example, it was because of inexperience. Inexperience also contributed to a few logistical problems, such as communication about starting or ending times and locations, and coordination with the focus group recorder. Because of the number and variety of focus groups, most facilitators could only conduct one or two groups.

Another consideration in planning similar projects in the future will be to account for the actual amount of time required to plan, coordinate, and analyze the data from such diverse sources and conversations.

DATA COLLECTION

Focus Group Recruitment and Participation

The target audiences were diverse groups of women, including but not limited to those who identify themselves as having experienced domestic or sexual violence. Some focus groups included one or more participants who worked in service agencies and who may also have participated as a survivor.

We encouraged the facilitators to look for participants via connections they already had with women and agencies in their communities. This included support groups, shelters, rape crisis centers, WIC offices, health clinics, WIC offices, and Head Start parent groups. We provided a sample recruitment flyer that facilitators could adapt, in addition to word of mouth.

Fifteen focus groups were scheduled between August 7 and November 25, 2002, in nine locations: Wausau, Lac du Flambeau, Elkhorn, West Bend, Delevan, Kenosha, Beloit, Madison, and Milwaukee. Of these, fourteen occurred as planned. Unfortunately, one of the two groups with Deaf women did not occur because of a last minute location change and confusion over directions.

Ninety-five women participated, in groups ranging from three to fourteen participants, with an average of seven per group.

Table 1.

Focus Groups and Number of Participants			
African-American (Small City)	14	Native American (Rural)	5
African-American (Urban)	7	Native American (Urban)	3
Hmong	10	Older Women (55+)	9
Latinas	9	Older Women with Disabilities	3
Lesbian (Rural)	4	Deaf Women (Urban)	4
Lesbian (Urban)	5	Recently Incarcerated	11
Women with Disabilities (Rural)	5	Women with Disabilities (Urban)	6

The low number of participants in some groups speaks to many of the barriers women face in seeking help. These include isolation from service agencies and

perceptions of physical and cultural inaccessibility. Conversely, the higher numbers reflect factors that positively affect help seeking. In these groups, participants had a relationship of trust with the facilitator or sponsoring organization. They were familiar with the location and could count on it being accessible, physically, culturally, and in their primary language.

Facilitators did not ask women to complete a demographic survey. The following information is based on facilitators' knowledge of participants and the recorder's observations of information that participants volunteered during the focus groups.

Table 2.

Race/Ethnicity		Community Size		Age		Sexual Orientation	
African-American	34	Rural	15	Young/"GenX"	10	Heterosexual	54
Native American	9	City under 50,000	16	Mid-age	60	Lesbian	11
Latino	8	City over 50,000	64	Over 50	12	Bisexual	5
European	33						
Hmong	10						
Unreported	1						
Sexual Assault Survivors			23	Domestic Violence Survivors			64
Women with Disabilities			27	Recently Incarcerated Women			15

Participants received a \$25.00 stipend, plus reimbursement for childcare expenses and transportation, if requested.

Organization and Analysis of Data

The fourteen focus groups resulted in over 150 pages of notes and transcripts. Most of the groups were recorded. After each session we conducted a telephone debriefing with the facilitator and recorder to identify key themes and observations. The primary analysis was conducted via the focus group notes. For each group, the notes were reviewed for themes, points of conflict, and areas of further inquiry. Findings for sexual assault and domestic violence were analyzed separately and then compared.

To provide a sense of the range and depth of the discussions for readers of this report, without reproducing the lengthy written record, findings have been organized into a series of tables corresponding to the major themes (Appendix E).

1. Threats to Privacy
2. Fear
3. Women's Responses to Abuse and Violence
4. Children
5. Help Seeking
6. Experience with Victim Services
7. Criminal Justice System Intervention
8. Cultural Competency and Distinctive Issues
9. Response to Perpetrators
10. Participants' Recommendations

In addition, representative quotes from each focus group, obtained from notes and transcripts, were organized into *Women's Words* (Appendix F).

FINDINGS

Focus group participants offered many observations and insights into women's experiences with violence, help seeking, and recommendations for change. In analyzing the data we found that it fell into ten broad categories. Appendix E highlights findings in each category, reported by focus group and sexual assault and domestic violence. The tables are primarily a method of organizing the vast amount of information collected from the focus groups. It is important to not read these categories as separate and distinct experiences. They are closely intertwined and inter-related. Women's observations about help seeking, for example, cannot be considered apart from fear, threats to privacy, and experiences with victim services and the criminal justice system.

Threats to Privacy

Disclosing violence and abuse – “telling” - was seen as a threat to a woman's privacy and control over what happens to her. “No one would believe her,” was an observation common to every focus group. Women expressed little trust in reporting violence and abuse to families, saying that a woman would be blamed and would be made to feel ashamed. These themes crossed both sexual assault and domestic violence, but were most evident in the discussions about sexual assault.

For Hmong women and Latinas, telling about sexual abuse, in particular, would be shameful and embarrassing for a woman's family and wider community. The focus would be on what kind of person she was: “was she a flirt, was she wild, or a quiet girl?” A Hmong woman who talks about the domestic violence in her life risks being judged a gossip. For Latinas, reporting to the police may mean that whatever support she has disappears, and she risks being “sent away” if she is undocumented.

In small communities in general – whether geographically small or in relation to the dominant society – women are reluctant to disclose abuse and violence. The small, tight-knit nature of a rural lesbian community encourages silence, as does the similar characteristic of the Deaf community. Women fear that they will not be believed, that it will disrupt friendships, or that it will reflect badly on their community. For

lesbians, telling means coming out, if you're not already out, and risking homophobic reactions. "I might feel better if it wasn't shared with the world."

The urban Native women's group raised the possibility that with sexual assault a woman "might not say anything in Native American oriented setting because it's a small world." They won't necessarily trust assurances of confidentiality.

In rural communities, reporting violence means the risk of "everybody knowing," of being front-page news: "It's all over the police scanner and in the paper." A participant in the rural Lesbian group noted that she wasn't even sure an anonymous crisis line would be comfortable to use. For the small city African-American group, anonymity and confidentiality were important to their willingness to report domestic violence. They would look for somewhere to get information, but "then hang up quick" or call "where she doesn't have to leave her name." This is in a community where participants gave many examples of their frustration with police and justice system response.

For Deaf women, there was the added dimension of threats to privacy from interpreters. They cannot necessarily trust interpreters to respect their privacy and keep what they say private. There is no privileged communication between a Deaf person and an interpreter. One participant gave an example of sharing something with an interpreter that was later reported to the sheriff's office.

This theme did not emerge among participants in the corrections system group, at least in the context of domestic and sexual violence. Incarceration means no expectation of privacy. Women provided several examples of their experiences with violations of privacy: "They beat me and stripped me naked and put me in a bull pen" (because I fought with the police)." "You need to be bleeding through your pants before they give you a pad."

Fear

Fear is intertwined with threats to privacy: fear of not being believed, fear of being blamed, and fear of 'everybody knowing' what has happened to her, particularly if she has been sexually assaulted. Many participants expressed a fear of being victimized again by the legal system and wider community. Women are afraid of poverty and loss of financial security if they disclose what has happened.

For women with children, disclosing domestic violence means being “twice as afraid.” They are afraid for their children’s safety and well being, afraid of batterers’ threats to take their children, afraid of the impact of violence on children (young and as adults), and “always afraid that CPS would take my children.” This crossed all focus groups.

All of the participants in the Latina focus group had been sexually assaulted at some point in their lives, but were afraid to tell anyone about it, fearing they would not be believed.

For rural Native women, the way in which the legal system responds means that other victims will be afraid that nothing will happen if they report sexual assault, but the community will know what happened. There is also the fear of being blamed, and its accompanying sense of shame: “What did I do to cause this?” Women in the urban group spoke to fears about fighting back and ending up in prison.

Participants in both the rural and urban lesbian groups reported the fear of homophobia and being “outed,” of losing control over the decision to disclose their sexual orientation. There is also the fear that no will believe a lesbian who reports a sexual assault involving a woman perpetrator: “girls don’t have ‘real’ sex.” Fear of arrest is a factor in reporting domestic violence: if it’s taken seriously it will be more likely to be labeled mutual.

For women with physical disabilities, there is fear of losing personal care if the perpetrator or batterer is removed. Women with disabilities also reported fear of being targeted by abusive men because of their disability: “you’re easy prey.” Deaf women are afraid of being seen as slow, dumb, or untruthful because they cannot readily communicate with the dominant hearing culture, and cannot trust that interpreters will accurately represent what they are saying. If she reports the violence she may be victimized again: “You want me to act out inappropriate sexual touching or rape?”

Women face a double bind of fear about disclosing violence, with resulting disbelief and blame, and fear of retaliation or further violence from the perpetrator. While fear might make a woman call the police, it is just as likely that she is “scared to go to the police” and afraid to trust the legal system. Participants in the small city African-American group reported fear of killing their partners in response to the abuse.

Fear was not strongly articulated in the incarcerated women's group. It was visible beneath the surface of their conversation, however. Some expressed it as fear of disclosing domestic violence: "I didn't tell nobody. I was scared out of my mind." For others it was fear of correctional officers who "treat us as less than human," or concern for the impact of prison on their own use of violence and fears associated with being a woman in the male-oriented correctional system. "I'm in jail, I have to survive . . . But when you come outside you've got so much anger."

Women's Response to Abuse and Violence

Women's lives are complex, as are their responses to abuse and violence. They are constantly negotiating a path through the threats to privacy and fears for themselves and their children that have been described previously. They are constantly having to measure and shape their lives by expectations of what they *should* do, which is often at odds with the reality of what they can and *would* do.

Across the focus groups, when asked what a woman should do in a given scenario, participants said that she should fight back, resist, or leave. This was tempered somewhat for the sexual assault scenario that involved a rape, as participants in several groups (women with disabilities, older women, and lesbian) disagreed about whether it was safe to fight back, or whether she was physically capable of doing so. Their comments reflected the persistence across cultures, ages, and experiences of the belief that at some level women can and should control the violence directed toward them: if she is not at some level fighting back, resisting, or leaving she is not truly violated or battered.

When asked what Mary or Daisy or Mai would really do, however, they captured the complexity and the reality of women's lives. What she is more likely to do is to "ball up in a corner," "just take it," "give up, give in, lay there and cry," or "try to do better." This is her likely reaction faced with being blamed or disbelieved or faced with fear of further violence, retaliation, threats to her privacy, or loss of her children. "I could not tell anyone about my problems."

Keeping quiet about sexual abuse was the predominant response across the focus groups. At the level of rape, women felt they should report it to the police, but probably would not: "I wouldn't want to go through that."

Participants expressed a high level of anger toward abusers that was reflected in common fantasies of violence and retribution: “Ever see *The Burning Bed*?” “I’m going to kill him, if she’s my daughter.” He should “experience rape as punishment.” (See the later discussion regarding response to perpetrators.)

Family, children, finances, and health – all of these factors influence a woman’s response to domestic violence. The small city African-American group illustrates the interweaving influence of family and finances. Some women would start saving money; others would get support from their families, who would send money if they could; and others might not tell their families, because they might think she should stay with him for financial security.

In the discussions about domestic violence, women repeatedly identified the various risks battered women experience. They spoke to batterer-generated risks, such as physical injury and threats, psychological harm, loss of children, and loss of a caregiver. They identified risks grounded in life circumstances and oppression, such as employment and housing, language, lack of insurance and affordable services, addiction, and discrimination. They also pointed out intervention-generated risks, such as arresting the wrong person, violations of confidentiality, and failure to determine the context of violence.

The urban Native women’s group emphasized fighting back: “she had to prove to him that he couldn’t do that.” Her response would be influenced, however, by whether she had children and a job and support from her family. They also made several references to a woman’s low self-esteem as a barrier to action.

Participants in the incarcerated women’s group, in particular, raised questions about the context of violence and women’s responses. They characterized some of their relationships as “we fought each other,” and described their own use of violence. They spoke of “being beat so bad that I couldn’t walk the next day” and “once he broke my jaw and it was wired for six weeks.” They also spoke of violence they experienced while incarcerated: “they beat me and stripped me naked.” “I thought I was going to lose my mind.”

Their discussion turned at several points to what some participants saw as an interconnection between surviving in jail or prison and the ways in which some women use violence as a result. As one woman put it, she “became a fighter” in jail to protect herself. Said another: “The anger builds up to domestic violence. I’m in jail, I have to survive . . . But when you come outside, you’ve got so much anger.” At the same time, women were not unanimous in this viewpoint. “It depends on the person.”

In asking about what women should and would do, participants began to suggest various help-seeking strategies. This was not immediately evident, however, in the discussion and required more specific inquiry with each focus group.

Women see little that is helpful in responding to violence and abuse. They often do not know where to go for support, or whether any even exists for them. They may not see traditional helping agencies, such as domestic abuse programs and rape crisis centers, as accessible to them because of their status, culture, language, or disability.

They are reluctant to use the criminal justice system for help, expressing many concerns about its responsiveness, tendency toward revictimization, and the negative consequences of intervention. For many victims of domestic violence it's the threat of arrest. For women with physical disabilities, calling the police or a crisis line may increase her health risks because it means turning in her caregiver: she has to choose between care and safety. For a Deaf victim of sexual assault it can mean having to "act out" what has happened to her or not trusting that the interpreter will accurately represent her experience.

Where women find support, trust, communication, and being believed are essential qualities. (See the following discussions about help-seeking, experience with victim services, and criminal justice system response.)

Children

In the discussions about sexual assault, many women recalled their own experiences of being abused, often as children and teenagers. In the Latina group, every participant had experienced sexual assault at some time in her life. This was surprising information for the facilitator, who knew the women from their participation in a domestic violence support group. In that setting women had not offered this information about their lives.

Participants spoke to the power of blame and disbelief in keeping girls and women silent about sexual assault. Childhood experiences of not being believed stayed with women, making them even less likely as adults to share information about sexual assault and incest, as the Latina participants observed.

Many of the Hmong women had the experience of being married in their early teens (ages 13-15). Part of their reaction to the scenarios came from sorting out cultural traditions and expectations along with a strong desire to have a say in their future. There was the thread of having fewer objections to his behavior “if I like him [and plan to marry him, but] if not I’d rather die.”

There was much emphasis on the impact of sexual assault on girls and young women. The general lack of accurate information about sexuality in general and hesitancy toward discussing any aspect of sex made it more likely that they would hide what happens to them. Teenage lesbians, for example, have “ten times the obstacles” and even less information than adult women.

For rural Native women, the level of sexual abuse and assault among girls and teens was the predominant concern in their discussion. Girls “do not understand sexual assault” and “don’t know they shouldn’t be treated that way.” They expressed concern about rape and sexual assault as part of the initiation into youth gangs. Girls have inaccurate and inappropriate information about sex; oral sex, for example, is not “real” sex.

The urban group spoke to the motivation being a mother can provide, along with barriers to getting out of a relationship if “she needed money for the kids and couldn’t find a job as a stay-at-home mom.”

Participants had much to say about being a mother in the context of domestic violence. Some women were quick to say, “if there are children, she should leave.” More often, they spoke to the complexity of being a mother and facing intimate partner violence: “how will she take them to go?” as a participant in the Deaf women’s group expressed it.

Women are more afraid when they have children: afraid to leave the relationship and afraid to stay. Women stay to protect children and leave to protect children. Across the groups, participants articulated an ever-present fear that their children would be taken away, either by the batterer or by CPS: “he threatens to take the children away.”

Women expressed concern for the possible impact of violence across their children’s lives. “You don’t want your son to believe that’s how you treat a woman.” They emphasized women’s efforts to shield children from the effects of violence, which includes not sharing details about the extent of violence and its true impact on her life. Consequently, they see many conflicting responses from their children. Children may or may not support her decisions, may minimize the violence, blame her for their father’s absence, or blame her for his continued presence, for staying in the relationship. They may also be helpful and protective, as a participant in one of the groups for women with disabilities noted: “they might call the police.”

Children “make everything more complicated.” “Everything is more difficult” when children are involved. Lesbian mothers and stepmothers and their children are not recognized as a family, complicating a woman’s decisions about what to do and whom to trust. African-American women, in particular, cited the difficulties in finding emergency shelter if they have older children. Shelters will not accept them, particularly if they have male children, and teenagers may resist going to a shelter.

For Hmong women, children make it more likely that she will stay in the relationships, but keep the knowledge of what’s happening from her children. It also makes her more reluctant to see the police involved, partly because police often rely on children to act as translators.

Older women spoke to a mother’s ongoing role of taking care of her children and not worrying her adult children by telling them what was happening. For some, however, it is only after their children are grown and mothering is “no longer an escape,” as one participant put it, that they can come to terms with the violence they experienced.

Women who have been incarcerated noted pressures to diminish the battering in order to provide for their children while incarcerated. “He took care of my kids while I did my time. I didn’t want him to lose his jobs and my kids asked me not to put their daddy in jail.”

Help-Seeking

Across all focus groups, among most participants, families were not seen as a likely source of help and support. Women cannot trust that their families will believe them or support them without blaming them in some way for the violence and abuse. The closer the relationship between her family and the perpetrator, the less likely they will be to believe her report of sexual assault. This comment from a participant in the Deaf women’s group is typical: “Families don’t know how to take it. My mother . . . said ‘I don’t believe it happened, but if it did happen you did something to deserve it.’”

The experience of domestic violence across generations and families may keep her from turning to her own family for help. Rarely does she see any member of the abuser’s family as a source of support. Women are ashamed to disclose the violence to their families, anticipating that their response will be an ultimatum to leave or blame for getting into the relationship.

Women were somewhat more likely to turn to friends, but also expressed mixed opinions about whether friends would be helpful or blaming. Peer support in

general, however, particularly from those with a similar experience, was often identified as somewhere women would turn. Friends, doctors, and therapists were resources mentioned consistently across the groups. Language, depression, lack of insurance, and poverty, or the threat of poverty, were barriers to help that crossed over several focus groups.

Participants did not widely cite the helping agencies most commonly associated with sexual assault and domestic violence – rape crisis centers and domestic abuse shelters/programs – as somewhere a woman would go for help. Most women did not see the police and legal system as helpful (see later discussion). This changed somewhat, however, if the level of violence and possible danger increased.

Prominent in every focus group discussion of help seeking was the importance of being believed and not being blamed. Again and again women emphasized the importance of being believed, and the consequences of not being believed. Women repeatedly stressed the importance of trust, understanding, and listening on the part of any helping individual or agency.

As noted previously in this report, children have an impact on a woman's help seeking. They may discourage or encourage her to reach out. If she has teenage children it may be impossible for her to obtain emergency shelter. Teenage and adult children can also give mixed messages that influence her efforts to obtain help, i.e., “nothing's really wrong,” “you broke up the family,” and “why did you stay so long.”

Some focus groups emphasized an almost complete lack of existing supports and services in their communities. As the recorder for the rural Native group noted, “not one person could name anything helpful in their communities.” Deaf women, too, felt there was nowhere to turn: “You're stonewalled at every step. [There's] no legitimate support available. Maybe one person at one level, but no one from beginning to end.” Rural lesbians reported a similar lack of resources and support. They “do nothing . . . suck it up . . . move on.” This was particularly evident in their comments about help seeking and sexual assault.

Participants in the urban Native women's group were more likely than others to see family support and intervention as a resource: “I had family, so I didn't feel hopeless and lost.”

African-American women cited the importance of spirituality in help seeking, both via their churches and their individual practice. Members of the urban group specifically included traditional sexual assault and domestic violence services in help seeking. This did not happen in the small city group, however, where the emphasis was on ways to get information that are quick, anonymous, and confidential.

Among women indicated that help seeking would have to involve elders and clan leaders. It is unclear, however, whether they welcome and prefer that involvement, or include it because of cultural pressure, i.e., they “have to.”

For undocumented Latinas, the threat of deportation influences their help seeking. The majority also cited the use of advocates and a sexual assault or rape crisis center as helpful, referring to the agency where many attended a women’s support group. If a support group is primarily identified with domestic violence, however, women may still not see it as helpful in disclosing sexual abuse, as was evident in their experience.

Women had mixed opinions as to whether a priest would be helpful. Some participants offered that families might be supportive, but were often far away. It would be important to get outside support from an advocate before telling your family.

For lesbian women, the constant presence of homophobia in their lives influences their help-seeking efforts. Their relationships and parenting are not taken seriously or viewed as “real” by the dominant culture. If they are not open about their sexual orientation, seeking help requires them to do so. Women had mixed opinions about whether they could trust non-lesbians to understand their experiences, whether in support groups or in working with counselors and therapists. There was an emphasis on peer support. Where a service agency was helpful it was “well-trained and made a big effort to be open and understanding.”

Older women also cited a domestic violence agency as a source of support, reflecting their experience with the facilitator’s employing agency. They emphasized the importance of confiding in someone who listens and believes them. Participants cited churches, senior centers, and doctors as places they might turn for help. They expressed particular concern for the impact of depression and poverty in seeking help. They noted that printed information was a good avenue for reaching them: “my generation is a generation that reads.” They prefer informal peer support – “the women’s quilting group” – to structured, violence-specific support groups.

Women with disabilities emphasized that overall there was little or no help and that what existed was designed for “able-bodied” women. The accessibility of shelters and services is a significant barrier. Seeking help presents the added dilemma of reporting the person on whom she’s dependent for personal care.

Deaf women offered few examples of where a woman might get help. Trust and communication can be major barriers. They seem even less likely than other participants to turn to their families. They disagree about how supportive the Deaf community would be, particularly if the perpetrator is also Deaf.

Women in the correctional system group had a range of experiences in seeking help around domestic violence, from “telling no one” to “I did everything I was supposed

to do.” They agreed that drug abuse reduces the likelihood of seeking and getting help. They disagreed about whether the correctional system was getting better in providing treatment and support for women.

Regardless of where a woman might turn for help – friend, family, doctor, rape crisis center, domestic violence advocate, police – participants emphasized the importance of trust, communication, and, above all, being believed. Across all focus groups, peer support from other woman who had experienced violence and abuse was identified as a key source of support.

Experience with Victim Services

As noted previously, participants did not widely include the helping agencies most commonly associated with sexual assault and domestic violence in their discussion of help seeking. Women were more likely to mention domestic abuse programs and rape crisis centers if they already had some kind of relationship with them, such as attending a support group. Even though women had contact with a particular agency, however, they didn’t necessarily recognize or cite it as a source of support, as happened in the Hmong and older women’s groups. There was a strong and prevailing sense that there is “nowhere for women to go.”

Common themes across the focus groups were that women are unaware of what services exist or they do not see the services as available or applying to them. For many women, services are badly matched with the realities of their lives. There is also a strong opinion that re-victimization is often associated with seeking services.

African-American women emphasized the difficulty in taking a family to a shelter, particularly if she has older or teenage children. The small city group also cited the lack of services for women without children and for women who have alcohol or drug addictions or a criminal record. Services are not readily available, requiring a long bus ride or getting to another city. Women might be discouraged from seeking help for sexual assault if the hospital practice is to notify the police. They cited the absence of women of color on a service agency’s staff as a barrier to help.

The comments of the Latina group illustrate the importance of services that are available in their primary language and cultural identity, as provided by the agency where the discussion was held. Concerning domestic violence, they offered few examples of victim services beyond this agency. They cited language and culture barriers to using the shelter and were unlikely to go to a hospital, and even less likely to disclose the abuse if they did. Their experiences around sexual assault services were quite different. While they thought a sexual assault center would be helpful,

they did not know of any and they did not get help when sexually abused. Their experience was new information to facilitators of the domestic violence support group.

Lesbian participants questioned whether therapists and other services even understood domestic violence in general very well, let alone same-sex partner violence. “They don’t necessarily do a good job on sexual assault with straight women and it’s even worse for lesbians.” Participants in the urban group are reluctant to trust services, because of confidentiality and their understanding of lesbian experiences. For the rural group, identifying and reaching any gay-friendly services is a problem.

Native women in the rural group relayed a strong sense of revictimization in their experiences with victim services, particularly around legal issues, child custody, and child support. According to the participants, there are few domestic violence services available and no sexual abuse services. The message victims get in seeking help for sexual assault is “nothing is going to be done.”

Participants in the urban group had concerns about the confidentiality of victim services, particularly those provided within their own community. One comment in discussing sexual assault was “maybe they don’t want a familiar face because what happened to them will be out like wild fire.” At the same time, however, another participant emphasized the importance of culturally specific services.

Older women emphasized the lack of affordable or free services, particularly for women just above the poverty line. They questioned the value of formal support groups: “structured support groups are a young woman’s thing.” The senior center might provide support for domestic violence victims. They questioned how well a sexual assault team would work with a 70-year old woman when most of their experience is with 20-year olds.

For women with disabilities, urban and rural, the absence of accessible services is a huge barrier to help. Medical services and the police end up being primary services by default because nothing else is available. Not being believed by service providers is an ever-present reality, both for sexual assault and domestic violence victims, particularly for women with mental illness. Disabled women must constantly weigh safety against continued personal care.

Deaf women face another response from service providers: “Too often, [they] take a language barrier as a lack of intelligence.” “I kept saying, ‘I’m not dumb, just deaf.’” Service providers commonly speak to the interpreter as if the Deaf woman did not exist.

A participant in the urban Native group raised the importance of service providers being clear about who they are and what will happen. “Service providers . . . (are)

mute and I don't like that. I want to know who they are and what they are doing, especially if they are doing something invasive to my body.”

Criminal Justice System Intervention

While women expressed mixed opinions about police and court involvement, the prevailing opinion was that it was a very negative experience and one to be avoided. The criminal justice system is not viewed as a source of help, but as likely to mean additional trauma and revictimization. The level of violence may mean that police become involved – “fear would make her call police.” But she “will not find it easy to call police.” Women were somewhat more likely to see police as a resource if they had trusting and supportive friends.

Women also make a distinction between police and court involvement. In some instances, particularly with a high level of fear or violence, they may be willing to call the police for protection, but they do not want to see further court action.

For domestic violence victims, the legal system may become involved because of the call of a neighbor or her child. There is an overriding sense that police do not understand domestic violence and sexual assault and do not know how to investigate it and treat the victims. In situations where women would welcome police intervention they cannot count on it to be prompt, thorough, and respectful.

Participants in the small city African-American group, in particular, felt that police ignored their calls for help. It took five or six calls before they would come out. If there's “no blood or mayhem” they won't come, offered one participant. They also ticketed women for “false emergency calls.” Police did not ask the right questions or recognize the signals when talking with victims.

African-American women expressed very mixed feelings about police and court involvement. They disagreed about the impact of jail and prison on sex offenders, questioning whether it only teaches them to be more violent: “They will sit there and compare notes.” Overall, they felt that prison makes men more violent. Women who had been incarcerated raised similar concerns in their focus group, extending the discussion to the impact of prison on women's anger and use of violence.

For the Hmong and Latina participants, the scenario of rape made it more likely that women would call the police, but that was not a unanimous response. This was generally true throughout the focus groups.

For lesbians, reporting to the police risks being arrested, because police are more likely to see same-sex violence as “mutual.” This crosses domestic violence and sexual assault. The likelihood of a homophobic response is always a concern with criminal justice system response. Participants were even more unlikely to report sexual assault. “There is no way that I’m calling the police, I would never say it happened to me. I don’t care how out I am.”

Rural Native women also felt that police involvement meant that women were much more likely to go to jail. “Victims are the underdog in the legal system and our communities.” Batterers manipulate police and the system does not follow through.

Older women are somewhat more likely to see police involvement as an option for some women, but not all. Women with disabilities are similarly ambivalent about police involvement. They also emphasized that it might make their situation more dangerous if she has no place to go and is dependent upon the abuser for personal care. In rural areas, part of the reluctance to involve police is the resulting publicity. As did the Native women, they also noted that police know and sympathize with the abuser.

Deaf women saw police and the court system as almost completely unhelpful and far more likely to be retraumatizing and revictimizing. Police see a Deaf woman as “dumb” and don’t believe her. She can’t count on 911, the police, or the courts to know how to operate a TTY or to have skilled interpreters readily available.

Women who have been incarcerated have a multi-layered experience with the criminal justice system. There is their experience as a victim of domestic violence or sexual assault: “you have to be about half dead before they do something for you. If you’re a woman they want to know what you were doing, what you were wearing.” “It’s a long, drawn out process, a lot of rigmarole.”

Cultural Competency and Distinctive Issues

Many of the concerns expressed by focus group participants are common to all women who experience sexual assault and domestic violence. Isolation, being blamed, and being disbelieved cross culture, race, and identity or distinct experience. For battered women, children and financial insecurity are similar constants. For sexual assault victims and survivors, threats to privacy are a unifying experience across cultures and communities.

At the same time, however, any one of these features may be magnified for women in a particular community. For Deaf women, for example, isolation and threats to privacy are compounded by the difficulties in communicating and marginalization by the dominant hearing culture. For Hmong women, the status and role of a mother-in-law is significant. Lesbian women must constantly weigh the likelihood of a homophobic response in deciding who and what to disclose about their lives.

Focus group participants provided many insights into the distinctive experiences of their acknowledged communities. It is important to remember that the discussions throughout this report should not be read as separate and distinct categories. While this section highlights more specific observations related to cultural competency, it does not stand apart from other observations about the broad range of women's experiences.

African-American Women – Participants in the small city group expressed a pervasive lack of trust in white-dominated systems in general and the police in particular. A response to violence is more likely to occur outside the legal system. Women are inclined to fight back in the domestic violence scenarios. In response to sexual assault, a “black family will retaliate, not call the police.” As a response to sexual violence, prison is not seen as much of a solution, but as making a man more violent. They emphasized the importance of agencies having African-American staff, of “seeing yourself” in those who provide services.

With the exception of women fighting back, these themes were not as evident in the urban group. This may reflect a different experience with police and services in the two cities. In discussing domestic violence, women in the urban group paid more attention to the challenges and impact of divorce, marriage, and children, along with the financial difficulties in leaving a relationship. They also clearly saw women as fighting back in response to violence. (See the following discussion of the focus group with incarcerated women.)

Participants in both groups emphasized the difficulty in obtaining emergency shelter services if they had older children.

The significance of family connection and identity was evident in comments from both groups about response to sexual assault. If the perpetrator is seen as a member of the family, some women will be unlikely to tell because of fear of breaking up the family: “the family will condemn you.” For others, however, the significance of family is that an attack on her means being disrespectful of her, her brother, and her family. “The Black family will retaliate, not call the police.”

Women in both groups also emphasized the place of spirituality as a source of help.

Hmong Women – Participants emphasized the need to take into account the distinctiveness of the clan structure and the role of elders in considering response and services. They also emphasized the role of Hmong-based organizations, although they did not generally recognize those culturally distinct programs that already exist in response to domestic violence. They have little or no experience with dominant culture victim services and legal systems.

The role of the mother-in-law and in-laws in general is significant for Hmong women. The more frequent example was a mother-in-law colluding with the batterer/son and perhaps also abusive toward her daughter-in-law. For some, however, in-laws were a more likely support than her parents.

Response to sexual assault is complicated by possible expectations that she will marry the perpetrator, the traditionally young marriage age for women, and traditional marriage practices that conflict with United States' law. Participants frequently referred to the split between what would happen “back in Laos” (Hmong culture) and the “legal system” (U.S. culture).

Being forced to marry was not necessarily welcome by women, however. In particular, women did not accept that scenario for their daughters, although that may have been their experience. “We must trust our daughter and listen to her, support her, encourage her to tell her stories.” When asked, “In Hmong culture, do you think that rape is OK?” participants responded with a unanimous “no.”

Shame and gossip in the community are powerful controls over women's willingness to report domestic violence and sexual assault. At the same time, some women would speak out: “After there is discussion with relatives and clans and they don't listen, I would call police. In the U.S., there is abuse, but no right to hit one. In our country, they always blamed you.”

Women's help seeking had a spiritual component. “She would have a soul calling; bring chicken and eggs to bring her spirit back to her.”

Latinas – Women spoke to cultural differences between Mexico and the United States in response to domestic violence. They identified pressures to stay married in order to “honor their men” and messages from parents to “stick by your man” as long as he supports you.

A sexual assault on a woman is a matter of “loss of respect” or “disrespecting” her family, too. In the scenarios used for the discussion, the assault would be seen as an attack against the family and home, not just an individual woman. There is a focus

on her reputation, what kind of person she is: “was she a flirt, was she wild, or was she a quiet girl?”

Participants emphasized the significance of bicultural, bilingual services for women seeking help. For undocumented women, services must be delivered in a way that women can trust and not feel threatened with deportation. Confidentiality is critical. All women, for example, would tell a doctor about a sexual assault or domestic violence, since that visit is confidential. The doctor might also be the only place that the batterer will allow her to go. This is related, too, to women’s fears that disclosing domestic violence risks having their children taken away.

Latinas were more likely to identify depression as a likely response to or result of her experience with violence.

Lesbian Women – Homophobia is an ever-present reality for lesbians, which affects whether, whom, and how they will disclose domestic and sexual violence. They cannot count on service providers to understand or respect their lives. If a lesbian is not open about her sexual orientation she is forced to “come out” in order to find help.

Because lesbian relationships are not seen as “real” by the dominant heterosexual culture, experiences of intimate-partner violence are not taken seriously. Police are likely to characterize same-sex domestic violence as a “cat fight” between “two girls” and arrest both women. There is an almost complete lack of understanding of sexual abuse in the context of same-sex relationships.

Because of the high degree of external oppression, a lesbian tends to stay with an abusive partner in order to not look bad. There is a tendency to protect a small community that is consistently marginalized by the dominant culture. This is even more pronounced in rural areas and compounded by the quick invasion of privacy that can occur when a lesbian victim seeks help. “It’s all over the police scanner and in the paper.”

Lesbians living in rural areas have almost no access to services. Because the community is so small, disclosing abuse can seriously damage friendships and isolate victims. “I quit going to functions with the only group of people I knew. It meant giving up everything. I had to find all new friends.”

The sense of isolation and distrust of service providers was not universal, however, among the participants. Several women spoke to the significance of “being out” as having a supportive, protective quality. In being matter-of-fact about her life, one participant noted, she just expected that others “could handle it” and felt that they

rose to that expectation. Others noted the unexpected support of coworkers and family members once they were open about their lives.

Lesbian parents have additional concerns for their children's well-being, in addition to worrying about the impact of domestic violence. Any publicity about her life, i.e., a police report in the local paper, comes back to her children, who may already face a high degree of harassment because of their mother's sexual orientation. In addition, a lesbian mother may face custody challenges from her children's father. Because her family is not viewed as a real family, she may have little support for decisions about whether to move or stay near her ex-partner because of her parenting role and relationship with the children.

Native Women – Native women face an almost complete lack of services and support, particularly around sexual assault. In the rural group, participants were far more interested in discussing sexual assault than domestic violence. Across both issues, however, was a pervasive experience of revictimization by the legal, child custody, and child support systems.

As with other small communities, there is a sense that everybody knows what's happening, which makes women and girls reluctant to disclose abuse. There is a pervasive sense that "no one would believe her." The urban group expressed concerns about poor confidentiality among services providers in Native communities: "gossip, it goes around." They had similar concerns about the need for anonymity in batterers' groups.

For some Native women, concerns about confidentiality meant that the anonymity of an urban shelter is helpful. At the same time, they would like to see their own faces reflected in services: "I need something that says this is Indian and its safe to be here."

Much of the participants' discussion centered on the lack of community accountability, both toward batterers and sexual assault perpetrators. This was particularly evident in their discussions of sexual assault, where the women see elders who have been perpetrators now representing the tribe. "Those at the top" may be former sex offenders or have them in their families. "It becomes political as secrets come out."

Native women have many concerns about the level of sexual abuse and assault of young women and girls. The absence of services means that young women have no place to turn for help. The absence of education about sexuality means that they have inaccurate and inappropriate information about sex and sexual assault.

Older Women – The reality of poverty is uppermost for older women. Poverty is likely if she leaves a long-term marriage. She may be just beyond income limits that would allow her to obtain independent housing. Divorce at this age puts women in vulnerable situations where they are dependent upon others for housing and financial support. In addition, after a long marriage, a decline in her abusive husband's health may make her feel that she needs to stay and care for him, even if she had been planning divorce.

Older women who are mothers experience ongoing concern for their adult children, which may mean that they do not disclose abuse or turn to them for help. They don't want to worry their adult children. Their children may deny the violence or blame them for staying in the marriage too long. It may only be after her children are grown, however, that she can examine the violence and abuse that she has experienced.

Reporting domestic violence or sexual assault may mean the removal of the person who is primarily responsible for your daily care. Older women with disabilities, whether longstanding or age related, may be required to choose between safety and personal care.

Older women are even more reluctant than younger women to talk about sex and sexual assault, having grown up with powerful messages about shame and secrecy. "In my generation, you were somehow at fault." They are reluctant to say anything in front of their children and grandchildren.

Informal supports – friends, the senior center, church groups, "the women's quilting group" – are important to older women and the most likely places they will seek help. They are also more likely to find information via reading: "Seniors read."

Women with Disabilities – Participants emphasized the almost complete lack of understanding of and options for women with disabilities. They are constantly having to weigh safety against care. Shelters and other services are generally physically inaccessible. If a woman has a mental illness, people won't believe her, including helping professionals: "She's a nut, you know."

In rural communities she has even fewer options, with the added barrier of everyone knowing her business. She may have to call a week or two in advance for transportation.

Participants also emphasized a pervasive feeling of vulnerability: "you're easy prey." They feel that certain types of men target them, leading to multiple relationships that

are characterized by abuse and violence. “How do you get this stamp off of you [where] people think, ‘It’s all right to do it to her?’ Why do they do it to you?”

Deaf Women – Deaf women do not necessarily see themselves as having a disability, but as having a culture and way of communicating that is denied by the dominant hearing culture. The “Deaf community is an oppressed community.” Deaf women and hard of hearing women do not necessarily share the same perceptions and opinions about what would be an appropriate response to domestic and sexual violence. There is a distinction between “Big-D Deaf, culturally Deaf, versus small-d deaf.”

Deaf women cannot necessarily count on the larger Deaf community to be supportive, particularly if the victim and perpetrator are Deaf. Isolation and communication are significant issues. Women cannot count on service agencies to even know what to do with a TTY, even though they have advertised its number. Reliance on interpreters means giving up your privacy and sharing intimate details of your life with a stranger. Deaf women cannot count on interpreters to accurately represent their words and experience.

Participants emphasized the need for Deaf-to-Deaf outreach, education, and advocacy.

Incarcerated/Recently Incarcerated Women – The majority of the participants were African-American. Much of their discussion concerned the impact of incarceration on women’s use of violence and fighting back. They characterized much of their experience in the corrections system as being abused by the system, physically, for some women, and emotionally and verbally. They emphasized that drug abuse reduces the chances that any type of support system will help a woman. A history of incarceration and drug abuse significantly limits a woman’s options.

This group also discussed women’s experiences with incarceration and the intimate relationships that can develop between women. Same-sex relationships might develop in an institution, but are not necessarily seen as lesbian relationships.

Response to Perpetrators

The discussions about perpetrators were less developed than other areas of concern for focus group participants. Some groups spent little or no time discussing the subject. On the whole, women did not express much faith that anything would make a difference: “I wouldn’t know what to do.”

The strongest thread of discussion across the focus groups was their anger at the violence they and other women have experienced. Offenders should “be hung out to dry” or “put in jail forever.” Beyond this immediate anger, women’s observations were more nuanced, and there were differences across the focus groups.

There was support for some sort of counseling or therapy or education for domestic violence perpetrators: “re-education about what a man should be.” For sexual assault perpetrators, however, the predominant response was to use the legal system, although women also have reservations about its usefulness, as is evident in the earlier discussion of criminal justice system intervention.

Older women and women with disabilities responded to the sexual assault scenarios with fantasies of violent retribution, including castration and rape in prison. “Tie him to the back of the truck and run him through town . . . wearing a sign that says ‘I raped a handicapped woman.’” Overall, they favored strong sanctions from the legal system, including incarceration and losing certification as a licensed caregiver. Recalling the previous discussion of criminal justice system response, however, they also acknowledge that intervention, particularly by police, comes with potential risks to a woman’s well-being if she is dependent upon the abuser for care. While they would like to see legal sanctions against the perpetrator, they want it to occur in the context of good support and understanding of the risks to her.

Deaf women had little to say; they did not expect that much would happen to an abuser. Participants in the lesbian groups had a similar response.

The African-American groups favored some type of counseling or therapy for batterers. Participants disagreed about whether or not jail was a good response. Participants in the small city group saw counseling as appropriate for non-rape assaults, but not for rape. They expressed skepticism about the effectiveness of counseling – “depends on the individual”- and the effectiveness of jail or prison. Overall, they saw prison as contributing to more violence.

Hmong women offered a range of typical responses to perpetrators: separation, counseling, and jail. They added to this the involvement of relatives and clans, and letting other women in the community know about him (in the case of sexual assault).

Latina participants also cited counseling (via priest or therapist) and legal intervention. Their discussion of domestic violence kept shifting from what should happen to Eduardo to what she could do to try and control his abuse.

For rural Native women, community accountability is a key response to perpetrators, but something that is largely missing. Communities protect batterers and do not punish sexual assault perpetrators.

Participants in the urban group noted a need for culturally specific men's groups. At the same time, there was skepticism about participation: "I don't think that men will get into it unless they are court ordered. I don't think they will admit they need help."

Participants' Recommendations

The focus group participants had many recommendations for improving support and services to women who have experienced violence and abuse. Three themes emerged in common across the focus groups: believe what women say, provide peer support, and provide accessible services.

Each group had its own discussion of "hear what she has to say." Family, friends, service agencies, and the medical and legal systems all discount women's experiences. Across all groups and across domestic violence and sexual assault, participants emphasized the importance of listening to women and believing what they say.

In discussions of help-seeking strategies, women returned repeatedly to the significance of peer support. They want to see more of it, and want to know "that it is good and confidential."

Accessibility of services included a broad area of recommendations. Participants were not speaking only to physical accessibility, but accessibility in terms of language, culture, space, and information. It is accessibility in the broadest sense of being welcomed and understood.

In addition to these broad themes, each focus group had particular recommendations and points of emphasis.

For African-American women, their recommendations include providing housing and financial support. They also emphasized the need for services for women with older children, without children, and those who are alcoholic or drug-addicted.

Hmong participants spoke to the need to develop Hmong agencies, clan leaders, and relatives as sources of support. They also recommended increasing men's willingness

to get help with such things as child rearing, roles of men and women, finances, and involvement in their children's schools. They emphasized building women's self-reliance and empowerment.

More bicultural and bilingual resources were recommended by the Latina group. They also emphasized a need for more discussion of sexuality and sexual assault within the Latino community and homes.

Lesbian participants recommended a confidential 1-800 line (as did other groups). They would like to see education of everyone who might come in contact with a lesbian victim of domestic violence or sexual assault. They emphasized the need for safety planning and resources in the context of understanding same-sex violence. One participant suggested something like the Clothesline project, specific to same-sex violence that would visit rural and urban areas.

Native women emphasized building community support to counter violence, along with a strong sexual abuse services network. Women need someplace to call, someplace to go. Children and teens, in particular, need education about sexuality and sexual abuse. Culturally specific services may be important for some women, but not necessarily all. For some, anonymity may be of more importance if they feel their private concerns will be made public within a small community.

Participants in the older women's group recommended improved financial supports, including food, shelter, and health insurance. They emphasized a need for services and supports to women without young children. Older women with disabilities stressed the importance of "getting the people who need the help to the help," by bringing it to them, not requiring a woman to go "from here to there to there" to find it.

Accessibility of services – "intervention in every town"- was a central recommendation of the rural and urban groups with disabled women. They emphasized services and advocacy that come to women. Personal alarms and self-defense techniques were also among their recommendations.

Deaf women also stressed accessibility and advocacy that comes to and stays with a woman as she deals with medical, legal, and other systems. They also emphasized Deaf to Deaf outreach, education, and advocacy.

For women who had been in the corrections system, most of their recommendations concerned changes to that system and improving its response to women. "Someone should go inside the jail and see what is really going on and separate the men from the women as far as their needs are concerned." They emphasized the importance of providing supports and counseling to people before they end up in jail, as well as support and employment after release.

Distinctions Between Sexual and Domestic Violence

The focus groups were structured to pay specific attention to sexual assault as distinct from domestic violence. This was in the interest of not losing the discussion of sexual assault in that of domestic violence. At times this seemed like an artificial distinction as women addressed their experiences with violence *as women*. Some groups also had more interest in discussing one more than the other (or in some cases more time). In the Hmong, Latina and Rural Native Women groups, for example, there was more interest in discussing sexual abuse. For incarcerated women, domestic violence was the primary discussion.

The threat to privacy was a more pronounced theme in discussions of sexual assault. The pervasive sense of shame, distrust in family support, and fear of “everybody knowing” are powerful deterrents to women in seeking help. For some women, sexual assault would be viewed as an attack on her family and community’s honor and reputation. This would not be the case with domestic violence. Women seemed somewhat more likely in the rape scenarios to turn to the police for help, although without strong expectations that they would be very helpful. In the sexual assault discussions, women were somewhat more likely to recommend prison as a response.

In comparison to sexual assault, issues around children and women’s use of violence – “fighting back” – distinguished the domestic violence discussions. Women were also more likely to see some form of therapy, counseling, or re-education as an appropriate response to perpetrators.

Beyond these differences, however, women’s observations across the two issues were very similar. Trust, communication, and belief that the violence and abuse occurred are critical to meaningful help and support, whether the violence a woman experiences is categorized as sexual or domestic.

CONCLUSIONS AND RECOMMENDATIONS

“Is this even going to make a difference?” Women across all fifteen focus groups asked this question. In sharing their observations about violence against women, and often sharing their own lives, participants were hopeful, but also doubtful that anything would change as a result of what they had to say. They are accustomed, as they emphasized, to not being heard.

Focus groups are an opportunity to learn about what affects individual lives, and how individual lives reflect back institutional practice. This project reinforces the complexity of women’s lives and suggests changes that will give women from distinct communities and experiences a greater voice in designing interventions that increase safety and support. It presents a paradox, however, in that the more we learn the more we know we don’t know. The breadth and depth of any woman’s experience with violence and abuse cannot be taken in the space of two hours. Add the richness and complexity of culture, race, and identity and it can seem that at the end of two hours we know less than when we began.

The participants in this project have provided direction, however, on how to proceed. They articulated concerns common to women across all groups: the impact of fear and threats to privacy, concern for children, the inadequacy and irrelevancy of criminal justice intervention, and the disjuncture between their needs and mainstream domestic violence and sexual assault services. They made recommendations that cross all communities, and would benefit all women: believe what women say, provide peer support, and provide accessible services. In addition, they offered insight into the distinct circumstances of culture, race, and identity that must be considered in building responses to violence that account for the complexity of women’s lives.

In ‘returning the gaze’³ on the systems that have been responding, or not responding, to violence against women as experienced in their communities, the focus group participants suggest the next paths of inquiry.

- How can strong, confidential peer support networks be built and sustained in diverse communities?
- Where women cite the influence of cultural traditions on help seeking and response to violence, is there a disjuncture between what they feel they *must* do and what they would prefer to do?

- Where and how should alliances be built between existing domestic violence and sexual assault programs and diverse communities?
- Under what circumstances should services be developed that are specific to language, culture, and identity?
- How do we acknowledge and support women's desire to defend themselves and 'fight back'?
- What are the consequences of women's willingness to fight back against batterers, particularly for African-American women?
- How do we provide opportunities for all women to examine and analyze their experiences with violence?
- How do we develop the potential of supportive friends and family members to help victims and survivors of violence against women?
- How do we provide woman-centered help and support that account for the complexity of their lives?
- What would meaningful community response and accountability to violence against women look like? How would it look in diverse communities?

Finally, how do we address the almost complete lack of existing supports and services within several of the communities included in the focus group project? Native women, Deaf women, lesbians, and women with disabilities all repeatedly told us that there was nowhere to turn.

It is likely that readers of this report will feel overwhelmed by the need it expresses. There is nothing here, after all, that denies the ongoing needs of sexual assault survivors and battered women who would be considered *typically represented* or *typically served*. It only adds to that, only magnifies the impact and broad consequences of violence against women.

"The stereotypical 'battered woman' does not exist,"⁴ after all, nor does the stereotypical sexual assault victim. If this series of focus groups reinforces the complexities of women's lives, it also increases our understanding of the kinds of help and support that will make sense to women.

APPENDIX A

Focus Group Project Advisory Committee

Carmen Agbuis – Sexual Assault Treatment Center, Milwaukee
Rose Barber – American Indians Against Abuse, Hayward
Bonnie Hill, Evansville
Arline Hillestad – Family Center, Wisconsin Rapids
Kay Korte – Aurora Health Center, Elkhorn
Natalie Lambert, Fond du Lac
Sharon Lewandowski – DHFS-DCFS, Domestic Abuse Program
Rachelle Miller – Department of Workforce Development
A.J. Moore – Wisconsin Coalition Against Domestic Violence
Cho Moua – CAP Services, Stevens Point
Leslie Myers – Independence First, Milwaukee
Mary Beth Plane – UW Department of Family Medicine and Practice
Linda Mayfield – Milwaukee Women’s Center
Jane Raymond – DHFS, Bureau on Aging and Long Term Care Resources
Mariana Rodriguez – Latina Resource Center, Milwaukee
Kittie Smith – DOA, Office of Justice Assistance
Jane Sparks – Aurora Health Center, Elkhorn
Maggie Thurs – Wisconsin Coalition Against Sexual Assault
Zella Van Natta – Family Health medical and Dental, Wautoma
Pa Vang – UWM-Center for Urban Community Development
Mai Zong Vue – Department of Workforce Development
Diane Wolff – WCADV Northern Office, Wausau

(Agencies are for identification purposes only)

APPENDIX B

Focus Group Project Facilitator Pool

Rose Barber
Jane Boltz
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Irene Castro
Vanessa Dillard-Taylor
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Kathy Gilbert
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La Vealea Grandberry
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Abdi Ogle
Linda Pugh
Stacy Seibert
Bev Sorensen
Jane Sparks
Rev. Robb Taylor
Rev. Tommie Thomas
Antonia Vann
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APPENDIX C

Review of Wisconsin Focus Groups

Rainbow Research

Jennifer Obinna, Christa Otteson & Jane Sadusky

April 2002

Summary

Focus group discussions about domestic violence have been conducted in different settings with different populations in Wisconsin over the past several years. Such populations include Latino/a, African-American women, Hmong women and older abused women. We have reviewed findings from eight focus groups conducted as a part of other initiatives in order to find out more about the needs and experiences of underrepresented groups.

Two primary issues were mentioned by each population, including: 1) the perceived lack of cultural competence among service providers and law enforcement; and 2) help-seeking is a threat to the “culture of privacy” that exists for each population surveyed. The next most prevalent theme that emerged is the fear and threat of criminal justice intervention in their lives. Other themes include the worries associated with Latina women’s undocumented status and skepticism surrounding batterer’s treatment programs.

Lack of Cultural Competence

A lack of cultural competence among police and others in a position to provide assistance/extend services to victims of domestic violence is a problem expressed in focus groups with Latinas, African-American women, Hmong women and older-battered women. For Latinas, lack of interpreters and the perception that their needs are not fully understood by service providers is the primary area of concern. African-American women in some cases found participating in counseling sessions to be futile since the context was not reflective of their life experiences. Hmong women indicated that the service system was not sensitive enough to the role that marriage and preservation of marriage is in the lives of women in their culture. Older abused women indicated they were concerned whether or not police would take their reports of abuse as seriously as with younger women.

Threats to Culture of Privacy

Participants in groups with Latinas, Hmong women and older-battered women discussed their “culture of privacy” and how help-seeking tends to corrupt this value. The dynamic expressed by each of the groups is similar, characterized as shame and the stigma associated with sharing family secrets.

Fears of Criminal Justice Intervention

Latinas, African-American women, Hmong women and older-battered women each shared concerns for involving the criminal justice system. Each group expressed some remorse or hesitancy when an abuser was arrested. Most groups also suggested that incarceration and injunctions are ineffectual as an intervention to stop the violence. African-American women expressed concerns over their rights and articulated fears of being charged with an assault when defending themselves.

Worries About Undocumented Status

Latina women indicated that lack of knowledge about their rights prevents them from engaging in help-seeking. Fears about involvement by INS if law enforcement is involved and the difficulties undocumented women have in terms of securing employment, housing, and other assistance provides a distinctive barrier to accessing services.

Skepticism About Batterer’s Treatment

African-American women and older-battered women each shared skepticism with the effectiveness of batterer’s treatment programs. African-American women expressed frustration with the classes that are offered (both to men and to women) to change their behavior (Cognitive Training). Problems stemmed from the participants feeling that they were being judged, feeling that they could not relate to the instructors, that their own experiences were not being considered and that the teachings were not reflective of “real life.” Older abused women felt that group treatment for batterers was a good idea, though it would not work for their sons/grandsons/husbands. For those whose abusive husbands have had experience with such groups (usually under sanction by the criminal justice system), batterer’s treatment was ineffective. Offenders often quit going to the sessions after a short time or refused to participate in the sessions at all.

Table of Findings

Table 1(next page) provides additional details about the focus group findings, grouped according to participants’ comments about reasons for not reporting the abuse and experience with victim services.

Table 1: Themes from Focus Group Findings	Latina	African American	Hmong	Older Women
Reasons for not calling police/reporting the abuse:				
Don't want him to go to jail	x	x	x	
Loss of financial security				x
Fear for abusers well-being/safety	x	x	x	x
Cannot communicate (language barrier)	x			
Fear abuser will call immigration in retaliation/authorities will deport me	x			
Fear children will be taken away	x			
Want children to have a father		x		
Engaging police will only exacerbate the situation by making him angry/he'll released and I won't be safe	x	x		
Won't have enough support	x		x	
Have nowhere to go	x			
Embarrassed about the abuse, embarrassed for wanting to stay with him	x	x	x	x
Worry that the police won't treat me fairly	x	x		x
The police won't believe me	x			
I'll get in trouble for battery for defending myself		x		
Wisconsin offers more protection than other states – the police seem to take domestic calls more seriously here		x	x	
Once the authorities are engaged I won't have any control/will regret making the situation into a 'big deal' after I've cooled down.	x	x	x	
Experience with victim services:				
People don't speak my language	x			
I don't feel represented/people stereotype me/I feel isolated	x	x		
I'll handle it myself/I'll take the law into my own hands	x	x		
The standard for abuse should be different; threats should be taken seriously, should be punishable/psychological abuse should be considered legitimate	x	x		
Psychological abuse/fear	x	x		
Restraining orders are ineffective		x		
I need more information on my rights	x	x		

APPENDIX D

Scenarios Developed and Adapted for the Focus Group Project

Four scenarios were developed for the focus group facilitators training guide. The guide included the following instructions.

The scenarios should be adapted for each target community. The following examples are meant to provide a guide and general direction. Facilitators are encouraged to change names, ages, sexual orientation, disabilities, language, settings, and other details that will make the scenario best fit a particular focus group. You will not necessarily ask every question following the scenarios. They are meant to guide the discussion, if it lags or gets off track, and remind you of the kind of information we want to gather.

Each scenario included a set of prompting questions for facilitators to use if necessary. The following questions accompanied Sexual Abuse Scenario 2.

- What should Mary do? Why should she do this?
- What would Mary really do? Why would she do this?
- If she told her family, how would they react? Would she tell her family? Why or why not?
- Where could Mary turn for help about what Stephen did to her? Be alert for references to:
 - Sexual assault or rape crisis center
 - Hospital
 - Clinic doctor or nurse
 - Police
 - Courts
 - Counselor or therapist
 - Religious or spiritual advisor
- What would encourage her to call the police? Discourage her?
- What would be most helpful to Mary? Who would be most helpful?
- What should happen to Stephen?

Sexual Assault Scenario 1. Mary lives with her parents, grandmother, two sisters, and a brother. She is eighteen years old. Her brother, Paul, is twenty-one. Her brother has a new friend, Stephen, whom he met at the restaurant where they both work. Stephen has been to their home several times. Mary's parents have said that he is "like a second son." One evening he arrives when Mary is alone in the house. After asking where everyone has gone, Stephen walks toward the door, but instead of leaving he turns around and pushes Mary against the wall. Stephen puts his hands under her clothing, grabbing and touching her on her breasts and between her legs.

Sexual Assault Scenario 2. This is the same setting. Stephen arrives when Mary is alone in the house. After asking where everyone has gone, he walks toward the door, but instead of leaving he turns around, pushes her to the floor and rapes her.

Domestic Violence Scenario 1. Daisy and Edward have been married for seven years. They live in an apartment that is on the floor above Edward's parents. Daisy's mother and sister live in another part of the state. When Daisy does something that upsets Edward, such as forgetting to iron his shirt or not having the evening meal ready at six o'clock, he squeezes her arm and shouts loudly into her ear, saying things like "you are stupid, you are always forgetting, you are too slow."

Domestic Violence Scenario 2. In addition to squeezing Daisy's arm and yelling into her ear, Edward has started grabbing her by the hair. Tonight he comes home to find that Daisy has not even started the meal. She apologizes and tells him that his mother had needed some medicine from the drug store, which made her late. Edward slaps her, then grabs her hair and shouts into her ear: "Your job is here, making dinner, not running errands." He then overturns the kitchen table, breaking the plates and glasses that Daisy had set down.

Latina

The facilitator used two of the scenarios and translated them into Spanish.

Abuso Domestico: Daisy y Eduardo son casados desde hace 7 años. Viven en el segundo piso de la casa de los padres de Eduardo. La hermana y la madre de Daisy viven en otra parte de el estado. Cuando Daisy hace algo que no le parece a Eduardo, como no acordarse de planchar sus camisas, o no tener la centa lista a las 6, el le grita ensu oido y le aprieta su braxo. Le dice que es muy lenta y que es una estupidia.

Abuso Sexual: Mary vive con sus padres, su abuela, dos hermanas, y un hermano. Ella tiene 18 años. Su hermano, Paul, tiene 21 años. Paul tiene un amigo nuevo, Stephan, lo conoocio en un restaurante en donde los dos trabajan. Stephan a visitado

la casa de Paul y Mary varias veces. Los padres de Mary consideran a Stephen a como un Segundo hijo. Una tarde Stephen llego a la casa de Mary cuando ella se encontraba sola. El pregunto en donde estaban todos, camino a la puerta y se regreso, enpujo a Mary contra la pared y comenzo a tocarla de bajo de su ropa. Tocandole su pecho y entre sus piernas.

Hmong

Sexual Abuse Scenario 1. Mai lives with her parents, grandmother, two sisters, and a brother. She is fourteen years old. Her brother, Pheng, is twenty-one. Her brother has a new friend, Kou, whom he met at the restaurant where they both work. Kou has been to their home several times. Mai's parents have said that he is like a second son." One evening he arrives when she is alone in the house. After asking where everyone has gone, Kou walks toward the door, but instead of leaving he turns around and pushes Mai against the wall. Kou puts his hands under her clothing, grabbing and touching her breasts and between her legs.

Mai nyob nrog nws niam/txiv, nws pog thiab ywg, ob tug viv ncaus, thiab ib tus nus. Mai muaj 14 xyooj. Mai tus nus Pheng muaj 21 xyooj. Nws tus nus muaj ib tug phooj ywg tshiab hu ua Kou uas nws ntsib nyob tom lab noj mov uas nkawm ua haujlwm ua ke. Kou tau tuaj xyuas lawv tsev neeg ob peb zang lawm thiab. Mai niam thiab txiv tau hais tias, Kou kuj zoo li lawv ib tug tub thib ob. Muaj ib bmos, Kou tuaj xyuas lawv ces tsis muaj neeg nyob hauv tsev tshuav Mai nyob xwb. Tom qab uas Kou nug Mai hais tias, lawv mus dabtsi tag lawm. Kou mus rau tos lub qhov rooj ces nws txawm tsis tawm mus, nws tig rov qhab los rau ntawm Mai muab Mai thawb rau tim phab ntsa. Kou cia li cev tes rau hau qab nws cev kbob chaws thiab kov nws lub mis thiab nws lub chaw mos.

Sexual Abuse Scenario 2. This is the same setting. Kou arrives when Mai is alone in the house. After asking where everyone has gone, he walks toward the door, but instead of leaving he turns around, pushes her to the floor and rapes her.

Kou tuaj txog thaum Mai nyob ib leeg hauv tsev. Tom qhab uas Kou nug Mai hais tias, lawv mus dabtsi tag lawm. Kou mus rau tos lub qhov rooj ces nws txawm tsis tawm mus, nws txawm tig rov qhab los rau ntawm Mai muab Mai thawb rau hauv av thiab muab nws yuam mos deev.

Domestic Abuse Scenario 1. Pang and Moua have been married for twenty years. They live in duplex that is on the floor above Moua's parents. Pang's mother and sister live in another part of the state. When Pang does something that upsets Moua, such as forgetting to iron his shirt or not having the evening meal ready at six

o'clock, he squeezes her arm and shouts loudly into her ear, saying things like "you are stupid you are always forgetting your too slow."

Pang thiab Moua tau sib yuav tau 20 xyoo. Nkawv nyob ib lub tsev ua muaj ob xab, Nkawv nyob xab ob saum Moua niam thiab txiv. Pang niam thiab tus niam hlus nyob rau ib zos deb. Thaum Pang ua tej yam uas ua rau Moua npau tawv xws li tsis nco qab luam Moua lub ntso los yog ua hmo tsis tau siav rau tau 6 teem, Moua cem nws thiab nyem nws sab caj npab thiab qv rau ntawm nws lus pob ntseg hais lus xws li, "Koj yog neeg ruam, neeg qeeb siab, thiab yeej hnov qab thiab txhua zaus li."

Domestic Abuse Scenario 2. In addition, to squeezing Pang's arm and yelling into her ear. Moua has started grabbing her by the hair. Tonight he comes home to find that Pang has not even started the meal. She apologizes and tells him that his mother had needed some medicine from the drug store, which made her late. Moua slaps her, then grabs her hair and shouts into her ear. "Your job is here making dinner, not running errands." He then overturns the kitchen table, breaking the plates and glasses that Pang had set down.

Tsis yog Moua yuav nyem Pang sab caj npab xwb thiab hais lus qv rau ntawm nws lus pob ntseg. Moua pib rub plaub hau. Hmo ntawv, Moua los txog tsev ces Pang tseem tsis tau pib ua Hmo li. Pang thov txim thiab qhia rau Moua hais tias, Moua niam yuav yuav ntshuaj es nkawv mus yuav ntshuaj lawm es nkawv los tsev tau lig. Moua cia li ntaus Pang ib ncuav pias, rub nws cov plaub hau, thiab qv rau nws lub pob ntseg hais tias, "Koj txoj haujlwm yog los ua hmo tsis yog mus ua lwm yam haujlwm". Moua tau muab lub rooj noj mov ntseev, tsoo cov plaj noj mov thiab cov kbob haus dej ua Pang tau muab coj los tso rau saum lub rooj noj mov.

Lesbian

Sexual Abuse Scenario 1: Rachel recently broke up with Sara. Rachel told Sara she needed to come over to remove her belongings. While Sara was at Rachel's apartment getting her belongings, Sara pushes Rachel against the wall. Sara puts her hands under Rachel's clothing, grabbing and touching her on her breasts and between her legs.

Sexual Abuse Scenario 2: This is the same setting. Sara arrives to get her belongings. She tells Rachel she wants to have sex and Rachel refuses. Sara pulls Rachel by the hair, grabs a knife and holds it to Rachel's throat, telling her, "Don't breathe or the knife will cut you". Sara then begins to perform oral sex on Rachel. Rachel tells her, "I want you to stop". Sara doesn't stop.

Domestic Abuse Scenario 1: Sherri and Lisa have been in a relationship for seven years. They live in an apartment complex where they are acquainted with some of the tenants. Sherri and Lisa were at a gay dance club that evening. When they arrived home, Lisa squeezes Sherri's arm and gets within inches of her face, yelling, "I saw you flirting with that woman, do you think anyone else would want you? You are so stupid."

Domestic Abuse Scenario 2: In addition to squeezing Sherri's arm while inches from her face and yelling, Lisa has started grabbing her by the hair. Tonight Lisa comes home to find Sherri talking on the phone with another woman. Sherri attempts to explain to Lisa that she is a just friend. Lisa rips the phone away from Sherri and throws it across the room, breaking it. Lisa then pushes Sherri down, gets on top of her, slaps her face and yells, "You better not be cheating on me".

Older Women

Sexual Abuse Scenario: Carol is fifty-five years old and recently divorced after twenty-five of marriage. She is staying with a long time friend, Jane, until she gets financially settled. One night when Carol was alone Jane's fiancée arrives at the house. Instead of leaving he invites himself in and pushes Carol against the wall. He puts his hands under her clothing, grabbing, and touching her on her breasts and between her legs.

Domestic Abuse Scenario: Mary and Tom have been married for thirty-some years and have four grown children. Three of the children live out of state. The fourth child, who happens to be a girl, is adored by her father. Mary is told often from Tom that she is his wife and must obey him. When Mary does something that upsets Tom, such as forgetting to iron his shirt or not having the evening meal ready

at six o'clock, he squeezes her arm and shouts loudly into her ear, saying things like "you are stupid, you are always forgetting, you are too slow."

Women with Disabilities

Disability Group Sexual Abuse Scenario 1: Mary lives with her parents, grandmother, two sisters and a brother. She is eighteen years old. Mary was in a car accident when she was 16; the accident caused her to become paralyzed from the waste down, so Mary now uses a wheelchair. Her brother Paul, is twenty-one. Her brother has a new friend, Stephen, whom he met at the restaurant where they both work. Stephen has been to their home several times. Mary's parents have said that he is like a "second son". One evening he arrives when Mary is alone in the house. After asking where everyone has gone, Stephen walks towards the door, but instead of leaving he turns around and forces Mary's wheelchair against the wall and then puts his hands under her clothing, grabbing and touching her on her breasts and working his hands down between her legs.

Disability Group Sexual Abuse Scenario 2: Mary lives with her parents, grandmother, two sisters and a brother. She is eighteen years old. Mary was in a car accident when she was 16; the accident caused her to become paralyzed from the waste down, so Mary now uses a wheelchair. Her brother Paul, is twenty-one. Her brother has a new friend, Stephen, whom he met at the restaurant where they both work. Stephen has been to their home several times. Mary's parents have said that he is like a "second son". One evening he arrives when Mary is alone in the house. After asking where everyone has gone, Stephen walks towards the door, but instead of leaving he turns around and takes Mary out of her wheelchair and rapes her on the floor.

Disability Group Domestic Abuse Scenario 1: Daisy and Edward have been married for seven years. They live in an apartment that is on the floor above Edward's parents. Daisy's mother and sister live in another part of the state. Daisy has multiple sclerosis and uses a wheelchair, because they live on the second floor Edward has to carry her up and down the stairs. When Daisy does something that upsets Edward, such as forgetting to iron his shirt or not having the evening meal ready at six o'clock, he squeezes her arm and shouts loudly into her ear, saying things like "you are stupid, you are always forgetting, you are too slow".

Disability Group Domestic Abuse Scenario 2: Daisy and Edward have been married for seven years. They live in an apartment that is on the floor above Edward's parents. Daisy's mother and sister live in another part of the state. Daisy

has multiple sclerosis and uses a wheelchair, and because they live on the second floor Edward has to carry her up and down the stairs. When Daisy does something that upsets Edward, such as forgetting to iron his shirt or not having the evening meal ready at six o'clock, he squeezes her arm and shouts loudly into her ear, saying things like "you are stupid, you are always forgetting, you are too slow". Edward has started grabbing her by the hair. Tonight he comes home to find that Daisy has not even started the meal. She apologizes and tells him that his mother, who had told Edward the night before that she would drop groceries off, did not drop them off until 15 minutes before he arrived home. Edward slaps her, then grabs her hair and shouts in her ear: "You are worthless as a wife, I don't know why I keep you around". He then overturns the kitchen table, breaking the plates and glasses that Daisy had set down.

60 and Older and Disability Sexual Abuse Scenario 1: Mary lives with her recently divorced daughter, two granddaughters and a grandson. She is seventy-three years old. Mary had a stroke a year a half ago, which left her paralyzed on the right side. She uses a wheelchair and has difficulty speaking. Since her daughter has had to return to work, she has hired a personal care worker to come in during the day to take care of Mary. Stephen comes to the home for several hours each day to help Mary while there is no one at home. One day while Stephen is alone with Mary he forces Mary's wheelchair against the wall and then puts his hands under her clothing, grabbing and touching her on her breasts and working his hands down between her legs.

60 and Older and Disability Sexual Abuse Scenario 2: Mary lives with her recently divorced daughter, two granddaughters and a grandson. She is seventy-three years old. Mary had a stroke a year a half ago, which left her paralyzed on the right side. She uses a wheelchair and has difficulty speaking. Since her daughter has had to return to work, she has hired a personal care worker to come in during the day to take care of Mary. Stephen comes to the home for several hours each day to help Mary while there is no one at home. One day while Stephen is alone with Mary he takes Mary out of her wheelchair and rapes her on the floor.

60 and Older and Disability Domestic Abuse Scenario 1: Daisy and Edward have been married for seventeen years. After diabetes had made Daisy's vision so bad that she could no longer drive or get around well on her own, they decided to rent the upstairs out to Edward's son and daughter-in-law from his first marriage. Daisy's grown children, from her first marriage, live in another part of the state. When Daisy does something that upsets Edward, such as forgetting to iron his shirt or not having the evening meal ready at six o'clock, he squeezes her arm and shouts

loudly into her ear, saying things like “you are stupid, you are always forgetting, you are too slow”.

60 and Older and Disability Domestic Abuse Scenario 2: Daisy and Edward have been married for seventeen years. After diabetes had made Daisy’s vision so bad that she could no longer drive or get around well on her own, they decided to rent the upstairs out to Edward’s son and daughter-in-law from his first marriage. Daisy’s grown children, from her first marriage, live in another part of the state. When Daisy does something that upsets Edward, such as forgetting to iron his shirt or not having the evening meal ready at six o’clock, he squeezes her arm and shouts loudly into her ear, saying things like “you are stupid, you are always forgetting, you are too slow”. Edward has started grabbing her by the hair. Tonight he comes home to find that Daisy has not even started the meal. She apologizes and tells him that his daughter-in-law needed her to watch the children while she went out to the store, which made her late. Edward slaps her, then grabs her hair and shouts into her ear: “Your job is here, making dinner; not watching those kids”. He then overturns the kitchen table, breaking the plates and glasses that daisy had set down.

Deaf and Hard of Hearing

Deaf and Hard of Hearing Group Sexual Abuse Scenario 1: Mary lives with her parents, grandmother, two sisters and a brother. She is eighteen years old. Mary’s mother had rubella when she was pregnant with Mary so Mary was born Deaf, the rest of the family is hearing. Her brother Paul, is twenty-one. Her brother has a new friend, Stephen, whom he met at the restaurant where they both work. Stephen has been to their home several times. Mary’s parents have said that he is like a “second son”; he even learned some sign language so he could communicate with Mary. One evening he arrives when Mary is alone in the house. After asking where everyone has gone, Stephen walks towards the door, but instead of leaving he turns around and forces Mary against the wall and then puts his hands under her clothing, grabbing and touching her on her breasts and between her legs.

Deaf and Hard of Hearing Group Sexual Abuse Scenario 2: Mary lives with her parents, grandmother, two sisters and a brother. She is eighteen years old. Mary’s mother had rubella when she was pregnant with Mary so Mary was born Deaf, the rest of the family is hearing. Her brother Paul, is twenty-one. Her brother has a new friend, Stephen, whom he met at the restaurant where they both work. Stephen has been to their home several times. Mary’s parents have said that he is like a “second son”; he even learned some sign language so he could communicate with Mary. One evening he arrives when Mary is alone in the house. After asking where everyone

has gone, Stephen walks towards the door, but instead of leaving he turns around, pushes Mary to the floor and rapes her.

Deaf and Hard of Hearing Group Domestic Abuse Scenario 1: Daisy and Edward have been married for seven years. Daisy and Edward are both Deaf. They live in an apartment that is on the floor above Edward's parents. Daisy's mother and sister live in another part of the state. When Daisy does something that upsets Edward, such as forgetting to iron his shirt or not having the evening meal ready at six o'clock, he squeezes her arm and stands in front of her, wildly signing things like "you are stupid, you are always forgetting, you are too slow".

Deaf and Hard of Hearing Group Domestic Abuse Scenario 2: Daisy and Edward have been married for seven years. Daisy and Edward are both Deaf. They live in an apartment that is on the floor above Edward's parents. Daisy's mother and sister live in another part of the state. When Daisy does something that upsets Edward, such as forgetting to iron his shirt or not having the evening meal ready at six o'clock, he squeezes her arm and stands in front of her, wildly signing things like "you are stupid, you are always forgetting, you are too slow". Edward started grabbing her by the hair. Tonight he comes home to find that Daisy has not even started the meal. She apologizes and tells him that his mother had needed some medicine from the drug store, which made her late. Edward slaps her, then grabs her hair and pushes her into the wall and signs wildly "Your job is here, making dinner, not running errands". He then overturns the kitchen table, breaking the plates and glasses that Daisy had set down.

Incarcerated/Recently Incarcerated

The facilitator for this group felt that the scenarios developed for the facilitators' training guide were not a good fit for her focus group audience. She decided to rely primarily on the following series of questions.

1. How many of you have had the police involved because your husband or boyfriend (current or ex) threatened or scared or hurt you?
2. For those of you who have contact with the police for a domestic violence call, what was your experience like?
3. What problems do you think abused women encounter when they try to get help?
4. What is the one thing you think should be changed in how the criminal justice system treats women?
5. What organizations have been most helpful to you in dealing with domestic violence? What types of help have you received?

6. What are the barriers for women trying to get help and to stay safe?
Any other recommendations to improve how our community responds to domestic violence?

In addition, the facilitator developed a brief scenario: Kim and Tammy live in a half-way house together. Terry gets upset because Kim was talking to Stacy; she slaps Kim. What should Kim do?

APPENDIX E

Focus Group Findings Tables

The tables provide a snapshot of each discussion, drawing on the notes taken during each focus group. They emphasize key themes and areas of agreement and disagreement. Where a particular section is blank, it is because it did not surface in any significant way during the discussion.

The Tables:

1. Threats to Privacy
2. Fear
3. Women's Responses to Abuse and Violence
4. Children
5. Help Seeking
6. Experience with Victims Services
7. Criminal Justice System Intervention
8. Cultural Competency and Distinctive Issues
9. Response to Perpetrators
10. Participants' Recommendations

Table 1: Threats to Privacy

Focus Group	Sexual Assault	Domestic Violence
African-American Women (Small City)	<ul style="list-style-type: none"> Young girls hide things . . . hold the guilt 	<ul style="list-style-type: none"> Anonymity and confidentiality important Get information, <i>then hang up quick</i> Call <i>where she doesn't need to leave her name</i>
African-American Women (Urban)	<ul style="list-style-type: none"> If perpetrator seen as member of the family, she's unlikely to tell; <i>family will condemn you</i> 	<ul style="list-style-type: none"> May not tell because she's ashamed to go to her family Telling might mean that her family gives her an ultimatum to leave him It will get worse if people know what's happening
Hmong Women	<ul style="list-style-type: none"> Women keep it to themselves Telling means that entire community will know Not likely to report because of concern that it would shame herself and the community 	<ul style="list-style-type: none"> Telling, particularly if there are repeat incidents, risks being seen as gossiping Mixed response to neighbors calling the police. Some saw it as good that someone else cared. Others saw it as interfering in a private matter Shouldn't tell anyone
Latinas	<ul style="list-style-type: none"> Most women would not tell: no one would believe her Focus would be on what kind of person she was: <i>was she a flirt, was she wild, or a quiet girl?</i> Such abuse is embarrassing, reluctant for family or others to find out All women, though, would tell a doctor, since that visit is confidential 	<ul style="list-style-type: none"> Telling means you will be blamed Once outsiders such as police are involved, support may disappear Telling risks being <i>sent away</i> if undocumented
Lesbians (Rural)	<ul style="list-style-type: none"> Not even sure if anonymous line would be comfortable Concern about getting your name in the newspaper: <i>It's all over the police scanner and in the paper</i> Lesbian community small and tight-knit; encourages silence to protect community 	<ul style="list-style-type: none"> Not being ready to come out Concerned that the incident will end up in the newspaper Hotline needs to be anonymous Concern for her children's privacy

Table 1: Threats to Privacy Cont'd

Focus Group	Sexual Assault	Domestic Violence
Lesbians (Urban)	<ul style="list-style-type: none"> ▪ Telling means coming out, if you're not already ▪ Telling means facing likely homophobic reactions ▪ Nobody believes you, in straight relationships and especially in lesbian relationships ▪ Embarrassing for a straight woman to tell about sexual abuse, even more so for a lesbian woman ▪ <i>Might feel better if it wasn't shared with the world</i> ▪ Telling means that you lose control over what happens 	<ul style="list-style-type: none"> ▪ Telling means coming out, if you're not already ▪ Telling means facing likely homophobic reactions
Native Women (Rural)	<ul style="list-style-type: none"> ▪ Not likely to tell ▪ Would feel shame, if family and others know what's happened ▪ <i>No one would believe her</i> ▪ Everyone in community would know if she called police ▪ Revictimized because perpetrator in community and everybody knows everybody 	<ul style="list-style-type: none"> ▪ Might not tell her family; they're not likely to do anything
Native Women (Urban)	<ul style="list-style-type: none"> ▪ <i>Gossip, it goes around</i> ▪ Might prefer a stranger than a center where everyone knows her ▪ Can't trust confidentiality forms 	<ul style="list-style-type: none"> ▪ May keep it to herself, feel that she can't tell the family, hard to know if they will be supportive
Older Women (55+)	<ul style="list-style-type: none"> ▪ Stigma of <i>sleeping around</i> if people find out what happened 	
Older Women with Disabilities	<ul style="list-style-type: none"> ▪ Reluctant to say anything in front of children, grandchildren ▪ Don't want to discuss anything of a sexual nature ▪ In small town, would be in the paper ▪ <i>Don't tell my children</i> 	<ul style="list-style-type: none"> ▪ In a small town, don't want anyone to overhear, i.e., when talking with the parish nurse
Women with Disabilities (Rural)	<ul style="list-style-type: none"> ▪ It would be front page news if she told someone ▪ Public humiliation, because everyone would know 	<ul style="list-style-type: none"> ▪ Small communities can cover things up
Women with Disabilities (Urban)	<ul style="list-style-type: none"> ▪ Unlikely that anyone, particularly family, would believe her 	
Deaf Women (Urban)	<ul style="list-style-type: none"> ▪ Unlikely to tell her family; issues of shame, trust, and communication ▪ Deaf community is small; don't want people to know what's happened ▪ Can't trust interpreter to respect privacy, keep what she says private ▪ No privileged communication with interpreter 	
Incarcerated/Recently Incarcerated Women	Threats to privacy expressed primarily in context of incarceration: there is no privacy; experience of being strip-searched; "need to be bleeding through your pants before they give you a pad"	

Table 2: Fear

Focus Group	Sexual Assault	Domestic Violence
African-American Women (Small City)	<ul style="list-style-type: none"> ▪ Fear of shame and breaking up the family (where perpetrator is a friend) ▪ Scared to go to her family ▪ Afraid to be touched by a man 	<ul style="list-style-type: none"> ▪ Fear of killing him in response to the abuse ▪ Afraid for her children, impact on children ▪ <i>Twice as afraid if there were children</i> ▪ Afraid to trust police and legal system ▪ <i>Scared to go to the police</i>
African-American Women (Urban)	<ul style="list-style-type: none"> ▪ Fear might make her call police ▪ Fear that family might turn on her if she tells 	<ul style="list-style-type: none"> ▪ Fear that children will be taken away ▪ Afraid of loss of financial support ▪ Fear makes it difficult for women to do anything
Hmong Women	<ul style="list-style-type: none"> ▪ Fear that she will bring shame to the community ▪ Fear of parents blaming her ▪ Fear of perpetrator 	<ul style="list-style-type: none"> ▪ Fear of husband's reaction if neighbors call the police/police become involved
Latinas	<ul style="list-style-type: none"> ▪ 8 of 8 participants had been sexually abused at some point in their lives, but were afraid to tell anyone about it ▪ Afraid to tell because she will not be believed 	<ul style="list-style-type: none"> ▪ Afraid of being blamed ▪ Fear of deportation ▪ Afraid to ask for support from family ▪ Afraid that brothers might beat her husband if she tells ▪ <i>Always afraid that CPS would take my children</i> ▪ Afraid that he will take children away ▪ Fear of being hurt again
Lesbians (Rural)	<ul style="list-style-type: none"> ▪ Afraid of the shame attached to abuse ▪ Fear for her privacy: <i>I would get on an anonymous line, if I was even comfortable with that.</i> ▪ Fear of talking about sex; gets seen as being all about sex, some <i>queer sex desire</i> ▪ Afraid of public disclosure, impact on her children 	<ul style="list-style-type: none"> ▪ Fear of homophobia, that she'll be harmed because she's a lesbian ▪ Never know what the reaction will be, how you will be received or how dangerous it will be ▪ Afraid that everyone will know your business, start taking sides ▪ Afraid of impact on children
Lesbians (Urban)	<ul style="list-style-type: none"> ▪ Afraid of being "outed" ▪ Fear of homophobia ▪ Fear that friends will take sides if they also know the perpetrator ▪ Fear that no one will believe her because <i>girls don't have 'real' sex</i> 	<ul style="list-style-type: none"> ▪ Afraid of being "outed" ▪ Fear of homophobia ▪ Fear that friends will take sides if they also know the perpetrator ▪ Fear of arrest; same-sex domestic violence more likely to be labeled "mutual" ▪ Afraid of losing home, financial security

Table 2: Fear Cont'd

Focus Group	Sexual Assault	Domestic Violence
Native Women (Rural)	<ul style="list-style-type: none"> ▪ Afraid to tell her family; they won't believe her ▪ Afraid of being more victimized if she tells ▪ Fear of being blamed: <i>What did I do to cause this?</i> ▪ Afraid that nothing will happen if she does tell (because of how other cases have been handled) 	<ul style="list-style-type: none"> ▪ Afraid of the way the legal system and communities treat victims
Native Women (Urban)	<ul style="list-style-type: none"> ▪ Fear for her privacy if she seeks help in Native community: <i>everyone knows about it</i> 	<ul style="list-style-type: none"> ▪ Fear of fighting back, of killing him and ending up in prison ▪ Afraid for children
Older Women (55+)	<ul style="list-style-type: none"> ▪ Afraid of being kicked out (of her friend's house if she reports her boyfriend) ▪ Financial (losing her place to live) ▪ Fear of retribution ▪ Might leave her friend's because she is afraid of rape ▪ Fear of being killed 	<ul style="list-style-type: none"> ▪ Afraid about the impact on her children, both young and as adults ▪ Fear of poverty ▪ Afraid of being alone
Older Women with Disabilities	<ul style="list-style-type: none"> ▪ Ashamed to discuss anything sexual ▪ Afraid that she won't be believed ▪ Intimidation by care provider: <i>paralyzed by fear</i> 	
Women with Disabilities (Rural)	<ul style="list-style-type: none"> ▪ Afraid to tell her family; they wouldn't believe her ▪ Fear of public humiliation in a small town ▪ Fear of retaliation 	<ul style="list-style-type: none"> ▪ Afraid of not being protected, of being left more vulnerable ▪ Afraid of further violence if she reports it ▪ Fear of panic attacks, going out of the house
Women with Disabilities (Urban)	<ul style="list-style-type: none"> ▪ Fear of being in relationships with men because of repeated abuse: <i>You're easy prey.</i> 	<ul style="list-style-type: none"> ▪ Fear of impact of violence on her children ▪ Fear of CPS taking children away because of disability ▪ Fear of losing financial support and/or personal care
Deaf Women (Urban)	<ul style="list-style-type: none"> ▪ Fear of loss of privacy ▪ Afraid that interpreter will misrepresent what she says ▪ Fear of being victimized again if she reports it: <i>You want me to act out inappropriate sexual touching or rape?</i> 	<ul style="list-style-type: none"> ▪ Fear that she'll tell, but will be seen as slow, dumb, and/or lying ▪ Police don't enforce restraining orders; they're <i>worthless . . . a few days later her head is blown off</i>
Incarcerated/Recently Incarcerated Women	<ul style="list-style-type: none"> ▪ Afraid to disclose violence ▪ Fear of own impact of prison on own use of violence ▪ Experience of being in segregation, <i>in the hole</i> ▪ I thought I was going to lose my mind 	

Table 3: Women’s Response to Abuse and Violence

Focus Group	Sexual Assault	Domestic Violence
African-American Women (Small City)	<ul style="list-style-type: none"> ▪ Fight back ▪ Disagree whether she would tell her family, whether they’d be supportive ▪ More likely to turn outside family ▪ If rape, maybe call police ▪ <i>Take a shower and not say anything</i> ▪ Family will retaliate, not call police ▪ Some use of counseling (5 of 14) 	<ul style="list-style-type: none"> ▪ Tell him off ▪ Fight back ▪ <i>Ever see The Burning Bed?</i> ▪ Might not do anything: <i>broken down, programmed</i> ▪ Start saving money ▪ Family would support her, send money if they could ▪ May not tell family; they might think she should stay for financial security ▪ Leave him
African-American Women (Urban)	<ul style="list-style-type: none"> ▪ She should call police; fight back ▪ What she’d really do is <i>ball up in a corner</i>; go to a friend 	<ul style="list-style-type: none"> ▪ Fight back ▪ <i>She needs to take him out</i> ▪ <i>Get a pistol and mace</i> ▪ Leave ▪ If she’s drinking or on drugs, more likely to <i>just take it</i>
Hmong Women	<ul style="list-style-type: none"> ▪ Should fight back ▪ What she’d really do: she would blame herself, hide it, feel like it was her fault ▪ <i>I’m going to kill him, if she’s my daughter.</i> 	<ul style="list-style-type: none"> ▪ Try to talk with her husband, try to improve communication ▪ Takes it on herself: need to improve, change something in herself ▪ Turn to brothers, in-laws, her parents for help ▪ Some said she should fight back
Latinas	<ul style="list-style-type: none"> ▪ Should fight him off ▪ Belief that she can somehow control it at a certain level; shouldn’t “let” him continue ▪ Would probably keep quiet, not tell anyone, not fight back ▪ Important for her to be seen as blameless for her family to defend her 	<ul style="list-style-type: none"> ▪ Would try to change the environment; belief that she can somehow control it at a certain level ▪ <i>Stop him now before it becomes worse</i> [physical] ▪ Depression ▪ Should call police or talk to a therapist or someone ▪ Would be more likely to hide it: <i>I could not tell anyone about my problems</i> ▪ Women don’t know where to go for support
Lesbians (Rural)	<ul style="list-style-type: none"> ▪ <i>Stay and shut up</i> ▪ Leave ▪ Most would not want police involved; concerned about mutual arrest ▪ Would have to be <i>way over the line or fear for your life</i> to call police ▪ Wait for her ex to leave her alone ▪ Most would not tell their families ▪ Don’t talk about sex 	<ul style="list-style-type: none"> ▪ Try and talk ▪ Walk away ▪ <i>It depends on how violent it has been before</i> ▪ Constant concern about homophobia ▪ Concern about being “outed” ▪ If more violence, should tell someone, but <i>not the police</i> ▪ It’s two women, won’t be taken seriously

Table 3: Women’s Response to Abuse and Violence Cont’d

Focus Group	Sexual Assault	Domestic Violence
Lesbians (Urban)	<ul style="list-style-type: none"> ▪ Should fight back (scream, yell), unless a weapon involved (Scenario 2), then more complicated. ▪ Different theories about how to respond: being quiet vs. holding your own space ▪ It’s her call; only she knows the situation ▪ <i>Don’t believe in systematic answers on this stuff</i> 	<ul style="list-style-type: none"> ▪ Most felt that she should leave the relationship ▪ Unless she knows there are services sensitive to lesbians, not likely to seek help ▪ Women might use violence to survive, but maybe not on the abuser, but on themselves, on someone else, on an animal
Native Women (Rural)	<ul style="list-style-type: none"> ▪ Should tell him to stop, report him, get help from an advocate, try to leave, fight back ▪ More likely, would push back and end up in a fight, try to reach a neighbor, feel shame, be in crisis in and shock ▪ Feelings of disbelief that he would do this to her 	<ul style="list-style-type: none"> ▪ Emphasis on her leaving ▪ Leave before violence escalates ▪ Send children away; send children to their room ▪ Women more likely to be blamed ▪ She would <i>try to do better</i> (control what’s happening)
Native Women (Urban)	<ul style="list-style-type: none"> ▪ Hard to admit it happened, especially if incest ▪ Try to seek help where she is not known 	<ul style="list-style-type: none"> ▪ Might see it as her fault ▪ Low self-esteem, depression ▪ Emphasis on leaving ▪ Emphasis on fighting back ▪ May stay to keep up appearances for family or community ▪ Prayer singing group
Older Women (55+)	<ul style="list-style-type: none"> ▪ If an assault, should be reported to police ▪ Probably won’t report it: <i>wouldn’t want to go through that; afraid of losing her place to live</i> ▪ Disagree about whether it’s a matter of her making a “wrong choice” ▪ Want perpetrator to experience the same pain; send him to prison, <i>rape as punishment</i> ▪ Want an apology, but <i>it won’t happen</i> ▪ Needs to fight back or it looks like she consented ▪ Disagree about whether to fight back, whether that’s safe 	<ul style="list-style-type: none"> ▪ If husband becomes ill, feels she needs to care for him, even if she was planning a divorce ▪ Should kick him out ▪ Complicated by financial dependence, children; unlikely to just kick him out
Older Women (55+)	<ul style="list-style-type: none"> ▪ If an assault, should be reported to police ▪ Probably won’t report it: <i>wouldn’t want to go through that; afraid of losing her place to live</i> ▪ Disagree about whether it’s a matter of her making a “wrong choice” ▪ Want perpetrator to experience the same pain; send him to prison, <i>rape as punishment</i> ▪ Want an apology, but <i>it won’t happen</i> ▪ Needs to fight back or it looks like she consented ▪ Disagree about whether to fight back, whether that’s safe 	<ul style="list-style-type: none"> ▪ If husband becomes ill, feels she needs to care for him, even if she was planning a divorce ▪ Should kick him out ▪ Complicated by financial dependence, children; unlikely to just kick him out

Table 3: Women’s Response to Abuse and Violence Cont’d

Focus Group	Sexual Assault	Domestic Violence
Older Women (55+)	<ul style="list-style-type: none"> ▪ If an assault, should be reported to police ▪ Probably won't report it: <i>wouldn't want to go through that; afraid of losing her place to live</i> ▪ Disagree about whether it's a matter of her making a "wrong choice" ▪ Want perpetrator to experience the same pain; send him to prison, <i>rape as punishment</i> ▪ Want an apology, but <i>it won't happen</i> ▪ Needs to fight back or it looks like she consented ▪ Disagree about whether to fight back, whether that's safe 	<ul style="list-style-type: none"> ▪ If husband becomes ill, feels she needs to care for him, even if she was planning a divorce ▪ Should kick him out ▪ Complicated by financial dependence, children; unlikely to just kick him out
Older Women with Disabilities	<ul style="list-style-type: none"> ▪ Tell daughter, granddaughter, home health aid ▪ Maybe report to police ▪ Not likely to resist: unable to communicate, no strength, can cause more damage ▪ Reluctant to report: sense of shame, police might direct anger at care agency instead of perpetrator 	<ul style="list-style-type: none"> ▪ May not recognize abuse or consider it "real" abuse ▪ Should tell someone: confide in neighbor, friend, doctor, crisis line ▪ She might think it's OK, it's her role ▪ <i>Needs to walk out, for her own well-being</i>
Women with Disabilities (Rural)	<ul style="list-style-type: none"> ▪ Should fight back: scratch, bite, poke his eye out, break his nose ▪ More likely, would <i>give up, give in, lay there and cry</i> 	<ul style="list-style-type: none"> ▪ <u>Should</u> get rid of him, leave, get out ▪ Not much choice, especially if she has children ▪ Panic attacks and other disabilities make it hard to act ▪ Fear of his killing her ▪ Disagree whether getting a gun would be a good idea
Women with Disabilities (Urban)	<ul style="list-style-type: none"> ▪ High level of anger ▪ Disagreement over whether they could/should try to fight back ▪ At a higher risk because of past victimization and disability 	<ul style="list-style-type: none"> ▪ High level of anger ▪ Images of violent retribution common ▪ At higher risk because of disability: calling police or crisis line means turning in her care giver: choosing between care and safety
Deaf Women (Urban)	<ul style="list-style-type: none"> ▪ Should tell police, try to get away ▪ More likely to freeze; won't know what to do ▪ Not likely to tell family; might not believe her, take it seriously ▪ More likely to tell friends ▪ Find some to trust, someone she can communicate with 	<ul style="list-style-type: none"> ▪ Disagreement about whether she should/could leave ▪ May be isolated from family, unable to work, few friends ▪ Trapped more than a hearing woman ▪ <i>First needs a support system</i> ▪ Can't turn to his family; her family would be first place he'd look
Incarcerated/ Recently Incarcerated Women	<ul style="list-style-type: none"> ▪ Willingness to <i>fight back</i> ▪ May use violence against partner, but he's not necessarily afraid of her ▪ Experience of incarceration has impact on use of violence ▪ Survival in jail means <i>the anger builds to domestic violence</i> ▪ Experience significant injuries because of domestic violence: broken jaw, <i>busted eye, beat so bad I couldn't walk the next day</i> 	

Table 4: Children

Focus Group	Sexual Assault	Domestic Violence
African-American Women (Small City)	<ul style="list-style-type: none"> Younger women/girls more likely to hide what's happened 	<ul style="list-style-type: none"> Don't want your son to believe that's how you treat a woman More afraid if she has children No place for women with older children/teenagers to go
African-American Women (Urban)		<ul style="list-style-type: none"> Children blame mother for father's absence (i.e., with restraining order) Fear that children will be taken away Children may not want to leave if they haven't been abused Disagreement about whether he should still have contact (supervised visits) with children Difficult to take a family to a shelter Children might mean that her family is less likely to take them in
Hmong Women	<ul style="list-style-type: none"> Mixed response to marriage by 13-14-15 year old girls (for many that is their experience). Less objection to his behavior <i>if I like him . . .if not I would rather die.</i> Shouldn't force marriage 	<ul style="list-style-type: none"> With children, likely to stay in relationship, but keep knowledge of what's happening from children Want to see men learn about child rearing Because of children, more reluctant to see police involved Everything more difficult with children involved
Latinas	<ul style="list-style-type: none"> Many women had experience of being sexually abused as child or teen As children they were not believed Sexual abuse very seldom discussed in Latino homes 	<ul style="list-style-type: none"> Higher concern about abuse and violence if children are involved Abuse equally wrong, with or without children Stay to protect children Harder to leave once there are children Afraid that CPS will take children away if she reports the violence <i>He threatens to take the children away</i>
Lesbians (Rural)	<ul style="list-style-type: none"> If reports assault, children are likely to know; don't want them to be teased 	<ul style="list-style-type: none"> <i>Hard to be out when you have kids</i> If kids get a hard time at school, don't want it to get worse by reporting to police <i>Everything is more complicated with kids</i> Children's father used sexual orientation against her If children, can't leave town; need to be down the block from ex-partner
Lesbians (Urban)	<ul style="list-style-type: none"> Teenage women have <i>ten times the obstacles</i> and even less information 	<ul style="list-style-type: none"> Becomes even more complicated Not recognized as a family

Table 4: Children Cont'd

Focus Group	Sexual Assault	Domestic Violence
Native Women (Rural)	<ul style="list-style-type: none"> ▪ Girls don't understand sexual assault, don't know they shouldn't be treated that way ▪ Concern about level of sexual abuse and assault of young girls ▪ Gang rapes are happening ▪ Children have inaccurate and inappropriate information, i.e., oral sex not "real" sex 	<ul style="list-style-type: none"> ▪ Leave so children won't get hurt ▪ If there are children, she should leave ▪ Service providers need to stop revictimizing around child custody and child support
Native Women (Urban)	<ul style="list-style-type: none"> ▪ <i>You would have girls 1 and 12 coming in pregnant . . . knowing it was an uncle or a dad or a neighbor</i> 	<ul style="list-style-type: none"> ▪ Need to break <i>intergenerational cycle</i> for children ▪ <i>Have to make up her mind that she will do this (leave) for herself and her kids</i> ▪ <i>Mother instinct</i> to protect children
Older Women (55+)	<ul style="list-style-type: none"> ▪ If her children's father is the perpetrator, won't tell them or go to them for help 	<ul style="list-style-type: none"> ▪ Only after children are grown and mothering is no longer an "escape" are they coming to terms with abuse ▪ Concern about impact of violence on children ▪ Children may or may not support her; may minimize, blame her for staying in relationship ▪ Concern for adult children and how abuse has affected them ▪ Depends on age of child, whether you tell them ▪ Adult children probably know what's been going on, even if she hasn't told them ▪ Should tell them, even if they don't see it
Older Women with Disabilities	<ul style="list-style-type: none"> ▪ Relationship with adult children, grandchildren keeps her from talking about anything sexual ▪ <i>Mothering responses</i>: wants to take care of her adult children and not worry them 	<ul style="list-style-type: none"> ▪ If a grandchild was living with her, likely to report the abuse
Women with Disabilities (Rural)		<ul style="list-style-type: none"> ▪ Get out, especially if she has children ▪ Much more difficult with children

Table 4: Children Cont'd

Focus Group	Sexual Assault	Domestic Violence
Women with Disabilities (Urban)	<ul style="list-style-type: none"> ▪ Experiences of child sexual abuse, incest 	<ul style="list-style-type: none"> ▪ Threatened by CPS that child would be taken away because of disability ▪ Trying to shield children from effects of violence ▪ Children might be helpful because <i>they might call the police</i>
Deaf Women (Urban)	<ul style="list-style-type: none"> ▪ Educational interpreter in school system <i>would have the wisdom to help the girl</i> 	<ul style="list-style-type: none"> ▪ Children make it more complicated: <i>How will she take them to go?</i> ▪ Can't count on a restraining order to keep him from trying to snatch kids from school
Incarcerated/ Recently Incarcerated Women	<ul style="list-style-type: none"> ▪ Jail term or drug addiction may mean she doesn't report domestic violence, needs children's father to care for them 	

Table 5: Help Seeking

Focus Group	Sexual Assault	Domestic Violence
African-American Women (Small City)	<ul style="list-style-type: none"> ▪ More likely to go outside family, especially to best friend ▪ Spirituality; Jesus ▪ Pastor or preacher ▪ Therapy; counseling ▪ Most helpful: being believed, support from friends or family 	<ul style="list-style-type: none"> ▪ Parents ▪ Marriage counselor ▪ Get information from a friend ▪ Ways to get information that are quick, anonymous, confidential ▪ Psychotherapist
African-American Women (Urban)	<ul style="list-style-type: none"> ▪ Sexual assault agency ▪ Mixed feelings about going to a hospital because police would be called ▪ Family may not be supportive, particularly if perpetrator is seen as part of the family, <i>a second son</i> ▪ Therapy, church might be source of help ▪ If she's on drugs, will limit help-seeking, she won't care 	<ul style="list-style-type: none"> ▪ Presence of children makes it more difficult ▪ Can't count on families for support ▪ She's <i>out of luck</i> ▪ Disagreement about whether individual or family counseling could help ▪ Advocate, shelter, safe house ▪ Disagreement about whether divorce would help ▪ Therapy ▪ Spiritual counseling
Hmong Women	<ul style="list-style-type: none"> ▪ Mixed feelings about whether parents would be helpful or blaming ▪ Might involve perpetrator's family or clan leaders ▪ In rape scenario, some would call police/get legal system involved 	<ul style="list-style-type: none"> ▪ Few specific examples ▪ Might turn to his relatives and clans, then her own ▪ Mixed feelings about whether marriage counseling helpful ▪ With higher level of violence, more likely to cite police/legal action, to make him leave ▪ Running away, going to safe place
Latinas	<ul style="list-style-type: none"> ▪ Should tell, but she probably won't because she won't be believed ▪ Family not likely to be of help ▪ A sexual assault or rape crisis center or hospital could be helpful (though women did not get that kind of help themselves) ▪ Confidentiality key in willing to seek help ▪ Police, in rape scenario ▪ Mixed response to police and courts as helpful ▪ Mixed response to priest as helpful 	<ul style="list-style-type: none"> ▪ Families more likely to be blaming rather than supportive ▪ Families may not see abuse or violence as a problem ▪ Family might be supportive, but is far away, not in the U.S. ▪ Important to get outside support before telling family ▪ Television cited as a source of information ▪ Shelter, <i>if that's what she wants</i> ▪ Doctor, which might be the only place batterer will allow her to go ▪ Tell anyone who will listen to find support ▪ Latina Resource Center ▪ Majority: go to an advocate ▪ Most women did not see the following as a source of help: shelter, police, courts, hospital, priest

Table 5: Help Seeking Cont'd

Focus Group	Sexual Assault	Domestic Violence
Lesbians (Rural)	<ul style="list-style-type: none"> ▪ Family not a source of help for most ▪ Maybe because she assumes they won't help ▪ Would want to find another lesbian she trusts and <i>that is not in your community</i> ▪ Try to find a gay-friendly therapist or counselor ▪ Mixed opinion about whether she'd feel comfortable in a mixed lesbian/straight support group ▪ <i>We keep a lot in for a long time because it is easier</i> ▪ Turn to alcohol and drugs for escape ▪ Peer support: <i>need someone to talk to who's been there</i> ▪ <i>Do nothing . . . Suck it up . . . Move on</i> 	<ul style="list-style-type: none"> ▪ Influenced by homophobia: who can she trust? ▪ More likely to turn to friends, especially if hasn't disclosed her sexual orientation ▪ Coming out can make her feel safer ▪ Surprised at support they did receive from family, coworkers ▪ <i>When I moved out, 12 people from work came to support me.</i> ▪ Mixed opinions whether she would turn to family for help ▪ <i>We perceive that we have no options</i> ▪ Unitarian church ▪ Other churches seen as blaming, not helpful ▪ Might not feel comfortable at the shelter, unless clear it welcomed lesbians
Lesbians (Urban)	<ul style="list-style-type: none"> ▪ Mixed feelings about whether friends would be helpful or blaming ▪ Not likely to report it (unless a weapon involved) ▪ Knowing that you're not alone ▪ Early validation by someone who can be her advocate ▪ Peer support ▪ Where to get help? Lack of services ▪ Need a whole cast of support: supportive boss, faith community, friends, family 	<ul style="list-style-type: none"> ▪ Needs to call someone she knows and trusts because services are not there ▪ Call DAIS; <i>well-trained and make a big effort to be open and understanding</i> ▪ Being a lesbian stops women from seeking help ▪ Peer support ▪ Needs to be support beyond immediate crisis, but over time
Native Women (Rural)	<ul style="list-style-type: none"> ▪ No resources; no one to turn to ▪ No community support ▪ More opportunity for anonymous services off the reservation 	<ul style="list-style-type: none"> ▪ Lack of resources ▪ Need to know about where to call, where to go
Native Women (Urban)	<ul style="list-style-type: none"> ▪ Don't know where to go; might be resources, but don't know about them ▪ Want anonymous help, where she's not known 	<ul style="list-style-type: none"> ▪ Turn to family ▪ Go to <i>one of the Indian agencies</i> ▪ <i>Shelters for families</i> ▪ Should offer her skill training, education while her kids are in school
Older Women (55+)	<ul style="list-style-type: none"> ▪ Depression makes it harder to get help ▪ Go to a church, retirement home ▪ Go to police ▪ Senior center ▪ Call a friend 	<ul style="list-style-type: none"> ▪ Close, supportive friend ▪ Doctor, psychiatrist ▪ Domestic violence agency ▪ Couldn't get help without going into poverty ▪ Ex-husband's attorney told her to go to a battered women's group ▪ Need someone who listens, believes her

Table 5: Help Seeking Cont'd

Focus Group	Sexual Assault	Domestic Violence
Older Women with Disabilities	<ul style="list-style-type: none"> ▪ May be more comfortable confiding in peers ▪ Peer support, informal support is important, preferred ▪ May turn to those coming into home, such as visiting nurse, home health aid, meal delivery ▪ Her doctor 	<ul style="list-style-type: none"> ▪ Go to a neighbor ▪ Depends on how strong a person she is ▪ Needs a strong support network ▪ Supportive friends ▪ Printed information may help: <i>My generation is a generation that reads</i> ▪ Need to connect through doctors, churches, senior centers, <i>the women's quilting group</i> ▪ Not likely to go to shelter
Women with Disabilities (Rural)	<ul style="list-style-type: none"> ▪ Individual therapy ▪ Crisis counseling ▪ Difficult if you can't move ▪ Support from friends ▪ Having friends and family back her up 	<ul style="list-style-type: none"> ▪ Family not likely to help ▪ Shelter, if there is room but no likely with physical disability ▪ Counselor or doctor
Women with Disabilities (Urban)	<ul style="list-style-type: none"> ▪ Overall, little or no help: not believed, help is designed only for able-bodied ▪ Mixed feelings about help from mental health system ▪ Family won't believe you ▪ May get help from her primary doctor ▪ Overall concerns about being believed and accessibility ▪ Disagreement about whether criminal justice intervention helps 	<ul style="list-style-type: none"> ▪ Women's programs ▪ Counseling with understanding of domestic violence ▪ Accessibility of shelters and other services is a big barrier ▪ Disagreement about whether police or crisis line can help, particularly if she's dependent upon the abuser for care
Deaf Women (Urban)	<ul style="list-style-type: none"> ▪ More likely to turn to friends and mentors for help ▪ Less likely to turn to her family ▪ Trust and communication critical ▪ Disagree about how supportive Deaf community would be ▪ Educational interpreter more helpful than freelance interpreter 	<ul style="list-style-type: none"> ▪ Few examples of where she might get help ▪ Even more isolated than hearing woman ▪ Usually starts with the police, but can't count on them to help
Incarcerated/Recently Incarcerated Women	<ul style="list-style-type: none"> ▪ From <i>didn't tell anyone</i> to <i>I did everything I was supposed to do</i> ▪ Turn to batterer for help in caring for children because of jail or drug addiction ▪ Need help in prison and out: counseling, jobs 	

Table 6: Experience with Victim Services

Focus Group	Sexual Assault	Domestic Violence
African-American Women (Small City)	<ul style="list-style-type: none"> ▪ Scared to use services ▪ Absence of women of color on staff is a barrier to help 	<ul style="list-style-type: none"> ▪ <i>Nowhere for women to go</i> ▪ More available, but still not enough ▪ No place for women with older, teenage children ▪ Lack of resource for women without children ▪ No place for women with alcohol and drug additions ▪ If she has a criminal record, can't get housing or other help ▪ <i>No good services</i> ▪ Takes 2 hours to get around on the city bus ▪ Everything that is available is in Janesville
African-American Women (Urban)	<ul style="list-style-type: none"> ▪ Because hospital calls police, might discourage some women from going for help 	<ul style="list-style-type: none"> ▪ Difficult to take a family to shelter
Hmong Women	<ul style="list-style-type: none"> ▪ Little/no experience 	<ul style="list-style-type: none"> ▪ Little/no experience ▪ Some contact with Hmong agencies, such as Hmong American Women's Association
Latinas	<ul style="list-style-type: none"> ▪ Most thought a sexual assault center would be helpful, but did not know that one existed ▪ In their own experience, did not get help when sexually abused ▪ See therapy as a strong potential support ▪ Participants' sexual abuse experience was new information for Latina Resource Center (connection has been around domestic violence) 	<ul style="list-style-type: none"> ▪ Latina Resource Center a key support; few victim services examples beyond it ▪ Frequent examples of therapy as a victim service; all women would use it if they could afford it ▪ None would go to a hospital unless "definitely necessary" and would probably not disclose abuse ▪ Language and culture barriers to using shelter
Lesbians (Rural)	<ul style="list-style-type: none"> ▪ Not much exists in rural areas ▪ Agencies assume anyone can work with everyone 	<ul style="list-style-type: none"> ▪ May not feel comfortable going to a shelter, may not see it as a resource ▪ <i>Police didn't report it to the shelter like they were supposed to</i> ▪ Difficult to share with non-lesbians, because of stigma, homophobia ▪ Few resources in rural community, gay-friendly services may be far away

Table 6: Experience with Victim Services Cont'd

Focus Group	Sexual Assault	Domestic Violence
Lesbians (Urban)	<ul style="list-style-type: none"> ▪ Services don't exist ▪ Rape Crisis Center in this community would help ▪ Reluctant to trust services: confidentiality, understanding of lesbian and gay experiences ▪ Don't necessarily do a good job on sexual assault with straight women; even worse for lesbians ▪ Nurses are well-trained, but don't know how they would be in same-sex cases 	<ul style="list-style-type: none"> ▪ Therapists and other services don't even understand domestic violence in general very well; worse with same-sex relationship ▪ Outreach (LGBT advocacy) doesn't understand domestic violence, but working on it
Native Women (Rural)	<ul style="list-style-type: none"> ▪ Message is <i>nothing is going to be done</i> ▪ Revictimization, because of how those cases that have been reported were handled ▪ <i>No justice was done</i> ▪ No sexual abuse services exist 	<ul style="list-style-type: none"> ▪ Few services for victims ▪ In legal system, victims are the underdog; revictimized ▪ Revictimized by service providers: child custody, child support, financial sources
Native Women (Urban)	<ul style="list-style-type: none"> ▪ Little trust in their confidentiality ▪ Need to say who they are and what they can do for her, not <i>stand mute</i> ▪ Seek help where not known 	<ul style="list-style-type: none"> ▪ More access to services in urban area than on reservation
Older Women (55+)	<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪ Being believed, sharing experience, someone listening are the most useful ▪ Lack of affordable or free services, especially for women just above the poverty line
Older Women with Disabilities	<ul style="list-style-type: none"> ▪ Don't know how the county sexual assault team would work with a 70-year old woman rather than a 20-year old ▪ Don't come to support groups, except maybe AA ▪ <i>Structured support groups are a young woman's thing</i> ▪ Senior center more a support for domestic violence than sexual assault 	<ul style="list-style-type: none"> ▪ Should be in a <i>safe, secure non-threatening environment, not at the kitchen table</i>

Table 6: Experience with Victim Services Cont'd

Focus Group	Sexual Assault	Domestic Violence
Women with Disabilities (Rural)	<ul style="list-style-type: none"> ▪ Need to call a week or two in advance for transportation ▪ Should have the choice to file charges ▪ Mixed feelings about whether agencies are helpful; depends on training and qualifications ▪ Don't believe in mental illness, or scared of it ▪ At risk for medical provider and caregiver abuse 	<ul style="list-style-type: none"> ▪ Depending on her disability, can't go to shelter ▪ No interpreters available ▪ May not know about services that do exist ▪ Professionals don't believe her if she has a mental disability
Women with Disabilities (Urban)	<ul style="list-style-type: none"> ▪ Not being believed ▪ Accessibility is a huge barrier to help ▪ Services don't exist ▪ More examples of turning to health and counseling for help (though not necessarily effective) 	<ul style="list-style-type: none"> ▪ Medical services and police end up being primary services by default; nothing else is there ▪ Constantly having to weigh safety against personal care ▪ Accessibility is a huge barrier to help
Deaf Women (Urban)	<ul style="list-style-type: none"> ▪ Little support ▪ Can't count on help from beginning to end ▪ Can't trust that the hearing will accurately write what you report ▪ Deaf may not be able to read well enough to know if what interpreter has written is accurate ▪ ADA, but police and social services don't know what to do ▪ Can't trust interpreter to keep what she says private ▪ Traumatic to go through system ▪ No advocates; no Deaf advocates ▪ Stuck with services in own county 	<ul style="list-style-type: none"> ▪ Can't count on agencies, 911, police to know how to use TTY ▪ Deaf seen as slow, dumb ▪ Response delayed or postponed if no interpreter available
Incarcerated/Recently Incarcerated Women	<ul style="list-style-type: none"> ▪ Drug abuse decreases chances you will get help ▪ <i>It's a long, drawn out process, with a lot of rigmarole</i> 	

Table 7: Criminal Justice System Intervention

Focus Group	Sexual Assault	Domestic Violence
African-American Women (Small City)	<ul style="list-style-type: none"> ▪ Disagree on the impact of jail/prison on sex offenders ▪ Question whether there is any rehabilitation, or it just teaches them to be more violent ▪ <i>They will sit there and compare notes.</i> ▪ For less serious assault (Scenario 1), should not go to jail; get counseling and rehabilitation ▪ For rape, more willing to consider prison, but still skeptical ▪ Some favor a separate facility, treatment ▪ Prison experience makes men more violent 	<ul style="list-style-type: none"> ▪ Scared to go to the police ▪ Police see “dispute,” not investigating for battery ▪ Police not asking the right questions, recognizing the signals ▪ Takes 5 or 6 calls before police will come ▪ Ticketing for <i>false emergency calls</i> ▪ If <i>no blood or mayhem</i>, won’t come out ▪ Do not trust police or legal system
African-American Women (Urban)	<ul style="list-style-type: none"> ▪ Several participants thought police would be called: <i>fear would make her call police</i> ▪ Others did not see police as useful 	<ul style="list-style-type: none"> ▪ Mixed feelings about police and court involvement
Hmong Women	<ul style="list-style-type: none"> ▪ In rape scenario, half of women willing to report to police, go to hospital 	<ul style="list-style-type: none"> ▪ Police involvement may make perpetrator angrier, may fight police ▪ Police involvement may also mean that they take him away
Latinas	<ul style="list-style-type: none"> ▪ In rape scenario, most women thought the victim would probably call police ▪ Reluctant, though, to go to court 	<ul style="list-style-type: none"> ▪ Little reference to police or court involvement; not seen as a source of help ▪ Concerns that contact with police would <i>confuse her</i> ▪ Reporting to police presented as something she <u>should</u> do, but in reality would not do ▪ <i>Will not find it easy to call police</i>
Lesbians (Rural)	<ul style="list-style-type: none"> ▪ Don’t trust police response: everyone will know about it; possibility of mutual arrest 	<ul style="list-style-type: none"> ▪ <i>I wouldn’t go to the police</i> ▪ Reluctant to go to police because it will end up in the paper ▪ Police came but didn’t report it to the shelter like they should have
Lesbians (Urban)	<ul style="list-style-type: none"> ▪ Unlikely to report it (maybe if a weapon involved) ▪ More likely to report if she could be assured she would be taken seriously ▪ Should be her choice, to use the courts ▪ No control over what happens once it’s reported ▪ Always the fear about homophobia 	<ul style="list-style-type: none"> ▪ Can’t trust police to understand, take it seriously ▪ May not disclosure real relationship ▪ Risk being seen only as “mutual” abuse and getting arrested ▪ <i>Even if cops are nice and understanding 72 hours later, back together</i> ▪ More likely to get arrested

Table 7: Criminal Justice System Intervention Cont'd

Focus Group	Sexual Assault	Domestic Violence
Native Women (Rural)	<ul style="list-style-type: none"> ▪ Experiences mostly negative ▪ System does not follow through ▪ Without community support, hard for her to call police 	<ul style="list-style-type: none"> ▪ Revictimizing; victims not supported ▪ Police not seen as a resource ▪ Batterers manipulate police ▪ Nothing happens to repeat offenders ▪ Women much more likely to go to jail
Native Women (Urban)		
Older Women (55+)	<ul style="list-style-type: none"> ▪ Police involvement would be an option for some women 	<ul style="list-style-type: none"> ▪ Not included in list of most helpful agencies ▪ Want police to arrest without her having to press charges or signing a complaint
Older Women with Disabilities	<ul style="list-style-type: none"> ▪ Police, district attorney's office helpful (if you're in <i>a county that listens</i>) 	<ul style="list-style-type: none"> ▪ More likely to call police if she has supportive friends, knowledge about abuse
Women with Disabilities (Rural)	<ul style="list-style-type: none"> ▪ More likely to call police if she has support from a trusted friend ▪ Triggers publicity, everyone reads about you in the paper 	<ul style="list-style-type: none"> ▪ Going to police might make it more dangerous ▪ Afraid to call police ▪ Police know and sympathize with abuser ▪ Too lenient; need tougher laws
Women with Disabilities (Urban)	<ul style="list-style-type: none"> ▪ Disagreement about whether police will help ▪ Negative experiences with police ▪ Police need training on disabilities, sensitivity 	<ul style="list-style-type: none"> ▪ Calling police can be more dangerous: no place to go and she's dependent on abuser for personal care
Deaf Women (Urban)	<ul style="list-style-type: none"> ▪ Police not helpful; see Deaf woman as dumb, don't believe her ▪ Going through the system is retraumatizing, revictimizing 	<ul style="list-style-type: none"> ▪ Can't count on 911, police, courts to know how to operate a TTY ▪ Intervention delayed or postponed because system does not have interpreters ▪ Victimized twice; seen as dumb
Incarcerated/Recently Incarcerated Women	<ul style="list-style-type: none"> ▪ Experience as victim: police won't act if she won't press charges, won't help if she's doing drugs, <i>you have to be about half dead before they do something for you</i> ▪ Experience as offender: some guards abuse power and authority, system is male-oriented, doesn't respond to women's needs, have to be violent to survive in prison, <i>system is set up in a way that you end up right back where you started</i> ▪ Lack of post-incarceration help with counseling, jobs, housing 	

Table 8: Cultural Competency & Distinctive Issues

Focus Group	Sexual Assault	Domestic Violence
African-American Women (Small City)	<ul style="list-style-type: none"> ▪ Attack on her means being disrespectful of her brother and her family, too ▪ Cannot trust doctors, police, legal system – White-dominated systems ▪ <i>Black family will retaliate, not call the police</i> ▪ Prison not seen as much of a solution; makes violence worse ▪ Important to <i>see yourself</i> in those who provide services ▪ Agencies need to have African-American staff 	<ul style="list-style-type: none"> ▪ Fighting back ▪ Cannot trust police, legal system
African-American Women (Urban)	<ul style="list-style-type: none"> ▪ If perpetrator is seen as <i>part of the family, too</i>, victim is unlikely to tell family or report it ▪ Potential support from church 	<ul style="list-style-type: none"> ▪ Discussion of whether women should stay in marriage and try to make it work; whether divorce makes situation more difficult ▪ Financial situation makes it difficult to leave
Hmong Women	<ul style="list-style-type: none"> ▪ Role of clan leaders ▪ Distinctiveness of clan structure in considering response and services ▪ Spiritual component: <i>Have a soul calling; bring chicken and eggs to bring spirit back to her.</i> ▪ In rape scenario, may be forced to marry. This might be likely, but not welcome by women. ▪ Response to question: <i>In Hmong culture, do you think that rape is OK?</i> Unanimous: <i>No</i> ▪ Little/no experience with majority-culture victim services ▪ Language differences barrier to help from mainstream victim services and legal systems ▪ Split between what would happen <i>back in Laos/Hmong culture and legal system/U.S. culture</i> 	<ul style="list-style-type: none"> ▪ Mainstream marriage counseling not helpful; don't understand Hmong culture ▪ See potential role of Hmong-based organizations ▪ Did not generally recognize those culturally-distinct programs that are responding to domestic violence ▪ Role of mother-in-law is significant, either as source of support or (more frequent example) colluding with batterer and/or abusive toward her daughter-in-law. ▪ Role of in-laws, in general. May be more likely to tell them what's going on before telling her own parents.

Table 8: Cultural Competency & Distinctive Issues Cont'd

Focus Group	Sexual Assault	Domestic Violence
Latinas	<ul style="list-style-type: none"> ▪ Seen as problem of “loss of respect” or “disrespecting” her family ▪ Would be seen as attack against family and home, not just individual woman ▪ Availability of Spanish-language services ▪ How to discuss issues of sexual assault, especially related to children, in Latino homes 	<ul style="list-style-type: none"> ▪ Women stay in marriage to <i>honor their men</i> ▪ Cultural differences between Mexico and U.S. in response to violence ▪ Message from parents that you should <i>stick by your man</i> as long as he supports you ▪ <i>Moms always defend their sons and blame the daughter-in-law</i> ▪ Availability of bicultural, bilingual services (i.e., Latina Resource Center) significant for women seeking help
Lesbians (Rural)	<ul style="list-style-type: none"> ▪ Lesbians seen as being “all about sex,” so even more reluctant to disclose sexual assault ▪ Few resources in rural areas ▪ Small size of rural lesbian community encourages silence ▪ Don’t reach out because expect people not to understand; may not be true ▪ Can’t trust churches; not supportive ▪ Women’s centers need support, assurance that they will not lose funding if they provide services to lesbians 	<ul style="list-style-type: none"> ▪ Issues of homophobia is a constant ▪ Fear for safety if out is a constant for some women, but not all ▪ Some see being out as protective ▪ In a small community it is <i>don’t ask, don’t tell</i>; everyone knows ▪ Because of small numbers and distance, difficult to meet other lesbians ▪ More likely to stay with abusive partner because community so small: <i>I didn’t know a single other lesbian besides my partner</i> ▪ Don’t share information about abusive partner because community is so small; everybody will know ▪ <i>There is a loyalty issue to the little tiny community</i> ▪ Feeling that partner is also her best friend; lose both if relationships ends
Lesbians (Urban)	<ul style="list-style-type: none"> ▪ Homophobia always a factor in reactions of individuals and systems ▪ Small communities: sense of everybody knowing what’s happened ▪ Almost complete understanding of sexual abuse in context of same-sex relationships ▪ Lesbian community denies it can happen 	<ul style="list-style-type: none"> ▪ Distinction between being out and being closeted ▪ Isolation is huge ▪ Homophobia always a factor ▪ A lot of minimizing and denying: can’t happen if it’s <i>two girls</i> ▪ Because there’s so much external oppression, tendency to stay with abusive partner in order to not look bad ▪ Small community. If you call Outreach, might be someone who knows you

Table 8: Cultural Competency & Distinctive Issues Cont'd

Focus Group	Sexual Assault	Domestic Violence
Native Women (Rural)	<ul style="list-style-type: none"> ▪ Communities are small and everybody knows what's happening ▪ Complete lack of services ▪ Elders who have been perpetrators now represent the tribe ▪ Those at the top (elders, officers) may be former offenders of have them in their family ▪ <i>It becomes political as secrets come out</i> 	<ul style="list-style-type: none"> ▪ Communities support batterers
Native Women (Urban)	<ul style="list-style-type: none"> ▪ <i>Need something that says this is Indian and it's safe to be here</i> ▪ Not recognized as Native: <i>Are you sure you're not Mexican?</i> ▪ Concerns for privacy and confidentiality mean she may not say anything 	<ul style="list-style-type: none"> ▪ Stronger sense of family as source of help ▪ Anonymity and confidentiality may be more important for some women than Native services ▪ Prayer singing group as one response ▪ Batterers' programs need to be culturally specific, not 12-Step ▪ Tension between urban and reservation experiences
Older Women (55+)	<ul style="list-style-type: none"> ▪ Divorce at this age puts women in vulnerable situations; dependent on others for housing, financial support ▪ Likely to internalize, suppress abuse 	<ul style="list-style-type: none"> ▪ After a long marriage, decline in abuser's health may make her feel she needs to stay and care for him (even if she had been planning divorce) ▪ Poverty is likely if she leaves relationship ▪ Ongoing concern for adult children
Older Women with Disabilities	<ul style="list-style-type: none"> ▪ Generation that does not readily talk about sex ▪ <i>Shame; in my generation you were somehow at fault</i> ▪ Want to remain independent ▪ <i>Mothering response</i> with their adult children: don't want to worry them ▪ Relationship with caregiver agency: need their support, don't want to alienate them because she has reported perpetrator 	<ul style="list-style-type: none"> ▪ For her generation, might think abuse goes with her role ▪ Disabilities – hearing and mobility – make her more vulnerable ▪ Friendships, peer relationships important, cited repeatedly as source of support ▪ Senior centers and church groups provide or could provide support ▪ Information via reading: <i>Seniors read</i>
Women with Disabilities (Rural)	<ul style="list-style-type: none"> ▪ If you have a mental illness, people won't believe you: <i>She's a nut, you know</i> ▪ General lack of knowledge and understanding about disabilities ▪ Disability, especially mental disability, makes you more vulnerable 	<ul style="list-style-type: none"> ▪ Disability complicates reporting and decision-making ▪ General lack of accessibility ▪ Disability makes you more vulnerable

Table 8: Cultural Competency & Distinctive Issues Cont'd

Focus Group	Sexual Assault	Domestic Violence
Women with Disabilities (Urban)	<ul style="list-style-type: none"> ▪ There's an almost complete lack of understanding of and options for women with disabilities ▪ Constantly having to weigh safety against care 	<ul style="list-style-type: none"> ▪ There's an almost complete lack of understanding of and options for women with disabilities ▪ Constantly having to weigh safety against care ▪ Shelters and other services are inaccessible
Deaf Women (Urban)	<ul style="list-style-type: none"> ▪ <i>Every deaf person is different</i> ▪ Distinction between <i>Big-D Deaf, culturally Deaf, versus small-d deaf</i> ▪ Disagreement over whether Deaf community would be supportive or want to keep it quiet, particularly if all involved were deaf ▪ Reliance on interpreter means giving up privacy ▪ <i>Deaf community is an oppressed community</i> 	<ul style="list-style-type: none"> ▪ Cultural differences between Deaf and hard of hearing ▪ Isolation and communication are significant issues ▪ <i>The world wants us to communicate [it's way]</i> ▪ Needs to be Deaf-to-Deaf outreach, education, and advocacy
Incarcerated/Recently Incarcerated Women	<ul style="list-style-type: none"> ▪ Women's use of violence, impact of prison ▪ All were women of color, primarily African-American ▪ Lack of post-incarceration support ▪ Experience of same-sex relationships in institutions, not necessarily lesbian-identified 	

Table 9: Response to Perpetrators

Focus Group	Sexual Assault	Domestic Violence
African-American Women (Small City)	<ul style="list-style-type: none"> ▪ Should be <i>hung out to dry</i> ▪ Counseling for non-rape assaults ▪ Also some skepticism about counseling; <i>depends on the individual</i> ▪ Skeptical about jail/prison; contributes to further violence ▪ Castration ▪ Put their names in the paper 	<ul style="list-style-type: none"> ▪ Counseling and therapy ▪ Anger management classes
African-American Women (Urban)		<ul style="list-style-type: none"> ▪ Counseling or therapy ▪ Treatment for the violence ▪ Disagreement about whether he should be in jail ▪ Disagreement about whether he should have contact (supervised visits) with children
Hmong Women	<ul style="list-style-type: none"> ▪ Go to jail ▪ Let other women in community know about him ▪ Use the legal system ▪ It would depend on what the victim wants. 	<ul style="list-style-type: none"> ▪ <i>I wouldn't know what to do</i> ▪ Get relatives, clan involved ▪ Counseling, anger management, domestic violence training and education ▪ A few days in jail ▪ Separation
Latinas	<ul style="list-style-type: none"> ▪ Professional help ▪ Jail 	<ul style="list-style-type: none"> ▪ Kept returning focus to what she could do to try and control things ▪ See a priest or go to therapy ▪ Majority said she should leave him and call police
Lesbians (Rural)		<ul style="list-style-type: none"> ▪ Unlikely to tell about ex-partner's abuse, because community so small
Lesbians (Urban)	<ul style="list-style-type: none"> ▪ Arrested, jail (if police are called) 	
Native Women (Rural)	<ul style="list-style-type: none"> ▪ Prison ▪ Leave town ▪ Be on a sexual assault register for the rest of his life ▪ Even if an elder, need to be held accountable ▪ Don't know if the community is ready to punish perpetrators 	<ul style="list-style-type: none"> ▪ Batterer's treatment ▪ Jail ▪ Should be tougher laws for abusers ▪ Nothing happens to repeat offenders
Native Women (Urban)	<ul style="list-style-type: none"> ▪ <i>You would want to beat them up, knowing it was an uncle or a dad or a neighbor</i> 	<ul style="list-style-type: none"> ▪ Support court-ordered batterers' groups ▪ Need to have Native groups, not 12-Step ▪ Example of Ho Chunk tribal council of grandmothers

Table 9: Response to Perpetrators Cont'd

Focus Group	Sexual Assault	Domestic Violence
Older Women (55+)	<ul style="list-style-type: none"> ▪ Desire for retribution: prison and rape as punishment ▪ Should <i>pay for his crime</i> 	<ul style="list-style-type: none"> ▪ Anger toward abuser ▪ Police should arrest without the woman having to press charges ▪ When abuser is doing well, she feels <i>revictimized</i> ▪ Stiff sentences ▪ Education and awareness: <i>reeducation about what a man should be</i>
Older Women with Disabilities	<ul style="list-style-type: none"> ▪ Should be fired from caregiver job and lose state certification ▪ Could still get back in system, without background check ▪ In small town, may feel sorry for him and he'll get another position ▪ Prosecution ▪ Keep victim in home and remove perpetrator (if family member) 	<ul style="list-style-type: none"> ▪ Police intervention
Women with Disabilities (Rural)	<ul style="list-style-type: none"> ▪ Castration ▪ Prison ▪ Fantasies of violence retribution ▪ <i>Tie him to the back of the truck and run him through town . . . Wearing a sign that says 'I raped a handicapped woman'</i> 	<ul style="list-style-type: none"> ▪ <i>Go to jail for 24 years like . . . my husband</i> ▪ Stiffer penalties
Women with Disabilities (Urban)	<ul style="list-style-type: none"> ▪ Experience is that nothing happens to them ▪ Fantasies of violent retribution ▪ <i>Jail forever</i> ▪ He'll retaliate if she turns him in 	<ul style="list-style-type: none"> ▪ Press charges ▪ Dependent on him for her care
Deaf Women (Urban)	<ul style="list-style-type: none"> ▪ If victim and perpetrator deaf, may mean more pressure to keep it quiet 	<ul style="list-style-type: none"> ▪ Little to say; don't expect that much will happen to abuser
Incarcerated/Recently Incarcerated Women		

Table 10: Participants' Recommendations

Focus Group	Sexual Assault	Domestic Violence
African-American Women (Small City)	<ul style="list-style-type: none"> ▪ African-American staff in service agencies ▪ Always listen to victims 	<ul style="list-style-type: none"> ▪ Provide housing, financial support ▪ Provide services for women with teenagers, older women, women who are alcoholic or drug-addicted ▪ Better training to police
African-American Women (Urban)		
Hmong Women	<ul style="list-style-type: none"> ▪ Listen to women; acknowledge that it has happened ▪ <i>Hear what she has to say.</i> 	<ul style="list-style-type: none"> ▪ Develop Hmong agencies, clan leaders, and relatives as sources of help ▪ Increase men's willingness to get help (with child rearing, roles of men and women, finances, involvement with children's schools), via Hmong agencies ▪ Emphasis on self-reliance, empowerment ▪ Potential of friends for support ▪ Perpetrator should have to leave home, not the victim
Latinas	<ul style="list-style-type: none"> ▪ Believe what victims have to say ▪ More Spanish training for agencies that deal with families ▪ Need to discuss it in Latino community, homes ▪ Sexual assault centers, hospitals, doctors, therapists seen as having greatest potential to help ▪ More information about sexual assault and what it is: i.e., that it can occur during marriage 	<ul style="list-style-type: none"> ▪ More resources like Latina Resource Center ▪ Bilingual/bicultural shelter ▪ More domestic violence support groups and advocates ▪ Education group for batterers ▪ Education in schools for pre-teens ▪ More Latino therapists
Lesbians (Rural)	<ul style="list-style-type: none"> ▪ <i>Well-publicized 1-800 number</i> ▪ In materials, use symbols and language well-recognized in gay community, i.e., rainbow sticker ▪ Gay-friendly therapists, counselors ▪ Use women's centers; train their staff: <i>Everyone has a women's shelter and that is common to everyone here</i> 	<ul style="list-style-type: none"> ▪ <i>Resources</i> ▪ Shelter is lesbian-friendly, via advertising, training volunteers ▪ Anonymous hotline ▪ 1-800 number ▪ Information at social venues, such as bars and coffee shops ▪ Website

Table 10: Participants' Recommendations Cont'd

Focus Group	Sexual Assault	Domestic Violence
Lesbians (Urban)	<ul style="list-style-type: none"> ▪ Information and training ▪ Education of everyone who might come into contact with victim ▪ Visible services ▪ Something like the Clothesline Project, going to rural and urban areas 	<ul style="list-style-type: none"> ▪ Information and training ▪ Education of everyone who might come into contact with victim ▪ Visible services ▪ Something like the Clothesline Project, going to rural and urban areas ▪ Connection to resources, safety planning that understands same-sex violence
Native Women (Rural)	<ul style="list-style-type: none"> ▪ Need to build a strong sexual abuse services network ▪ Build community support ▪ Believe victims ▪ Education to children/teens about sexuality and sexual abuse ▪ Train all police officers in issues and victim empathy 	<ul style="list-style-type: none"> ▪ Need resources: someplace to call, someplace to go ▪ Victim needs to know it's not her fault ▪ Train all police officers in issues and victim empathy ▪ Stop revictimizing practices
Native Women (Urban)	<ul style="list-style-type: none"> ▪ Need to know about services that do exist ▪ Need to trust confidentiality and anonymity of services ▪ Services need to be clear about who they are and what they can do for her 	
Older Women (55+)	<ul style="list-style-type: none"> ▪ Affordable counseling, without needing health insurance ▪ Individual support 	<ul style="list-style-type: none"> ▪ Help to become self-sufficient ▪ Help before you need anti-depressants or are in poverty ▪ Food, shelter, support groups ▪ Education and awareness ▪ Health insurance ▪ More resources for women without children
Older Women with Disabilities	<ul style="list-style-type: none"> ▪ Personal alarms, i.e., whistles, Lifeline ▪ Develop peer support: <i>that is good and confidential</i> ▪ Senior center might be a place to develop informal support 	<ul style="list-style-type: none"> ▪ Develop peer support ▪ More information, via doctors, churches, senior centers ▪ Respite care is important ▪ Education and knowledge ▪ <i>Getting the people who need the help to the help</i> ▪ Bring help to women, don't send her <i>from here to there to there</i>

Table 10: Participants' Recommendations Cont'd

Focus Group	Sexual Assault	Domestic Violence
Women with Disabilities (Rural)	<ul style="list-style-type: none"> ▪ More training for agencies, professionals, police ▪ 1-800 number for all rape crisis centers ▪ Personal alarms that will alert police 	<ul style="list-style-type: none"> ▪ Crisis workers who would come to the house with the police ▪ Accessible services; <i>intervention in every town</i> ▪ More publicity about what's available ▪ Peer network of women ▪ Stricter laws
Women with Disabilities (Urban)	<ul style="list-style-type: none"> ▪ Provide accessible services ▪ Self-defense techniques ▪ Peer support ▪ An advocate who could check on you, see if you're OK ▪ More training for police and other services on disability awareness 	<ul style="list-style-type: none"> ▪ Provide accessible services ▪ Self-defense techniques ▪ Somewhere she can go to get re-established: shelter, financial support ▪ Peer support; women who could call each other every night ▪ An advocate who could check on you ▪ Training for police about women with disabilities
Deaf Women (Urban)	<ul style="list-style-type: none"> ▪ Outreach and education, Deaf to Deaf ▪ Advocate who stays with woman through the system ▪ Give victims choice of resources in Deaf culture and hearing culture 	<ul style="list-style-type: none"> ▪ Deaf to Deaf outreach, education, and advocacy ▪ Services and support that are accessible for Deaf women ▪ Advocate who stays with women through the system
Incarcerated/Recently Incarcerated Women	<ul style="list-style-type: none"> ▪ Address women's distinctive needs; post-release jobs, counseling ▪ Help on front end, before jail, for domestic violence 	

APPENDIX F

Women's Words

We have assembled a snapshot of women's comments and observations, in their own words, using material from the focus group notes. (Some notes were more suitable for locating quotations than were others.)

Focus Group	<i>Sexual Assault</i>	<i>Domestic Violence</i>
Native Women (Urban)	<ul style="list-style-type: none"> • <i>Women just don't know where to go. There are resources out there, but do I know about them? And once I'm there is there anyone round and brown like me or are they all white and skinny? I need something that says 'this is Indian and it's safe to be here.'</i> • <i>Maybe they don't want a familiar face because what happened to them will be out like wildfire. And everyone knows about it and the whole family is disrupted and their whole life is turned upside down. They might not say anything in a Native American oriented setting because it's a small world . . . They might want to go to a stranger, but not a center where there is connections with the receptionist, and the doctor. I wouldn't feel comfortable, eve if they sign a confidentiality form because it bleeds, it's out the door.</i> • <i>You are treated like an outsider if you are from the city. How can you treat someone from your own tribe like they are not their own?</i> 	<ul style="list-style-type: none"> • <i>One of those things that you would think would be so easy to get out of, go to her family, but it is hard to know how supportive your family will be. They might say 'Well, just divorce him,' but it's not that easy.</i> • <i>I was in that situation and I got tired of being beat up or of covering every time I saw him or covering and hiding and finally I said, 'Leave me alone and let me live my own life and you live yours . . . it makes you stronger if you find a way out.</i> • <i>. . . she might fight back and hopefully if she does fight back it will be at a point he realizes he doesn't have control over her . . . but a lot of women stay in the situation a long time to keep up appearances for the family or community.</i> • <i>I did move and I had to decide that I would do this for myself and the kids, even if he is their father . . . As hard as it is because he is my husband, they are my children and my mother instinct told be to protect my children.</i>

Focus Group	<i>Sexual Assault</i>	<i>Domestic Violence</i>
Native Women (Rural)	<ul style="list-style-type: none"> • <i>Everyone in the group agreed they didn't have anyone to turn to as their communities did not have a strong sexual abuse network . . . Not one person could name anything helpful in their communities. [Recorder]</i> • <i>Everybody knows everybody so young girls won't carry through with testimony.</i> • <i>It's hard to convince a victim to do anything when the system doesn't follow through . . . The message is 'nothing is going to be done.'</i> • <i>Don't know if the community is ready for this – to punish sexual assault perpetrators.</i> • <i>Those at the top of the process may be former sexual offenders themselves.</i> 	<ul style="list-style-type: none"> • <i>She wouldn't admit the abuse [to the police].</i> • <i>Victims [are] the underdog in the legal system and our communities.</i> • <i>Communities support batterers.</i> • <i>[She would] send the kids to her mom and sister and try to do better.</i> • <i>If she told [her family] they might not do anything.</i> • <i>A good cop could see through the lines and give her a phone number for help if she ever needs it.</i> • <i>Women will go to jail fast, as she will tell the truth where a man won't tell the truth.</i>

Focus Group	<i>Sexual Assault</i>	<i>Domestic Violence</i>
Hmong Women	<ul style="list-style-type: none"> • <i>I would blame myself and not tell anyone. I'd be scared, because if I were to tell someone, they might misunderstand and would say a lot of things that would shame myself and the community. If that person [sexually assaulted] me, I would hide it and wouldn't be able to tell anyone because of bias around the community.</i> • <i>I would be scared of my parents; they'd just blame me. They'd say I wanted it or force me to marry him.</i> • <i>We must trust our daughter and listen to her, support her, encourage her to tell her stories.</i> • <i>Two options: one, call police and take him to court; two, tell parents and clan leaders and deal with it culturally.</i> • <i>I wouldn't call the police; they're not going to help me.</i> 	<ul style="list-style-type: none"> • <i>Must tell in-laws first, then find out if they like you. There's no use if they don't like you. They would just side with their son, tell him to do worse things to you. You must know in his clan who is safest to talk to.</i> • <i>A lot of time that we go to marriage counselor, it's mainstream. They don't understand us.</i> • <i>You shouldn't go and tell anybody, it's just between you and your husband, to fix among yourselves.</i> • <i>I will also tell the families, relatives, and tell them to communicate with their son.</i> • <i>No communication, nobody helps, nobody could do anything about it. If I wanted to stay in the relationship, I would run away, go to hideout or safe place until he knows about the situation and wants me to come back. If things don't work out, I'll make sure he leaves and I'll stay in the home.</i> • <i>I feel that after there is discussion with relatives and clans and they don't listen, I would call police. In U.S., there is abuse, but no right to hit one. In our country, they always blamed you.</i>

Focus Group	<i>Sexual Assault</i>	<i>Domestic Violence</i>
Lesbian (Urban)	<ul style="list-style-type: none"> • <i>I think I'm cynical on this [support from friends]. Most people would say, 'why did you let her in the house, what were you thinking? You did something to cause this, you know how she can be.'</i> • <i>[Nobody believes you.] If it's two women it can't be sexual assault. We don't have a penis. Girls don't have 'real sex,' is the popular view.</i> • <i>It's complicated with same sex: homophobia and sex phobia keep us from even speaking and being aware.</i> • <i>It might be nice if there was a crime victim advocate that might be able to read between the lines, like training health professional to screen for domestic violence all the time.</i> • <i>Neither scenario would really apply to youth relationships. That's important to acknowledge. Teenage women would have ten times the obstacles and even less information.</i> • <i>If she has information that women can sexually assault each other and that it's wrong, she can take action. For example, a woman abuse checklist that labels behaviors. I'm glad to see these appear over the years . . . Especially the question-oriented list; it encourages self-reflection.</i> 	<ul style="list-style-type: none"> • <i>I believe that women wait tool long, especially in same-sex relationships. Lots of myths, assumptions. That's why I suggested call a friend. I don't think that picking up a hotline would work, knowing the services that exist, and cops are cops. She needs to call someone she knows; a friend is safer. Services aren't there, cops don't understand.</i> • <i>Do you want to risk calling if you don't know the services?</i> • <i>[Service providers] can advertise a lot, but if services aren't there and if a person calls and doesn't get the help, that's a problem.</i> • <i>[Service providers] might know DV 101 and advertise in the Outreach directory, but that doesn't mean they know how to serve the gay population and know about the uniqueness of domestic violence and the gay situation.</i> • <i>I've been aware I've been making assumptions, which is normal – see my whiteness, class, ability – we haven't talked about this. What if a woman can't even get out the door? The level of assumptions feels really huge and the idea of creating programs and services on an individual level that can meet all nuances of a woman's life is huge.</i> • <i>[There needs to be] a project to specifically increase visibility and presentation of survivors' personal stories – a media campaign, like the Clothesline Project, that tours, is specific to same-sex violence, that will get to rural areas and urban.</i>

Focus Group	<i>Sexual Assault</i>	<i>Domestic Violence</i>
Lesbian (Rural)	<ul style="list-style-type: none"> • <i>There is no way that I'm calling the police. I would say it never happened to me. I don't care how out I am.</i> • <i>[In a mixed support group] I don't think heterosexual women would understand.</i> • <i>I wouldn't mind [a mixed support group], I would try it and see how it went and if it didn't go well I wouldn't go back.</i> • <i>Moving here from California, which is supposedly more open, I haven't experienced [discrimination]. Maybe that is why I would call the police. Maybe I'm naïve, but that's what I would do.</i> • <i>I quit going to functions with the only group of people I knew. It meant giving up everything I had to find all new friends.</i> • <i>Some of the basic stuff in our community needs to change in our whole society. My grandson fights on the playground; he says he has a choice between being hurt or fighting. And a little boy shouldn't have to feel that way. It's about our society.</i> 	<ul style="list-style-type: none"> • <i>[I didn't have friends], partly from her. I didn't have anywhere to go, ever, so I stayed and it got worse and worse . . . The only friends I had were straight and from work and I didn't want to come out at that time.</i> • <i>[I thought] 'no one cared, no one cared.' When I moved out . . . 12 people from work came to support me.</i> • <i>I never would have thought to go to the shelter, even though it doesn't say 'Straight Women's Shelter.'</i> • <i>I think the first question someone asks you is 'Why do you put up with that,' whether you are gay or straight. Same question I asked myself. Until you are prepared to deal with it you are afraid to look stupid or look weak.</i> • <i>People ask, 'why do you stay here, why don't you go to a bigger city?' But I like it here.</i> • <i>[When the shelter trained on same-sex violence, encouraged lesbian women to apply] The shelter heard that if they do that the funding will dry up, but they did it anyways. Most volunteers are from churches, but they didn't go away, the funding didn't dry up. So it is partly in our heads.</i>

Focus Group	<i>Sexual Assault</i>	<i>Domestic Violence</i>
Latinas	<ul style="list-style-type: none"> • <i>Mary should tell her brother. Since he is her brother's friend, let him deal with it. A friend of my father's tried to touch me and I was scared to tell, so when he came over I used to hide.</i> • <i>Mary will probably keep quiet like I did when a friend of the family tried to violate me. I was scared to tell because they would not believe me, because he was a nice guy.</i> • <i>Mary is probably scared to tell. Like some of the other ladies said, they might not believe me. My mother did not believe me when I told her an uncle had tried to touch me. She spanked me instead.</i> 	<ul style="list-style-type: none"> • <i>Stop the abuse by going to the police. If she does not stop him now the abuse will get worse.</i> • <i>Daisy should not call the police. She should get some help or information on how to go about getting help for her and him. Daisy will not find it easy to police . . . What would happen if she called the police then went back with him?</i> • <i>Even if she did or did not have children, she has rights. She does not have to have the dinner on time or iron his shirt when he wants. It's OK if she forgot one time in seven years. Regardless, that does not give him the right to abuse her She should stop the abuse now.</i> • <i>In my case, for instance, I was always afraid that [CPS] would take my children away. You are also afraid that he is going to hurt you. It happened to me many a time. We are afraid to speak or tell someone; he might find out and beat you again. Sometimes he threatens to take the children away.</i> • <i>She should look for support and help like I did at the Latina Resource Center . . . I could not tell anyone about my problems since I do not have family in the U.S.</i>

Focus Group	<i>Sexual Assault</i>	<i>Domestic Violence</i>
African-American Women (Urban)	<ul style="list-style-type: none"> • <i>Call a sexual assault agency.</i> • <i>Fear would make her call the police.</i> • <i>[What would Mary <u>really</u> do?] Ball up in a corner.</i> • <i>I don't think Mary should tell her family because the family might not support her.</i> • <i>The family will condemn you.</i> • <i>Mary would ball up in a corner.</i> • <i>Fear would make her call the police.</i> 	<ul style="list-style-type: none"> • <i>[Abuse] makes Daisy dependent and her family won't take her in.</i> • <i>The family won't believe it until they see it.</i> • <i>The police don't need to be involved. [Daisy and Edward] will get over it.</i> • <i>Children might not want to go, particularly if they were never abused . . . children blame the mother for the absence of the father.</i> • <i>Money can keep you there but there are resources that will get you out.</i> • <i>It's not too bad, just pulling on her arm; they can work things out.</i> • <i>If you put your business in the streets it's going to be worse.</i>

Focus Group	<i>Sexual Assault</i>	<i>Domestic Violence</i>
African-American Women (Small City)	<ul style="list-style-type: none"> • <i>Young girls hide things. She is going to hold the guilt and not tell anyone.</i> • <i>I told my daughter, if you can't come to me, tell an adult you trust that's older, the mother of your best friend, a teacher.</i> • <i>[On not calling the police] Or is it because we have a problem going to those areas, like the doctor or the police? Unless you have it laid out you can't go to the police. They will think you are a joke.</i> • <i>Especially if you are a Black woman. Let's just say what this is about.</i> • <i>An 18-year old is going to tell her girl friend, She's not going to her family or a rape crisis center.</i> • <i>[I called the police because I thought] he was really going to kill me . . . I was really mad and hurt and I thought I'd do the right thing and I called the police . . . when it went to trial it made me feel about this big.</i> • <i>People are scared to use the services.</i> • <i>Almost the most important thing is that you can see yourself [in the person helping you].</i> • <i>[I told my husband because] they grab you or touch you a certain way...some things trigger it off. As long as you keep thinking about it and talking about it, it helps.</i> 	<ul style="list-style-type: none"> • <i>Edward should think that you can push your women too far. She might be thinking about how she could kill him without going to jail. Speaking from experience, that's when I knew it was time to go.</i> • <i>Women will take a little but take nothing when it comes to the children.</i> • <i>[After 15 years of emotional abuse] I had established if you put your arms on me then I will cut your arms off. I knew it was time to go when I knew I would kill him.</i> • <i>And that's a scary, hard place to be.</i> • <i>Over 50, you can't get anything, because I don't have underage children. Between the ages of raising children and too young for Social Security, your ass is just out there.</i> • <i>In my case there were never any physical signs, but my personality changed. I went 700 miles and told them my soul had been murdered. I know that sounds crazy; I had not a scar, but I was severely damaged . . . They just took the thing and said they would send me to anger management. How do I report that? I'm going to call the police and tell them what, tell the pastor what?</i> • <i>I paid a ticket for false emergency phone calls.</i> • <i>They say that if there is no blood or mayhem they won't come out.</i>

Focus Group	<i>Sexual Assault</i>	<i>Domestic Violence</i>
Older Women (55+)	<ul style="list-style-type: none"> • <i>She might not be strong enough to report this.</i> • <i>She's vulnerable. She'll push him away and say nothing because she is desperate.</i> • <i>Who knows where to look for help [when you're depressed]?</i> • <i>I couldn't feel and acted like a zombie.</i> • <i>She needs to fight back so it doesn't look like consent. She needs to fight for her dignity, it might be all you have left.</i> • <i>[A restraining order was not an option since] it costs money that I didn't have.</i> 	<ul style="list-style-type: none"> • <i>If she's a Christian she might pray on it and not want a divorce . . . it helped me, but you've got to do it. God has got to tell you whether to go or stay.</i> • <i>My man used the Bible against me.</i> • <i>[From their children] 'Dad didn't hit you that much . . . Why did you stay so long?</i> • <i>[What was most helpful?] Knowing I wasn't crazy and that someone believed my story.</i> • <i>[What was most difficult?] Every day living; knowing where the next roll of toilet paper is going to come from.</i> • <i>Taking the first step; at our age it is difficult to do.</i>
Older Women with Disabilities	<ul style="list-style-type: none"> • <i>In our county there is a sexual assault team, but I don't know how it would be with a 70 year-old woman rather than a 20-year old.</i> • <i>[In an independent living facility] everyone seems to know what goes on with anyone else . . . There is a camaraderie and social support.</i> • <i>It's your peers so you may feel more comfortable, tell them instead. But say, 'don't tell my children.'</i> • <i>The best support you can give someone is someone who has had that experience.</i> • <i>Structured support groups are a young woman's thing.</i> • <i>When you are in the community you need to build your support; it isn't always family and friends. Need to be a good neighbor, get known in the community.</i> 	<ul style="list-style-type: none"> • <i>How do you find the Daisies [older battered women], though? I hope her doctor would see, or maybe her ophthalmologist who might see this. Maybe her children.</i> • <i>I turn my hearing aids off when I walk down the street because the noise is so loud. Very vulnerable. I could be in a dangerous situation and not even know it.</i> • <i>Until the '70s there was nothing in the law to help you. It was 'just a domestic' and police couldn't do something.</i> • <i>[Get information out]: My generation is a generation that reads.</i> • <i>If they don't come to the [senior] center anymore, you send out the posse.</i> • <i>You are more anonymous in the city. Here you don't want anyone to overhear you.</i> • <i>I live independently and my doctor will ask me how I'm doing. 'Just send me 40 lbs of Science Diet [for aid dog] and we'll be fine.</i>

Focus Group	<i>Sexual Assault</i>	<i>Domestic Violence</i>
<p>Women with Disabilities (Urban)</p>	<ul style="list-style-type: none"> • <i>How do you get this stamp off of you so people think 'It's all right to do it to her.'? Why do they do it to you?</i> • <i>They see how vulnerable you are. You're easy prey. I've had guys try to pick me up, but I wouldn't be picked up because I figured out that kind of guy. When they couldn't pick me up they called me a bitch. I'd rather be a bitch than a sitting duck.</i> • <i>[Calling a crisis line] is easier said than done. This person might be the only one she can depend on to get the things you need.</i> • <i>I don't know if she should yell or not; she doesn't have a fighting chance.</i> • <i>You say call the police, the crisis line. If you don't call the shelter before 3:00 all the [accessible] vans are taken.</i> • <i>There is nothing you can do.</i> • <i>How can she get to the phone? I can't roll or crawl. That did happen to me. You just have to wait; you'll be full of urine or stool.</i> • <i>I was told the best thing you can do is not fight. I was whipped out of my chair. I was in a parking lot, not my house. I can't tell you who raped me because it was too dark . . . when I got to the hospital they asked 'why didn't you fight?' . . . She said I must have enjoyed it because I didn't fight him off. [After being attacked a second time in a different incident and fighting back] And then I was asked 'why did you fight?' It would be helpful if the medical personnel was doing their job.</i> 	<ul style="list-style-type: none"> • <i>[There] needs to be a shelter for disabled women without the 30-day limit, because an able-bodied person can get a job. A disabled person has fewer options for generating money and getting housing. They need to make an exception for special needs people or a shelter for special needs people.</i> • <i>It's harder for disabled women to get out. There needs to be a way for the disabled to get out since the traditional way is only for able-bodied.</i> • <i>My friends mean well, but when it comes down to it, they don't want to get involved.</i> • <i>I teach my son that it's wrong. He sees what his father does and the pain that it causes. I cannot get out at this point in time. I teach him that it is wrong to treat a woman like that. He is terrified he will turn out like his father. But I don't believe he will.</i>

Focus Group	<i>Sexual Assault</i>	<i>Domestic Violence</i>
Women with Disabilities (Rural)	<ul style="list-style-type: none"> • <i>But, the way the law is written, you might as well hang it up. It's ok if you're a celebrity, but if you're a regular person you don't count.</i> • <i>This county sucks when it comes to taking care of women. It's a Neanderthal mentality around here. 'How dare you accuse him,' or 'she's a slut,' even if she's in a wheelchair or braces or whatever.</i> • <i>Everybody knows everybody and you don't want to say anything cause you don't them to say anything.</i> • <i>I have a mental disability and they can make poor choices and men can pick up on that very easily.</i> • <i>What if you don't have long distance? All rape crisis centers should have a 1-800 number. If you get to a phone and you don't have the money to make the call, what do you do?</i> • <i>Tie him to the back of the truck and run him through town . . . Wearing a sign that says 'I raped a handicapped woman'</i> 	<ul style="list-style-type: none"> • <i>The flimsy piece of paper, restraining order, is a joke. Makes a person angry to think of bigger and better ways to get you.</i> • <i>I had this situation and I would just stay. I grew up in that environment. I didn't have a choice to leave. My mother lived in it for 26 years until the kids were grown and on their own, cause she had six kids to take care of.</i> • <i>I never told my mother anything until the last incident. She just knew I left him a lot but didn't know why.</i> • <i>My brother-in-law beat the dog . . . Well, there'd you have something, a bigger fine for beating the dog . . . Than your wife.</i> • <i>Small communities can cover things up easily.</i> • <i>What about a peer network of women that you could call on, to pass the word, supporting each other?</i>

Focus Group	<i>Sexual Assault</i>	<i>Domestic Violence</i>
Deaf Women (Urban)	<ul style="list-style-type: none"> • <i>To me the family would probably show more acceptance if she was severely injured, but that doesn't mean they will be empathetic or supportive. If there are no wounds or bruises they might not take it as seriously as the girl is.</i> • <i>Families don't know how to take it. My mother, who is a nurse, said 'I don't believe it happened, but if it did happen you did something to deserve it.'</i> • <i>Police do self-defense classes for hearing girls, but not if you're in a wheel chair, or non-hearing. They don't make accommodations.</i> • <i>I think they tend to believe the hearing person over the Deaf person.</i> • <i>When I lived up north I had to drive 3 to 5 hours to be with other Deaf people. I was the only one in my town. I was very isolated.</i> • <i>You're stonewalled at every step. No legitimate support available. Maybe one person at one level, no one from beginning to end.</i> • <i>Deaf people have limited access to the things that they need. Yeah, there is an ADA but (the police) don't know what to do, and social services don't know what to do.</i> • <i>You might be asked to act it out and who wants to do that, a re-traumatization. You want me to act out inappropriate sexual touching or rape?</i> • <i>Too often, police take a language barrier as a lack of intelligence.</i> • <i>Most victims have advocates going through the process with them, but deaf and disabled people don't have that.</i> 	<ul style="list-style-type: none"> • <i>The man is the breadwinner controlling the money. Her family is probably far away and not witnessing this. Probably hard for her to get a good paying job and get a bus ticket. Can't get a job as a waitress. She is trapped more than the normal, physically hearing are.</i> • <i>She could go back to her family, but if there are kids it's more of a tricky situation, how will she take them to go . . . If she has kids I think she is really stuck in that situation.</i> • <i>Restraining orders are worthless . . . the police don't enforce restraining orders. Police slap him on the wrist and then a few days later her head is blown off; the whole judicial system needs to change as well.</i> • <i>Whether they are deaf or hard of hearing, as soon as the police find out, it becomes freakish. The person [reporting] becomes suspect. You have to convince them that 'No, you have to do something about this.' Things are delayed or postponed if you can't get an interpreter.</i> • <i>You don't need to be a victim twice, but oftentimes that happens, if you have a police officer that doesn't understand your disability, and then again at the hospital, and then again in court.</i> • <i>I find even my social worker to be noncompliant, not willing to accommodate . . . I had a 1:00 appointment, but because I had a disability I had to wait until 6:00 because she said 'I wasn't sure you knew how to read.'</i> • <i>I kept saying 'I'm not dumb, just deaf. The police officers were speaking with interpreter, not me.</i>

<p>Incarcerated Women</p>	<p>Note: The facilitator for this group felt that the discussion would be more meaningful if it also centered on women’s experiences with police and the correctional system. The group did not have an opportunity to discuss sexual assault.</p>
	<p>Domestic Violence</p> <ul style="list-style-type: none"> • <i>[‘Busted my eye’ but didn’t press charges] because he is a W2 success story and took care of my kids while I did my time. I didn’t want him to lose his jobs and my kids asked me not to put their daddy in jail. I did it for the kids really.</i> • <i>All of my relationships have had domestic violence . . . I haven’t been in a relationship for 8 years so I don’t have that problem.</i> • <i>I was beat so bad that I couldn’t walk the next day and [still] thought he could take care of my babies better than me.</i> • <i>You have to be about half dead before they do something for you. If you were a woman they want to know what you were doing, what you were wearing.</i> • <i>You don’t need to in domestic violence to be hit, you can be verbally abused. Sometimes words hurt worse than the hits.</i> • <i>The domestic violence builds up in you. [In jail] the anger builds up to domestic violence. I’m in jail, I have to survive. You are going to do what you have to do to survive. But when you come outside, you’ve got so much anger, you get in a relationship, you hit . . . upside the head.</i> <p>Correctional System</p> <ul style="list-style-type: none"> • <i>I don’t blame nobody for putting me there. I did what I did. But some [correctional officers] are on a power thrusting kick. They have your life in your hands. They treat you like an animal.</i> • <i>Nobody deserves to be treated like that. I learned how to forge signatures, do locks . . . I did two weeks in the hole and I lost my mind.</i> • <i>In [County] jail there are men they call the ‘men in black’ that wear black masks and they beat people down.</i> • <i>I think they need to pay more attention to women’s needs, ‘cause it was male-oriented . . . [You are] treated like less than animals.</i> • <i>In booking you’re in one place for 72 hours and you can’t wash up. Now, we are women and we have a period. You need to be bleeding through your pants before they give you a pad. They need to know that women have more needs than men.</i> • <i>Someone should go inside the jail and see what is really going on and separate the men from the women as far as their needs are concerned. Women need more than men.</i> • <i>They should take all the prisons and turn them into treatment centers for people going through domestic violence. Get them help instead of incarceration.</i>

¹ Carolyn Rebecca Block, et. al., The Chicago Women’s Health Risk Study: Report to the National Institute of Justice, Chicago: Illinois Criminal Justice Information Authority, June 2000, p.281.

² Melanie Tervalon and Jann Murray-Garcia, "Cultural Humility Versus Cultural Competence: a Critical Distinction in Defining Physician Training Outcomes in Multicultural Education," *Journal of health Care for the Poor and Underserved*, Vol.9, No.2, 1998, p. 117.

³ Himani Bannerji, *Returning the Gaze: Essays on Racism, Feminism, and Politics*, Toronto: Sister Vision Press, 1993.

⁴ *Supra*, at 1.