

# CONOCER LA VIOLENCIA DOMESTICA



911

CONOCER LA VIOLENCIA DOMESTICA

¿CÓMO RECONOCER LA VIOLENCIA DOMESTICA?

¿CÓMO PREVENIR LA VIOLENCIA DOMESTICA?

¿CÓMO INTERVENIR EN CASO DE VIOLENCIA DOMESTICA?

¿DÓNDE BUSCAR AYUDA?



Como

Programa de prevención e intervención temprana de Violencia Domestica y Salud Mental

¿CÓMO RECONOCER LA VIOLENCIA DOMESTICA?

¿CÓMO PREVENIR LA VIOLENCIA DOMESTICA?

¿CÓMO INTERVENIR EN CASO DE VIOLENCIA DOMESTICA?

¿DÓNDE BUSCAR AYUDA?

Programa de prevención e intervención temprana de Violencia Domestica y Salud Mental

ORGANIZACION COMUNITARIA PROYECTO MIXTECO/INDIGENA  
120 W. 5th ST, Suite 6  
Oxnard CA 93030  
805-483-1100  
WWW.MIXTECO.ORG

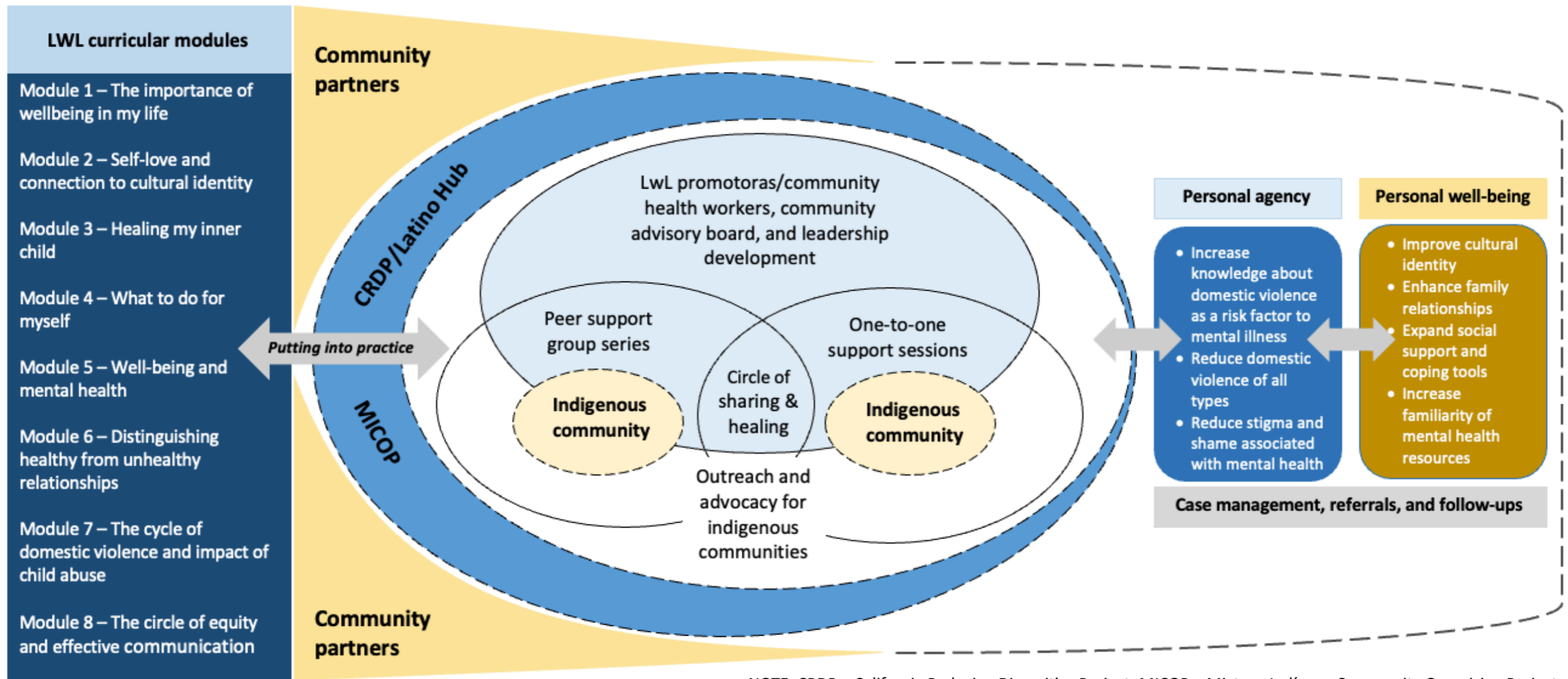
Zona Segura

**L**iving with Love (LwL) or *Viviendo con Amor* is MICOP's (Mixteco Indígena Community Organizing Project) direct prevention and early intervention mental health program developed to address depression, anxiety, and other mental health issues linked to the impact of domestic violence that Mexican migrant indigenous women experience. Practicing sense of autonomy or feeling in charge of one's life circumstances that strengthens resilience and personal well-being is the foundation of LwL. A total of 210 women participated in LwL between 2017 and 2021. Of the 210 women, 51% were born in Oaxaca, Mexico, 14% in Michoacán, Mexico, and 34% from other regions of Mexico. In terms of language spoken at home, nearly half of participants reported speaking an indigenous language or variant (i.e., Mixteco, 42%; Zapoteco, 3%), 40% Spanish, 10% English, and 5% other. These numbers indicate that LwL served the intended Mexican indigenous population. The strength and robustness of effects observed in this evaluation, illustrate the power of LwL for improving mental health and well-being among Mexican immigrant women of varied ages, marital status, and family size, including those who speak indigenous languages only or in combination with Spanish.

The LwL 8-module curriculum is the mode of practice for participants to recognize the negative impacts of domestic violence, confront their perpetrator, and reconnect with their self—self-love, self-respect, self-worth, and self-empowerment—to achieve well-being and full participation in family and community life. In general, combining in-person peer support groups and one-to-one support sessions with real-life experiential learning (putting into practice) under the guidance of a promotora resulted in improved personal agency and well-being among LwL participants. Figure 1. shows a model that conceptualizes the key components of LwL and evaluated to determine a level of effectiveness. This model and evaluation is guided by community-based participatory research approach to increase the efficacy in the implementation of LwL.

# The LwL Mental Wellness Model

FIGURE 1. LwL Model for Addressing domestic Violence and Achieve Well-being



NOTE: CRDP = California Reducing Disparities Project; MICOP = Mixteco Indígena Community Organizing Project

The key to the effectiveness of LwL is the trained promotoras facilitating the 8-module group series. The promotoras are trusted members of the indigenous community and former participants of LwL. The LwL promotoras were successful in connecting with LwL participants by sharing their lived/life experiences and spoken language (Spanish and Mixteco) during LwL's circle of sharing and healing. The promotoras remain current with the cultural and language needs of the LwL participants and making necessary modifications to the LwL instruction and activities. With COVID-19, the LwL staff and promotoras changed to one-to-one support sessions (both virtual and later in-person) that led to a different intervention dynamic yet produced effective results.

---

# KEY FINDINGS — QUALITATIVE

**Theme 1. Strengthening the family structure** — LwL participants highlighted the healthy changes they made in their homes by communicating healthy expressions of love with their children. This finding means that participants were able to recognize the long-lasting effects of trauma from domestic violence. One participant who left an abusive relationship recalls, “I can see my children’s reactions differently when I express them verbal affection like saying, ‘I love you’”.

**Theme 2. Reducing social, cultural, and linguistic isolation** — Participants described LwL as a safe and welcoming space to learn, share, and connect with other domestic violence survivors and not feel judged or shamed. “[...before LwL] I was ashamed and scared, but then I started to feel confident... These *pláticas* help a lot to value ourselves as women,” said one LwL participant. These interactions based on cultural, language, trust, empathy, and shared lived experiences led people to feel more connected and understood.

**Theme 3. LwL during COVID-19** — in response to the pandemic’s restrictions with in-person interactions, LwL adopted a one-to-one peer support format that allowed for a more private and quality space for participants to express and share in a more personalized manner their struggles with domestic violence. “There was more intimacy, I was able to release what I was carrying without exposing myself to other people,” said one participant.

**Theme 4. Attaining self-love and emotional healing** — The mental and emotional growth that participants gained through LwL was evident in their active participation in the circle of sharing and healing. The participants credit LwL module 3 (healing my inner child) session. One participant expressed “a deep sadness within myself as a child... I need to heal to enjoy what I have now [and love myself]”. Participants recognized the importance of healing their traumas that were contributing to their mental health.

**Theme 5. Knowledge gaps on mental wellness and the impact of domestic violence** — LwL participants’ knowledge (health literacy) regarding barriers for accessing mental health and domestic violence support and resources improved. “We don’t seek help because of fear to talk [or] that [providers] won’t understand us... or due to the lack of [knowing] and insurance,” reported on participant. Domestic violence is a risk factor affecting migrant indigenous communities and ultimately their health and mental well-being.

**Theme 6. Strengthening one’s capacity to practice coping skills** — LwL participants gained important tools to better manage daily stressors. Simply being mindful (mindfulness) of one’s own behaviors, thoughts, and emotions were central to recognizing the value of “going for a walk... the beauty of [nature]... thank God for everything we have,” said one participant. LwL’s education and tools functions as a protective factor for addressing life’s stressors.

## KEY FINDINGS — QUANTITATIVE

95%

OF PARTICIPANTS REPORTED THAT THEY WOULD CONTINUE THEIR PARTICIPATION IN A SMALL PEER SUPPORT GROUP SIMILAR TO LWL. ALSO, 84% SAID THEY WOULD SEEK SERVICES FROM A PSYCHOLOGIST. THIS FINDING CAN INFORM PRACTICES AROUND REDUCING STIGMA.

92%

OF PARTICIPANTS AT THE POSTTEST SHOWED GROWTH IN THEIR KNOWLEDGE ABOUT DEPRESSION COMPARED TO PARTICIPANTS AT BASELINE (56%). THIS FINDING COULD MEAN THAT PARTICIPANTS ARE MORE LIKELY TO ACCESS AND USE SERVICES DUE TO THE INCREASE IN HEALTH LITERACY.

54%

OF PARTICIPANTS AT THE POSTTEST SHOWED GROWTH IN THEIR KNOWLEDGE ABOUT ANXIETY COMPARED TO PARTICIPANTS AT BASELINE (36%). THE GROWTH IS SIGNIFICANT AND COULD MEAN THAT PARTICIPANTS FEEL LESS ANXIOUS OR LESS NERVOUS SEEKING SERVICES WHEN THEY NEED THEM.

54%

OF PARTICIPANTS AT THE POSTTEST REPORTED AN INCREASE IN BEING MORE AWARE OF A DOMESTIC VIOLENCE SAFETY PLAN COMPARED TO 10% AT BASELINE. THIS FINDING IS IMPORTANT IN SHOWING THAT PARTICIPANTS RECOGNIZE DOMESTIC VIOLENCE AS A RISK FACTOR TO THEIR WELL-BEING.

In conclusion, the stories and data captured throughout the program implementation and evaluation speak to the community's satisfaction with LwL, elevating the cultural appropriateness of the program for its empathy, sense of community and respect and resilience building. Moreover, the strength, robustness and duration of effects observed illustrate the power of LwL for improving health and mental health well-being among Mexican immigrant women. Furthermore, these data provide considerable evidence that adapting the program delivery approach to meet the changing needs of the community does not negatively impact effectiveness. As has been noted, community-based practices are more likely to be successful in reducing mental health disparities for our migrant indigenous communities if the solutions and strategies appropriately reflect the cultural and linguistic uniqueness of this historically underserved population.