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A Community Forum to Assess the Needs and Preferences for Domestic Violence Prevention Targeting Hispanics

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Abstract

Hispanics are disproportionately affected by the occurrence and consequences of domestic violence when compared to their non-Hispanic counterparts. The Partnership for Domestic Violence used a community-based participatory research approach to assess the needs and preferences for preventing domestic violence (DV) among Hispanics in Miami-Dade County. Researchers conducted a community forum in which data collected from focus groups were presented to approximately 100 community members to gather their feedback regarding the development of DV prevention programs tailored for Hispanics. Participants were in high agreement that a program targeting youth is the highest priority and that specific cultural variables should be incorporated to make the program most effective. Recommendations for DV prevention targeting Hispanics and the use of community forums as a method of research are provided.

Keywords

community-based participatory research; community forum; teen dating; Hispanic

Domestic violence (DV), an umbrella term used to define physical and sexual violence, threats of harm, and emotional or psychological abuse perpetrated by a member of the family or household or by an intimate partner, is a serious and preventable public health concern impacting individuals, families and communities (Centers for Disease Control and Prevention [CDC], 2008; Centers for Disease Control and Prevention, National Center for Injury Prevention and Control [CDC, NCIPC], 2011; National Center for Victims of Crime [NCVC], 2011). Deleterious health effects associated with DV include immediate physical injury, disability, and death, as well as long-term chronic disease, emotional and psychological sequelae, and risky health behaviors (CDC, NCIPC, 2011). Although exact rates are difficult to obtain due to widespread underreporting, it is estimated that one in four women experience DV in their lifetime, and racial minorities experience higher rates of DV than Whites (Caetano, Field, Ramisetty-Mikler, & McGrath, 2005; Centers for Disease Control and Prevention, Office of Minority Health and Health Disparities [CDC, OHMD], 2004; Tjaden & Thoennes, 2000).

Hispanics, the largest ethnic minority population in the United States, experience various significant DV-related disparities (Centers for Disease Control and Prevention, Office of Minority Health and Health Disparities, [CDC, OMHD], 2010; U.S. Census Bureau, 2010). Among these disparities is the notably higher prevalence of DV among Hispanic women (Bonomi, Anderson, Cannon, Slesnick, & Rodriguez, 2009; Caetano et al., 2005; CDC, OHMD, 2010). Some scholars have documented that intact Hispanic couples are 2.5 times more likely to experience DV and 4 times more likely to report the recurrence of severe DV than their non-Hispanic White counterparts (Caetano et al., 2005). Hispanic women also appear to be disproportionately impacted by the most severe forms of DV and the subsequent negative physical and psychological effects (Bonomi et al., 2009; Caetano et al., 2005; Tjaden, & Thoennes, 2000). This is particularly problematic because Hispanics often do not access the traditional health and social services they need because of fear and mistrust of authorities as well as language and sociocultural barriers (Bloom et al., 2009; Denham et al., 2007; Ingram, 2007). To adequately address the magnitude of the problem and the disparities therein, it is crucial to develop DV prevention programs that are tailored to the unique cultural and contextual needs of Hispanics in the United States (Gonzalez-Guarda, Ortega, Vasquez, & De Santis, 2010; González-Guarda, Peragallo, Urrutia, Vasquez, & Mitrani, 2008; Gonzalez-Guarda, Vasquez, Urrutia, Villarruel, & Peragallo, 2011; Moreno, 2007). To do so, researchers must engage Hispanic communities to elicit the ideas and preferences from those who will be providing and accessing services.

One way to engage the Hispanic community as partners in developing solutions to important public health problems is through community-based participatory research (CBPR). CBPR is a burgeoning research approach that employs a collaborative and equitable effort between academicians, individuals, and representatives from the community in all facets of the research process, from inception to dissemination of results (Israel, Eng, Schulz, & Parker, 2005). A partnership is formed among researchers and interested community members and agencies, drawing upon the unique strengths and resources of each, to expand understanding of and solve pertinent public health issues using an array of methodologies (Israel et al., 2005). Through this cooperative effort, responsibility and benefit are balanced among partners, communities are empowered, new and lasting social networks and commitments are forged, and knowledge is translated into action with the goal of social change and eradication of health disparities (Community-Campus Partnerships for Health [CCPH], 2011; Israel et al., 2005). As an approach distinguished by shared input and collective benefit, CBPR is a fitting approach to engage Hispanic communities in developing culturally relevant solutions to DV.

The Partnership for Domestic Violence Prevention (PDVP) is a CBPR project that aimed to (a) develop the infrastructure for the study of DV prevention at the community level, and (b) assess the needs and preferences for DV prevention programs targeting Hispanics in Miami-Dade County. A combination of focus groups (Gonzalez-Guarda, Cummings, Becerra, & Fernandez, 2011), secondary analysis of intake forms from the largest DV service agency in the county (Fernandez, Biacone, Lopez, Gonzalez-Guarda, & Mesa, 2011), and a community forum were used to engage the community, elicit their input, and assess opportunities for prevention. The purpose of this article is to describe how the community forum was used by the PDVP, summarize the data that was generated through this method, and discuss the utility of this approach in intervention development research addressing DV-related health disparities among Hispanics.

The Community Forum in Community-Based Participatory Research

Community forums are one of the many methods used by CBPR partnerships. Although there is a paucity of literature formally describing this method as means of data collection

and providing guidelines for doing so, community forums are useful in various ways. These include gathering interested members of the community for open public discourse, conducting needs assessments, identifying resources, expanding understanding of critical health phenomena, prioritizing health matters and interventions, disseminating research findings and health information, obtaining feedback, and promoting media coverage around important public health issues (Dulin, Tapp, Smith, Urqueta de Hernandez, & Furuseth, 2011; National Institutes of Health, National Institute of Environmental Health Sciences [NIH, NIEHS], 2011). Although, community forums have been described in CBPR projects addressing other important public health problems, there is a gap in the literature illustrating community forums as a process for informing IPV-related programs and services.

A few studies have demonstrated the utility and benefits of community forums for other public health concerns. Parker et al. (2005) described the use of community forums to disseminate results of the Community Action Against Asthma project conducted by the Michigan Center for the Environment and Children's Health, a community and academic partnership built to establish household and neighborhood interventions to reduce asthma triggers. As the study findings became available, timely information was provided back to participating families, community-based organizations, government agencies and officials, advocacy workers, and municipal residents through community forums, which served to deepen community awareness of asthma triggers and shape future action plans accordingly (Parker et al., 2005). In these forums, research partners presented the intervention, facilitated question and discussion sessions, and conducted group activities designed to enhance understanding of the research findings (Parker et al., 2005).

Lopez, Eng, Robinson, and Wang (2005) discussed the use of photovoice, a participatory action research method, to visually represent the lived experience of 13 African American women in rural North Carolina who survived breast cancer and were participating in the Inspirational Images Project that aimed to describe the influence of ethnicity and culture on quality of life. Upon near completion of the project, the women organized a community forum for influential breast cancer survivor advocates in the community composed of academics, local officials, health care providers, religious officials, legal service providers, and representatives from cancer support agencies. During the forum, the women presented their photographs and described the purpose, methods, and findings of the project, including the lessons learned, and the themes that emerged from the compilation of pictures. In addition, the women facilitated small-group brainstorming, prioritized pertinent issues, and devised strategies to take action in the community, including the establishment of task forces (Lopez et al., 2005). As a result of this forum, information was exchanged between key community members, new partnerships were formed between survivors and leading community advocates, future related projects were planned, and continued support from academic partners was reinforced (Lopez et al., 2005).

Freudenberg, Rogers, Ritas, and Nerney (2005) aimed to improve reintegration policies for individuals recently released from the local jail system into low-income New York City neighborhoods. Following their initial research to better understand reentry issues and established policies, these researchers sought to develop community networks, make public their findings, and formulate recommendations for new policy ideas that could be addressed with city officials. They achieved these aims through hosting a community forum involving service providers, academicians, residents, legal sponsors, and individuals returning to the community from a correctional facility. The interactive process of the community forum enabled the partners to distribute information to the community, identify actual and potential issues surrounding reintegration, develop an action plan for policy development, and create a LISTSERV network and planning committee for those who attended the forum (Freudenberg et al., 2005).

Researchers Rhodes et al. (2011) used a community forum to devise recommendations and develop an action agenda to address sexual risk among men who have sex with men (MSM). Prior to this step, researchers, key community stakeholders, lay leaders, and organization representatives formed a CBPR partnership and conducted focus groups to explore sexual risk factors for MSM in a North Carolina community. Using a CPBR framework, focus group data was qualitatively analyzed for themes. Subsequently, the CBPR partners presented these themes to local HIV and MSM activists, supporters, and lay community members at a community forum (Rhodes et al., 2011). During the forum, the attendees participated in group discussions to prioritize research objectives and develop specific individual and community-level practice initiatives to decrease HIV risk among MSM (Rhodes et al., 2011).

The examples of how community forums have been used in the past provide evidence to support that this method could be useful in addressing important public health problems in various ways. First, these examples demonstrated the utility of the community forum in disseminating information about the results of a study to the community in a timely manner (Freudenberg et al., 2005; Parker et al., 2005). Second, the community forum appeared to be useful in eliciting feedback from the community regarding these research findings and setting priorities for future interventions (Rhodes et al., 2011). Lastly, community forums served as a means of mobilizing community members towards action (Freudenberg et al., 2005; Lopez et al., 2005; Rhodes et al., 2011). These studies underscore the applicability of the community forum in the development of a community-based IPV prevention programs targeting Hispanics in Miami-Dade County.

In keeping with the underlying principles of CBPR, the purpose of the community forum in our study was threefold. First, we aimed to draw together individuals, government officials, service providers, and advocacy groups within Miami-Dade County who share an interest in DV-related issues, and engage them in our research. Second, we aimed to share preliminary findings regarding the needs and preferences of Hispanics for developing a culturally tailored DV prevention program. These findings were elucidated from the focus groups and secondary analysis of client intake forms summarizing client and abuse characteristics at a local DV service center. Lastly, we aimed to validate the preliminary findings from the focus groups within a larger community gathering and provide an open platform for questions and dialogue between members of the CBPR team and participants of the community forum that would help in prioritizing and directing the research agenda.

Methods

Design

The PDVP was a 1-year long CBPR project that was built upon an existing collaboration between members from a local university and community center that provides aid to victims and families affected by DV. The research team was composed of university faculty from two community-oriented research centers, graduate and undergraduate students, research assistants, a community advisory board, and the director of Miami-Dade County's leading DV service center. Both qualitative and quantitative data were gathered in three separate stages. The first sources of data were 9 focus groups ($n = 76$) conducted with Hispanic men ($n = 25$) and women ($n = 25$) of the greater Miami community and DV service providers ($n = 26$). Information regarding these focus group data can be found in greater detail elsewhere (Gonzalez-Guarda, Cummings et al., 2011). Data was also gathered from standardized intake forms collected at the DV community service center so as to get an overall picture of the characteristics of clients (e.g., demographic, geographical) using the center's services as well as their reasons for accessing services (e.g., type of abuse; Fernandez et al., 2011; Lawson, Laughon, & Gonzalez-Guarda, in press). Finally, our third source of data was

collected through a community forum and will be the focus of this report. As guided by our CBPR approach of keeping the researchers and community mutually involved at every stage of the project, the results of focus group data were subsequently presented to approximately 100 community members at a local community forum designed to disseminate and validate findings, elicit further community input, and move the research agenda forward.

Sample and Settings

The community forum was part of the Twelfth Annual Conference Against Domestic Violence themed “Building Happy Families in all Communities” and cosponsored by a local DV community agency, a DV-related volunteer organization, and the university partner. The forum was held in a local youth center and featured various speakers in the field of community health and DV, workshops, activities for children, and lunch. The conference was free to all members of the community ages 5 years and older, and minors had the option of attending a program tailored for children. Announcements regarding the conference were made through e-mails, flyers, networking among DV agencies, as well as local businesses and newspapers popular in the Hispanic community.

Procedures

The university institutional review board (IRB) approved all study procedures preceding data collection at the community forum. Prior to the team’s 60-minute presentation, conference attendees were given a consent form and made aware that by responding to questions posed by the presenters they were agreeing to have their information recorded. The voluntary nature of their participation in this portion of the event was emphasized. Of the estimated 100 conference attendees, between 43 and 53 individuals elected to participate in the study. Study personnel distributed TurningPoint Technologies’ Clickers, an audience response system frequently used in classroom settings to engage students, to interested members of the audience and remained available for any questions. These Clickers allowed the participants to respond in real time and anonymously to questions posed throughout the presentation. Questions were presented verbally and visually in both English and Spanish following each major theme of the focus group results, and participants were allowed ample time to submit their answers. Next, their data was automatically recorded in Microsoft Excel by the TurningPoint Technologies’ software, analyzed, and a distribution of their responses was shown on the presentation screen in bar graph format.

Measures

Study personnel on the PDVP team collaboratively developed a Community Forum Questionnaire that was used in this study; this included 15 questions that were presented to the participants through Microsoft PowerPoint where they had the opportunity to answer through the Clickers. Six of these questions gathered demographic information such as participants’ race, gender, age range, and years of education. Participants were also questioned as to whether or not they had ever been personally affected by DV. Members of the research team defined the term “domestic violence” so as to include both partner abuse and/or child abuse in this context. For those that positively endorsed this question, they were further given the option to select their level of involvement in the type of violence experienced with options of victim, perpetrator, or witness as possible answers. The remaining nine questions were presented in multiple-choice format and allowed participants to rank factors in order of priority to be included in a prevention program and rate the degree to which they agreed or disagreed with results from the focus group. For example, one question was “Of the high priority groups within the Hispanic community found in this study, which of these would be your first priority for a successful domestic violence prevention program?” Participants were then given six different answers to choose from using their Clicker. An example of a question using a four-point Likert scale to rate level of

agreement or disagreement was: “Gender roles must be included in a prevention program for the Hispanic groups you chose as a priority.” The complete list of questions used in the community forum is shown in Figure 1.

Results

Participant Characteristics

The participants of the community forum were very similar demographically (i.e., race/ethnicity, country of origin, gender, age, and education) to the participants of the focus groups (Gonzalez-Guarda, Cummings et al., 2011). Most participants were Hispanic ($n = 43$, 90%) and female ($n = 36$, 72%). Participants were primarily between the ages of 30 and 59 ($n = 7$, 14% between 30 and 39, $n = 18$, 37% between 40 and 49, and $n = 12$, 24% between 30 and 59). A smaller proportion of participants were younger than the age of 30 ($n = 6$, 12%) or 60 years of age or older ($n = 6$, 12%). Participants most commonly reported having completed at least a high school education ($n = 35$, 73%). More than half the sample reported having been personally affected by DV ($n = 32$, 69%). Of those affected, most reported being a victim ($n = 14$, 52%) or witness of partner abuse ($n = 5$, 19%). A smaller proportion reported being a victim ($n = 1$, 4%) or witness ($n = 3$, 11%) of child abuse. Eleven percent ($n = 3$) of participants reported perpetrating DV.

Major Findings

Priority Subgroups to Target

The largest proportion of participants identified youth ($n = 19$, 36%) as being the highest priority Hispanic subgroup to address through DV prevention. The remainder of the participants believed that immigrants ($n = 16$, 30%), low-income families ($n = 9$, 17%), men ($n = 2$, 4%), members of the gay and transgender community ($n = 2$, 4%), and other vulnerable adults such as pregnant women, elderly, and disabled ($n = 5$, 9%) should be first priority. When asked which of the high-risk subgroups should be second priority, the largest proportion of participants identified immigrants ($n = 16$, 34%), followed by low-income families ($n = 15$, 32%), youth ($n = 5$, 11%), men ($n = 5$, 11%), other vulnerable adults ($n = 4$, 9%) and members of the gay and transgendered community ($n = 2$, 4%).

Culture as a Double-Edged Sword

The extent to which participants agreed or disagreed that the family, gender roles, faith, adapting to American culture, and community ties should be addressed in prevention efforts targeting priority Hispanic subgroups are summarized in Table 1. Overall, most participants strongly agreed that these cultural factors, previously identified in the focus group discussions, should be included in prevention programs. Faith was the most controversial cultural factor, with some participants somewhat disagreeing ($n = 2$, 4%) or strongly disagreeing ($n = 8$, 17%) that these should be included in DV prevention programs.

The System that Helps and Hurts the Victim

Most participants identified increasing the understanding of the DV services ($n = 25$, 58%) as being most beneficial to include in DV prevention programs for Hispanics. The remaining participants identified the quality of existing DV services ($n = 7$, 16%), addressing loopholes in immigration law ($n = 6$, 14%), and improving police response ($n = 5$, 12%) as most beneficial. Improving the quality of existing services ($n = 5$, 45%) was identified as the second most beneficial factor to include in IPV prevention services, but only 11 participants responded to this question.

Discussion

Major Findings

New knowledge regarding the needs and preferences for DV prevention targeting Hispanics were identified through the community forum. Hispanic youth were identified as the priority Hispanic subgroup that needed to be targeted through DV prevention efforts. Youth surveillance data also points toward the importance of targeting violence among this population, as the prevalence of teen dating violence among Hispanics nationally has been found to be higher than that of their non-Hispanic White counterparts (CDC, OMHD, 2010). Hispanic immigrants, especially females, were also found to be a high priority. Research has highlighted the importance of addressing this vulnerable population (Gonzalez-Guarda, Vasquez, et al., 2011; Moreno, 2007), however has provided little data driven insight regarding how this group could be targeted through primary prevention efforts. The findings from the PDVP focus groups, when combined with the findings from the community forum, offer some direction regarding the cultural and system related factors that should be targeted in IPV related prevention programs developed specifically for these priority groups (Gonzalez-Guarda, Cummings, et al., 2011).

Forum participants generally strongly agreed that family, gender roles, adapting to American culture and community ties were important cultural factors to address in prevention programs targeting Hispanic priority groups. These cultural factors have been described extensively in qualitative research conducted with Hispanic community of men and women in South Florida and are similar to the cultural factors that emerge as being important to address in other samples of Hispanics (Gonzalez-Guarda, Cummings, et al., 2011; Gonzalez-Guarda, Ortega, et al., 2010; Gonzalez-Guarda, Vasquez, et al., 2011; Moreno, 2007). It was interesting; however, that although most forum participants strongly agreed that faith should be included in prevention programs, this appeared to be the most controversial cultural factor as it was the only one in which a substantial proportion of the participants (12%) strongly disagreed that it should be included. This may have been a result of participants in the audience who had a negative personal experience with the manner in which faith played a role in their victimization. Both the negative and positive roles that faith can play in increasing risk for and protecting against DV are more thoroughly discussed in the results from the focus groups (Gonzalez-Guarda, Cummings, et al., 2011).

In addressing DV prevention programs targeting Hispanics, participants identified the importance of increasing knowledge regarding existing DV services and improving the quality of existing services as first and second priority, respectively. Consequently, lack of knowledge about adequate services may impact important aspects of secondary and tertiary prevention such that individuals most in need may be unable or reluctant to seek DV services. Several researchers have described various system-related obstacles that Hispanic victims of DV face when accessing services (Bloom et al., 2009; Denham et al., 2007; Ingram, 2007). These include cultural and language barriers, inadequate knowledge regarding availability and access to resources, discrimination, social isolation, and unstable or undocumented immigration status with subsequent fear of deportation (Bloom et al., 2009; Ingram, 2007). Primary prevention programs that target DV in the Hispanic community are likely to identify individuals that are currently affected by DV (secondary prevention). These programs need to ensure that victims are able to access quality, culturally sensitive services that support their safety, and prevent further battering and the devastating effects of DV (tertiary prevention). Consequently, although primary prevention efforts targeting DV among Hispanics need to primarily focus on preventing the onset of violence, they must also include secondary and tertiary prevention components that facilitate the early identification of victims and connect them with the services that they need, as any DV prevention program is destined to unveil cases of IPV.

The Community Forum as a Method to Address Domestic Violence Among Hispanics

The PDVP accomplished a great deal by conducting a community forum with the Hispanic community in Miami-Dade County. Similar to what other CBPR researchers have reported, the community forum served as a means of informing the community about the PDVP and the preliminary findings that had been generated in a timely manner (Freudenberg et al., 2005; Parker et al., 2005). Traditional efforts of research dissemination have focused on the presentation and publication of results in professional meetings and scientific journals, often leaving communities without any information regarding the knowledge they helped generate and the public health problems that most affect them (Minkler & Baden, 2008). This traditional approach may inadvertently contribute to health disparities, as communities remain unaware of research findings regarding their health problems and are not presented opportunities to engage in efforts to address these. In this study, the community was informed about the findings even prior to academic/professional dissemination, thus limiting the time between knowledge generation and benefits to the community.

The community forum was also effective in creating community awareness of the importance of developing DV prevention programs for Hispanics and helped mobilize the community towards action. The potential role that a community forum can play in creating social networks and moving a research agenda forward has been described previously (Freudenberg et al., 2005; Lopez et al., 2005; Rhodes et al., 2011). As data were presented, the PDVP team encouraged the participants to use the data to address DV in their community through sharing the information with others, using the themes that emerged from the focus groups to inform programs, and including the data that was generated in grant proposals. At the end of the forum, many participants expressed an interest to work with the PDVP. Additionally, the media took video of the principal investigator (PI) presenting the preliminary data of the PDVP. This also helped disseminate information about the importance of DV prevention to the larger community and legitimize the efforts of the PDVP. Since then, the PI has been invited to make appearances on Spanish-speaking TV shows and provide insight for DV stories in the leading local newspaper for Hispanics, further helping to increase awareness on the topic, forge new community relationships, and mobilize the community towards action.

Lastly, the community forum was successful in generating quantitative data to support, interpret, and prioritize the qualitative data that was generated in the focus groups. Although CBPR researchers have previously described sharing and validating results of focus groups through community forums, to our knowledge, this is the first report of a community forum to have used TurningPoint Technologies or similar forms of data collection to provide an opportunity for participants to react to themes that were presented and offer additional input. This helped the PDVP move the findings from the focus groups one step further by making the themes easier to translate into DV prevention strategies. For example, although focus groups identified various Hispanic subgroups at high risk for DV and provided detailed information regarding what made these groups vulnerable, it was difficult to identify the subgroups that the participants found to be of highest priority to address. The use of the TurningPoint Clickers at the community forum allowed participants to rank these groups according to priority. In addition, the community forum helped the PDVP further interpret focus group findings by providing the participants with the opportunity to agree or disagree with the importance of addressing certain cultural factors associated with DV in prevention programs. Although the focus group allowed the team to understand that certain cultural factors were considered to be a “double-edged sword,” both a risk and protective factor, the team learned that of these cultural factors, faith was the one that appeared to be most controversial for the community. These findings gave the CBPR team a clearer idea regarding the specific Hispanic subgroups and cultural factors that should be targeted through DV prevention efforts.

Despite the benefits that resulted from conducting a community forum as part of the PDVP and the innovative methods we used to facilitate these (i.e., TurningPoint Clickers), there are several limitations that need to be discussed. First, although the PDVP was able to summarize all the findings of the focus groups and secondary analysis of the intake forms with the participants at the forum, there was not enough time to engage the community in a discussion about the last theme that emerged from the focus groups, “breaking the pattern,” which specifically described DV prevention strategies. Further, because this last theme included categories and subcategories of qualitative data that were difficult to code and quantify (e.g., community-wide response, teen dating violence prevention, empowerment programs, using evidenced-based strategies; Gonzalez-Guarda, Cummings, et al., 2011), the research team would have not been able to use the TurningPoint Clickers to capture the more open-ended nature of this discussion (e.g., What are your perceptions about what focus group participants expressed as being important in DV prevention targeting the priority Hispanic subgroups you identified?). Research using community forums to collect data should adequately plan for the collection of both quantitative and qualitative data by combining innovative methods (e.g., TurningPoint Clickers) with more traditional approaches that have been shown to be effective in recording data (e.g., field notes).

Another potential limitation of this study was that females (72%) and individuals already active in addressing DV in the community were overrepresented in the forum. As described previously, the community forum was conducted as part of the annual community conference for a community and volunteer organization focused on addressing DV among Hispanics in the local community. Although their longstanding history of addressing DV and community trust facilitated recruitment, this may have resulted in the overrepresentation of both service providers and individuals who were personally affected by DV in the community forum, potentially interfering with the PDVP’s ability to learn from the greater Hispanic community. Future forums should incorporate strategies that are aimed to engage community members that better mirror the characteristics of the community at large.

Implications

Programs that address the prevention of teen dating violence among Hispanic youth and DV among Hispanic female immigrants are urgently needed. These programs should address important cultural factors associated with DV by supporting the protective aspects that are indigenous to the Hispanic culture. DV prevention programs targeting Hispanics that are primarily concerned with preventing the onset of abuse (primary prevention) should also cover the wide spectrum of prevention, including secondary (early identification of abuse) and tertiary (preventing the consequences of abuse) prevention strategies. The PDVP was effective in engaging Hispanics and generating input on the development of prevention programs addressing DV in the community through the use of a community forum. The data collection procedures used by the PDVP can be used as a model for other research that aims to engage Hispanics in addressing health disparities that impact their communities.

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1. Of the high priority groups within the Hispanic community found in this study, which of these would be your *first* priority for a successful domestic violence prevention program?
 - a. Immigrants
 - b. Youth
 - c. Low-income families
 - d. Men
 - e. Gay and transgendered community
 - f. Other vulnerable adults (e.g., pregnant women, disabled, elderly)
2. Of the high-priority groups within the Hispanic community found in this study, which of these would be your *second* priority for a successful domestic violence prevention program?
 - a. Immigrants
 - b. Youth
 - c. Low-income families
 - d. Men
 - e. Gay and transgendered community
 - f. Other vulnerable adults (e.g., pregnant women, disabled, elderly)

How strongly do you agree or disagree with the following statements:
3. *The family upbringing* must be included in a prevention program for the Hispanic groups you chose as a priority.
 - a. Strongly agree
 - b. Somewhat agree
 - c. Somewhat disagree
 - d. Strongly disagree
4. *Gender roles* must be included in a prevention program for the Hispanic groups you chose as a priority.
 - a. Strongly agree
 - b. Somewhat agree
 - c. Somewhat disagree
 - d. Strongly disagree
5. *Faith* must be included in a prevention program for the Hispanic groups you chose as a priority.
 - a. Strongly agree
 - b. Somewhat agree
 - c. Somewhat disagree
 - d. Strongly disagree
6. *Adapting to the American culture* must be included in a prevention program for the Hispanic groups you chose as a priority.
 - a. Strongly agree
 - b. Somewhat agree
 - c. Somewhat disagree
 - d. Strongly disagree
7. *Community ties* must be included in a prevention program for the Hispanic groups you chose as a priority.
 - a. Strongly agree
 - b. Somewhat agree
 - c. Somewhat disagree
 - d. Strongly disagree
8. Which factor would be *most* beneficial to include in a prevention program for the Hispanic groups you chose as a priority?
 - a. Increasing understanding of the domestic violence system (e.g., services)
 - b. Addressing loopholes/limitations to immigration laws for victims
 - c. Improving police response
 - d. Improving the quality of existing domestic violence services
9. Which factor would be *second* most beneficial to include in a prevention program for the Hispanic groups you chose as a priority?
 - a. Increasing understanding of the domestic violence system (e.g., services)
 - b. Addressing loopholes/limitations to immigration laws for victims
 - c. Improving police response
 - d. Improving the quality of existing domestic violence services

Figure 1.
Community forum questions.

TABLE 1

Responses From Participants of the Community Regarding Whether the Cultural Factors Identified in the Focus Groups Should be Included in IPV Prevention Program for Hispanics

	Strongly Agreed (%)	Somewhat Agreed (%)	Somewhat Disagreed (%)	Strongly Disagreed (%)
Family (<i>n</i> = 44)	86	11	2	0
Gender roles (<i>n</i> = 49)	82	12	6	0
Faith (<i>n</i> = 46)	57	22	4	17
Adapting to American culture (<i>n</i> = 44)	70	25	0	5
Community ties (<i>n</i> = 44)	84	5	2	9