2024

VIOLENCE PREVENTION

COMMUNITY NEEDS ASSESSMENT

Riverside University
HEALTH SYSTEM
Public Health

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AUTHORSHIP

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To learn more about HARC, visit www.HARCdata.org.

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ACKNOWLEDGEMENTS

EXECUTIVE SUMMARY

Introduction

This report summarizes the findings of a community survey conducted on the topic of violence prevention in the County of Riverside. The study was funded by the Centers for Disease Control and Prevention (CDC) and conducted by HARC, Inc. (Health Assessment and Research for Communities). The present report was developed by HARC on behalf of Riverside University Health System – Public Health (RUHS – Public Health).

Methods

HARC and RUHS – Public Health collaboratively created the project's design, which included a community survey and focus groups, all guided by a Community Advisory Board (CAB). The CAB included representatives from nonprofits and county agencies. The English/Spanish survey flyer invitation was mailed to approximately 105,000 homes across the County of Riverside. The flyer was available in Spanish and English and encouraged residents to go online and complete the survey in exchange for a $25 Visa gift card. Residents could also complete the survey over the phone or by mail, if they preferred. The survey was also made available in English and Spanish. Quantitative data was analyzed using SPSS and qualitative data was analyzed with MAXQDA. The final sample size of the survey was 6,154 participants, which equates to a response rate of approximately 5.9%. Data was weighted to better approximate a representative sample of the adult population of Riverside County.

Preliminary survey findings were reviewed by HARC, RUHS – Public Health, and the CAB, and six safety topics were selected for further exploration through focus groups with community partners. Specific topics selected included mental health (including trauma, substance abuse, and suicide attempt/ideation), gun safety and gun violence prevention, racial violence and discrimination (including issues affecting LGBTQ+ communities), rape/sexual assault, intimate partner violence, and child safety. The child safety focus group was held in both English and Spanish to obtain input from a broader range of perspectives. Community partners were selected and invited to join one or more of the six focus groups. All focus groups were held over Zoom, and each participant received a $25 Visa card (virtual or physical) as a token of appreciation for their time and expertise. All focus group sessions were audio and video recorded, transcribed into Word documents, and analyzed using MAXQDA to identify themes and key ideas.

Results
Community Survey Results
Demographics
The majority of participants completed the survey in English (90.1%); fewer completed it in Spanish (9.9%). Slightly more than half of respondents were female (52.5%), and ages ranged from 18 to 97 with a median age of 47. About half (50.4%) of participants were Hispanic/Latino, and fewer identify as White, non-Hispanic (31.6%). Roughly a quarter have a bachelor's degree or higher (25.8%). The most common household income bracket is between $75,000 and $149,999 (32.9%).

Community Support and Willingness to Help Each Other
The majority of residents (68.5%) report it is "likely" or "very likely" that people are willing to help each other in their community. Only 1.7% of residents report it is very unlikely that people are willing to help each other.

Perceived Safety During the Day and Night
In total, 79.5% of residents report they feel "safe" or "very safe" during the day, while only 54.6% of residents report they feel "safe" or "very safe" at night. Some key reasons residents feel very unsafe at night are because of the presence of people without homes and drugs/persons using drugs.

Community Perceptions of Safety
Residents were asked to think about the past 12 months in their community and indicate the degree to which each of these issues is a problem (i.e., not a problem, small problem, medium problem, and big problem). Approximately 38.9% of residents indicated there was at least one issue (e.g., assault, online scam/fraud, etc.) that was a "big problem" in their community.

The crime and violence topics residents found to be big problems include burglary/theft (11.6%) and robbery (7.1%). Internet crime topics that residents found to be big problems include online scam/fraud (23.7%) and cyber bullying/harassment (8.8%). A social issue deemed to be a big problem by residents is when someone who is experiencing homeless is harassing/attacking someone else (10.6%).

Issues of safety and security were viewed by quite a few residents as big problems, including road rage/speeding (24.2%) and driving while texting (23.6%). Lastly, substance use issues were all rated as big problems by roughly one-fifth of residents, including substance abuse of drugs (24.5%), substance abuse of alcohol (19.9%), driving under the influence of drugs (19.1%), and driving under the influence of alcohol (18.6%).

The "other" issues that residents most commonly named as problems in the community include verbal/emotional abuse, animal neglect/danger, homelessness, and property damage.

Personal Experiences with Violence
Approximately one quarter of residents (25.5%) have either been a victim of violence or know someone personally who has been a victim of violence.

Types of Violence Experienced
Out of those who experienced violence or know someone who experienced violence in the past year, the most common types of violence experienced include road rage/speeding (77.8%), burglary/theft (59.0%), and online scam/fraud (55.0%).

Impact of Violence on Quality of Life
Quality of life most greatly affected residents by experiencing (or knowing someone who experienced) sexual assault or rape (45.2%), violence by someone in the home (45.3%), and suicidal thoughts or attempts (39.7%).

Deep Dive into Different Types of Violence Experienced
This section provides an in-depth analysis for each type of violence experienced (e.g., assault, burglary/theft, gang violence, etc.). Each deep dive describes how each experience of violence has impacted individuals' quality of life, whether support was sought and the reason for not seeking help, barriers to accessing help, and the desired resources and support systems residents feel would have been most beneficial in their recovery.

Experiences of Witnessing Violence
Approximately 20.1% of residents have witnessed (in-person) violence in Riverside County in the past 12 months.

The types of violence that were most witnessed include road rage/speeding (59.1%), a person experiencing homelessness harassing or assaulting someone else (43.1%), burglary/theft (32.3%) and online scam/fraud (30.1%).

Impact of Witnessing Violence on Quality of Life
A high proportion of people who witnessed sexual assault/rape (51.6%) and homicide/murder (36.5%) report that it affected their quality of life "a lot." Witnessing robbery (32.8%), gun violence (30.8%), and suicidal thoughts/attempt (30.5%) also affected witnesses "a lot."

Child Safety

Approximately 34.9% of residents indicated they have children between the ages of 5 to 18, which equates to roughly 649,785 parents or guardians.

Problems Children Face at School

Problems for children that were rated as a "big problem" by parents include in-person bullying (15.0%), fighting (14.6%), exposure to drugs (11.7%), and online bullying (11.3%). Other problems that children face include bullying/fighting/verbal abuse and alcohol/drug use/vaping. There were also a number of parents who indicated that they homeschool, do online school, or private school to avoid any school issues.

Perceived Safety Concerns Among Parents

When asked what they worry about, parents specified they are extremely worried about school shootings (24.0%) and sexual assault (16.5%). Other issues parents worry about include bullying/fighting/verbal abuse, alcohol/drug use/vaping, and unsafe roads near schools.

Solutions and Resources for Improving Safety in the Community

Residents described what they perceive to be the causes of violence, and these causes include homeless/homelessness, substance abuse, and mental health issues – note these are perceptions. Sources of support/healing mentioned by community members include religion/prayer/God, family/friends/community, and mental health support. The most common solutions offered by residents to improve safety in Riverside County is to increase peace officer presence, community education, and resources for those experiencing homelessness.

Focus Group Results

RUHS – Public Health, HARC, and the Community Advisory Board (CAB) collaborated to review survey findings and identified six key safety topics for further exploration through focus groups with community partners. These topics included: mental health (trauma, substance abuse, and suicide attempt/ideation), gun safety and gun violence prevention, racial violence and discrimination (including issues affecting LGBTQ+ communities), rape/sexual assault, intimate partner violence, and child safety (with one session in English and one in Spanish)

The focus groups were audio and video recorded, transcribed, and analyzed using MAXQDA to identify key themes and insights. Findings from these focus groups provide valuable perspectives on the root causes of safety issues, challenges in addressing them, and potential resources and solutions.

Mental Health

Community partners suggest that violence is mitigated when people feel a sense of importance and belonging in their community. Community partners also said that to prevent violence related to mental health there is a need for de-escalation training for first responders, mobile crisis units, and increased community education. Additionally, it was suggested that expanded trauma informed care would be beneficial, including better integration and collaboration between professionals working in healthcare, social work and law enforcement.

Gun Violence and Gun Safety

Gun violence is recognized by community partners as varying in motivations; accidents, self-harm/suicide, gang violence, and mass shootings are all unique issues. Community partners described that some of the reasons for gun violence is that guns have been normalized/glorified in our society and are accessible to the broad community. Other causes of gun violence described include the breakdown of traditional social structures and the lack of community ties. Community partners acknowledged there are few known resources in the community to address gun safety/gun violence; however some organizations have taken proactive measures to prepare for the risk of gun violence. Some solutions proposed to minimize gun violence range from restorative justice practices for healing to harsher penalties for crimes.

Hate Crimes

Community partners described that racial slurs/disrespectful language has increased and is problematic – particularly between non-White individuals. Some barriers to reporting hate crimes include the burden of proof required to substantiate claims, communication barriers for non-English speakers, skepticism and doubt by authorities, and a lack of social support. A first step in mitigating hate crimes is the acknowledgement of the existence of racial violence and other forms of discrimination. Other solutions include improved community engagement and empowerment.

Supports needed for people who identify as LGBTQ+ include safe spaces, support from the broader community, and increased awareness of resources.

Rape/Sexual Assault

A few gaps in services for the community include shelter, transportation, and legal assistance. There is also a lack of education and awareness of rights and resources, as well as clear direction about where to go for help. Some barriers faced by survivors include a lack of direction on where to seek help, limited awareness of rights, and reduced access to advocates. Prevention strategies proposed include education and awareness; there is also a need for direct and age-appropriate conversations with youth about healthy

relationships. Other prevention strategies include targeted programs, family involvement, and shifting societal norms from victim-blaming to perpetrator accountability.

Intimate Partner Violence
Gaps in services for those experiencing intimate partner violence include a lack of legal support, lack of long-term mental health support, basic necessities (e.g., housing, transportation, cell phones, etc.), and the need for alternative justice approaches. Some prevention strategies mentioned by community partners include education and awareness about healthy relationships, addressing societal norms that perpetuate intimate partner violence, and broader community engagement to reduce stigma and encourage help-seeking.

Child Safety
Concerns for children include unhealthy dating relationships, fighting, and bullying. Community partners described the aggressive and controlling behaviors among youth in dating relationships, particularly among middle school children. Prevention strategies include education on healthy relationships, parental education, school-based support services, and child education through local nonprofits.

Common causes of fighting include asserting dominance, jealousy, and relationship issues. Community partners also described that there is a lack of conflict resolution skills among youth. Some prevention strategies for fighting are restorative justice programs, parental involvement and extracurricular activities.

Cyberbullying was named as a common method of bullying, with many youths using social media to degrade others (including with fake social media accounts). Strategies to reduce bullying are largely focused on education (both for parents and the broader community) as well as student empowerment to report and address bullying.

Conclusion
The Violence Prevention Community Needs Assessment for RUHS – Public Health highlights the prevalence and impact of violence on physical and mental health among over 6,000 residents. Key findings reveal that while the majority of residents believe their community is willing to help each other, safety concerns remain. Only 54.2% of residents feel safe at night, and a quarter of residents have personally experienced violence or know a close acquaintance who has experienced violence in the past 12 months. Nearly a quarter of residents expressed concerns about issues like road rage/speeding, substance abuse of drugs, online scam/fraud, driving while texting, school safety, and substance abuse of drugs. Concerns about child safety, particularly bullying and school shootings, were also noted.

Focus group discussions with community partners revealed some overarching strategies to uplift the community and minimize violence such as mental health support, education, increased community belonging and collaboration, minimizing systematic and structural barriers, and reducing trauma and intergenerational effects. These insights underscore the need for targeted interventions and collaborative efforts to enhance community safety and well-being in Riverside County.

INTRODUCTION

The Violence Prevention Community Needs Assessment for Riverside University Health System - Public Health (RUHS – Public Health) was designed to document the exposure to violence and its impacts on physical and mental health outcomes within Riverside County. The study was funded by the Centers for Disease Control (CDC) and conducted by HARC, Inc. (Health Assessment and Research for Communities). The present report was developed by HARC on behalf of Riverside University Health System – Public Health (hereafter referred to as RUHS – Public Health).

About RUHS – Public Health

Established in 1926, RUHS – Public Health is the local public agency responsible for ensuring the health and well-being of county residents and visitors. RUHS – Public Health's values of respect, integrity, service, and excellence are demonstrated through their strong partnerships with community-based organizations, academic institutions, tribal organizations, faith-based organizations, local governmental agencies and community leaders, local businesses, social service providers, nongovernmental organizations, and other relevant partner organizations necessary to improving the health of Riverside County.

About HARC

HARC, Inc. (Health Assessment and Research for Communities) is a nonprofit research and evaluation organization based in Riverside County. HARC advances quality of life by helping community leaders use objective research and analysis to turn data into action. HARC specializes in providing data that helps improve the social determinants of health. Social determinants of health are the conditions of where people live, learn, work, and play. This includes factors such as the economy, education, social structures and support, neighborhoods, the built environment, and of course, healthcare. A healthy community provides residents with quality education, jobs that pay a living wage, safe and affordable housing, social support, accessible and affordable healthcare, safety from discrimination and injustice, and much more. HARC provides data to support communities in all aspects of health and wellness.

METHODS

Kick-off Meeting
A virtual kick-off meeting was held to outline the project scope, assign roles and responsibilities, and reiterate project goals. HARC and RUHS – Public Health discussed the survey's purpose, which informed the prioritization of topics. A Community Advisory Board (CAB) was also formed, comprising of representatives from relevant nonprofit organizations, the justice system, and County representatives. CAB members (who were not employed by Riverside County) were compensated with a $100 Visa gift card in exchange for their time and expertise.

Survey Development
HARC and RUHS – Public Health collaboratively designed the community survey. The CAB then reviewed the survey and provided feedback. A total of 52 to 140 questions were on the final survey; the total number of questions on the survey varied for each resident, depending on the skip logic and whether the question segment was applicable to the resident. The final survey was translated into Spanish by HARC staff and was made available in English and Spanish to all residents.

Community Survey
Based on insights from our previously conducted community-wide surveys, HARC and RUHS – Public Health chose to invite residents to participate by way of a bilingual mailed flyer and offered a $25 post-incentive to those who completed the survey.

As such, Ace Printing purchased an address list for a random sample of households in Riverside County. On behalf of HARC, Ace Printing mailed a flyer to residents, with a survey invitation printed in English on one side and Spanish on the opposite side. The flyer invited residents to participate in the survey by either typing the URL into their web browser or by scanning the QR code using their smart phone. Residents were also able to complete the survey over the phone or by having a paper survey mailed to their home, should they prefer. These alternative methods were provided to ensure that the survey was accessible to those who are less comfortable with or have less access to the Internet.

Each survey flyer was printed with a unique identifier code so that each household could only participate once and so their address could be accurately captured for the gift card mailing. This also would allow for mapping of the data based on geographic identifiers, should that be desired at a later date.

There were two waves of mailings sent to residents. The first mailing was sent to 75,000 homes and the second mailing was sent to an additional 30,000 homes – for a total of 105,000 survey mailings.

Number of Flyers Mailed	Mailing Date	Survey Deadline
75,000	July 8, 2024	July 31, 2024 (though responses were accepted until August 25, 2024)
30,000	August 8, 2024	August 25, 2024

As previously described, residents were offered a $25 Visa card as a post-incentive. As such, those who returned the survey were sent the gift card within two weeks of receipt of their paper survey either by physical mail or by email (depending on the resident's preference).

Once data collection was complete, the final sample size was 6,154. This represents a response rate of approximately 5.9%.

The dataset was sent to a statistician for weighting. Weighting is important to ensure that the results of the survey appropriately represent the county. Missing data were imputed using a hot deck method. Weighting targets such as age, gender, race by ethnicity, household income, and education were used for the dataset. Weights were rescaled to the 2023 American Community Survey (ACS) population estimates which sum to 1,880,349 adults living in Riverside County. See Appendix A for the details of the weighting methodology.

Community Partner Focus Groups

RUHS – Public Health, HARC, and the CAB reviewed the survey findings and collaboratively identified six safety topics for further exploration through focus groups with community partners. Specifically, the following topics were selected:

- **Mental health** (including trauma, substance abuse, and suicide attempt/ideation)
- **Gun safety and gun violence prevention**
- **Racial violence and discrimination**, including issues affecting LGBTQ+ communities
- **Rape/sexual assault**
- **Intimate partner violence**
- **Child safety** (with one focus group held in English and another in Spanish)

The inclusion of a Spanish-language focus group ensured a broader range of perspectives, particularly from individuals and organizations serving Hispanic youth in Riverside County.

RUHS – Public Health, HARC, and the CAB identified community partners actively addressing these six topics. HARC invited these partners to participate by sending an email with an informative flyer and a link to sign up for focus group sessions. All focus groups were held on Zoom and each participant received a $25 Visa card (virtual or physical) as a token of appreciation for their time and expertise.

All focus group sessions were audio and video recorded, transcribed into Word documents, and analyzed using MAXQDA to identify themes and key ideas.

The focus group findings provide some valuable insights from community partners on the root causes of these issues, dynamics to addressing these issues, and the potential resources and solutions available to address them.

That said, several limitations of these focus groups merit consideration. Some focus groups had relatively small sample sizes and only one focus group was held for each topic (except for the child safety focus group, which was held in both English and Spanish). Given the small sample sizes, the focus group findings presented in this report may only represent a limited number of perspectives from community partners and limit the generalizability of the findings.

RESULTS

COMMUNITY SURVEY RESULTS

A total of 6,154 surveys were completed and returned to HARC, from a randomly selected sample of 105,000 invited households in Riverside County. This is a response rate of 5.9%.

Data Weighting

Overall, a diverse sample of Riverside County residents responded to the survey. However, there were some slight biases towards older, educated, White-identifying women. As such, the data was weighted to correct for any imbalances in the sample compared to the population.

All results that follow were weighted according to the United States Census Bureau, American Community Survey, 2023 1-year estimates (age, gender, race by ethnicity, household income, and education). This essentially helps to "correct" for the skewed data, although it does not match the Census data identically.

As such, the data in this report reflects a sample size of 1,880,349 adults in Riverside County.

Survey Participation Language

The majority of residents completed the survey in English (90.1%); fewer completed the survey in Spanish (9.9%).

Figure 1. Survey Participation Language
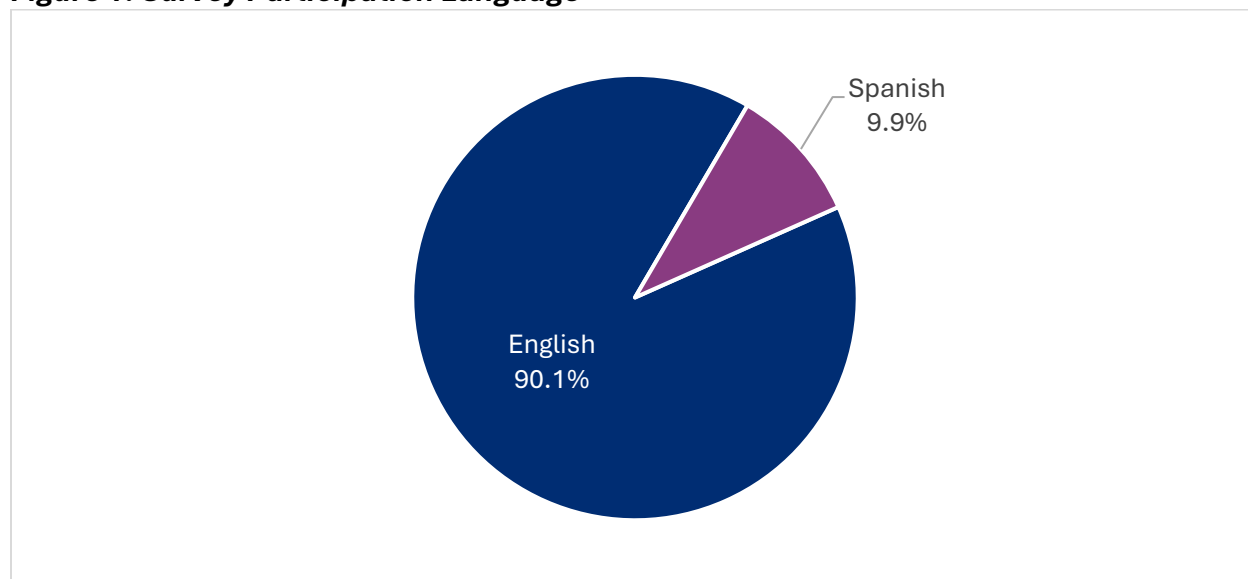
Note. *n* = 1,880,349.

Survey Participation by City

Residents responded from across the various cities and Census designated places (CDPs) in Riverside County. The survey sample is comprised of a high percentage of residents from the cities of Riverside (17.9%), Corona (8.7%), and Moreno Valley (7.8%). These population findings are generally reflective of the population estimates for Riverside County. See Figure 2 for additional details.

Figure 2. Survey Participation by City
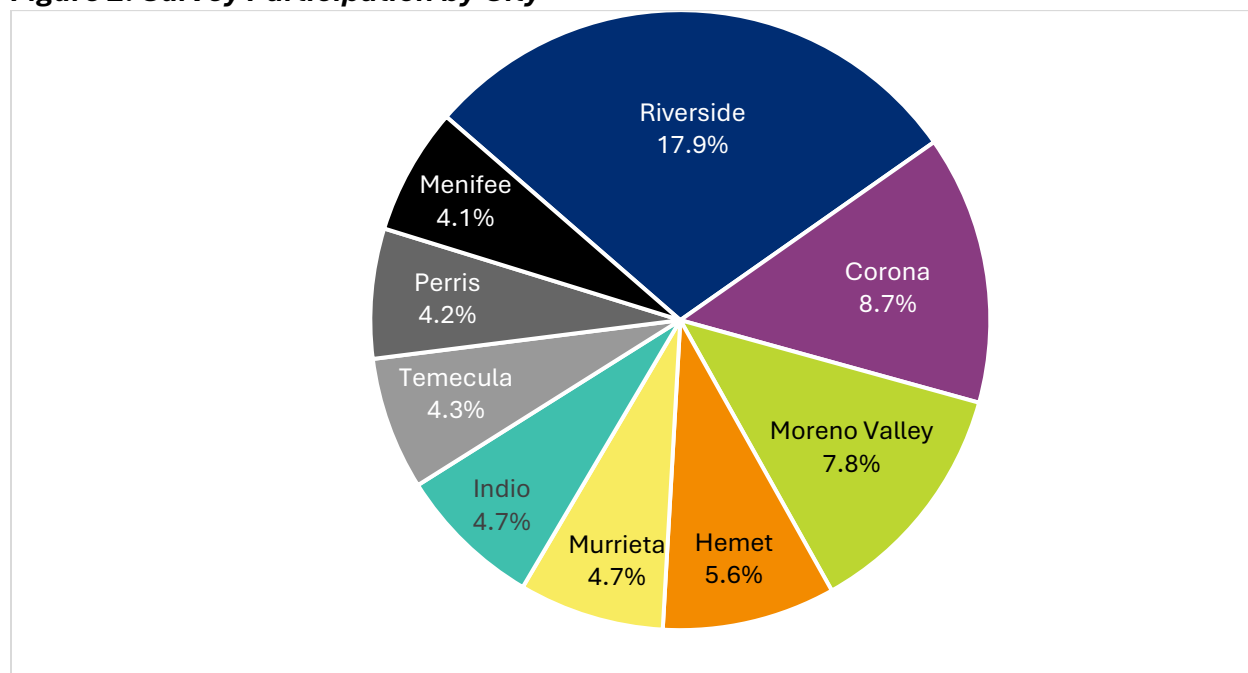
Note: *n* = 1,858,294. Cities and CDPs with a percentage of residents less than 4.0% include: Lake Elsinore, Jurupa Valley, Palm Springs, Coachella, Palm Desert, Cathedral City, Beaumont, La Quinta, Desert Hot Springs, Eastvale, San Jacinto, Rancho Mirage, Wildomar, Banning, Thermal, Winchester, Mecca, Norco, Blythe, Nuevo, Thousand Palms, Homeland, Calimesa, Bermuda Dunes, Indian Wells, Canyon Lake, Cherry Valley, Whitewater, Aguanga, Anza, March Air Reserve Base, Mountain Center, Quail Valley, Cabazon, Ripley, and Sun City.

Demographics

Participants in this survey were asked a number of demographic questions to better understand the diverse makeup of our community and to weight the data to accurately represent our community. In this demographic section we refer to our survey respondents as "participants"; in the remainder of the report, we refer to respondents as "residents."

Age

Participants ranged in age from 18 to 97. The median age of participants was 47. There was a similar proportion of residents in each of the respective age groups. See Figure 3 for specific age groups.

Figure 3. Age (Imputed) Categories
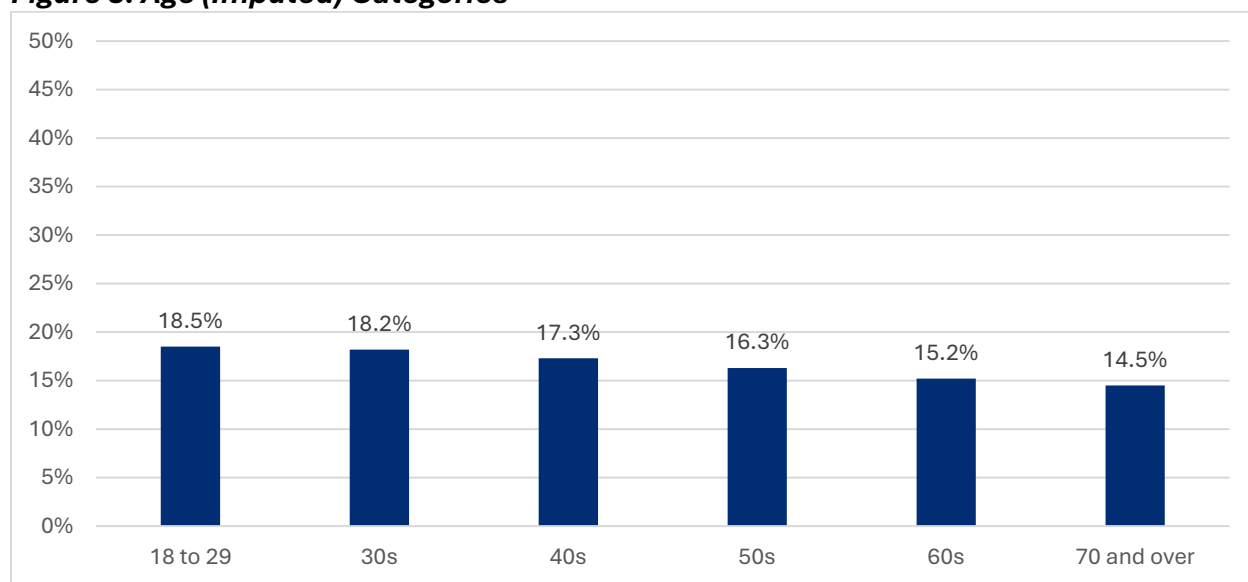
Note: *n* = 1,880,349.

Gender Identity

Participants were asked about their current gender identity: "How do you describe yourself?" Participants could indicate male, female, transgender, or "do not identify as female, male, or transgender."

The majority of participants who responded identify as female (52.4%) and just slightly fewer identify as male (47.6%). Approximately 7,794 people identified as transgender (which is 0.4% of all survey participants), and 15,754 people identified as neither male, female, or transgender (which is 0.9% of participants). However, due to the lack of comparable Census data on non-binary genders, the final weighted data only represents female and male categories.

Figure 4. Gender Identity
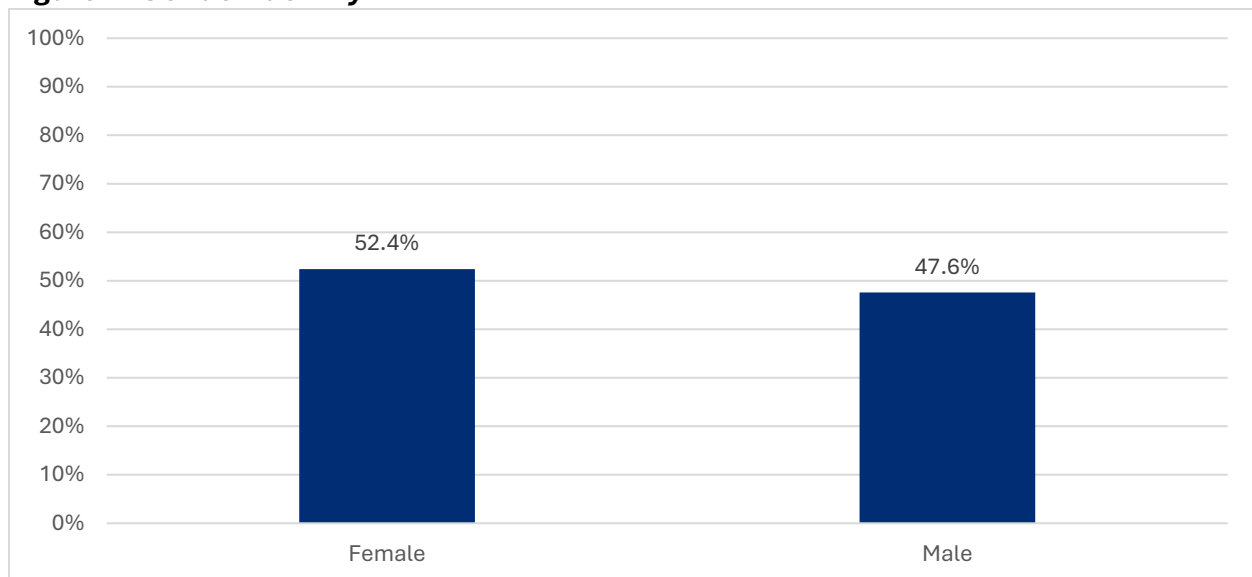
Note: *n* = 1,880,349.

Sexual Orientation

To measure sexual orientation, participants were asked, "Do you consider yourself to be..." and were provided with a list of options. Results showed that the majority of participants identify as heterosexual (84.9%). Approximately 4.7% identify as gay and 6.3% chose to not respond. A total of about 8.0% identified as lesbian, gay, bisexual, queer, questioning, or asexual. See Figure 5 below.

Figure 5. Sexual Orientation
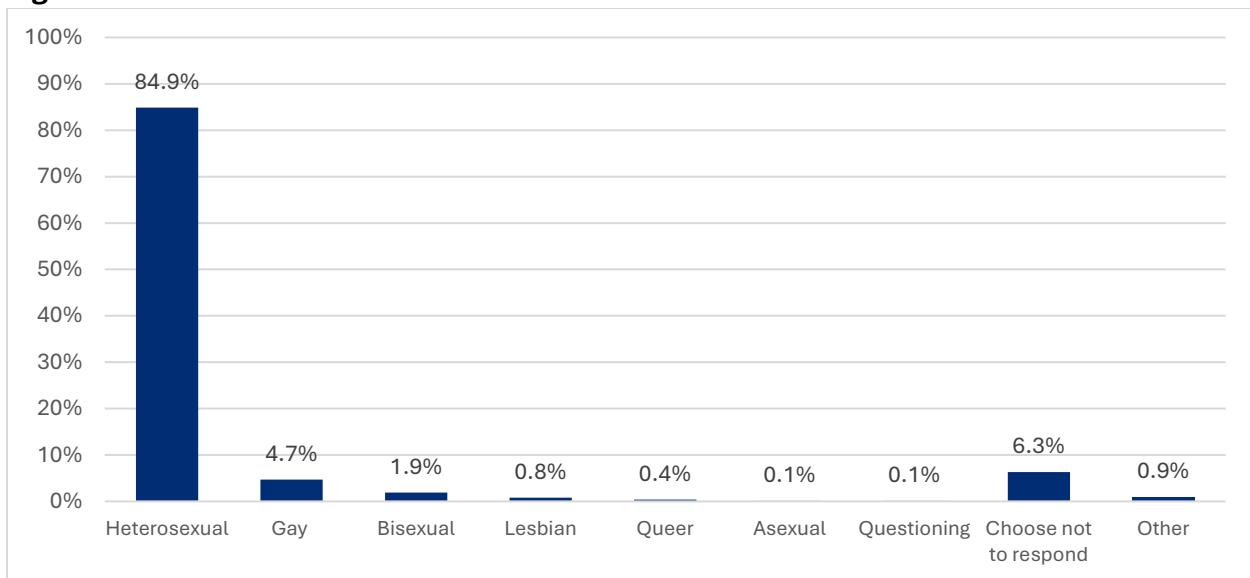
Note: *n* = 1,829,067.

"Other" sexual orientations described by participants include:
- Woman/feminine (*n* = 8)
- Straight/heterosexual (*n* = 3)
- Man (*n* = 2)
- Human (*n* = 1)
- Child of God (*n* = 1)
- None (*n* = 1)
- Normal (*n* = 1)
- Panromantic, like all people romantically and not attracted to gender (*n* = 1)
- Pansexual (*n* = 1)

Race and Ethnicity

Participants were asked the following questions to assess their race/ethnicity: "Are you Hispanic, Latino, or Spanish origin," and "Which of these groups would you say best represents your race? For purposes of this survey, Hispanic is not a race." The responses were varied, reflecting the diversity of Riverside County.

Race/ethnicity was recoded into five categories: "Hispanic," "White, Non-Hispanic," "Asian, Non-Hispanic," "Black/African American, Non-Hispanic," and "Non-Hispanic Pacific Islander/American Indian/Alaska Native/Two or more races/Other, Non-Hispanic."

Half of participants (50.4%) identify as Hispanic and 31.6% identify as White, non-Hispanic. See Figure 6 below for full details.

Figure 6. Race by Ethnicity
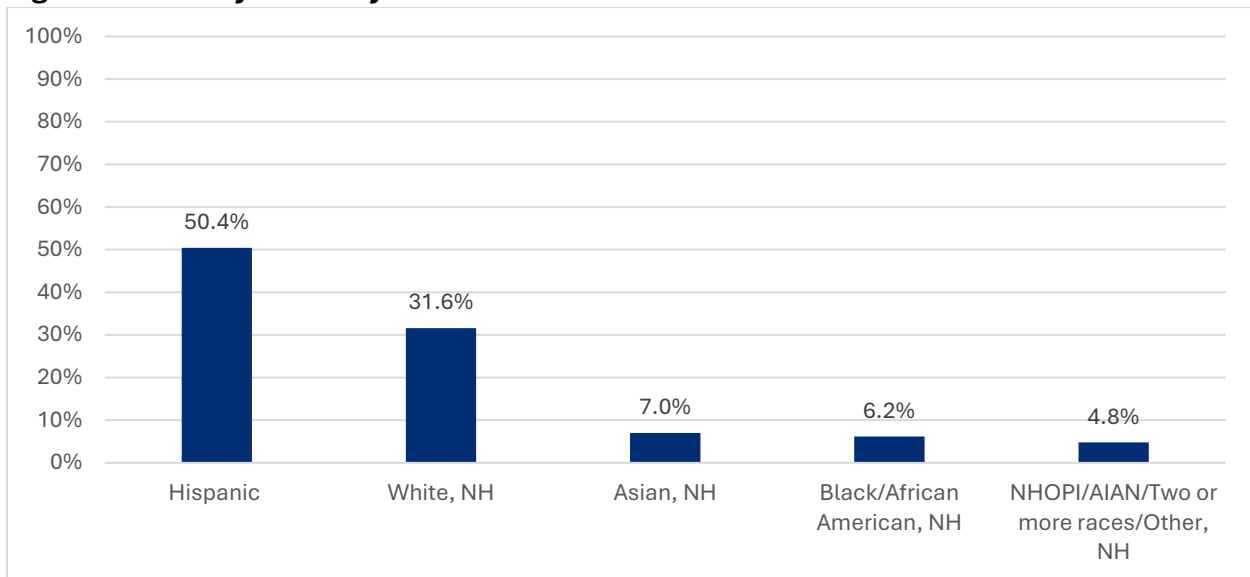
Note: *n* = 1,880,349.

Education

Participants were asked, "What is the highest level of education you have completed?" Educational attainment was recoded into four categories: Less than high school graduate, high school graduate (including equivalency), some college or associate's degree, and bachelor's degree or higher.

For those aged 25 years and over, more than a quarter of survey respondents (25.8%) have a bachelor's degree or higher. See the figure below for additional details.

Figure 7. Education – Population 25 years and Over
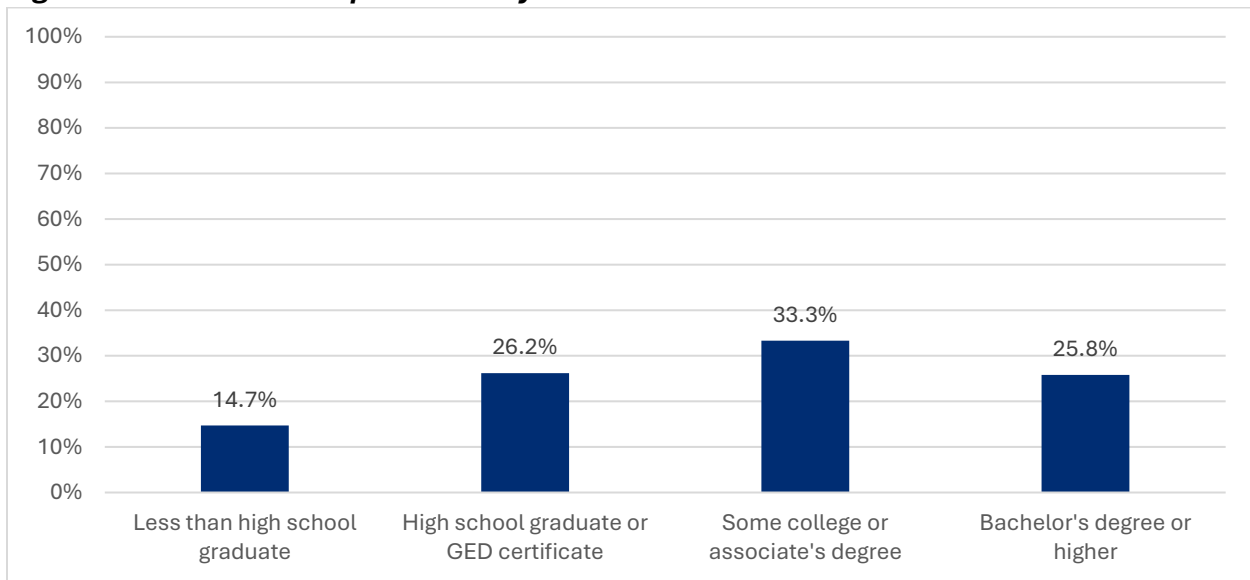
Note: *n* = 1,840,602.

Household Size

Participants typically reported a household size of two people (24.5%), three people (16.9%), four people (21.5%), or five people (16.4%). See Figure 8 below for additional details.

Figure 8. Household Size
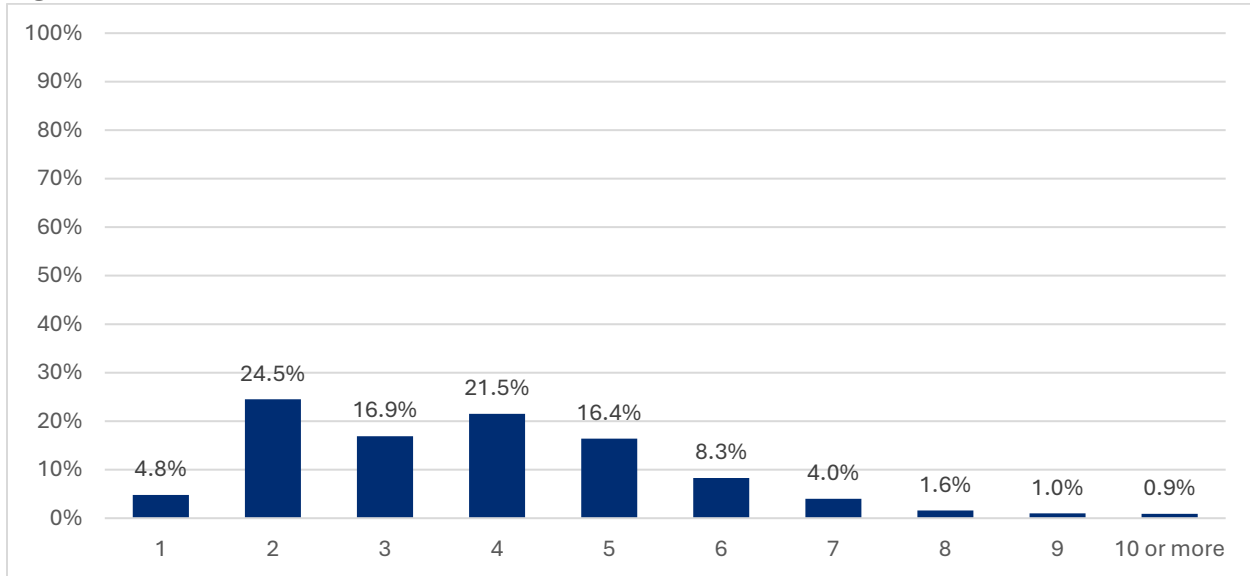
Note: *n* = 1,848,713.

Income

Participants were asked, "Last year, what was your household income from all sources before taxes?" Participants were provided with a few response options for income. As illustrated in Figure 8 below, 32.9% of respondents earn an income between $75,000 and $149,999, and 25.3% earn between $35,000 and $74,999.

Figure 9. Household Income
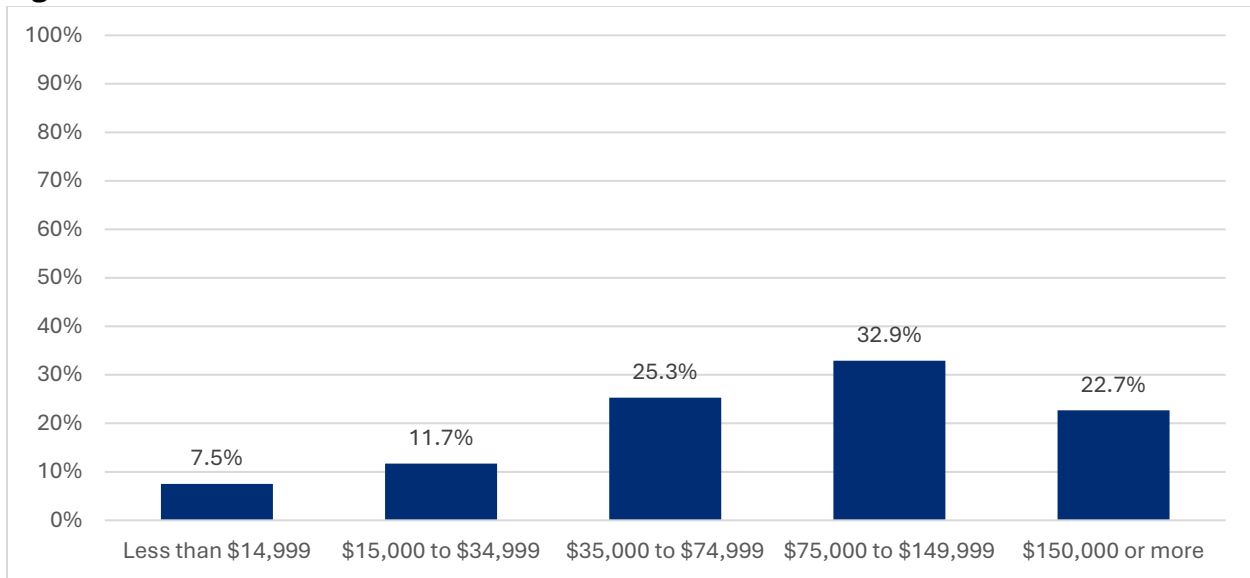
Note: *n* = 1,880,349.

Special Populations

Participants were asked, "Do you consider yourself to be any of the following? Farmworker, Experiencing Homelessness, Active Military, Veteran." As illustrated in the figure below, 7.7% of respondents identify as a veteran and 3.3% identify as a farmworker. Only 0.4% of participants identified as a person who is experiencing homelessness, and no participants indicated they are active in the military (0.0%).

Note that this survey was addressed-based, and therefore it may be that the percentage of people experiencing homelessness could be higher. Additionally, there are no active-duty military bases in Riverside County other than March Air Reserve base, which explains why the percentage of active duty military is not higher.

Figure 10. Special Populations
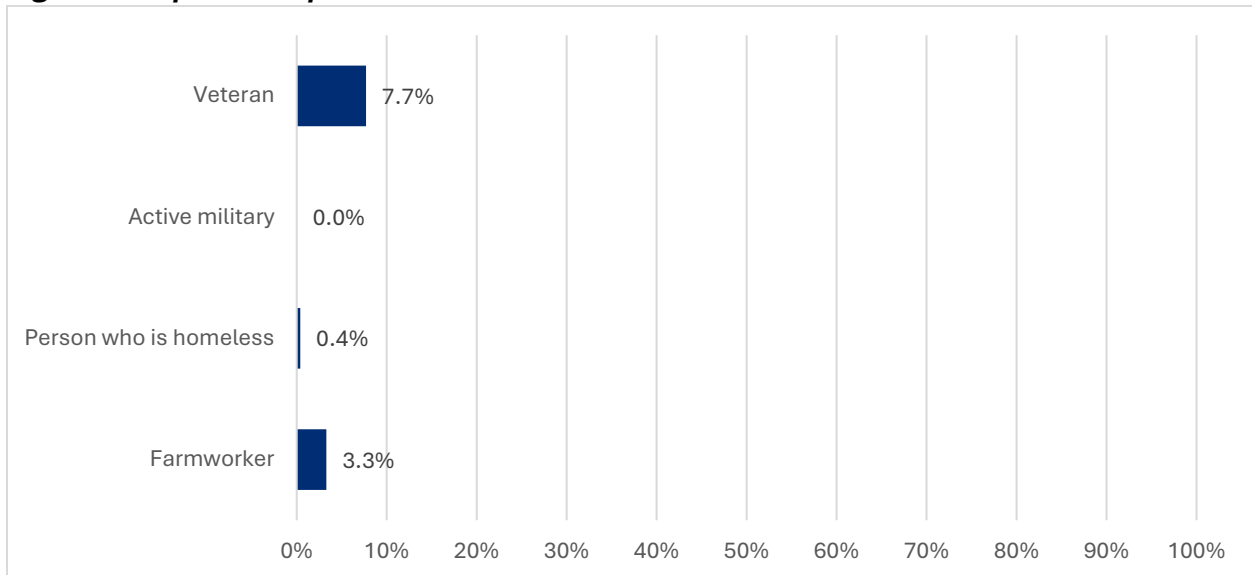
Note: *n* = 1,880,349.

Community Support and Willingness to Help Each Other

All residents were asked to rate their agreement with the following statement: "People in my community are willing to help each other."

The majority of residents (68.5%) report it is "likely" or "very likely" that people are willing to help each other in their community. Only 1.7% of residents report it is "very unlikely" that people are willing to help each other in their community.

These findings suggest that community members believe that people in their community are largely willing to help each other.

Figure 11. People in My Community Are Willing to Help Each Other
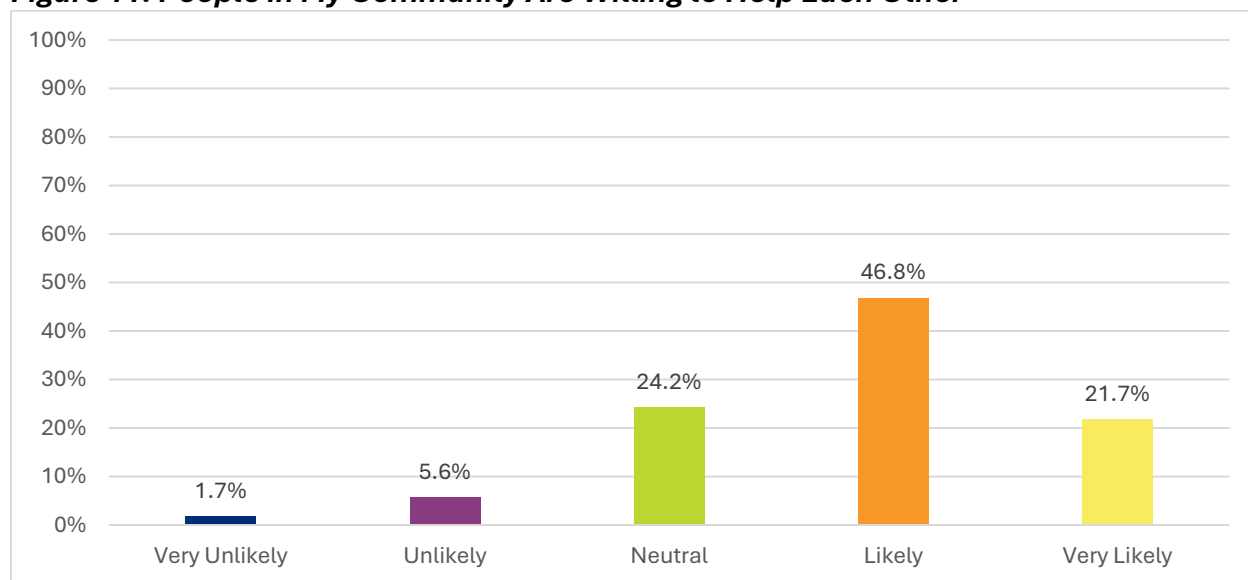
Note: *n* = 1,870,293.

Perceived Safety During the Day and Night

Residents were asked two separate questions, "How safe do you feel in your community when you are alone outside during the day" and "How safe do you feel in your community when you are alone outside at night," and were then given a list of options.

In total, 79.5% of residents report they feel "safe" or "very safe" during the day, and 54.6% of residents report they feel "safe" or "very safe" at night. Conversely, 5.7% of residents feel "unsafe" or "very unsafe" during the day, and 17.5% of residents feel "unsafe" or "very unsafe" at night.

Figure 12. Perceived Safety During the Day and Night
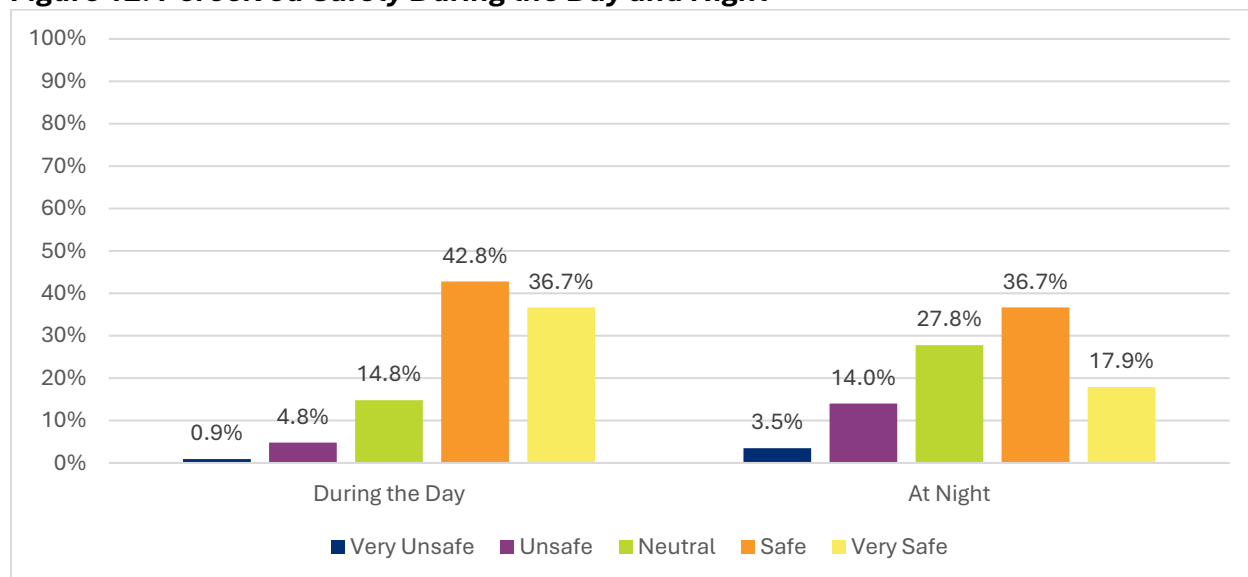
Note: During the day *n* = 1,873,042; At night *n* = 1,869,374.

Reasons for Feeling Very Unsafe During the Day

Residents were asked to explain their answer to how safe they felt during the day, and those reasons were qualitatively analyzed to find key themes. Findings reveal that some of the main reasons residents feel "very unsafe" during the day is because of the presence of people without homes, drugs/persons using drugs, history of crimes committed in the area (i.e., property crime, gun violence, etc.), and inadequate peace officer presence.

Reasons for Feeling Very Unsafe at Night

Residents were asked to explain their answer to how safe they felt at night. The main reasons residents provided for why they felt "very unsafe" at night is the same as during the day: the presence of people without homes and drugs/persons using drugs. Other reasons include suspicious people/criminals, general fear/anxiety, poor lighting, history of crimes in the area (i.e., gun violence, unsafe driving, etc.), and inadequate peace officer presence.

Community Perceptions of Safety

Residents were asked to think about the past 12 months in their community and indicate the degree to which each of the issues listed below is a problem (i.e., not a problem, small problem, medium problem, and big problem). Note that these are resident ***perceptions***, rather than actual experiences of violence (which is measured later in the survey). Approximately 38.9% of residents indicated there was at least one issue (e.g., assault, online scam/fraud, etc.) that was a "big problem" in their community.

Perceptions of Crime and Violence

The subtopic of crime and violence included assault/physical attack, burglary/theft (stealing something without force or threat of violence), gang violence, gun violence, homicide/murder, human trafficking (illegal exploitation of people for forced labor or sex, especially women and children), robbery (stealing something by force or threat of violence), and sexual assault/rape.

Approximately 11.6% of residents report that they ***believe*** burglary/theft is a "big problem"; robbery was also viewed as a "big problem" by a number of residents (7.1%).

Figure 13. Perceptions – Crime and Violence
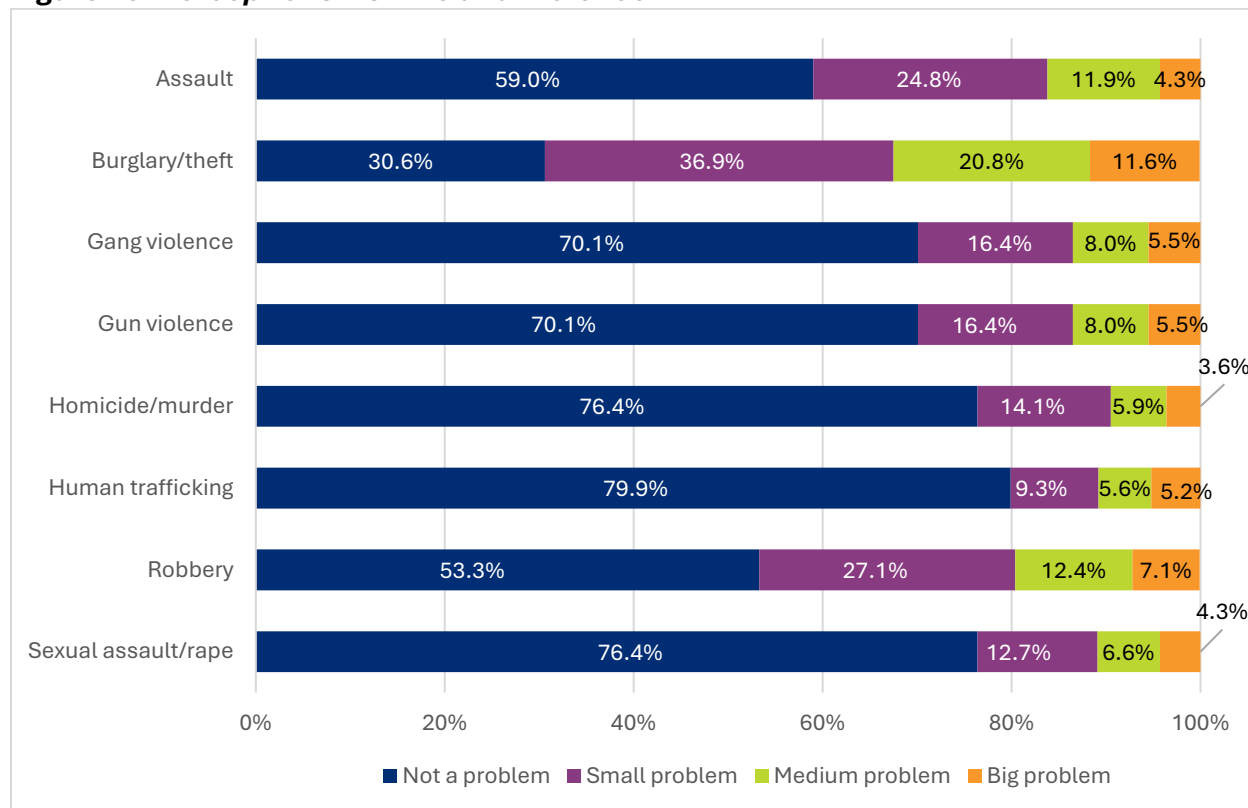
Note: Assault *n* = 1,382,186; Burglary/theft *n* = 1,521,806; Gang violence *n* = 1,327,780; Gun violence *n* = 1,336,432; Homicide/murder *n* = 1,260,901; Human trafficking *n* = 848,786; Robbery *n* = 1,327,605; Sexual assault/rape *n* = 877,404.

Perceptions of Internet Crimes

The subtopic of Internet crimes included cyber-bullying or harassment, cyber stalking, and online scam or fraud.

Just less than a quarter of residents (23.7%) indicated that online scam/fraud is ***believed to*** be big problem. Additionally, 8.8% of residents ***believe*** that cyber bullying/harassment is a big problem.

Figure 14. Perceptions – Internet Crimes
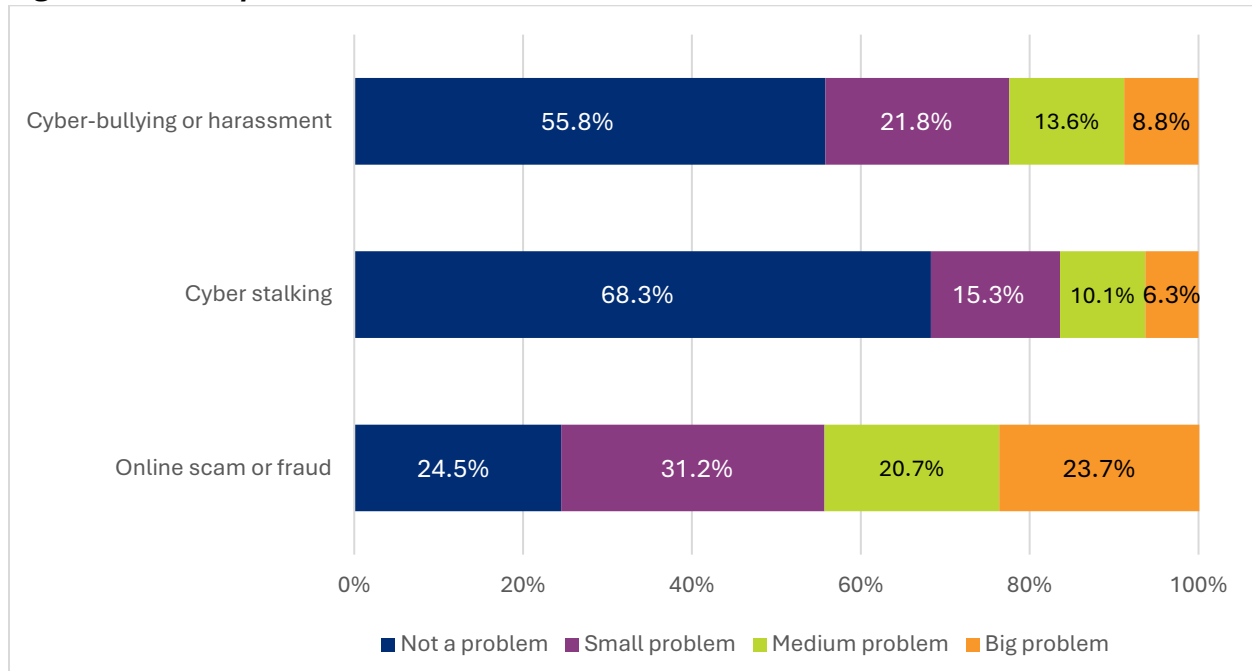
Note: Cyber-bullying or harassment *n* = 804,285; Cyber stalking *n* = 673,630; Online scam or fraud *n* = 1,198,297.

Perceptions of Social Issues

The subtopic of social issues included prostitution, someone who is experiencing homeless being harassed/assaulted, and someone who is experiencing homelessness harassing/attacking someone else. The social issue that was most commonly ***believed*** as a "big problem" is the issue of when someone who is homeless harasses/attacks someone else (10.6%).

Figure 15. Perceptions – Social Issues
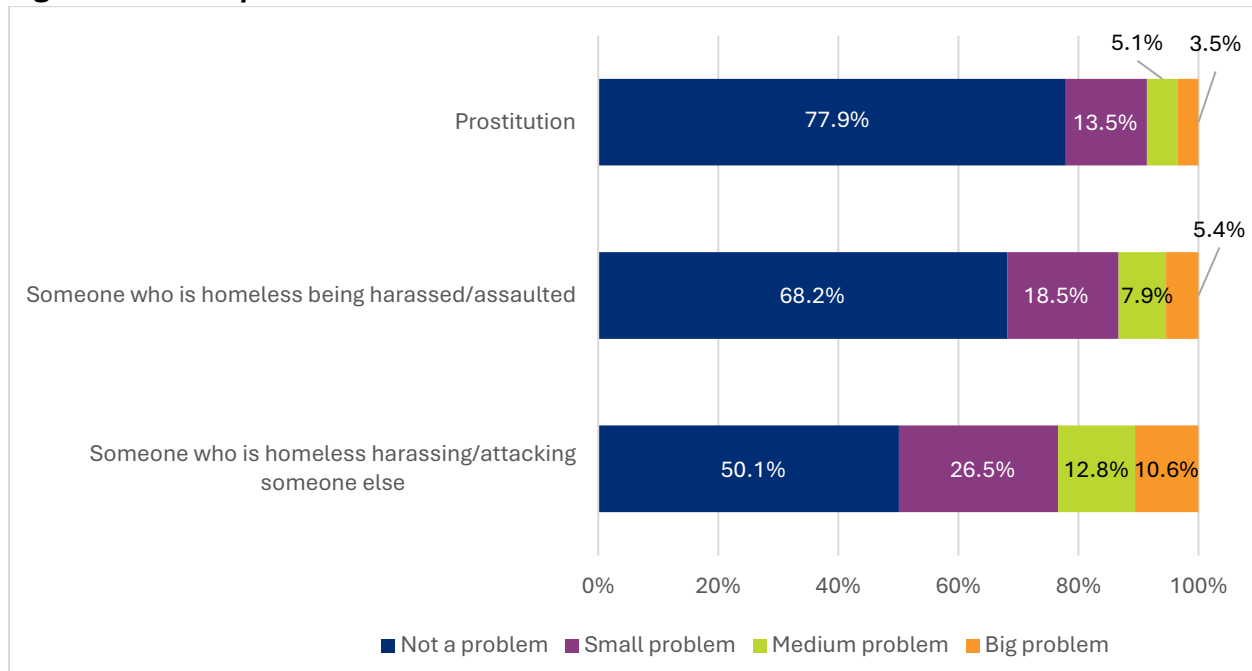
Note: Prostitution *n* = 1,189,631; Someone who is experiencing homelessness being harassed/assaulted *n* = 1,158,075; Someone who is experiencing homelessness harassing/attacking someone else *n* = 1,338,155.

Perceptions of Violence Towards Specific People

The subtopic of violence towards specific people includes child abuse, child sexual abuse, elder abuse (abuse of someone over age 60), hate crime/violence (because of gender, sexual identity or orientation, race, ethnicity, religion, etc.), self-directed violence/suicide, and violence between current or former romantic partners (which can include slapping, pushing, punching, kicking, threatening to use a weapon, using a weapon, etc.).

Violence between current or former partners was _**believed**_ to be a "big problem" by 5.3% of residents and viewed as a "medium problem" by another 10.8% of residents.

Figure 16. *Perceptions – Violence Towards Specific People*
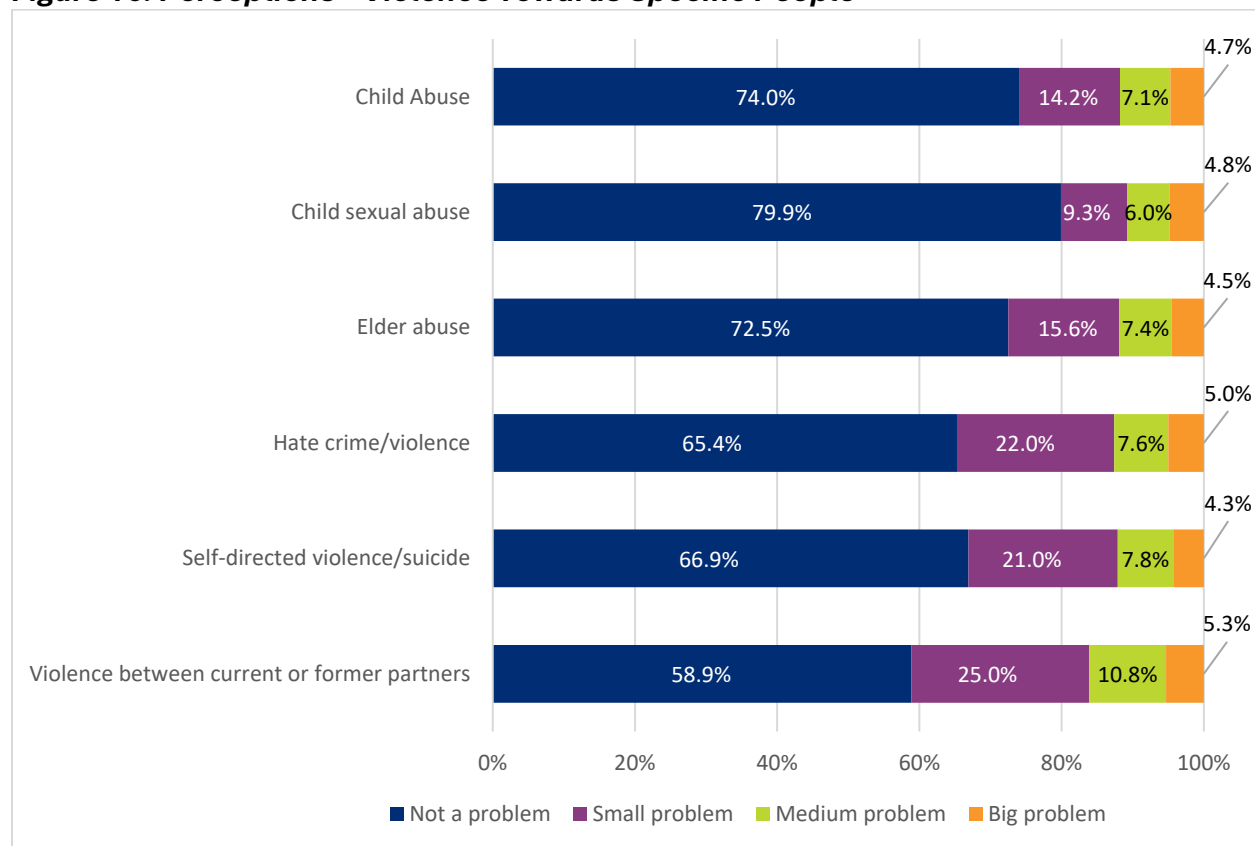
Note: Child abuse *n* = 776,984; Child sexual abuse *n* = 653,301; Hate crime *n* = 1,065,750; Suicide/self-directed violence *n* = 855,704; Violence between current or former romantic partners *n* = 914,224.

Perceptions of Safety and Security

The subtopic of safety and security in the community includes driving while texting, road rage/speeding, and school safety.

Issues of safety and security were viewed by quite a few residents as "big problems." Road rage/speeding and driving while texting were both *__believed__* to be "big problems" by just less than a quarter of residents (24.2% and 23.6%, respectively).

Figure 17. Perceptions – Safety and Security
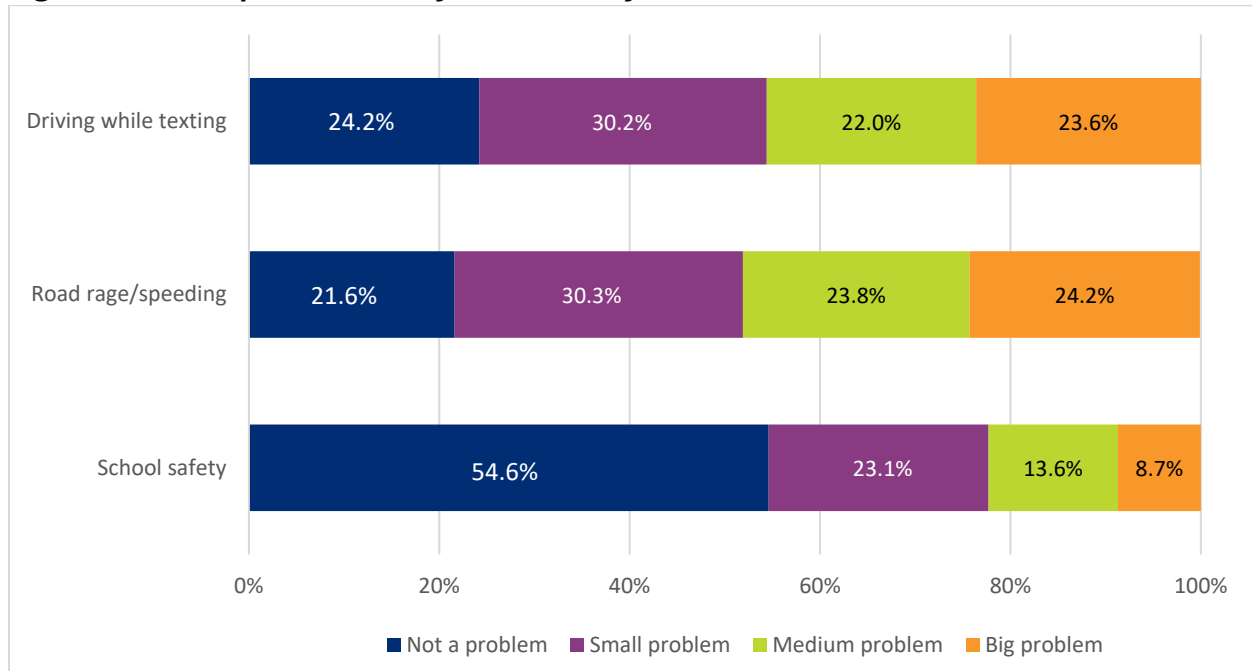
Note: Driving while texting, *n* = 1,527,026; road rage/speeding, *n* = 1,659,402; school safety *n* = 1,335,608.

Perceptions of Substance Use

The subtopic of substance use includes driving under the influence of alcohol, driving under the influence of drugs, substance abuse of alcohol, and substance abuse of drugs.

Substance abuse of drugs was **_believed_** to be a "big problem" by roughly a quarter of residents (24.5%). Other issues of substance use were rated by a fairly high percentage of residents as a "big problem," including substance abuse of alcohol (19.9%), driving under the influence of drugs (19.1%), and driving under the influence of alcohol (18.6%). See the figure below for full details.

Figure 18. Perceptions – Substance Use
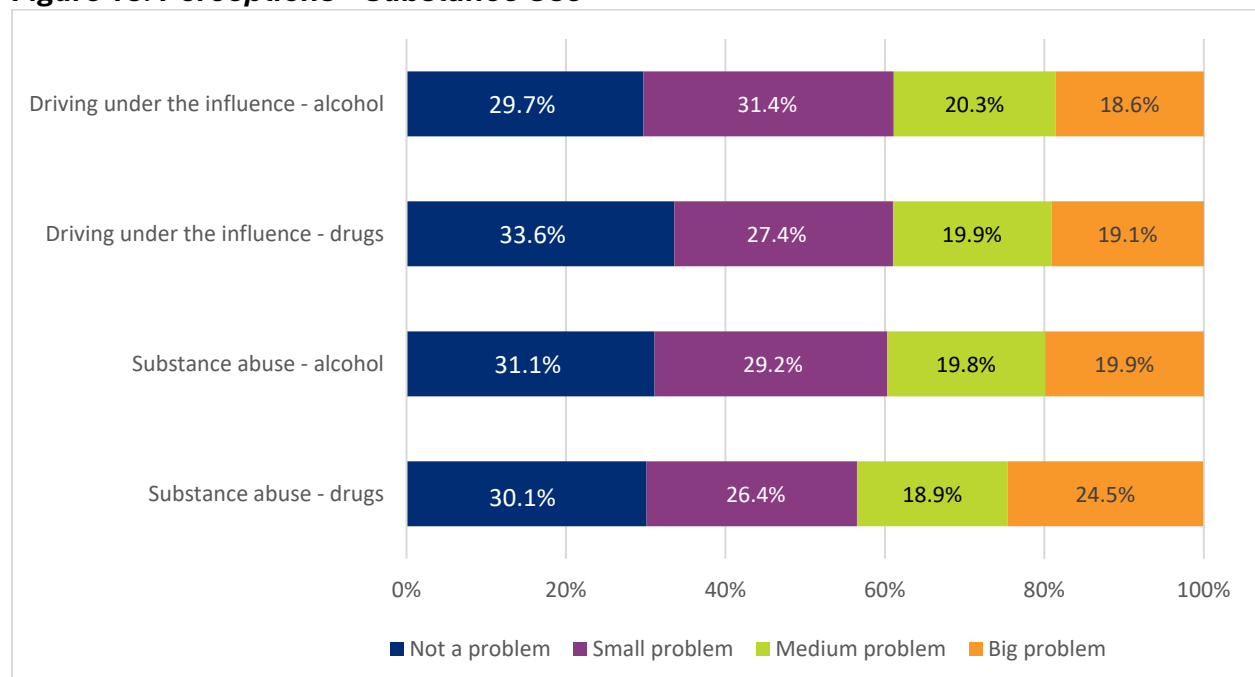
Note: Driving under the influence of alcohol *n* = 1,198,630; driving under the influence of drugs *n* = 1,054,138; substance abuse of alcohol *n* = 1,098,344; substance abuse of drugs *n* = 1,086,201.

Perceptions of "Other" Issues That Are a Problem in the Community

Residents were asked to describe any other issues that they **_perceive_** to be a problem in the community.

The "other" issues in the community most often mentioned include verbal/emotional abuse, animal neglect/danger, homelessness/homeless, and property damage. Other issues mentioned include theft/robbery, traffic/road safety issues, violence, stalking/harassing and fights/assault. See the figure below for full details.

Figure 19. Perceptions of "Other" Issues That Are a Problem in the Community

Note: References = 85.

Personal Experiences with Violence

Residents were asked, "Within the past 12 months, have you, or someone you know personally, experienced any of the following types of violence?" Approximately one quarter of residents (25.5%) have either been a victim of violence or know someone personally who has been a victim of violence, while 68.5% have not.

Figure 20. Personal Experiences with Violence
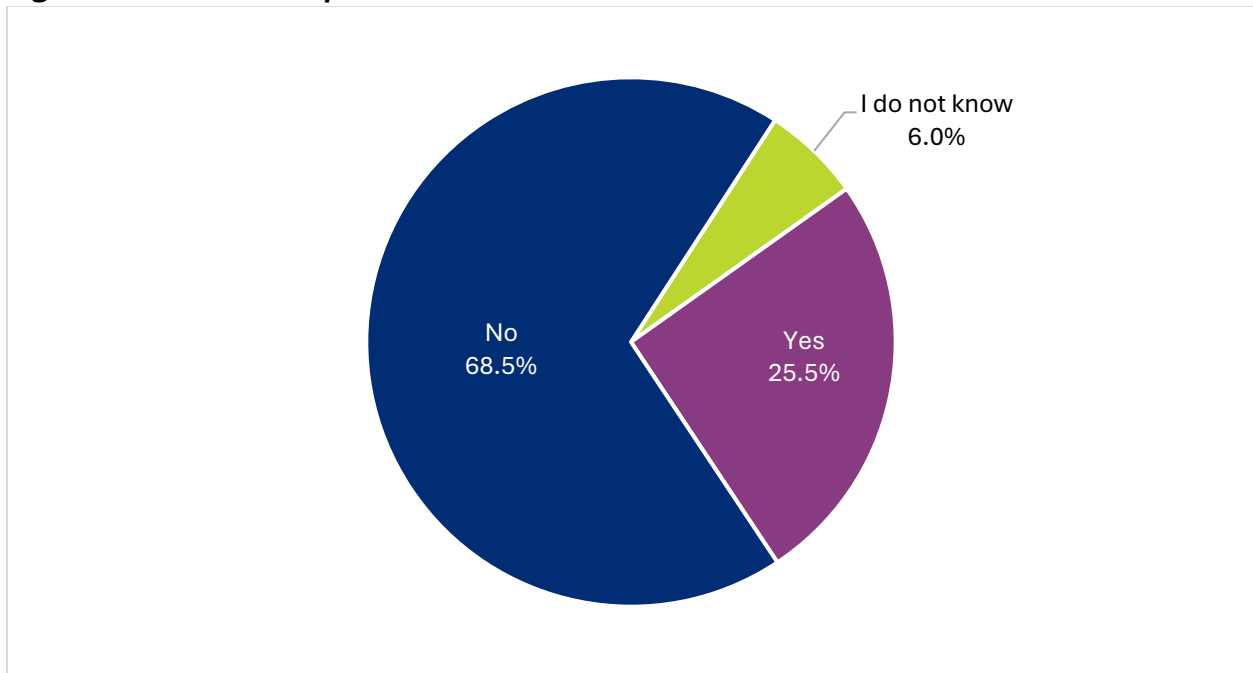
Note: *n* = 1,863,142.

Those who indicated they have not experienced violence in the past 12 months were not asked the follow-up questions detailed in this next section. As such, the next few pages describe the details of the 25.5% of residents who have experienced violence or know someone who has experienced violence in the past year.

Types of Violence Experienced

The 25.5% of residents who personally experienced violence in the past year or know someone who had were subsequently asked about the specific types of violence involved. As illustrated in the figure below, the most common types of violence that residents experienced include road rage/speeding (77.8%), burglary/theft (59.0%), and online scam/fraud (55.0%).

Figure 21. Types of Violence Experienced
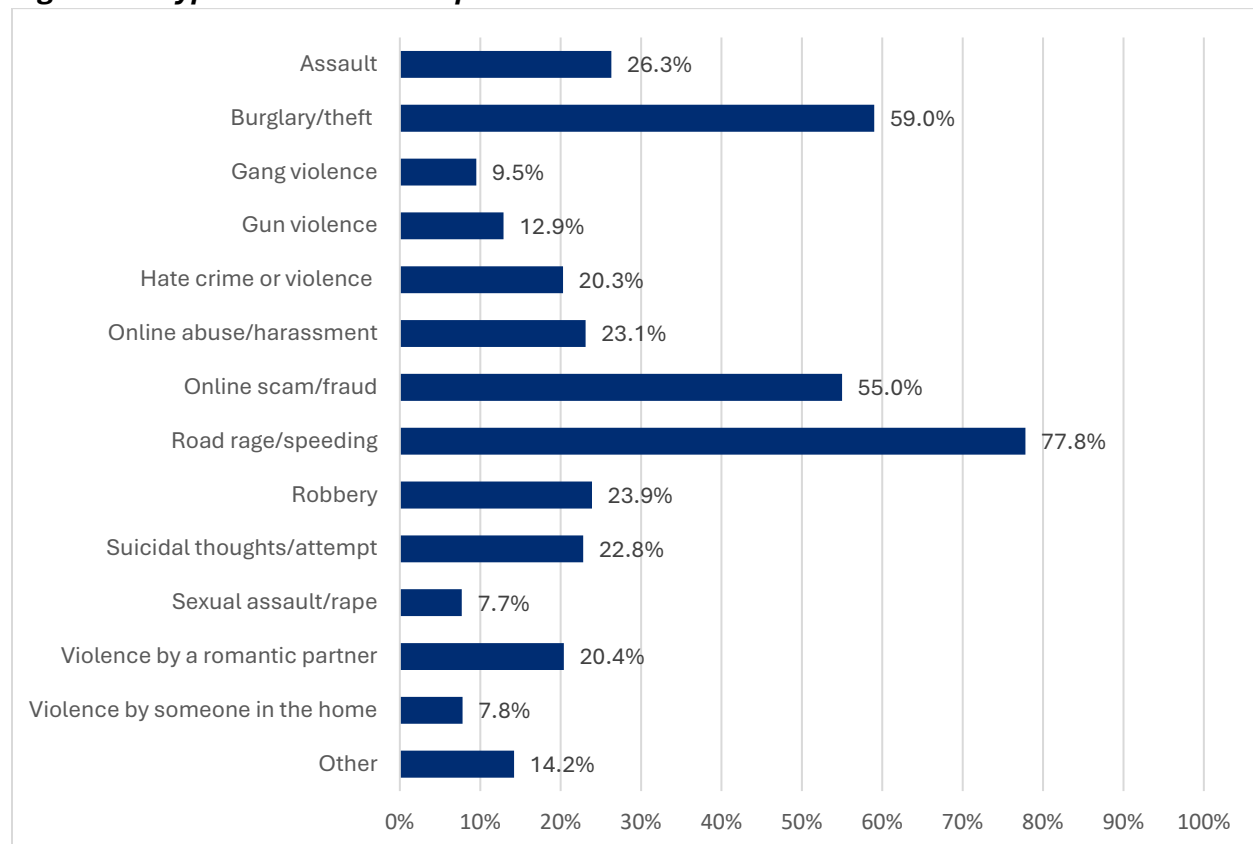
Note: *n* = 475,213.

Other types of violence experienced by residents or those that they know include: verbal abuse/arguing (*n* = 18), property crime/vandalism (*n* = 11), animal cruelty/abuse (*n* = 10), homeless/homelessness (*n* = 10), fights/assault (*n* = 9), stalking/harassing (*n* = 9), theft/robbery (*n* = 9), traffic and road safety issues (*n* = 7), criminal activity (*n* = 6), rogue youth/children (*n* = 5), discrimination and hate-related violence (*n* = 5), economic abuse (*n* = 4), anger (*n* = 3), child abuse (*n* = 3), public disorder and substance use (*n* = 3), fireworks (*n* = 2), mental health issues (*n* = 2), negligent police (*n* = 2), home invasion/trespassing (*n* = 2), sexual harassment (*n* = 1), sexuality (*n* = 1), domestic violence (*n* = 1), bullying (*n* = 1), drunk driving (*n* = 1), elder abuse (*n* = 1), interpersonal violence (*n* = 1), and violence at school (*n* = 1).

Impact of Violence on Quality of Life

Residents who experienced (or knew someone who experienced) specific types of violence (e.g., assault, burglary, etc.) were then asked how experiencing that violence affected their quality of life or the quality of life of the person they knew.

Types of violence that affected quality of life "quite a lot" included sexual assault or rape (45.2%), violence by someone in the home (45.3%), and suicidal thoughts or attempts (39.7%).

See the figure below for full details. Data presented in the figure below are restated on the subsequent pages to reiterate the impact of these experiences on the lives of residents.

Figure 22. Impact of Violence on Quality of Life
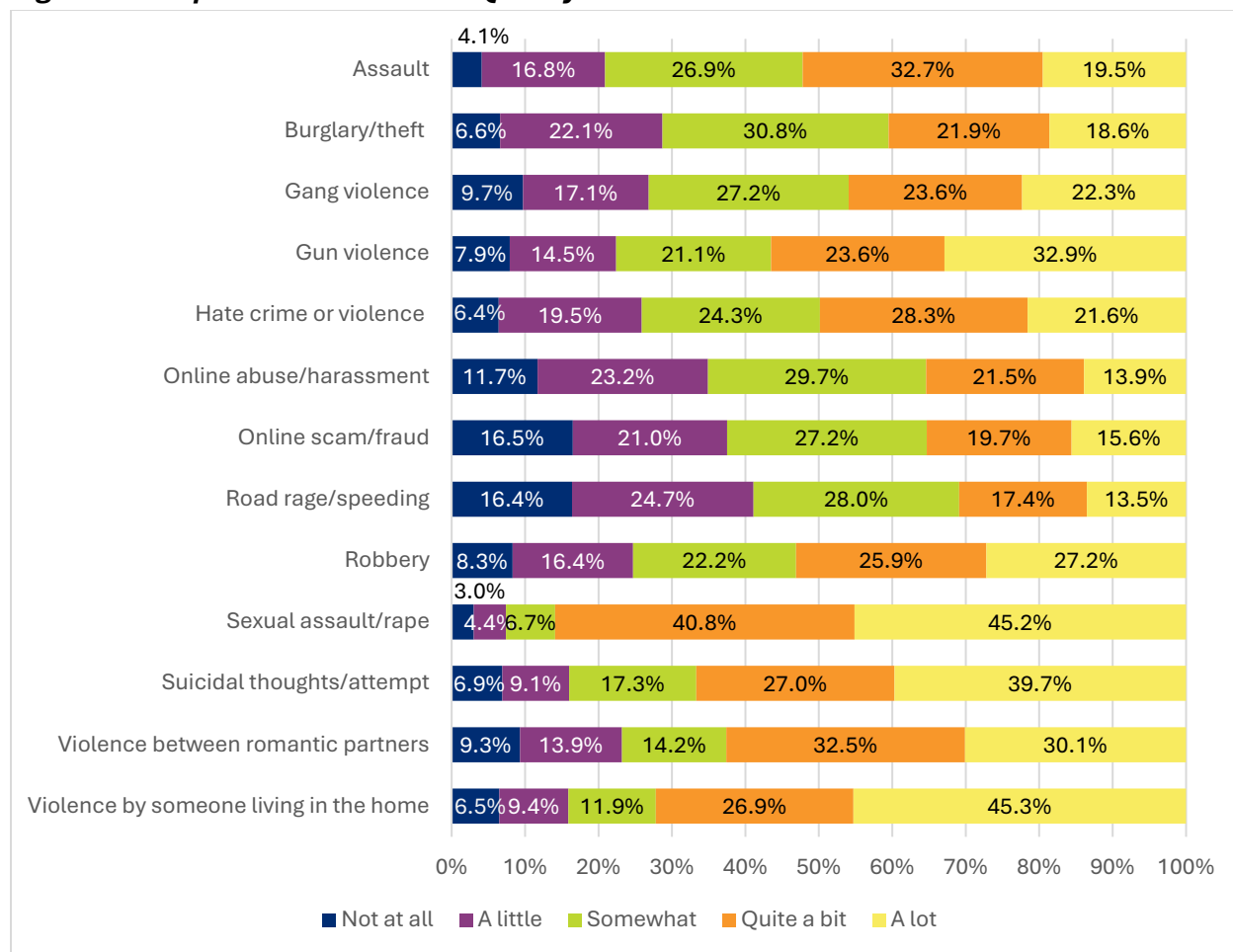
Note: Assault *n* = 114,183; Burglary/theft *n* = 268,623; Gang violence *n* = 41,358; Gun violence *n* = 56,283; Hate crime *n* = 90,505; Online abuse or harassment *n* = 108,492; Online scam or fraud *n* = 245,740; Road rage/speeding *n* = 355,241; Robbery *n* = 102,333; Sexual assault/rape *n* = 33,052; Suicide/self-directed violence *n* = 101,053; Violence by a romantic partner *n* = 81,500; Violence by someone who lives in the home *n* = 34,166.

Deep Dive into the Different Types of Violence Experienced

This section provides an in-depth analysis for each type of violence experienced (e.g., assault, burglary/theft, etc.). Each deep dive describes how each experience of violence has impacted individuals' quality of life, whether support was sought and the reason for not seeking help, barriers to accessing help, and the desired resources and support systems residents feel would have been most beneficial in their recovery.

Experiences of Assault

Assault is an intentional act of causing physical or unwanted harm to another person. According to the Department of Justice, in 2023, there were 135,046 reported cases of aggravated assault in the state of California.[1] Approximately 26.3% of residents (123,859 people) have experienced themselves (or know someone who has experienced) assault in Riverside County in the past 12 months.

Impact on Quality of Life - Assault

Residents who indicated they have experienced assault (or someone they know personally has experienced assault) were then asked, "To what extent did this assault affect your/their quality of life?"

Most residents reported that the assault/physical attack did indeed affect them or someone they know. Approximately 19.5% indicated the assault affected them or someone they know "a lot," and 32.7% said it affected them "quite a bit." Only 4.1% of those who have experienced an assault were "not at all" affected.

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[1] Crimes In California (2023). State of California Department of Justice – Open Justice. Available online here: https://openjustice.doj.ca.gov/exploration/crime-statistics/crimes-clearances

Figure 23. Impact on Quality of Life – Assault
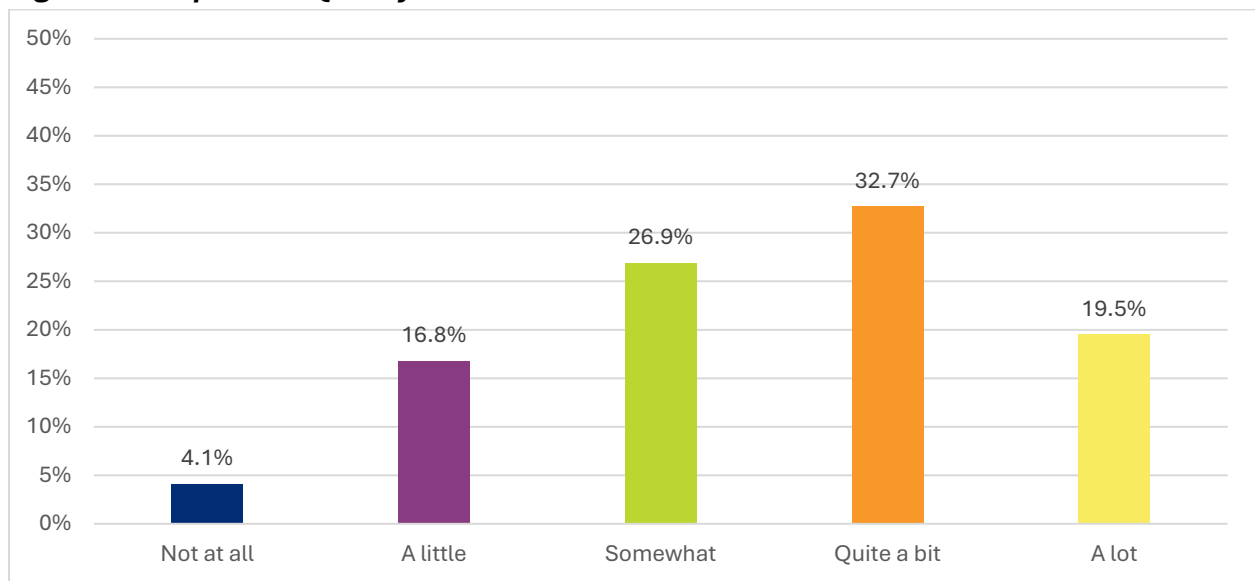
Note: *n* = 114,183. Question asked of all residents who have experienced, or know someone who has experienced, an assault or physical attack in Riverside County in the past year.

Seeking Support After Violence – Assault

Approximately 51.4% of those people who experienced an assault got help after the event, while 48.6% did not get help.

Residents who indicated that "yes" help was sought after the event were then asked an open-ended question: "What did you/they do to get help with healing after the assault?" Responses were qualitatively analyzed to identify main themes in the data.

The most common types of support sought after the assault are emphasized in the figure below in green, and include counseling and therapy, talking/support from friends and family, and law enforcement/legal action. See the figure below for full details.

Figure 24. Seeking Support After Violence – Assault

Note: References = 128. Only includes residents who selected "yes," they experienced assault and "yes," help was sought to heal after the assault.

Barriers to Getting Help – Assault

Residents who indicated that "no," help was not sought after the event were then asked, "Why didn't you/they get help after this event?" The most common reasons support wasn't sought after the assault is because it "wasn't needed" (21.8%) or because they "didn't have the money to get help" (19.2%).

Figure 25. Barriers to Getting Help – Assault
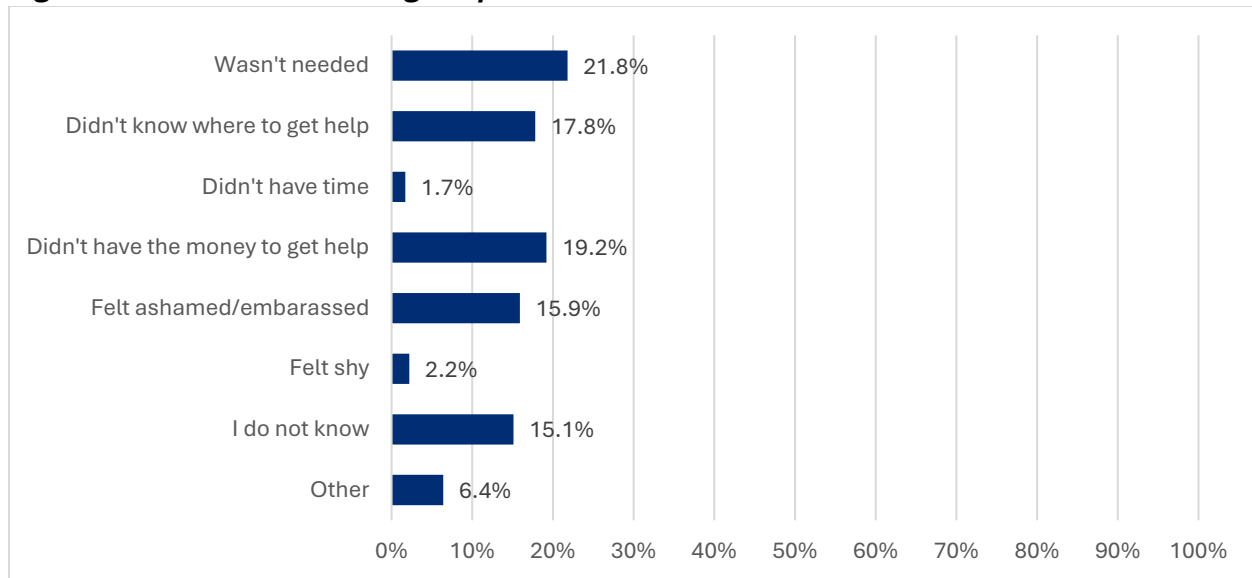
Note: *n* = 41,032. Only includes residents who selected "yes," they experienced assault and "no," help was not sought to heal after the assault.

"Other" reasons that help wasn't sought after the event is because:
- I did call the police/nothing happened (*n* = 3)
- No insurance/not accessible (*n* = 2)
- Dealing with it (*n* = 2)
- Was intoxicated (*n* = 1)
- Need the person to care for me (*n* = 1)
- Already supported (*n* = 1)
- Hard to get a referral (*n* = 1)
- Shame (*n* = 1)
- It's a waste of time (*n* = 1)

Those who did not seek help after the assault were asked an open-ended question: "What resources would have been helpful after the assault?" The resources most commonly mentioned that would have been helpful are emphasized in orange in the figure below and include increased peace officer presence, therapy, and widespread education/awareness of the issue.

Figure 26. Desired Support and Resources – Assault

Note: References = 76. Only includes residents who selected "yes," they experienced assault and "no," help was not sought to heal after the assault.

Experiences of Burglary/Theft

Theft is the act of taking property belonging to another person without their consent; burglary is the act of breaking and entering into an occupied structure that is done to commit a theft or felony.[2] In 2023, there were 132,547 burglaries committed in the state of California; 70.7% of burglaries were committed by forcible entry. Additionally, there were 560,413 larceny/thefts committed. [3]

Approximately 59.0% of residents (278,315 people) have experienced or know someone who has experienced burglary/theft in Riverside County in the past year.

Impact on Quality of Life – Burglary/Theft

Residents who indicated they have experienced burglary/theft (or someone they know personally has experienced burglary/theft) were then asked, "To what extent did this burglary/theft affect your/their quality of life?"

The most common response was that the burglary/theft affected them or someone they know "somewhat" (30.8%), although some were affected "quite a bit" (21.9%) or "a lot" (18.6%). Only 6.6% of those who have experienced a burglary/theft were "not at all" affected.

Figure 27. Impact on Quality of Life – Burglary/Theft
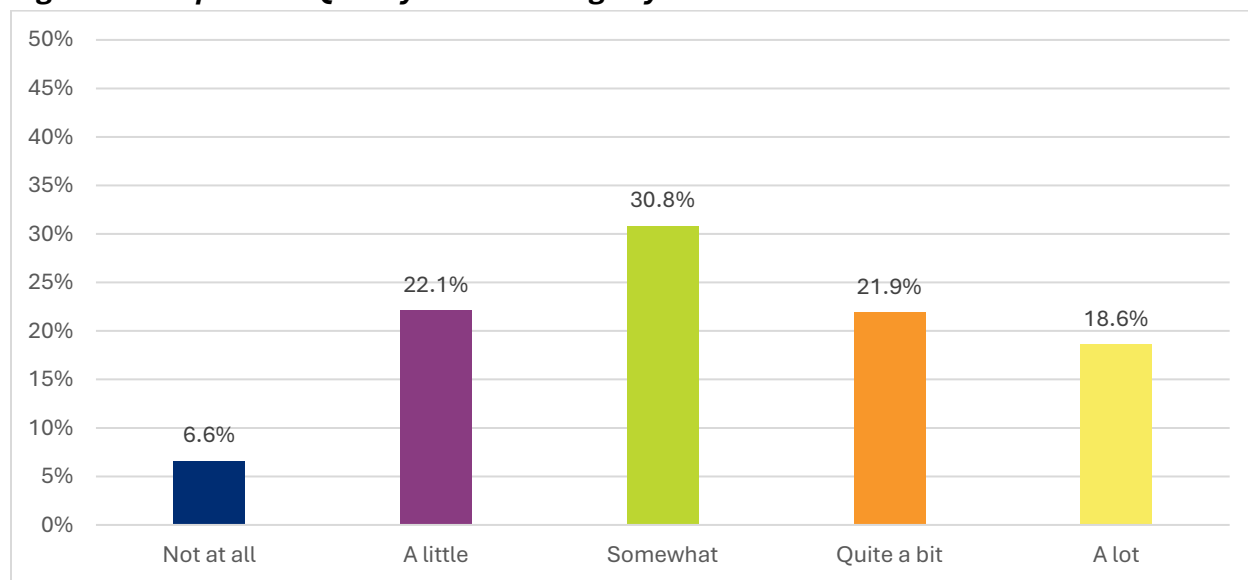
Note: *n* = 268,623. Question asked of all residents who have experienced themselves or know someone who has experienced burglary/theft in Riverside County in the past year.

[2] Crimes In California (2023). State of California Department of Justice – Open Justice. Available online here: https://openjustice.doj.ca.gov/exploration/crime-statistics/crimes-clearances
[3] Crimes In California (2023). State of California Department of Justice – Open Justice. Available online here: https://openjustice.doj.ca.gov/exploration/crime-statistics/crimes-clearances

Seeking Support After Violence – Burglary/Theft

Approximately 23.7% of those people who experienced burglary/theft got help after the event, while 76.3% did not get help.

Residents who indicated "yes," help was sought after the event were then asked an open-ended question: "What did you/they do to get help with healing after the burglary/theft?" The most common ways that people got help after the burglary/theft were talking to friends/family, help from law enforcement/taking legal action, and counseling/therapy. See the figure below for full details.

***Figure 28. Seeking Support After Violence – Burglary/Theft***

Note: References = 150. Only includes residents who selected "yes," they experienced burglary/theft and "yes," help was sought to heal after the burglary/theft.

Residents who indicated "no," help was not sought after the event were then asked, "Why didn't you/they get help after this event?" The most common response from residents is that help "wasn't needed" (43.8%).

Figure 29. Barriers to Getting Help – Burglary/Theft
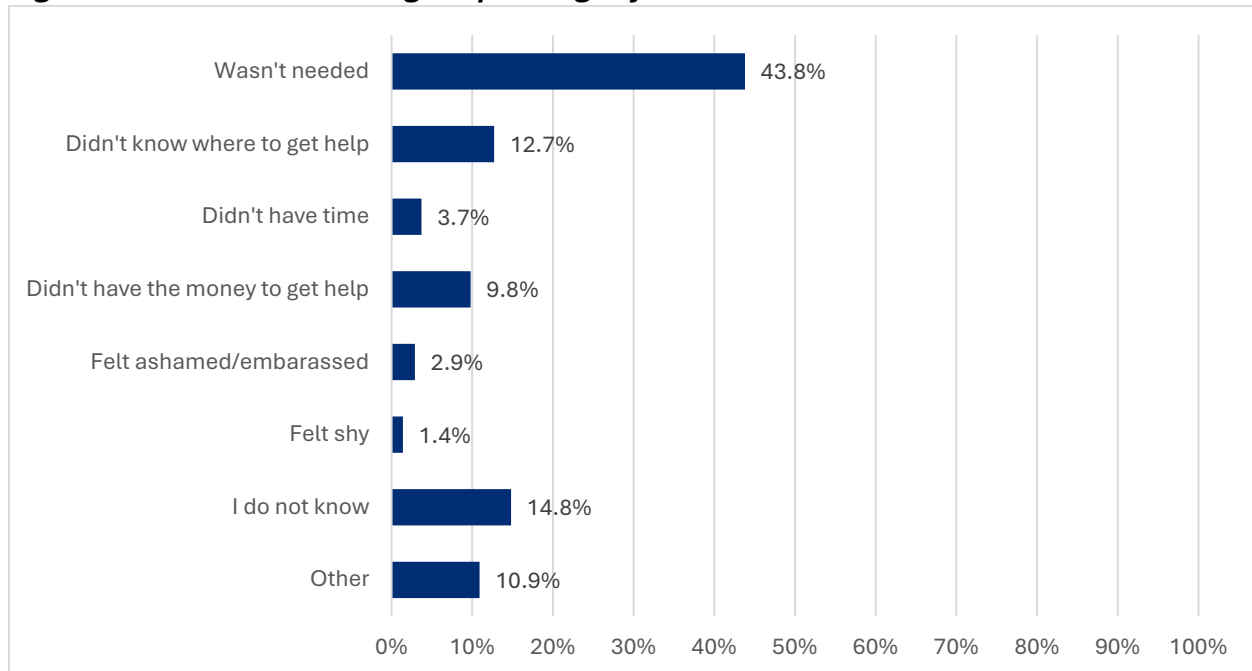
Note: *n* = 152,507. Question was asked of all residents who experienced (or know someone who experienced) burglary/theft, and that person did not get help after the burglary/theft.

The "other" reasons that residents who experienced burglary/theft didn't seek help include:

- Lack of trust in police/police did nothing (*n* = 10)
- Crime is insignificant/not worth reporting (*n* = 5)
- Handled the situation independently (*n* = 5)
- No one cares (*n* = 5)
- Lack of knowledge/awareness of resources (*n* = 4)
- Need financial help solving the issue (*n* = 3)
- Fear of retaliation/legal issues (*n* = 1)

Desired Support and Resources – Burglary/Theft

Additionally, residents who indicated "no," they did not seek help after the burglary/theft were asked an open-ended question: "What resources would have been helpful to you/them to support you after this event?"

The resources most commonly mentioned that would have been helpful include peace officer patrolling/presence, enforcement of the law/prosecution, and therapy.

Figure 30. Desired Support and Resources – Burglary/Theft

Note: References = 131. Only includes residents who selected "yes," they experienced burglary/theft and "no," help was not sought to heal after the burglary/theft.

Experiences of Gang Violence

Gang violence is a group of three or more people who come together and organize to engage in criminal activity with the intent of asserting control, defending territory, achieving economic gains, or maintaining status in the group. Gangs often commit offenses such as assaults, homicides, robberies, intimidation, and drug trafficking to further their objectives.[4] As of 2023, there were approximately 19,146 people associated with gangs in California.[5]

Approximately 9.5% of residents (44,743 people) have experienced or know someone who has experienced gang violence in Riverside County in the past year

Impact on Quality of Life – Gang Violence

Residents who indicated they have experienced gang violence (or someone they know personally has experienced gang violence) were then asked, "To what extent did this event affect your/their quality of life?" The most common response was that gang violence affected the person who experienced it "somewhat" (27.2%); however there were many who were affected "quite a bit" (23.6%) and "a lot" (22.3%). Approximately 9.7% were "not at all" affected by the gang violence they experienced.

Figure 31. Impact on Quality of Life – Gang Violence
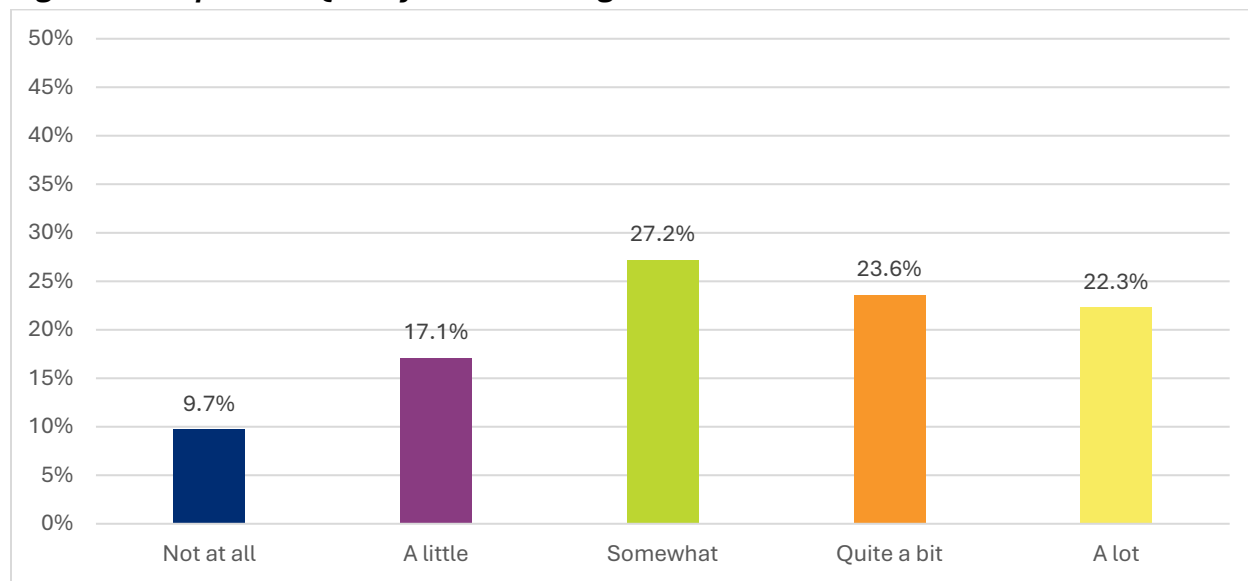
Note: *n* = 41,358. Question asked of all residents who have experienced themselves or know someone who has experienced gang violence in Riverside County in the past year.

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[4] National Institute of Justice (NIJ). What is a Gang? Definitions. Available online here: https://nij.ojp.gov/topics/articles/what-gang-definitions
[5] California Department of Justice (2023). Attorney General's Annual Report on CalGang. Available online here: https://oag.ca.gov/system/files/media/ag-annual-report-calgang-2023.pdf

Seeking Support After Violence – Gang Violence

Approximately 22.3% of those people who experienced gang violence got help after the event, while 77.7% did not get help.

Residents who indicated "yes," help was sought after the event were then asked an open-ended question: "What did you/they do to get help with healing after the gang violence?" The most common ways that people obtained help with healing after gang violence include talking to friends/family, counseling/therapy, and contacting the police.

***Figure 32. Seeking Support After Violence – Gang Violence***
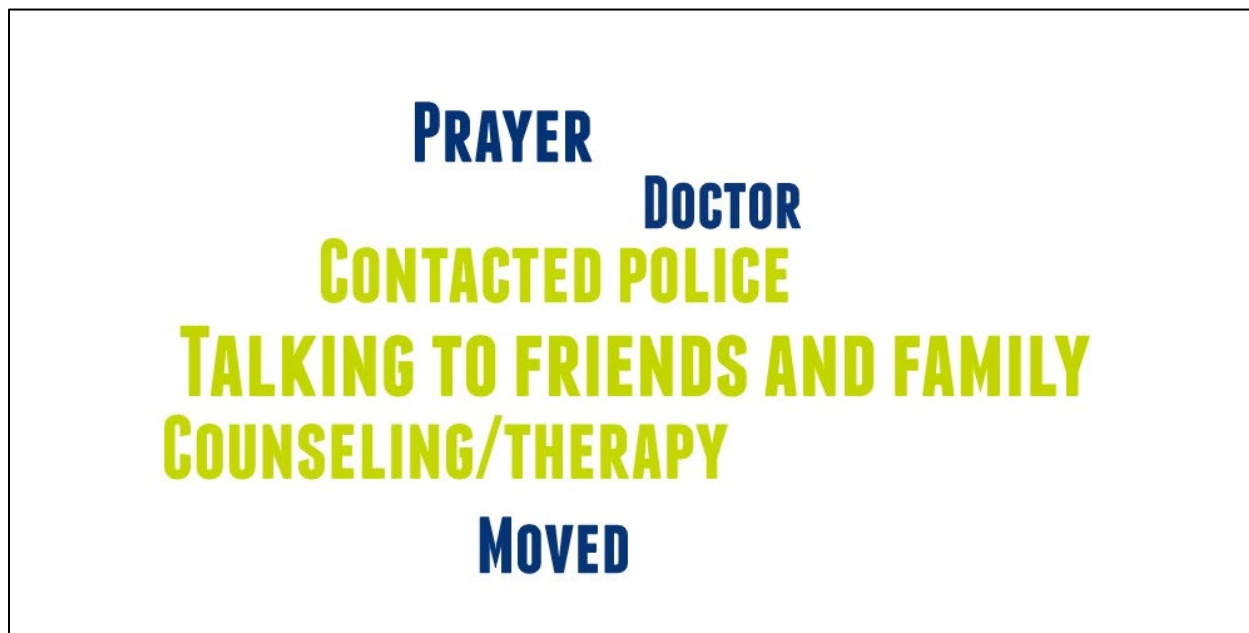
Note: References = 16. Only includes residents who selected "yes," they experienced gang violence and "yes," help was sought to heal after the gang violence.

Residents who indicated "no," help was not sought after the event were then asked, "Why didn't you/they get help after the gang violence?"

The most common response from residents is that "I do not know" (31.0%). Other common responses are that it "wasn't needed" (19.8%) and "didn't know where to get help" (17.7%).

Figure 33. Barriers to Getting Help – Gang Violence
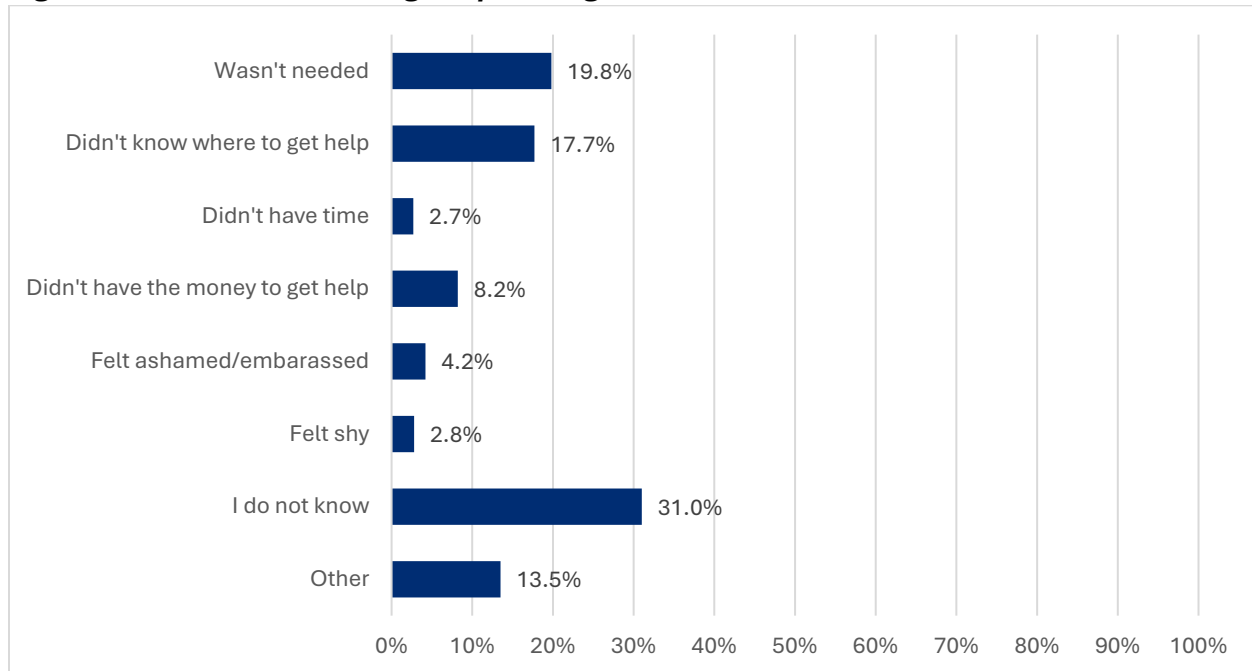
Note: *n* = 23,498. Question was asked of all residents who experienced (or know someone who experienced) gang violence, and that person did not get help after the gang violence.

"Other" reasons that help wasn't sought after gang violence include:
- Criminals need to be in jail (*n* = 1)
- Left the area (*n* = 1)
- Wasn't there (*n* = 1)
- Intimidated (*n* = 1)
- Wasn't me directly (*n* = 1)

Desired Support and Resources – Gang Violence

Additionally, residents who indicated "no," they did not seek help after the gang violence were asked, "What resources would have been helpful to you/them to support you after this event?"

The resources most commonly mentioned that would have been helpful to heal after gang violence include increased peace officer presence, therapy, and greater enforcement of the law.

Figure 34. Desired Support and Resources – Gang Violence
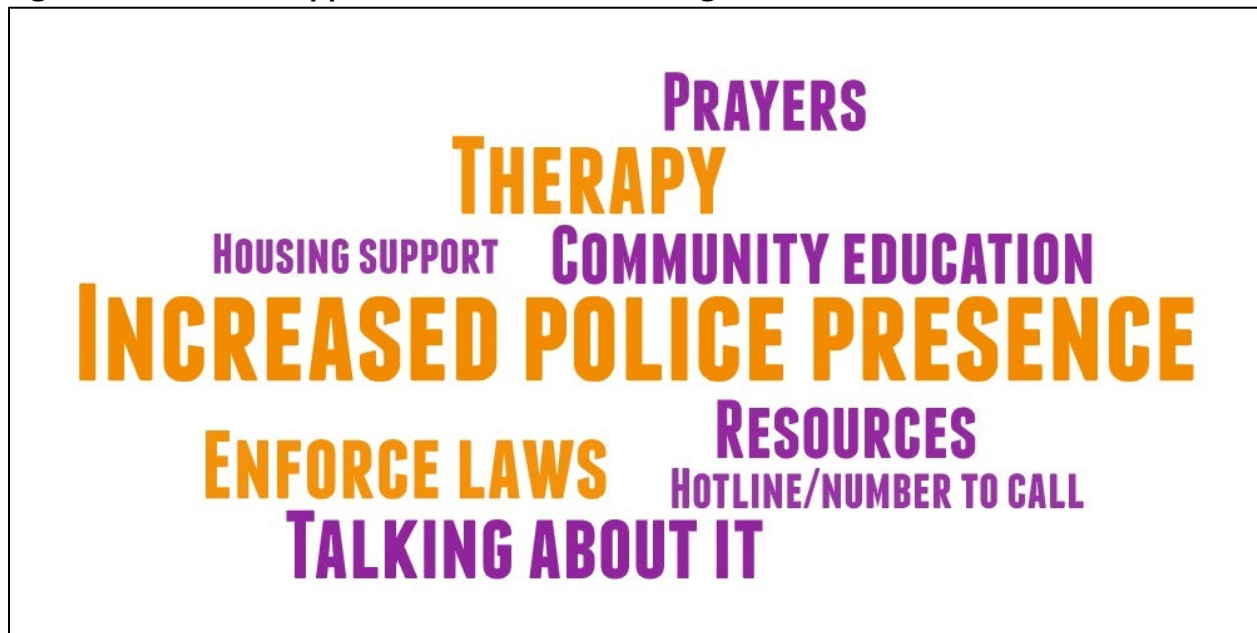
Note: References = 32. Only includes residents who selected "yes," they experienced gang violence and "no," help was not sought to heal after the gang violence.

Experiences of Gun Violence

Gun violence is violence that involves a firearm. Examples of gun violence include accidental or unintentional injury, homicide, attempted suicide, and assault with a deadly weapon. In an average year in California, approximately 3,332 people die by guns; California has the 45th highest rate of gun deaths in the United States.[6]

Approximately 12.9% of residents (60,664 people) have experienced or know someone who has experienced gun violence in Riverside County in the past year.

Impact on Quality of Life – Gun Violence

Residents who indicated they have experienced gun violence (or someone they know personally has experienced gun violence) were then asked, "To what extent did this gun violence affect your/their quality of life?" The most common response from residents is that experiencing gun violence affected them "a lot" (32.9%) – a relatively high percentage. There were also many residents who said the gun violence affected them "quite a bit" (23.6%). See the figure below for full details.

Figure 35. Impact on Quality of Life – Gun Violence
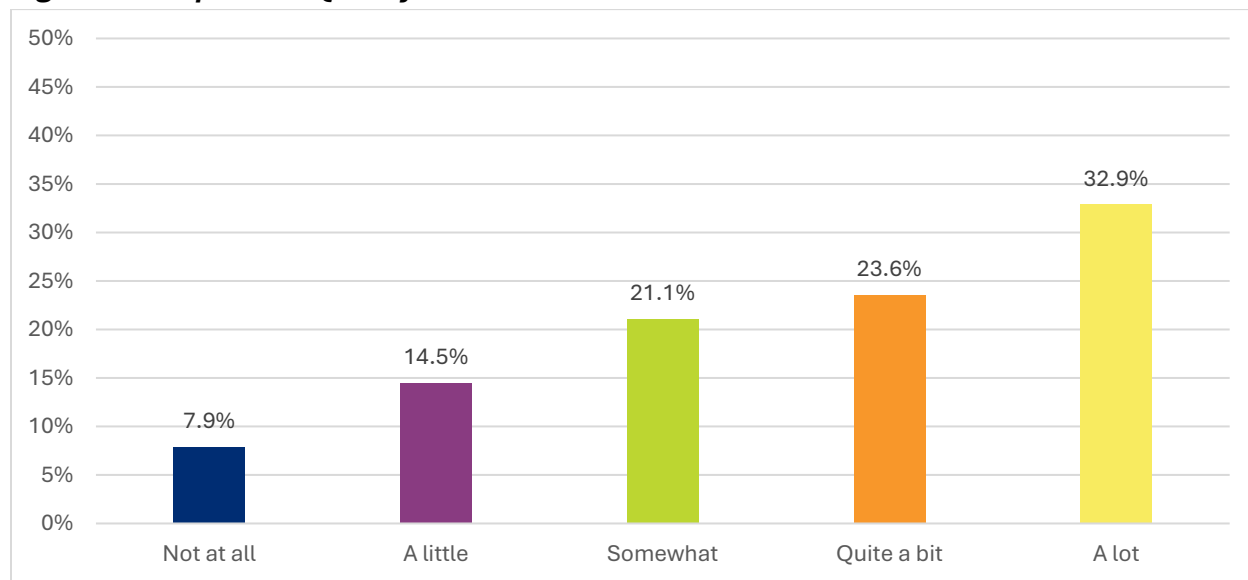
Note: *n* = 56,283. Question asked of all residents who have experienced, or know someone who has experienced gun violence in Riverside County in the past year.

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[6] Centers for Disease Control (2024). Provisional Mortality Statistics, Five-year average: 2019 to 2023.

Seeking Support After Violence – Gun Violence

Approximately 38.1% of those people who experienced gun violence got help after the event, while 61.9% did not.

Residents who indicated "yes," help was sought after the gun violence were then asked an open-ended question: "What did you/they do to get help with healing after this event?" Responses were qualitatively analyzed to identify the main themes in the data.

The most common ways that people got help after gun violence was support or talking to friends/family, counseling/therapy, and prayer. See the figure below for full details.

**Figure 36. Seeking Support After Violence – Gun Violence**
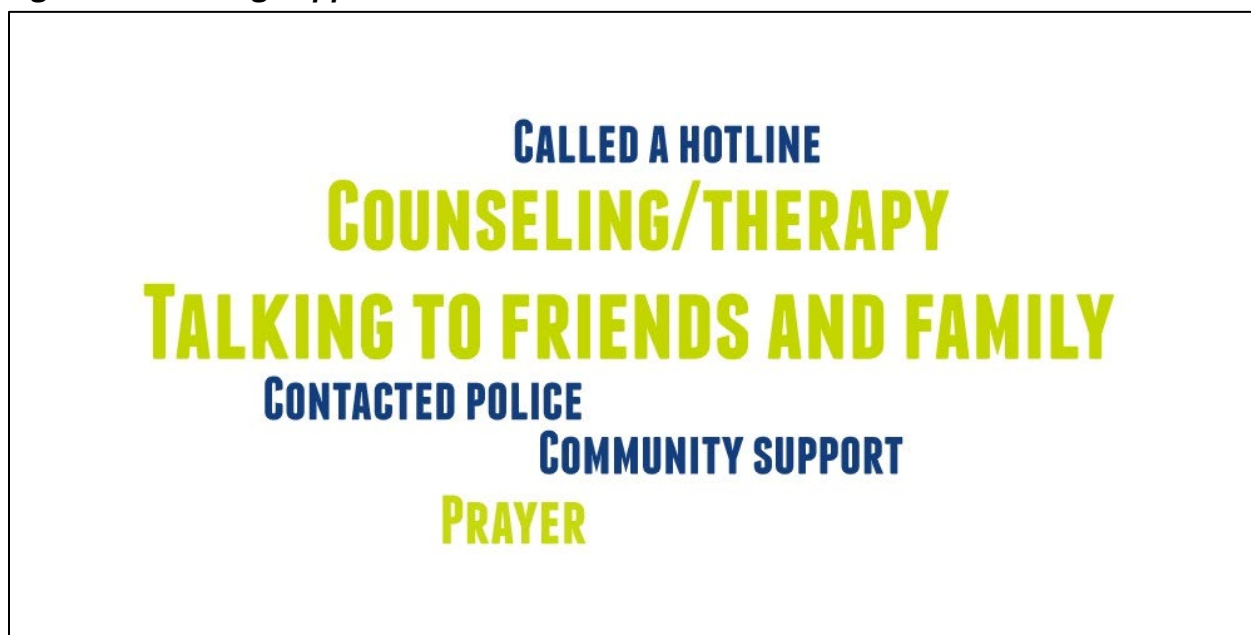
Note: References = 36. Only includes residents who selected "yes," they have experienced gun violence and "yes," they got help healing after the gun violence.

Barriers to Getting Help – Gun Violence

Residents who indicated "no," help was not sought after the event were then asked, "Why didn't you/they get help after the gun violence?" The most common reasons that residents didn't seek help after gun violence is that it "wasn't needed" (25.8%) and that they "didn't know where to get help" (21.7%). Additionally, more than a quarter "do not know" why help wasn't sought (26.2%).

Figure 37. Barriers to Getting Help – Gun Violence
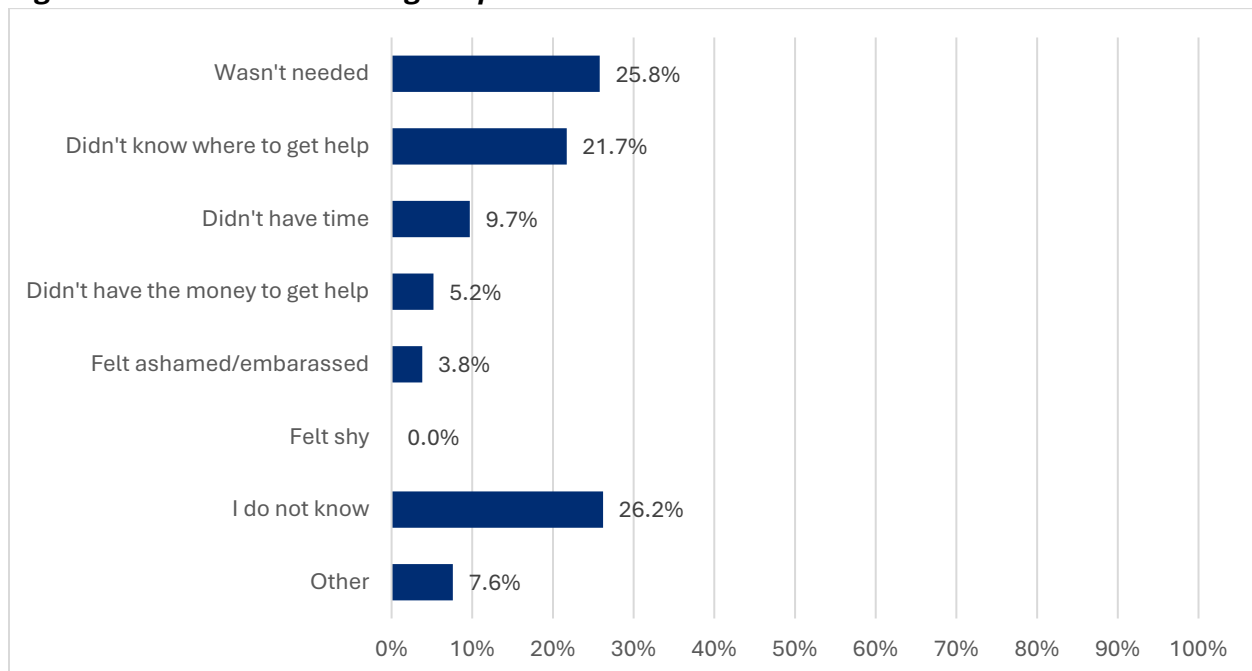
Note: *n* = 25,641. Question was asked of all residents who experienced (or know someone who experienced) gun violence, and that person did not get help after the gun violence.

"Other" reasons that help wasn't sought after gun violence include:
- Afraid (*n* = 3)
- Authorities were unhelpful/unresponsive (*n* = 2)
- Helped myself (*n* = 1)
- Didn't know the person (*n* = 1)
- The person was killed (*n* = 1)

Desired Support and Resources – Gun Violence

Additionally, residents who indicated "no," they did not seek help after the gun violence were asked, "What resources would have been helpful to you/them to support you after this event?"

Residents specified resources that would have been helpful for healing after gun violence include increased peace officer presence, talking about it, and therapy. See the figure below for full details.

Figure 38. Desired Support and Resources – Gun Violence
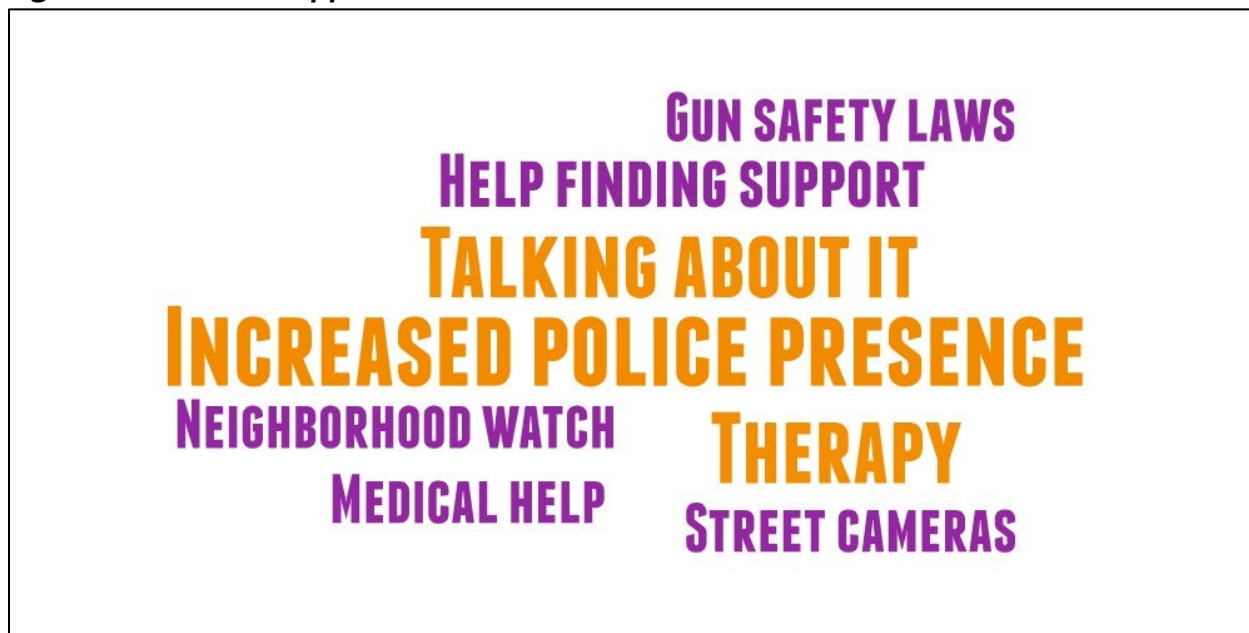
Note: References = 45. Only includes residents who selected "yes," they experienced gun violence and "no," help was not sought to heal after the gun violence.

Experiences of Hate Crime

A hate crime is a criminal act that is motivated by prejudice towards an individual's features. This criminal act can be solely driven by a victim's race, skin color, sexual orientation, gender, gender identity, religion, or national origin. These types of crimes can be done to a person, a person's property, or to society as a whole. According to the California Department of Justice, 1,970 hate crime events (an occurrence where a hate crime is involved) were reported in California in 2023 that affected nearly 2,303 victims.[7]

Approximately 20.3% of residents (295,218 people) have experienced or know someone who has experienced a hate crime in Riverside County in the past year.

Impact on Quality of Life – Hate Crime

Residents who indicated they have experienced hate crime (or someone they know personally has experienced hate crime) were then asked, "To what extent did this event affect your/their quality of life?" The most common response from residents is that the hate crime affected them "quite a bit" (28.3%). Only 6.4% of residents who have experienced a hate crime were "not at all" affected.

Figure 39. Impact on Quality of Life – Hate Crime
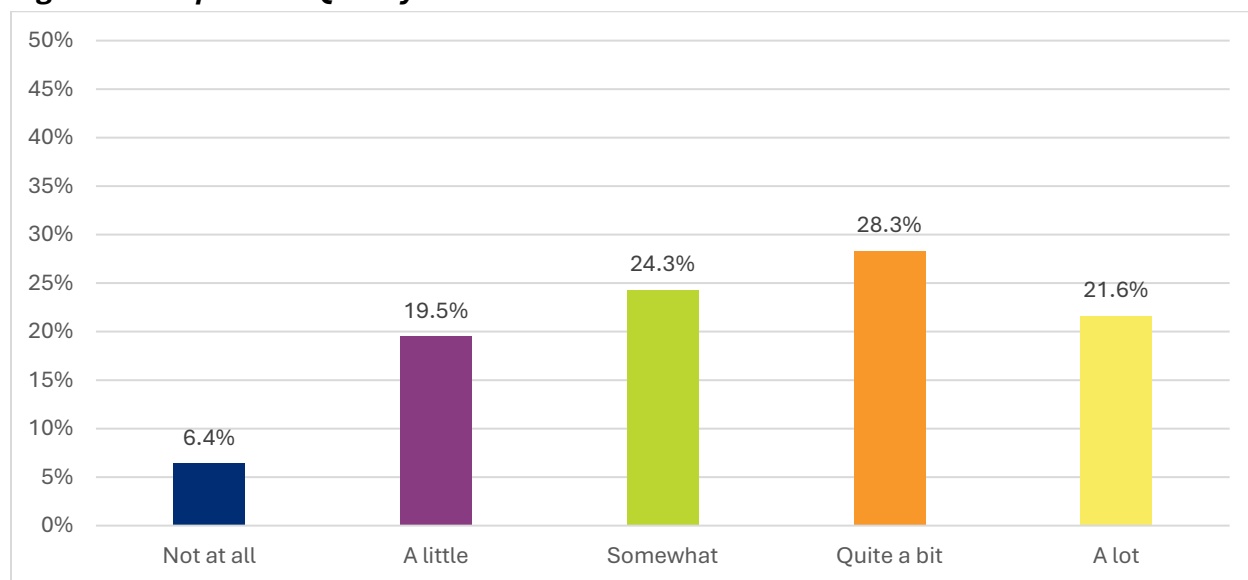
Note: *n* = 90,505. Question asked of all residents who have experienced or know someone who has experienced hate crime in Riverside County in the past year.

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[7] Hate Crime in California (2023). California Department of Justice. Available online at: https://data-openjustice.doj.ca.gov/sites/default/files/2024-06/Hate%20Crime%20In%20CA%202023f_0.pdf

Seeking Support After Violence – Hate Crime

Approximately 35.2% of those people who experienced a hate crime got help after the event, while 64.8% did not.

Residents who indicated "yes," help was sought after the hate crime were then asked, "What did you/they do to get help with healing after this event?"

The most common ways that people sought help after a hate crime include talking to friends/family, counseling/therapy, and law enforcement/legal action.

Figure 40. Seeking Support After Violence – Hate Crime

Note: References = 84. Only includes residents who selected "yes," they experienced a hate crime and "yes," help was sought to heal after the hate crime.

Barriers to Getting Help – Hate Crime

Residents who indicated "no," help was not sought after the event were then asked, "Why didn't you/they get help after the hate crime?"

Residents who did not get help after the hate crime explained that they didn't because "help wasn't needed" (27.3%), they "didn't know where to get help" (17.3%), and they "felt ashamed/embarrassed" (16.1%).

Figure 41. Barriers to Getting Help – Hate Crime
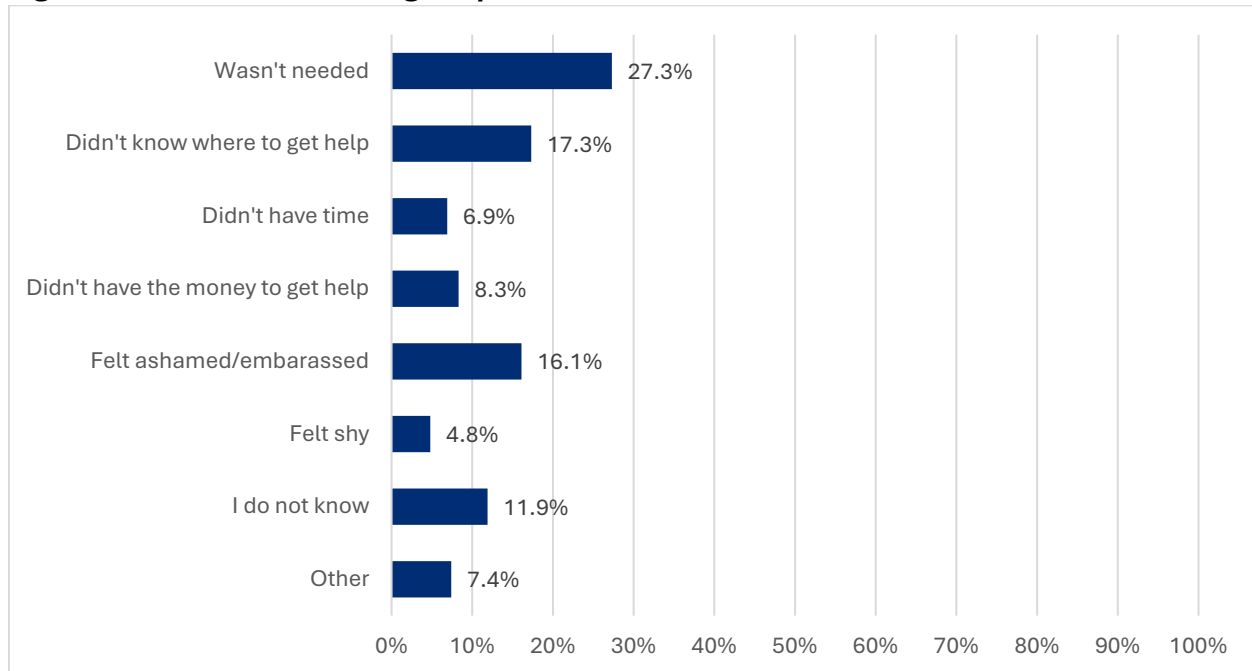
Note: *n* = 44,671. This question was asked of all residents who experienced (or know someone who experienced) a hate crime, and that person did not get help after the hate crime.

"Other" reasons help wasn't sought for the hate crime include:
- Ignored it (*n* = 5)
- Police can't/won't help (*n* = 4)
- Accepted it (*n* = 1)
- Angry (*n* = 1)
- Courts handled it (*n* = 1)
- Fear of retaliation (*n* = 1)
- Hard to get therapy (*n* = 1)
- No health insurance (*n* = 1)
- Spoke to management (*n* = 1)

Additionally, residents who indicated "no," they did not seek help after the hate crime were asked, "What resources would have been helpful to you/them to support you after this event?"

The resources most commonly mentioned that would have been helpful include increased peace officer presence, therapy, guidance on where to get help, and someone to talk to. See the figure below for all themes.

Figure 42. Desired Support and Resources – Hate Crime
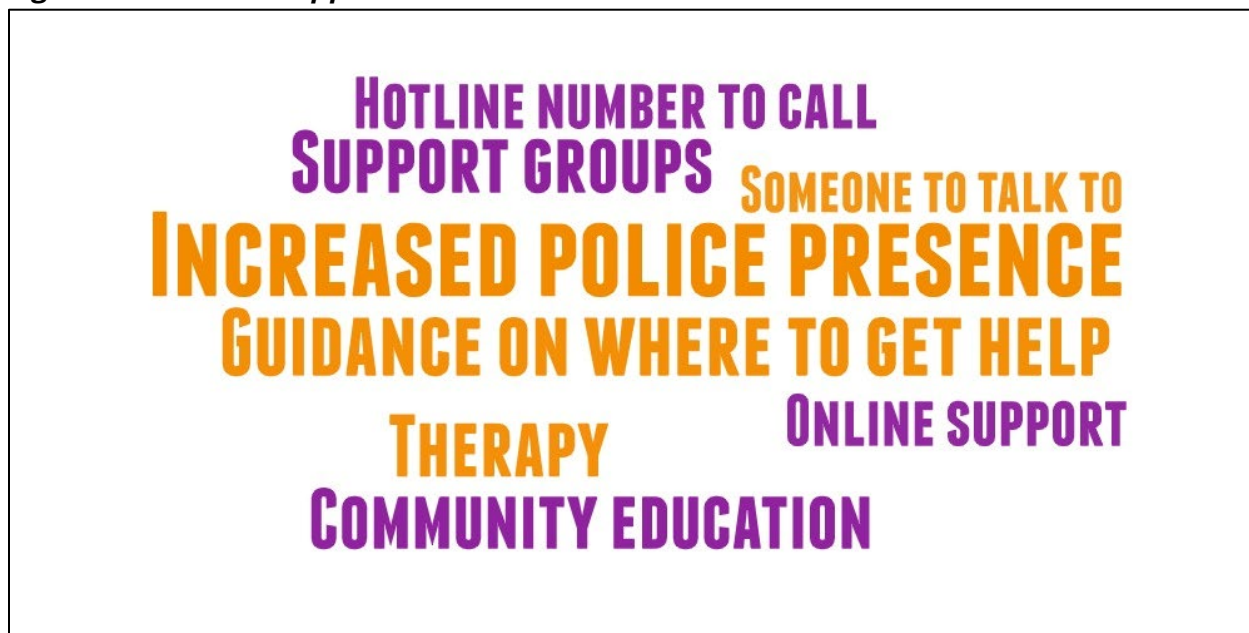
Note: References = 49. Only includes residents who selected "yes," they experienced hate crime and "no," help was not sought to heal after the hate crime.

Experiences of Online Abuse or Harassment

Online abuse and harassment encompass various forms of harmful behavior that occur through the internet on devices such as smartphones, tablets, or computers. This abuse may take the form of cyberbullying, sexual harassment, cyberstalking, or blackmail, among other actions. Victims of online abuse often face increased risks of social isolation, self-harm, anxiety, suicidal thoughts, and diminished self-esteem.[8] In 2023, the Cyberbullying Research Center reported that 25.1% of Californians have been cyberbullied in the past 30 days and 54.4% have been cyberbullied at some point in their lifetime.[9]

Approximately 23.1% of residents (108,716 people) have experienced or know someone who has experienced online abuse or harassment in Riverside County in the past year.

Impact on Quality of Life – Online Abuse or Harassment

Residents who indicated they have experienced online abuse/harassment (or someone they know personally has experienced online abuse/harassment) were then asked, "To what extent did this event affect your/their quality of life?"

Most commonly, residents who experienced online abuse or harassment indicated the event affected them "somewhat" (29.7%).

Figure 43. Impact on Quality of Life – Online Abuse or Harassment
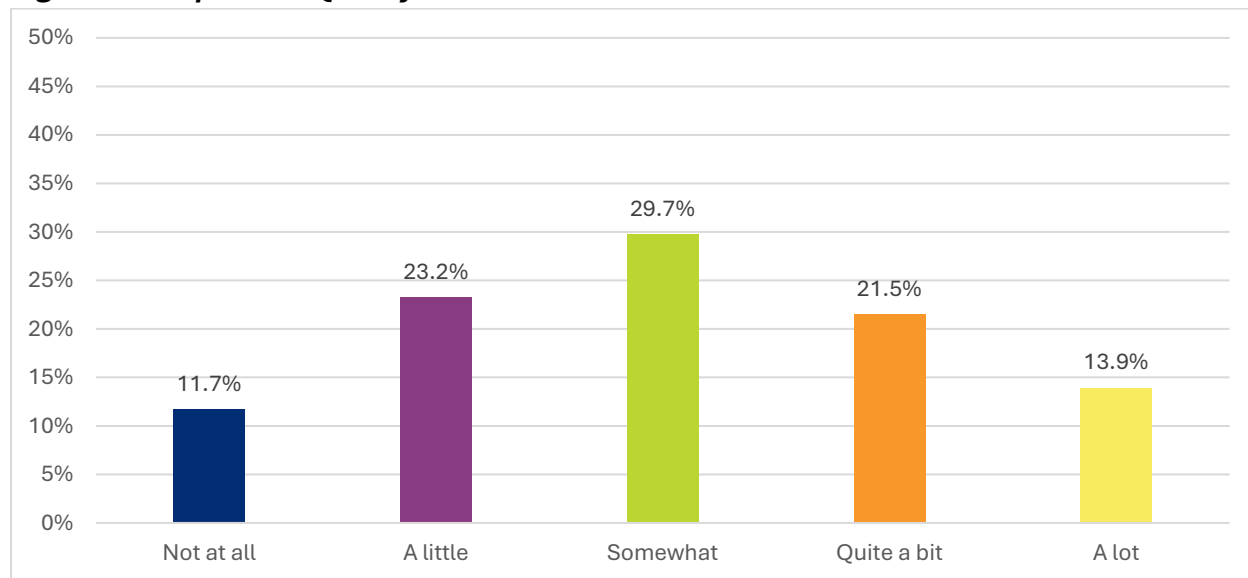
Note: *n* = 108,492. Question asked of all residents who have experienced or know someone who has experienced online abuse or harassment in Riverside County in the past year.

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[8] Cyberbullying, Human rights and bystanders (2010). Australian Human Rights Commission. Available online at: https://humanrights.gov.au/our-work/commission-general/cyberbullying

[9] Hinduja, S. & Patchin, J. W. (2023). Bullying, Cyberbullying, and Sexting Statistics - California. Cyberbullying Research Center. (Retrieved January 24, 2025).

Seeking Support After Violence – Online Abuse or Harassment

Approximately 32.7% of those people who experienced online abuse or harassment got help after the event, while 67.3% did not get help.

Residents who indicated "yes," help was sought after the event were then asked, "What did you/they do to get help with healing after the online abuse or harassment?"

The most common ways that people sought help after online abuse/harassment include talking to friends/family, counseling/therapy, and by changing schools.

Figure 44. Seeking Support After Violence – Online Abuse or Harassment

Note: References = 82. Only includes residents who selected "yes," they experienced online abuse or harassment and "yes," help was sought to heal after the online abuse/harassment.

Barriers to Getting Help – Online Abuse or Harassment

Residents who indicated "no," help was not sought after the event were then asked, "Why didn't you/they get help after the online abuse or harassment?"

The most common reason help wasn't sought after online abuse or harassment is because "help wasn't needed" (37.8%). An additional 19.2% of residents who experienced online abuse or harassment "didn't know where to get help," as illustrated in the figure below.

Figure 45. Barriers to Getting Help – Online Abuse/Harassment
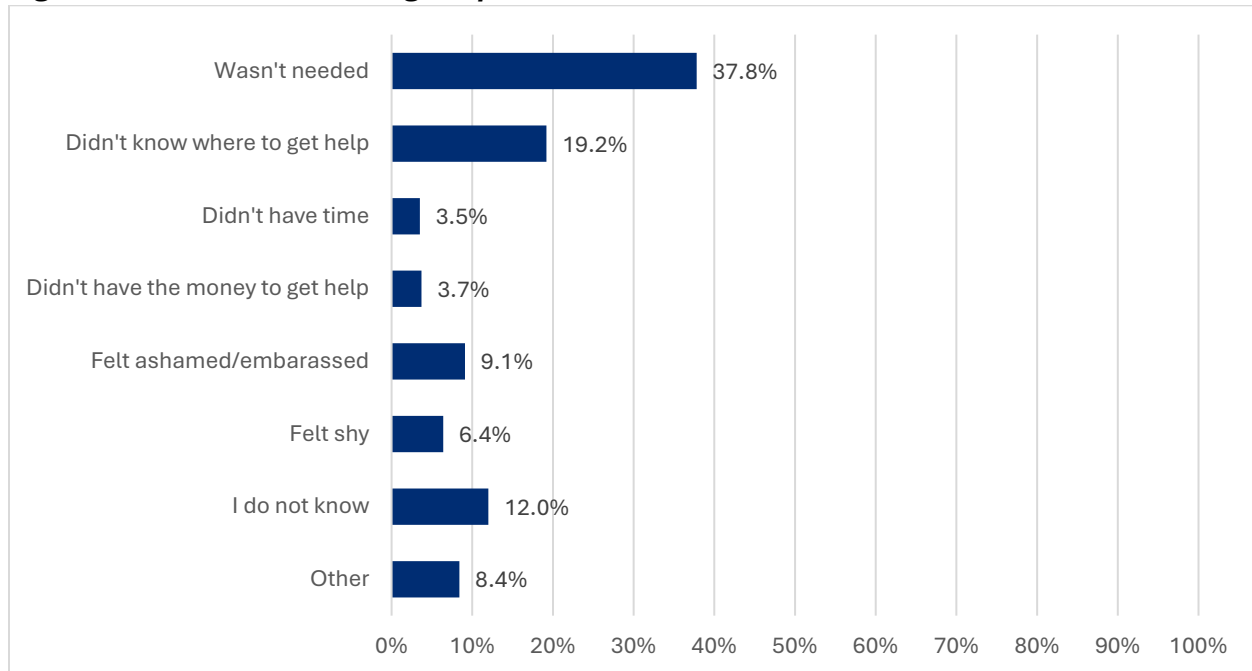
Note: *n* = 57,739. This question was asked of all residents who experienced (or know someone who experienced) online abuse/harassment, and that person did not get help after the online abuse/harassment.

"Other" reasons residents provided for why they themselves (or someone they know) did not seek help after the online abuse/harassment include:
- Cut off contact with abuser/harasser (*n* = 5)
- Handled the situation independently (*n* = 4)
- Abuse is normalized as part of society (*n* = 3)
- Took legal action (*n* = 3)
- Police did nothing/lack of trust in police (*n* = 2)
- Don't know where to get help (*n* = 1)
- Fear of retaliation (*n* = 1)
- Feelings of hopelessness (*n* = 1)

Desired Support and Resources – Online Abuse or Harassment

Additionally, residents who indicated "no," they did not seek help after the online abuse/harassment were asked, "What resources would have been helpful to you/them to support you after this event?"

The resources most commonly mentioned that would have been helpful include therapy, community education/awareness, and limiting the use of social media.

Figure 46. Desired Support and Resources – Online Abuse or Harassment

INCREASED POLICE PRESENCE
LIMITING SOCIAL MEDIA
COMMUNITY EDUCATION
PROSECUTION   CENTRALIZED REPORTING   HELP REPORTING
RESOURCES   TALKING WITH FRIENDS/FAMILY   IGNORING THEM
SOMEONE TO TALK TO
THERAPY
HOTLINE NUMBER TO CALL
COMPUTER/IT SUPPORT

Note: References = 56. Only includes residents who selected "yes," they experienced online abuse/harassment and "no," help was not sought to heal after the online abuse/harassment.

Experiences of Online Scam or Fraud

An online scam or fraud is a dishonest scheme carried out over the internet to defraud potential victims and generate financial gain for the perpetrator. Scams can include activities like identity theft, phishing, and other hacking activities designed to scam people out of money. The FBI recently released a report on Internet Crime, with findings that in 2023 there were 880,418 complaints filed with potential losses of $12.5 billion. In that same report, California had the highest number of complaints (80,000) and losses ($2 billion).[10]

Approximately 55.3% of residents (260,582 people) have experienced online scam or fraud themselves or know someone who has in Riverside County in the past year.

Impact on Quality of Life – Online Scam or Fraud

Residents who indicated they have experienced online scam or fraud (or someone they know personally has experienced online scam or fraud) were then asked, "To what extent did this online scam or fraud affect your/their quality of life?"

Most commonly, those who experienced an online scam or fraud indicated that this event affected them "somewhat" (27.2%), as illustrated in the figure below.

Figure 47. Impact on Quality of Life – Online Scam or Fraud
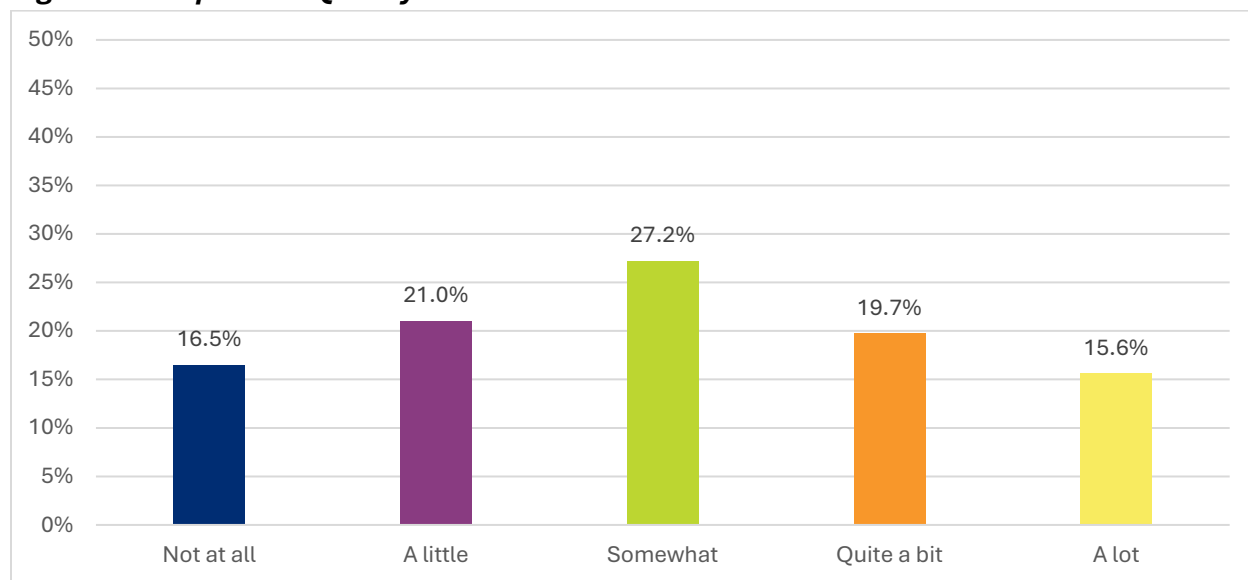
Note: *n* = 245,740. Question was asked of all residents who have experienced or know someone who has experienced online scam or fraud in Riverside County in the past year.

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[10] Federal Bureau of Investigation. (2023). Internet Crime Report. Available online here: https://www.ic3.gov/AnnualReport/Reports/2023_IC3Report.pdf

Seeking Support After Violence – Online Scam or Fraud

Approximately 24.1% of those people who experienced online scams/fraud got help after the event, while 75.9% did not.

Residents who indicated "yes," help was sought after the online scam or fraud were then asked, "What did you/they do to get help with healing after the online scam or fraud?"

The most common ways that people sought help after online scam or fraud include talking to friends/family, contacting the bank, and contacting law enforcement/taking legal action. See the figure below for full details.

***Figure 48. Seeking Support After Violence – Online Scam or Fraud***
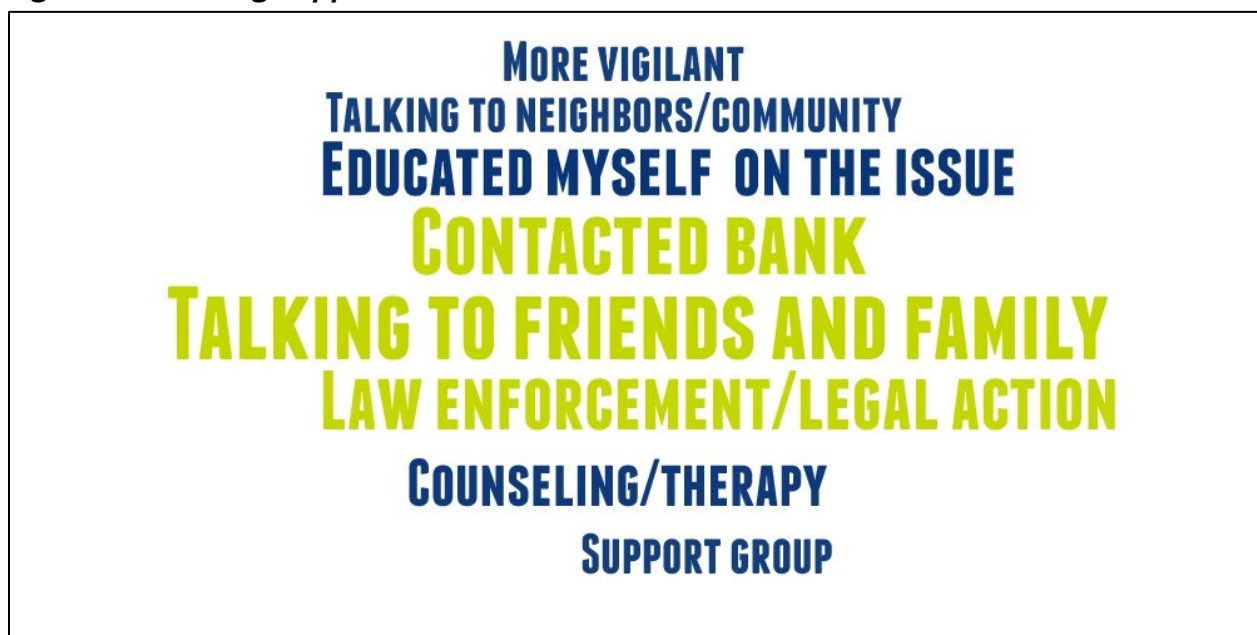
Note: References = 194. Only includes residents who selected "yes," they experienced online scam or fraud and "yes," help was sought to heal after the online scam/fraud.

Barriers to Getting Help – Online Scam or Fraud

Residents who indicated "no," help was not sought after the event were then asked, "Why didn't you/they get help after the online scam or fraud?"

The majority of people who experienced an online scam or fraud indicated they didn't get help because help "wasn't needed" (53.8%). See the figure below for full details.

Figure 49. Barriers to Getting Help – Online Scam or Fraud
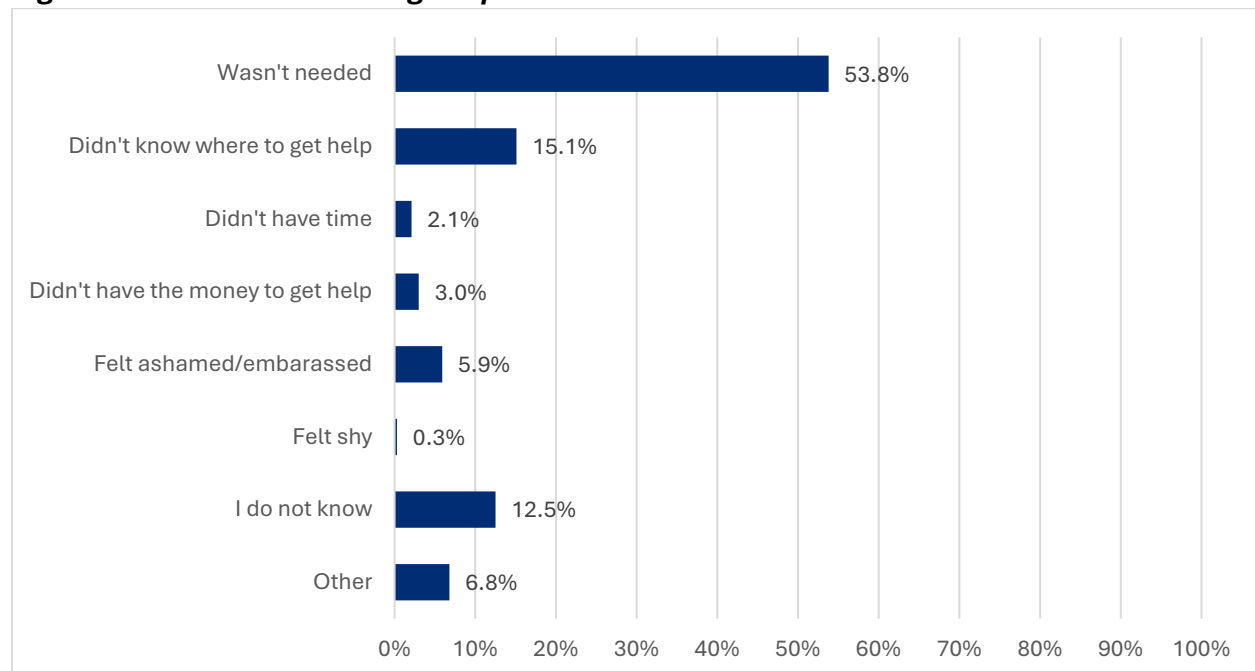
Note: *n* = 156,630. Question was asked of all residents who experienced (or know someone who experienced) online scam/fraud and that person did not get help after the online scam/fraud.

"Other" reasons residents provided for why they themselves (or someone they know) did not seek help after the online scam or fraud include:
- Issue resolved by the bank (*n* = 8)
- Not sure about who could help (*n* = 7)
- Avoided the scam (*n* = 5)
- Perceived ineffectiveness of reporting (*n* = 4)
- Ongoing struggles with the issue (*n* = 3)
- Lack of available resources (*n* = 2)
- Prevented the issue from happening (*n* = 2)
- Self-blame (*n* = 2)

Desired Support and Resources – Online Scam or Fraud

Additionally, residents who indicated "no," they did not seek help after the online scam or fraud were asked, "What resources would have been helpful to you/them to support you after this event?"

The resources most commonly mentioned that would have been helpful include community education on the issue, increased peace officer presence, and centralized reporting of the issue.

Figure 50. Desired Support and Resources – Online Scam or Fraud

Note: References = 168. Only includes residents who selected "yes," they experienced online scam or fraud and "no," help was not sought to heal after the online scam or fraud.

Experiences of Road Rage/Speeding

Road rage includes a wide range of aggressive driving behaviors that can threaten property and lives, such as honking, tailgating, speeding, and physical threats. These actions can escalate into serious incidents like assault, gun violence, and property damage. While speeding often accompanies road rage, it is also a significant risk on its own. Speeding occurs when drivers exceed posted limits or drive too fast for conditions such as poor weather, residential areas, or construction zones.[11] There are approximately 16,600 traffic fatalities and serious injuries in California every year, and 34% of those incidents are related to speeding and aggressive driving.[12] Approximately 77.8% of residents (367,003 people) have experienced or know someone who has experienced road rage/speeding in Riverside County in the past year.

Impact on Quality of Life – Road Rage/Speeding

Residents who indicated they have experienced road rage/speeding (or someone they know personally has experienced road rage/speeding) were then asked, "To what extent did this event affect your/their quality of life?" Most commonly, those who experienced road rage/speeding indicated that this event affected them "somewhat" (28.0%), as illustrated in the figure below.

Figure 51. Impact on Quality of Life – Road Rage/Speeding
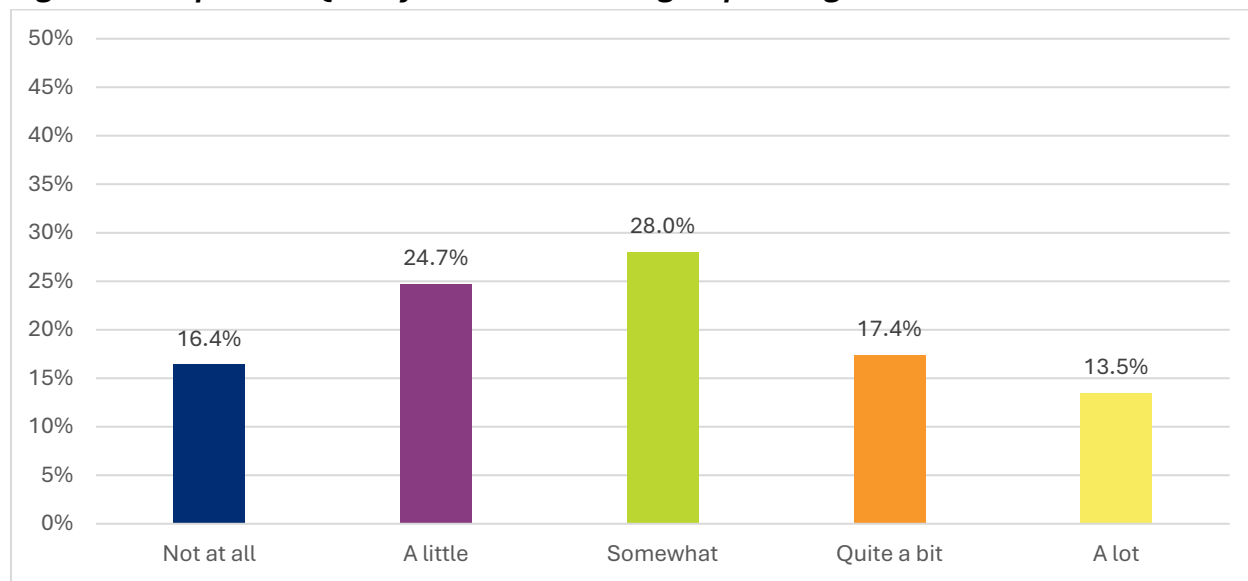
Note: *n* = 355,241. Question was asked of all residents who have experienced or know someone who has experienced road rage/speeding in Riverside County in the past year.

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[11] Aggressive Driving and Road Rage (2024). SafeMotorist Online Training For All Your Driving Needs. https://www.safemotorist.com/articles/road-rage/

[12] California Safe Speeds Toolkit: Research on Speeds, Speed Limits, and Safety (2023). UC Berkeley. Available online here: https://safetrec.berkeley.edu/tools/california-safe-speeds-toolkit/california-safe-speeds-toolkit-research-speeds-speed-limits-and?utm_source=chatgpt.com

Seeking Support After Violence – Road Rage/Speeding

Approximately 16.0% of those people who experienced road rage/speeding got help after the event, while 84.0% did not get help.

Residents who indicated "yes," help was sought after the event were then asked, "What did you/they do to get help with healing after the road rage/speeding?"

The most common ways residents sought help after road rage/speeding is by talking to friends/family, contacting law enforcement/taking legal action, and discussing it with other members of the community. See the figure below for full details.

**Figure 52. Seeking Support After Violence – Road Rage/Speeding**

Note: References = 127. Only includes residents who selected "yes," they experienced road rage/speeding and "yes," help was sought to heal after the road rage/speeding.

Barriers to Getting Help – Road Rage/Speeding

Residents who indicated "no," help was not sought after the event were then asked, "Why didn't you/they get help after the road rage/speeding?" The majority of residents who experienced road rage did not get help because "help wasn't needed" (57.2%). See the figure below for full details.

Figure 53. Barriers to Getting Help – Road Rage/Speeding
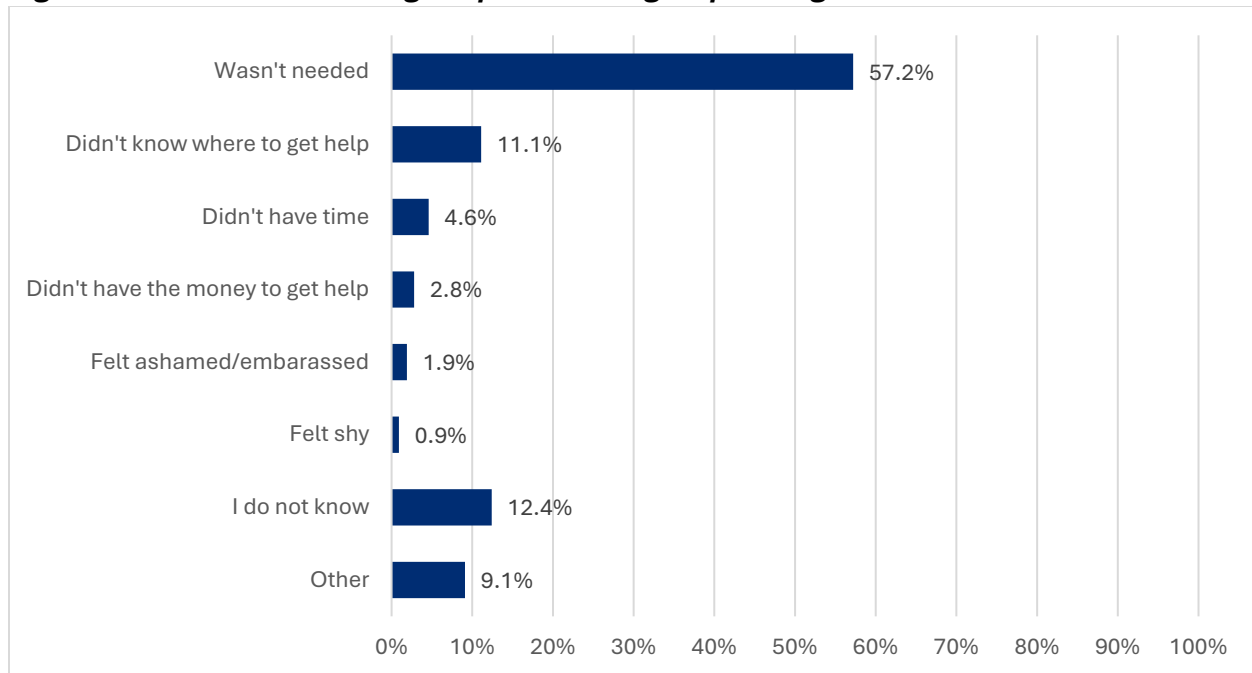
Note: *n* = 258,680. Question was asked of all residents who experienced (or know someone who experienced) road rage/speeding and that person did not get help after the road rage/speeding.

"Other" reasons residents provided for why they themselves (or someone they know) did not seek help after the road rage/speeding include:

- Perceived ineffectiveness of reporting (*n* = 19)
- Normalization of road rage (*n* = 17)
- No confidence in police (*n* = 9)
- Use personal coping strategies such as ignoring it or meditation (*n* = 8)
- Challenges with identifying the aggressor (*n* = 6)
- Desire for strategic solutions (*n* = 4)
- Incidents are too minor (*n* = 2)

Additionally, residents who indicated "no," they did not seek help after the road rage/speeding were asked, "What resources would have been helpful to you/them to support you after this event?"

The resources most often mentioned that would have been helpful after road rage/speeding include increased peace officer presence, enforcement of laws, and a hotline number to call.

Figure 54. Desired Support and Resources – Road Rage/Speeding
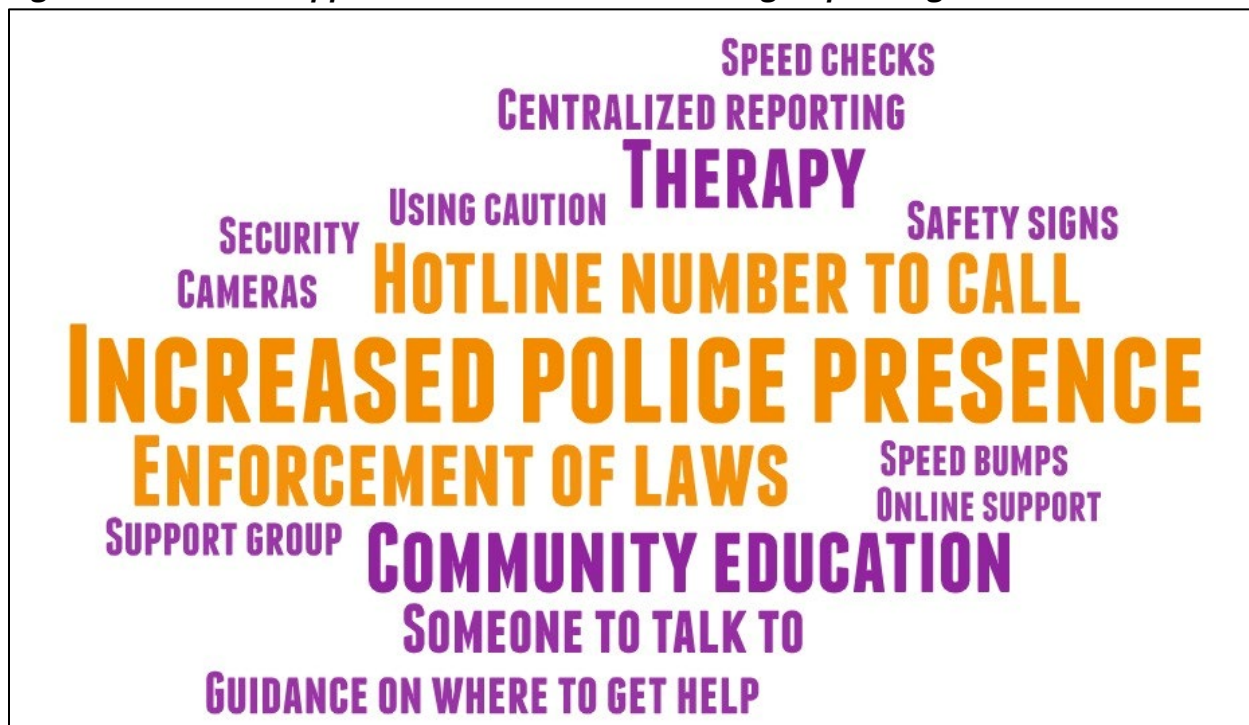
Note: References = 199. Only includes residents who selected "yes," they experienced road rage/speeding and "no," help was not sought to heal after the road rage/speeding.

Experiences of Robbery

Robbery is when an individual(s) takes anything of value that does not belong to them, whether this is by force, threat, violence, or fear. Within the state of California, 49,177 robberies occurred in 2023.[13]

Approximately 6.0% of residents (112,611 people) have experienced or a robbery themselves or know someone who has experienced this in Riverside County in the past year.

Impact on Quality of Life – Robbery

Residents who indicated they have experienced a robbery (or someone they know personally has experienced a robbery) were then asked, "To what extent did this robbery affect your/their quality of life?" Slightly more than half of residents (53.1%) who experienced a robbery were affected "quite a bit" or "a lot," as illustrated in the figure below.

Figure 55. *Impact on Quality of Life – Robbery*
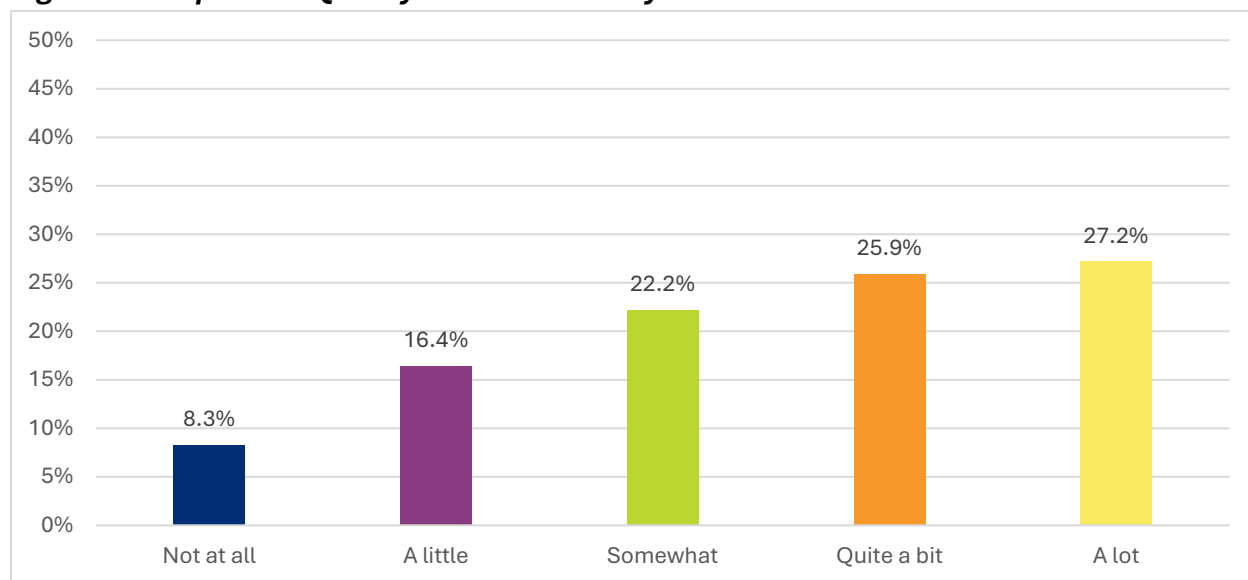
Note: *n* = 102,333. Question was asked of all residents who have experienced or know someone who has experienced robbery in Riverside County in the past year.

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[13] Crimes In California (2023). State of California Department of Justice – Open Justice. Available online here: https://openjustice.doj.ca.gov/exploration/crime-statistics/crimes-clearances

Seeking Support After Violence – Robbery

Approximately 31.2% of those people who experienced a robbery got help after the event, while 68.8% did not seek help.

Residents who indicated "yes," help was sought after the event were then asked, "What did you/they do to get help with healing after the robbery?"

The most commonly mentioned ways that residents got help with healing after the robbery include talking to friends and family, law enforcement and legal action, and counseling/therapy. See the figure below for full details.

Figure 56. *Seeking Support After Violence – Robbery*

Note: References = 76. Only includes residents who selected "yes," they experienced a robbery and "yes," the person sought help to heal after the robbery.

Barriers to Getting Help – Robbery

Residents who indicated "no," help was not sought after the event were then asked, "Why didn't you/they get help after the robbery?"

Most commonly, residents did not get help after the robbery because help "wasn't needed" (35.8%). There were also some residents who indicated they "didn't know where to get help" (20.5%), as illustrated in the figure below.

Figure 57. Barriers to Getting Help – Robbery
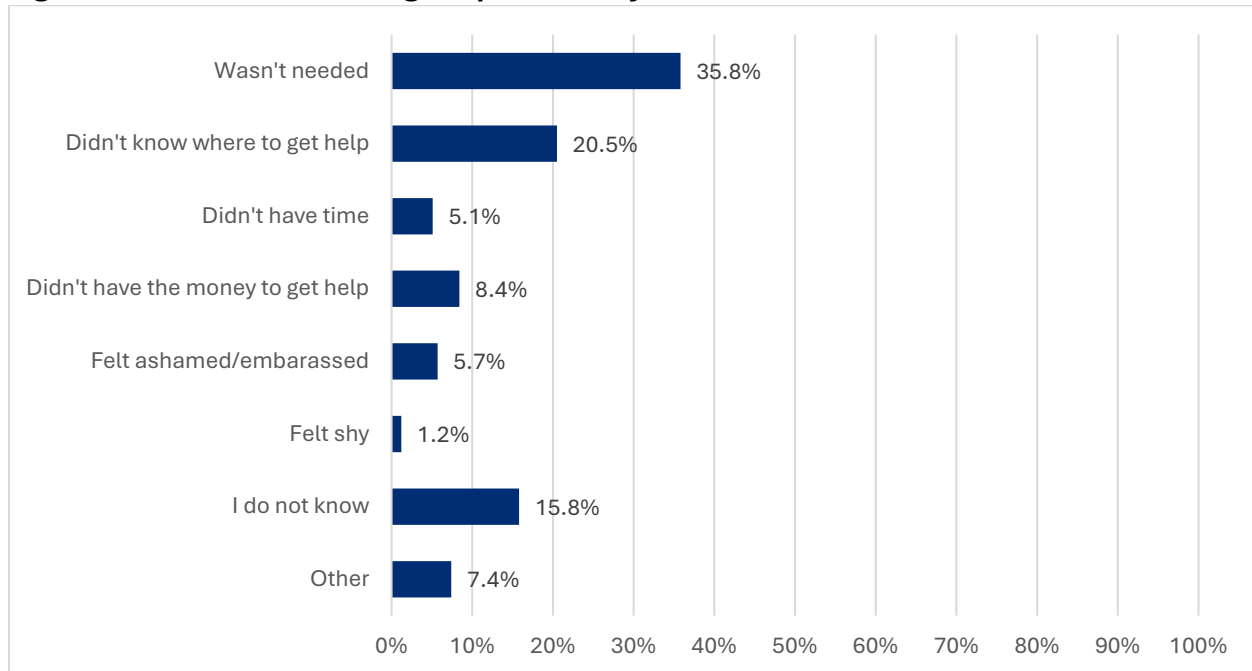
Note: *n* = 50,887. Question was asked of all residents who experienced (or know someone who experienced) robbery and that person did not get help after the robbery.

The "other" reasons why residents did not get help after the burglary are because:
- It would be a waste of time (*n* = 5)
- There's no one to hold responsible (*n* = 3)
- Fear of retaliation (*n* = 1)

Additionally, residents who indicated "no," they did not seek help after the robbery were asked, "What resources would have been helpful to you/them to support you after this event?"

The most commonly mentioned helpful resource for supporting the victim after the robbery was more peace officer presence. See the figure below for all suggested resources.

Figure 58. Desired Support and Resources – Robbery


Note: References = 36. Only includes residents who selected "yes," they experienced robbery and "no," help was not sought to heal after the robbery.

Experiences of Sexual Assault/Rape

Sexual assault is any nonconsensual sexual act done to a person, including individuals who are unable to provide consent; rape is a term that also refers to a nonconsensual sex act but one that specifically includes sexual penetration.[14] Approximately 13,039 sexual assault/rapes were committed in California in 2023.[15]

Approximately 7.7% of residents (36,111) people have experienced or know someone who has experienced sexual assault/rape in Riverside County in the last year.

Impact on Quality of Life – Sexual Assault/Rape

Residents who indicated they have experienced sexual assault/rape (or someone they know personally has experienced sexual assault/rape) were then asked, "To what extent did this event affect your/their quality of life?" As illustrated in the figure below, the vast majority of respondents indicated the victim of sexual assault/rape was affected either "quite a bit" or "a lot" (86.0%) – an extremely high percentage of people. Only 3.0% of victims of sexual assault/rape were "not at all" affected.

Figure 59. Impact on Quality of Life – Sexual Assault/Rape
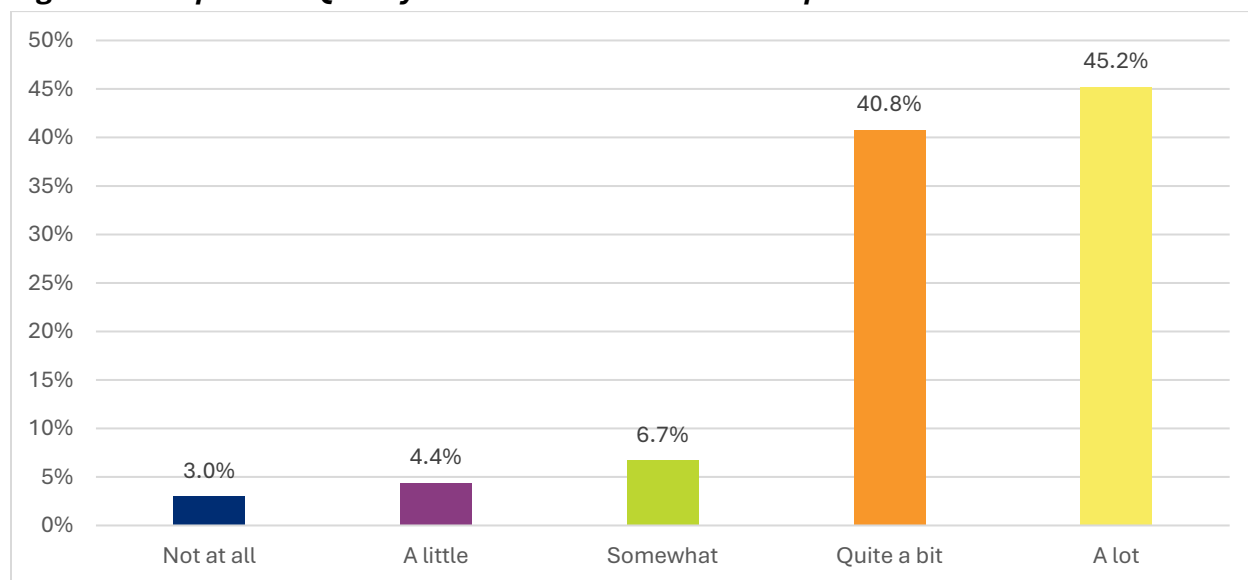
Note: *n* = 33,052. Question was asked of all residents who have experienced or know someone who has experienced sexual assault/rape in Riverside County in the past year.

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[14] Sexual Assault (2024). RAINN. Available online here: https://rainn.org/articles/sexual-assault#:~:text=What%20is%20sexual%20assault%3F,Fondling%20or%20unwanted%20sexual%20touching

[15] Crimes In California (2023). State of California Department of Justice – Open Justice. Available online here: https://openjustice.doj.ca.gov/exploration/crime-statistics/crimes-clearances

Approximately 53.0% of those people who experienced sexual assault/rape got help after the event, while 47.0% did not.

Residents who indicated "yes," help was sought after the event were then asked, "What did you/they do to get help with healing after the sexual assault/rape?"

The most common ways that people got help after the sexual assault/rape were by talking to friends/family, counseling/mental health care, and reporting to law enforcement/taking legal action.

Figure 60. Seeking Support After Violence – Sexual Assault/Rape
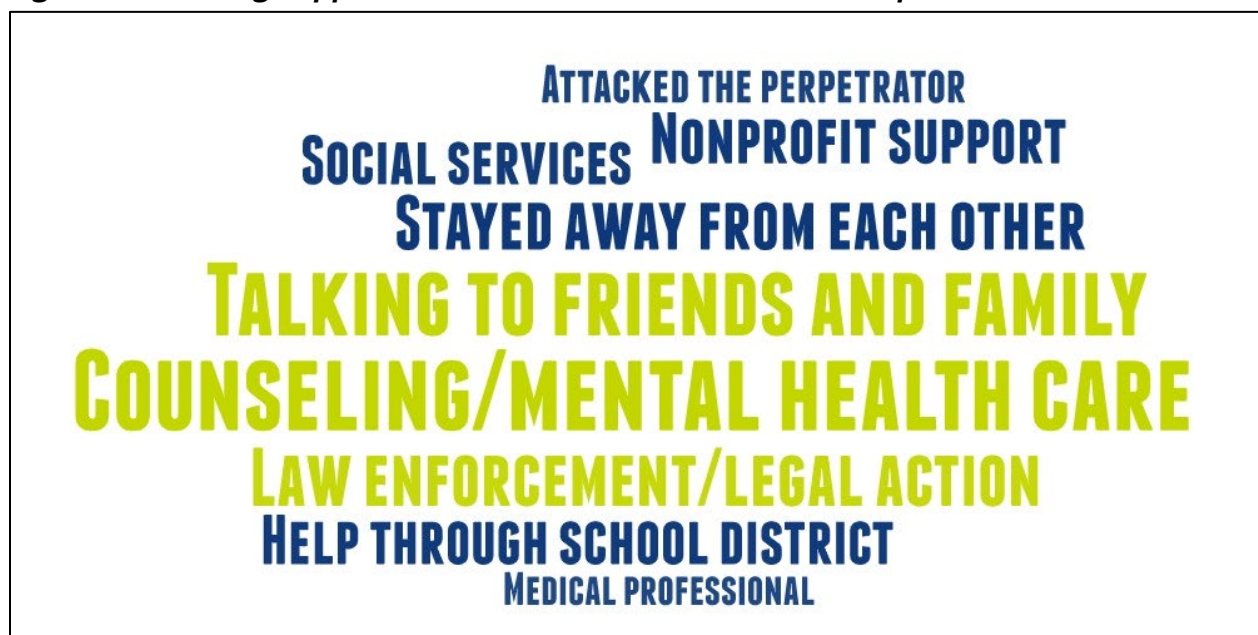
Note: References = 46. Only includes residents who selected "yes," they experienced sexual assault/rape and "yes," help was sought to heal after the sexual assault/rape.

Barriers to Getting Help – Sexual Assault/Rape

Residents who indicated "no," help was not sought after the event were then asked, "Why didn't you/they get help after this event?"

The most common reason help wasn't sought after the sexual assault/rape was that the individual "felt ashamed/embarrassed" (36.2%). See the figure below for full details.

Figure 61. Barriers to Getting Help – Sexual Assault/Rape
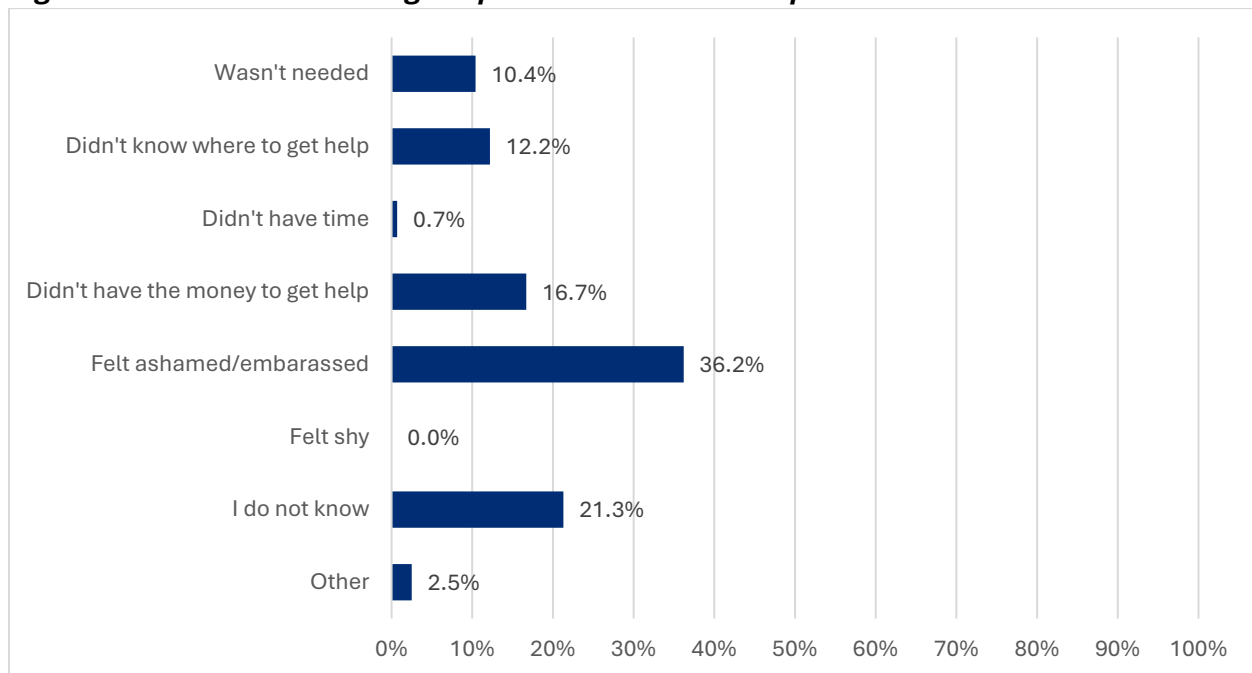
Note: *n* = 12,329.

"Other" reasons why victims did not get help after the sexual assault/rape include:
- Didn't have time (*n* = 1)
- Didn't want friends to look at me or him differently (*n* = 1)
- Feared being watched (*n* = 1)
- Confused whether it was an overreaction (*n* = 1)

Additionally, residents who indicated "no," they did not seek help after the sexual assault/rape were asked, "What resources would have been helpful to you/them to support you after the rape/sexual assault?"

The resources that would have been helpful to residents for healing after the sexual assault/rape include education/awareness on the issue, increased peace officer presence, and therapy. See the figure below for details.

Figure 62. Desired Support and Resources – Sexual Assault/Rape
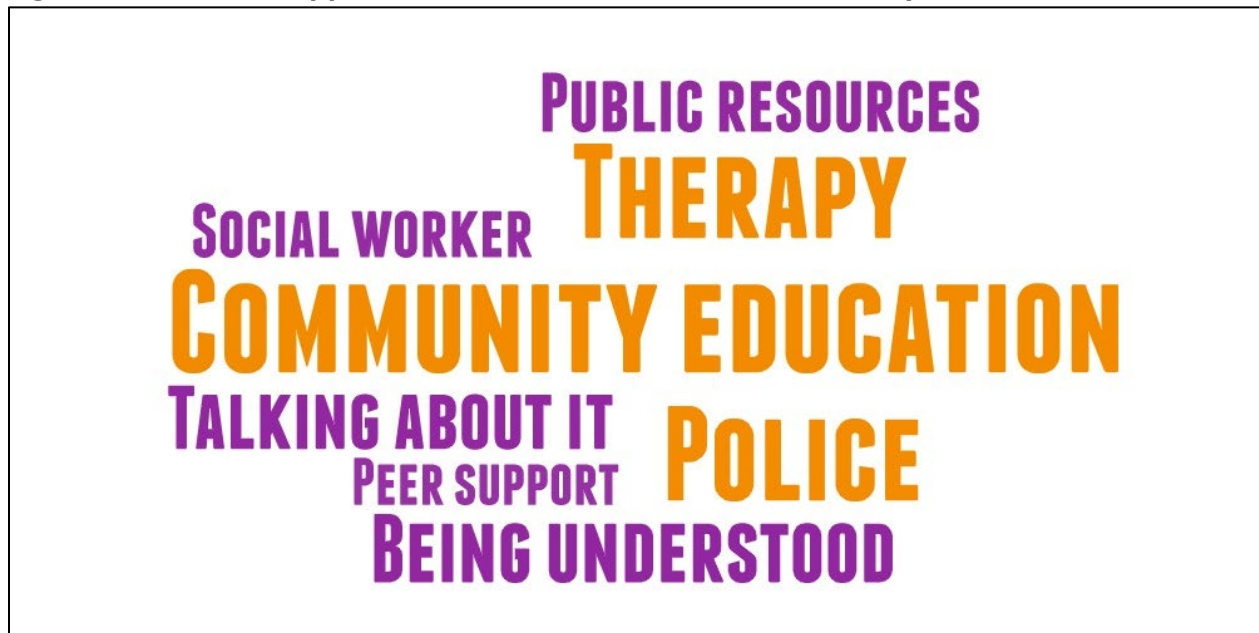
Note: References = 17. Only includes residents who selected "yes," they experienced sexual assault/rape and "no," help was not sought to heal after the sexual assault/rape.

Experiences of Suicidal Thoughts/Attempt

Suicide is caused when a person harms themselves with the intent of ending their life and they die as a result.[16] Some groups have a higher rate of suicide than others. For example, groups such as those who are non-Hispanic American Indian/Alaska Native and non-Hispanic White tend to have higher rates of suicide than other groups. Additionally, groups such as veterans and youth who identify as lesbian, gay or bisexual have higher rates of suicide. In 2023, there were approximately 4,200 deaths from suicide in the state of California (which is a rate of 10.8 per 100,000 people).[17]

Impact on Quality of Life – Suicidal Thoughts/Attempt

Approximately 22.8% of residents (107,197 people) have experienced or know someone who has experienced suicidal thoughts/attempt in Riverside County in the past year.

The majority (66.7%) of those who experienced (or know someone who experienced) suicidal thoughts/attempt report that it affected their quality of life "quite a bit" or "a lot," as illustrated in the figure below.

Figure 63. *Impact on Quality of Life – Suicidal Thoughts/Attempt*
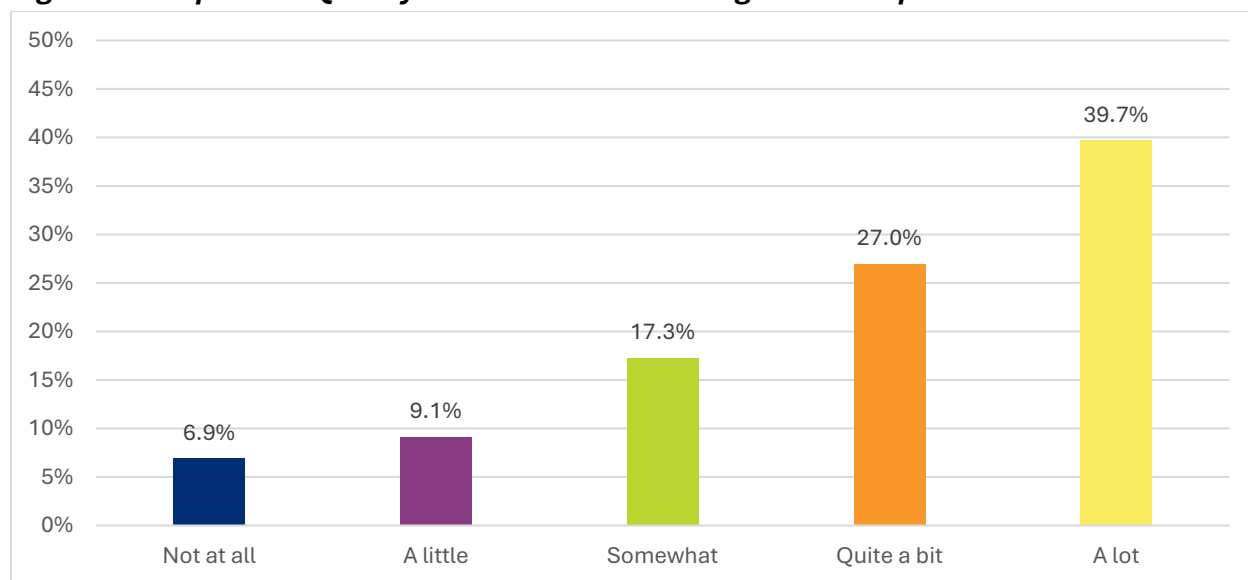
Note: *n* = 101,053. Question was asked of all residents who have experienced or know someone who has experienced suicidal thoughts/attempts in Riverside County in the past year.

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[16] Suicide Prevention (2025). National Institute of Mental Health. Available online here: https://www.nimh.nih.gov/health/topics/suicide-prevention#hts-intro
Publichttps://www.nimh.nih.gov/health/topics/suicide-prevention#hts-intro
[17] Centers for Disease Control and Prevention, National Center for Health Statistics. (2024). National Vital Statistics System, Mortality 2018-2023 on CDC WONDER Online Database.

Seeking Support After Violence – Suicidal Thoughts/Attempt

Approximately 62.9% of those people who experienced suicidal thoughts/attempts got help after the event, while 37.1% did not get help.

Residents who indicated "yes," help was sought after the event were then asked, "What did you/they do to get help with healing after the suicidal thoughts/attempt?"

The most common ways that residents obtained help with suicidal thoughts/attempt are with counseling/therapy, talking to friends and family, and with medical support/seeing a physician. See the figure below for full details.

Figure 64. Seeking Support After Violence – Suicidal Thoughts/Attempt

Note: References = 146. Only includes residents who selected "yes," they experienced suicidal thoughts/attempt and "yes," the person sought help to heal after the suicidal thoughts/attempt.

Barriers to Getting Help – Suicidal Thoughts/Attempt
Residents who indicated "no," help was not sought after the event were then asked, "Why didn't you/they get help after this event?"

The common reasons people experiencing suicidal thoughts/attempt didn't get help after the event are because they "didn't have the money to get help" (17.0%) and because they "felt ashamed/embarrassed" (15.7%). Further, 39.9% said they "do not know" the reason.

Figure 65. Barriers to Getting Help – Suicidal Thoughts/Attempt
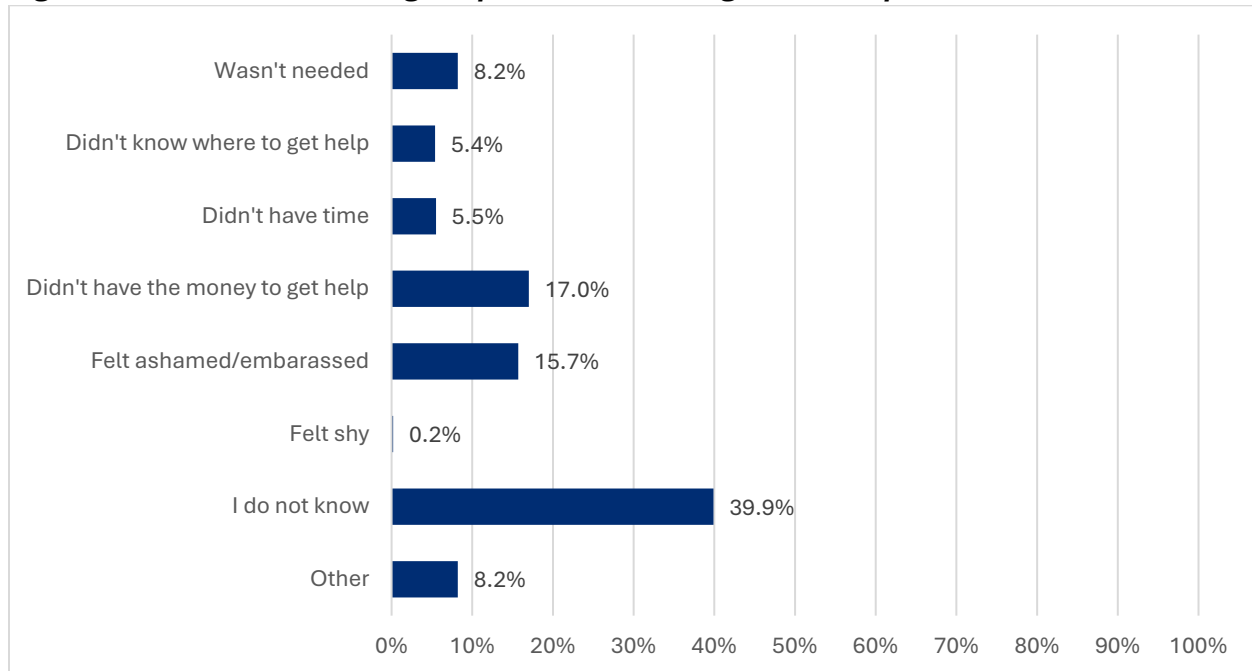
Note: *n* = 31,041. Only includes residents who selected "yes," they (or someone they know) experienced suicidal thoughts/attempt and "no," help was not sought to heal after the suicidal thoughts/attempt.

"Other" reasons why victims did not get help after the suicidal thoughts/attempt include:
- They're no longer alive (*n* = 6)
- Refused to get help (*n* = 3)
- Fear (*n* = 2)
- Hopelessness (*n* = 1)
- Don't want to bother anyone (*n* = 1)
- Therapy is too expensive (*n* = 1)

Desired Support and Resources – Suicidal Thoughts/Attempt

Additionally, residents who indicated "no," they did not seek help after the suicidal thoughts/attempt were asked, "What resources would have been helpful to you/them to support you after this event?"

The most commonly mentioned helpful resource for supporting the victim after suicidal thoughts/attempt was therapy. See the figure below for all suggested resources.

Figure 66. *Desired Support and Resources – Suicidal Thoughts/Attempt*

Note: References = 28. Only includes residents who selected "yes," they (or someone they know) experienced suicidal thoughts/attempt and "no," help was not sought to heal after the suicidal thoughts/attempt.

Experiences of Violence by a Romantic Partner

"Violence by a romantic partner," commonly referred to as intimate partner violence (IPV), encompasses any type of physical violence, sexual violence, psychological aggression, or stalking that is asserted by a current or past partner.[18] In 2023, there were 160,357 total domestic violence-related calls for assistance in the state of California.[19]

Approximately 20.4% of residents (95,744 people) have experienced or know someone who has experienced violence by a romantic partner in Riverside County in the past year.

Impact on Quality of Life – Violence by a Romantic Partner

Residents who indicated they have experienced violence by a romantic partner (or someone they know personally experienced such violence) were then asked, "To what extent did this event affect your/their quality of life?" The majority of people who experienced violence by a romantic partner were affected by the violence – 62.6% were affected either "quite a bit" or "a lot," as illustrated in the figure below.

Figure 67. *Impact on Quality of Life – Violence by a Romantic Partner*
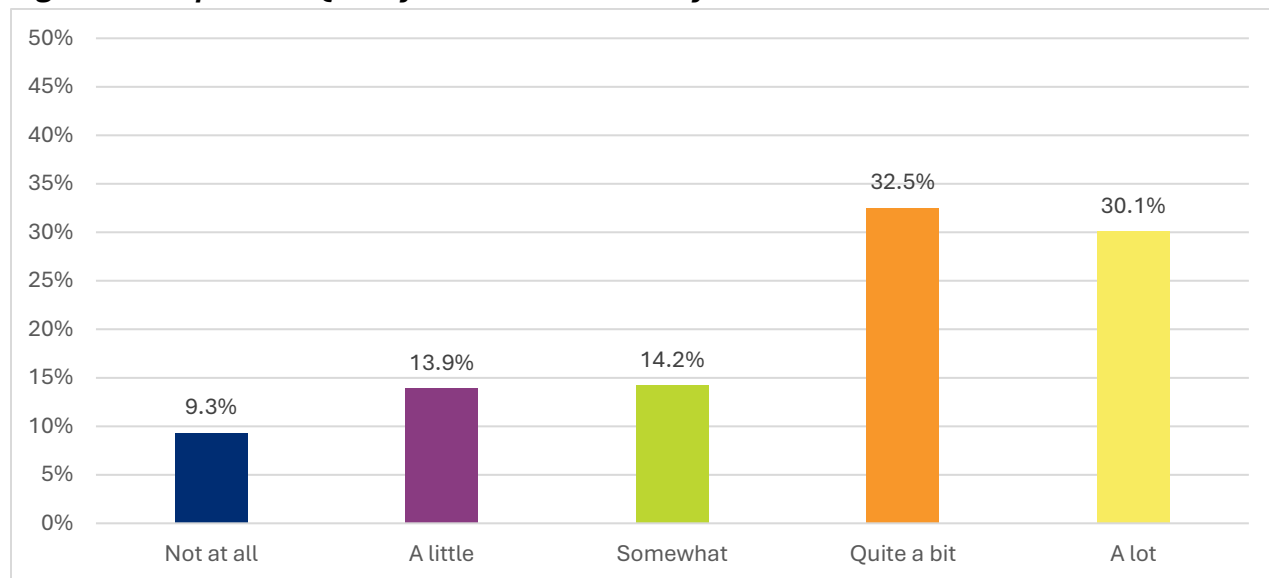
Note: *n* = 81,500. Question was asked of all residents who have experienced or know someone who has experienced violence by a romantic partner in Riverside County in the past year.

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[18] About Intimate Partner Violence (2024). Centers for Disease Control (CDC). Available online here: https://www.cdc.gov/intimate-partner-violence/about/index.html

[19] Crimes In California (2023). State of California Department of Justice – Open Justice. Available online here: https://openjustice.doj.ca.gov/exploration/crime-statistics/crimes-clearances

Approximately 48.9% of those people who experienced violence by a romantic partner got help after the event, while 51.1% did not seek help.

Residents who indicated "yes," help was sought after the event were then asked, "What did you/they do to get help with healing after the violence by a romantic partner?"

Most commonly, residents sought healing after violence by a romantic partner through counseling/therapy, talking to friends and family, and law enforcement/legal action.

Figure 68. Seeking Support After Violence – Violence by a Romantic Partner

Note: References = 110. Only includes residents who selected "yes," they experienced violence by a romantic partner and "yes," help was sought to heal after the violence by a romantic partner.

Barriers to Getting Help – Violence by a Romantic Partner

Residents who indicated "no," help was not sought after the event were then asked, "Why didn't you/they get help after the violence by a romantic partner?"

The most common reason help wasn't sought was because the individual "felt shy/embarrassed" (26.9%), as illustrated in the figure below.

Figure 69. Barriers to Getting Help – Violence by a Romantic Partner
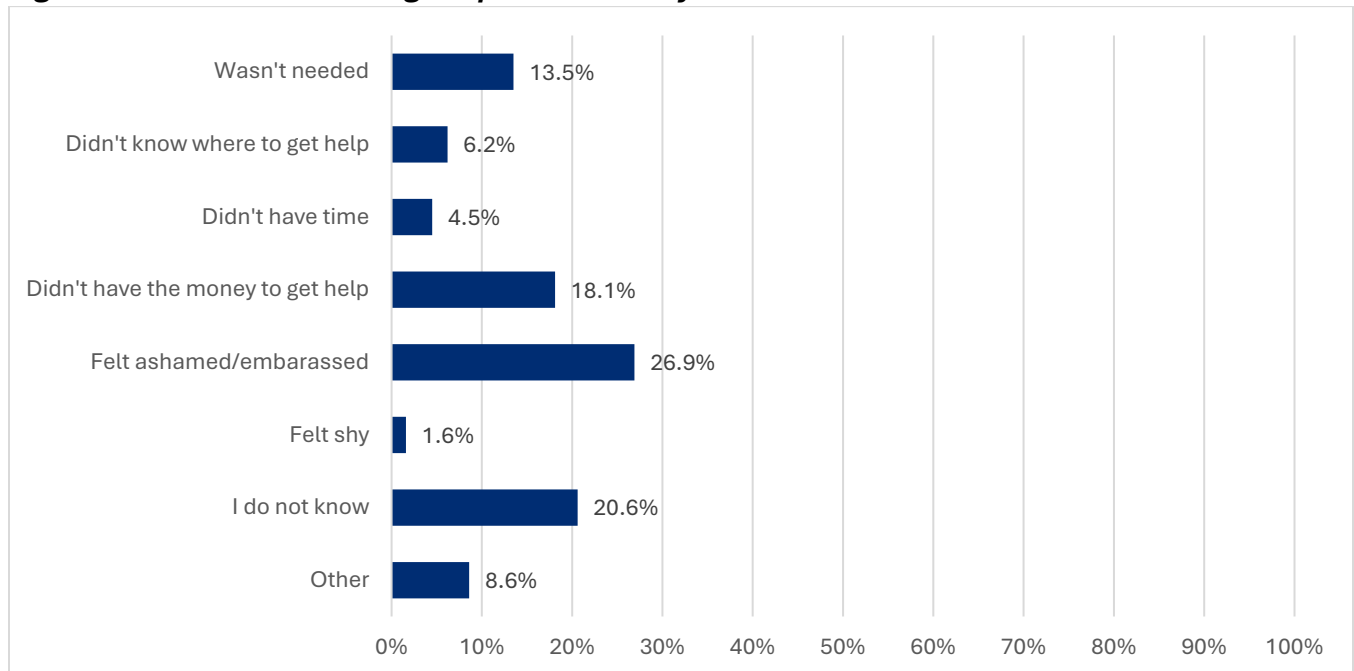
Note: *n* = 31,160.

"Other" reasons the individual didn't get help include:
- Don't want to separate (*n* = 2)
- Need help (*n* = 1)
- Embarrassed (*n* = 1)
- Scared (*n* = 1)
- Now separated (*n* = 1)

Desired Support and Resources – Violence by a Romantic Partner

Additionally, residents who indicated "no," they did not seek help after violence by a romantic partner were asked, "What resources would have been helpful to you/them to support you after this event?"

The resources most commonly mentioned that would have been helpful for violence by a romantic partner include therapy, increased peace officer presence, community resources, and housing support. See the figure below for full details.

Figure 70. Desired Support and Resources – Violence by a Romantic Partner

Note: References = 47. Only includes residents who selected "yes," they experienced violence by a romantic partner and "no," help was not sought to heal after the violence by a romantic partner.

Experiences of Violence by Someone in the Home

Violence by someone in the home, or domestic violence, is broadly defined as acts of violence or abuse that take place between two individuals living in a household. These acts of domestic violence can be physical, psychological, or financial in nature and typically result in harm or threat of harm.[20] Note that violence by someone in the home could also include violence by a romantic partner – so there may be some overlap with the previous section.

Approximately 7.8% of residents (36,633 people) report that they have experienced or know someone who has experienced violence by someone in the home in Riverside County in the past year.

Impact on Quality of Life – Violence by Someone in the Home

Residents who indicated they have personally experienced violence by someone in the home (or someone they know personally experienced this) were then asked, "To what extent did this violence by someone in the home affect your/their quality of life?"

The most common response is that individuals who experienced violence by someone in the home were affected "a lot" (45.3%), as illustrated in the figure below.

Figure 71. *Impact on Quality of Life – Violence by Someone in the Home*
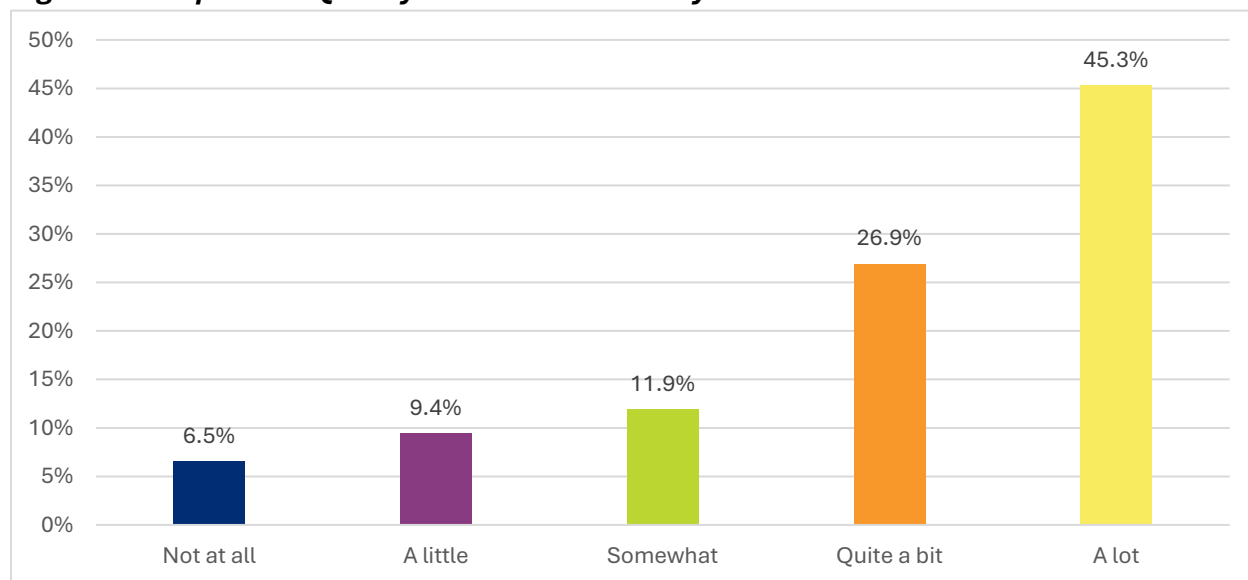
Note: *n* = 34,166. Question was asked of all residents who have experienced or know someone who has experienced violence by someone in the home in Riverside County in the past year.

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[20] Department of Justice. (2022). Domestic Violence: Special Feature. Available online here: https://www.ojp.gov/feature/domestic-violence/overview#:~:text=lt%20is%20important%20to%20remember%20that%20domestic%20violence,we ll%20as%20psychological%20in%20nature%2C%20including%20financial%20abuse.

Seeking Support After Violence – Violence by Someone in the Home

Approximately 53.5% of those people who experienced violence by someone in the home got help after the event, while 46.5% did not get help.

Residents who indicated "yes," help was sought after the event were then asked, "What did you/they do to get help with healing after violence by someone in the home?"

The most common ways that people sought to heal after violence by someone in the home are with counseling/therapy, talking to friends/family, and law enforcement/legal action.

Figure 72. Seeking Support After Violence – Violence by Someone in the Home

Note: References = 40. Only includes residents who selected "yes," they experienced violence by someone in the home and "yes," help was sought to heal after the violence perpetrated by someone in the home.

Barriers to Getting Help – Violence by Someone in the Home

Residents who indicated "no," help was not sought after the event were then asked, "Why didn't you/they get help after the violence by someone in the home?"

The most commonly known reason that help was not sought after violence by someone in the home is that the individual "felt ashamed/embarrassed" (29.7%). Further, 40.3% responded "I do not know."

Figure 73. Barriers to Getting Help – Violence by Someone in the Home
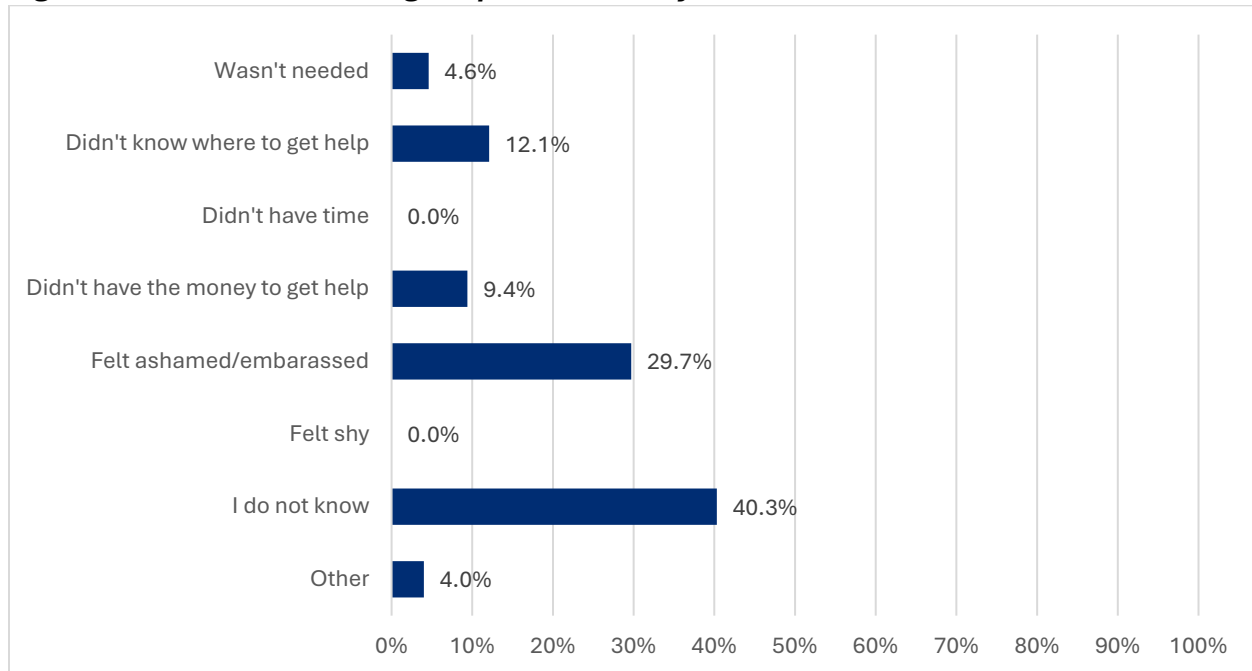
Note: *n* = 12,034. Only includes residents who selected "yes," they experienced violence in the home and "no," help was not sought to heal after the violence by someone in the home.

Desired Support and Resources – Violence by Someone in the Home

Additionally, residents who indicated "no," they did not seek help after violence inside the home were asked, "What resources would have been helpful to you/them to support you after this event?"

The resources most commonly mentioned that would have been helpful include increased therapy, and someone to talk to.

Figure 74. Desired Support and Resources – Violence by Someone in the Home



Note: References = 13. Only includes residents who selected "yes," they experienced violence in the home and "no," help was not sought to heal after the violence by someone in the home.

Experiences of Witnessing Violence

Residents were asked "In the past 12 months, have you witnessed (in-person) but were not involved in any types of violence in Riverside County?" Approximately 20.1% of residents (356,671 people) reported that in the past 12 months they have witnessed (in-person) but were not involved in any type of violence in Riverside County.

Type of Violence Witnessed

The types of violence that were most witnessed include road rage/speeding (59.1%), a person experiencing homelessness harassing or assaulting someone else (43.1%), burglary/theft (32.3%) and online scam/fraud (30.1%), as illustrated in the figure below.

Figure 75. Type of Violence Witnessed
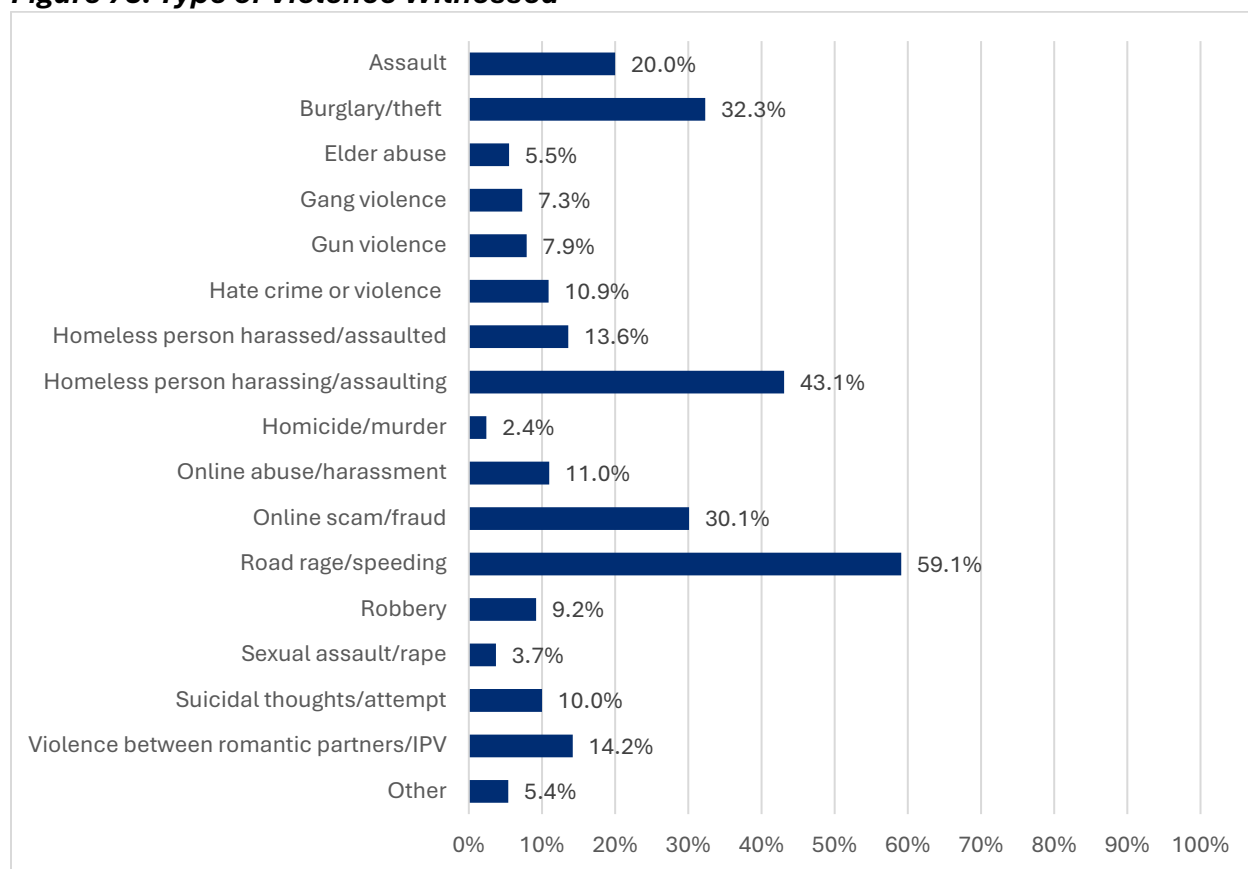
Note: *n* = 356,671.

"Other" types of violence witnessed include verbal abuse/arguing (*n* = 17), animal neglect/danger (*n* = 10), people who are experiencing homelessness assaulting others (*n* = 10), theft/robbery (*n* = 10), traffic or road safety issues (*n* = 8), fights/assault (*n* = 7), stalking/harassing (*n* = 7), rogue youth (*n* = 5), anger (*n* = 3), child abuse (*n* = 3), substance abuse (*n* = 3), mental health issues (*n* = 2), bad behavior by police (*n* = 2), bullying (*n* = 1), economic abuse (*n* = 1), elder abuse (*n* = 1), fireworks (*n* = 1), and violence at school (*n* = 1).

Impact of Witnessing Violence on Quality of Life

Residents who witnessed specific types of violence (e.g., assault, burglary, etc.) but were not involved in the violence were then asked how witnessing that violence affected their quality of life.

A high proportion of people who witnessed sexual assault/rape (51.6%) and homicide/murder (36.5%) report that it affected their quality of life "a lot." Witnessing robbery (32.8%), gun violence (30.8%), and suicidal thoughts/attempt (30.5%) affected witnesses "a lot."

Figure 76. Impact of Witnessing Violence on Quality of Life
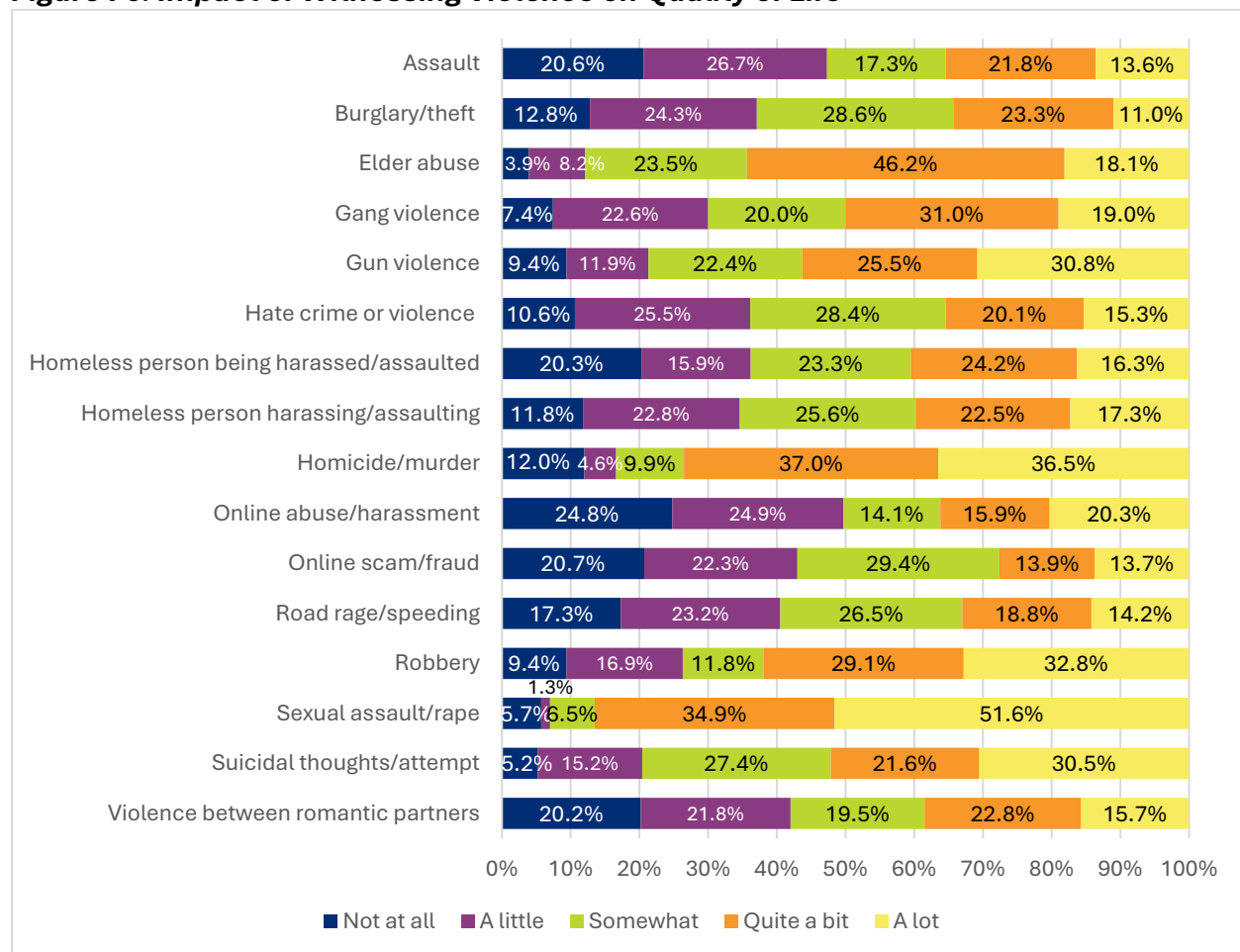
Note: Assault *n* = 71,076; Burglary/theft *n* = 115,051; Elder abuse *n* = 19218; Gang violence *n* = 26,094; Gun violence *n* = 28,216; Hate crime *n* = 38,784; Person experiencing homelessness being harassed/assaulted *n* = 48,404; Person experiencing homelessness harassing someone *n* = 153,743; Homicide/murder *n* = 8,592; Online scam or fraud *n* = 106,945; Online abuse/harassment *n* = 39,204; Road rage/speeding *n* = 210,328; Robbery *n* = 32,827; Sexual assault/rape *n* = 13,286; Suicide/self-directed violence *n* = 35,070; and Violence by a romantic partner *n* = 50,491.

Child Safety

All residents were asked "Do you have children between the ages of 5 to 18?" Approximately 34.9% of residents said "yes," they have children (approximately 649,785 residents), while 65.1% indicated they do not have children. Those respondents who said they do have children were asked a series of follow-up questions related to child safety, and their responses are outlined below.

Problems Children Face at School

Parents were asked "How much of a problem is each of the following issues for your child at school?" and then were provided with a list of topics including exposure to drugs, exposure to alcohol, exposure/involvement with gang violence, fighting, in-person bullying, online bulling, and being threatened with weapons.

The issues that were commonly rated as a "big problem" by parents include in-person bullying (15.0%), fighting (14.6%), exposure to drugs (11.7%), and online bullying (11.3%), as illustrated in the figure below.

Figure 77. Problems Children Face at School
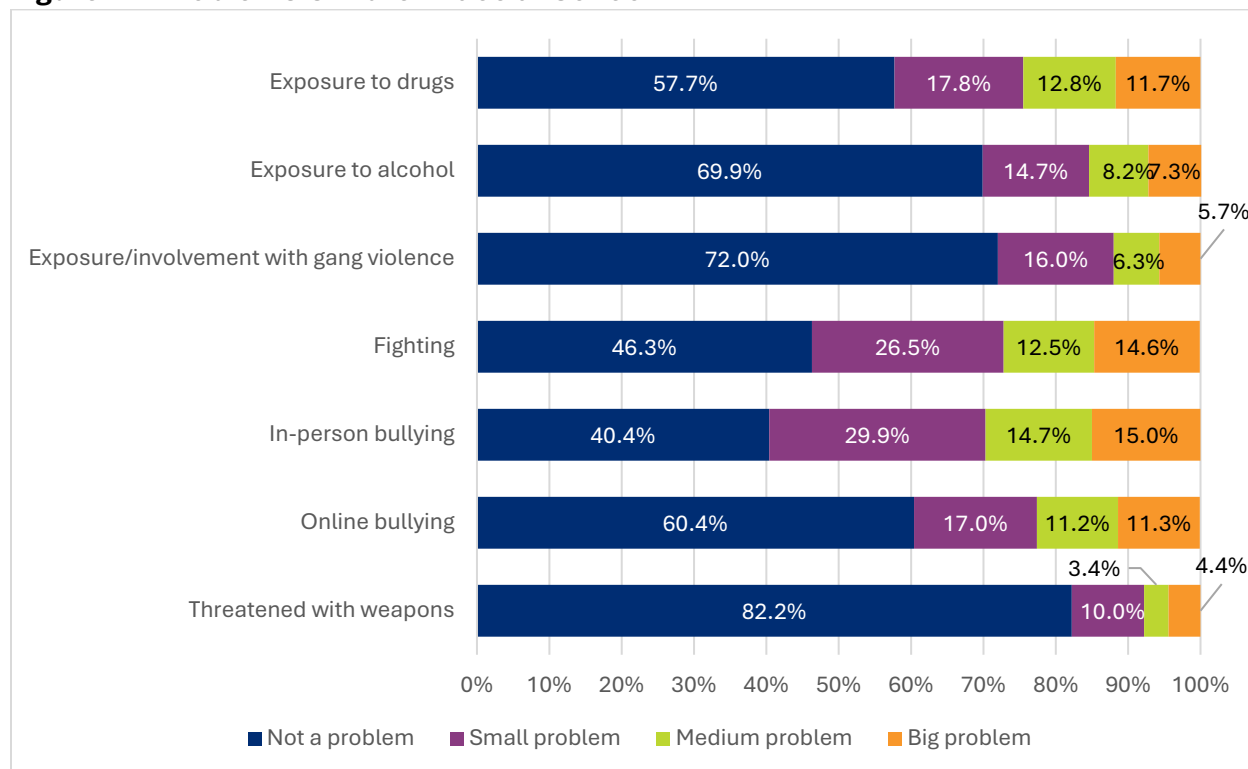
Note: Exposure to drugs *n* = 548,202; Exposure to alcohol *n* = 517,932; Exposure/involvement with gang violence *n* = 513,691; Fighting *n* = 562,980; In-person bullying *n* = 529,551; Online bullying *n* = 451,040; Threatened with weapons *n* = 450,023.

Other Problems Children Face at School

Additionally, parents were asked, "Are there other problems that your child faces at school?" The most common answer was that parents don't have any problems or concerns. However, other topics mentioned by parents include bullying/fighting/verbal abuse and alcohol/drug use/vaping, and many parents specified that they homeschool or send their kids to private or online school (often mentioned as a way to avoid problems at school).

Additional problems parents mentioned include unsafe roads near school, poor/unfair teachers, racism/discrimination, unsafe school, and sexual assault/pressure.

Figure 78. Other Problems Children Face at School

Note: *References* = 324.

"Other" problems mentioned by parents include: rogue youth (*n* = 6), mental health (*n* = 6), lack of support for children with special needs or learning disabilities (*n* = 5), overcrowding (*n* = 5), homeless (*n* = 5), poor education/curriculum (*n* = 5), underfunding/lack of resources (*n* = 4), fear/threats of shootings and other violent issues (*n* = 3), LGBT+ issues (*n* = 3), political issues (*n* = 2), lack of discipline (*n* = 2), no activities (*n* = 2), and poor communication between school and parents (*n* = 1).

Perceived Safety Concerns Among Parents

Parents were asked about more sensitive topics with the question, "Parents sometimes worry about the safety of their children, even though our fears often don't come true. How much do you worry about the following scenarios for your child/children at school?" Parents were then provided with the prompts: being kidnapped at school, being kidnapped in the neighborhood, exposure/involvement with gang violence, school shootings, sexual assault, and unhealthy dating relationships.

The topic that causes the most fear among parents is the potential for a school shooting – with 24.0% of parents indicating they are "extremely worried." A fair portion of parents are also extremely worried about sexual assault (16.5%). See the figure below for full details.

Figure 79. Perceived Safety Concerns Among Parents
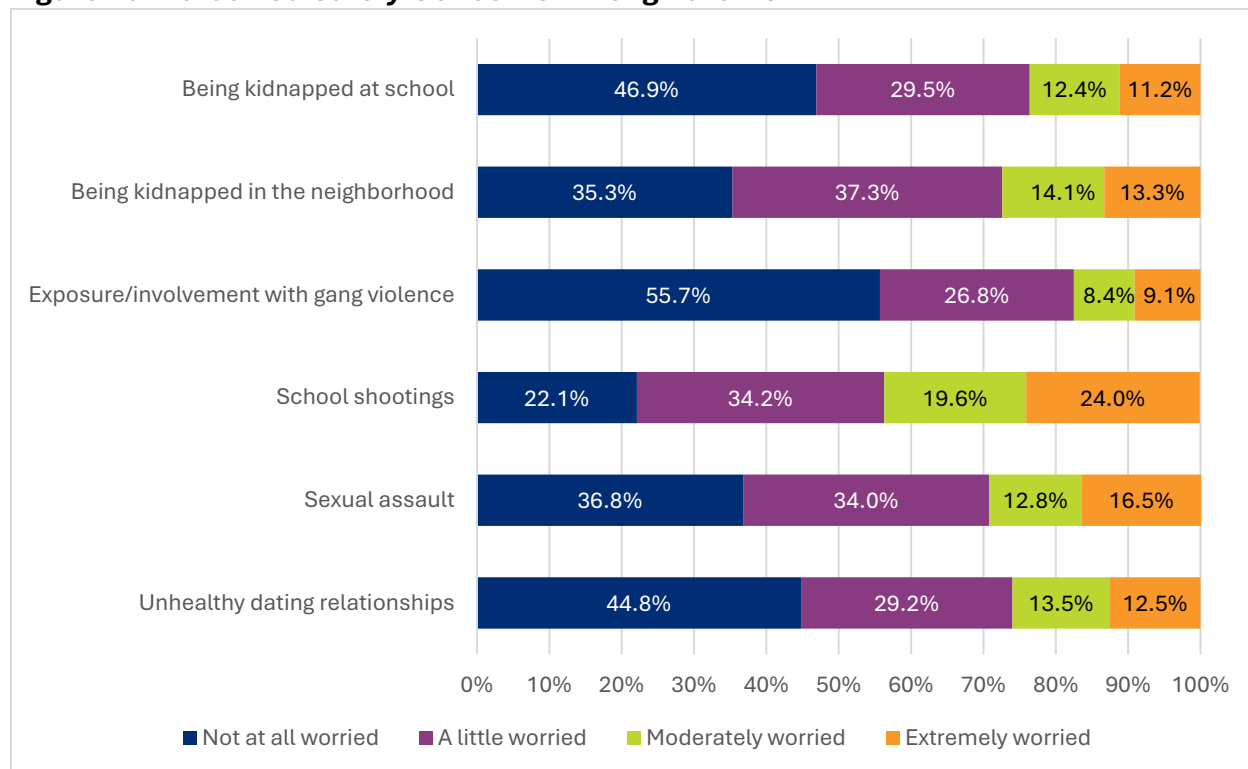
Note: Being kidnapped at school *n* = 648,056, Being kidnapped in the neighborhood *n* = 644,732; Exposure/involvement with gang violence *n* = 648,322; School shootings *n* = 646,691; Sexual assault *n* = 646,329; Unhealthy dating relationships *n* = 647,273.

Other Issues Parents Worry About for Child Safety

Additionally, parents were asked the open-ended question, "Are there other issues you worry about for the safety of your child?" The most common answer was that parents don't have any problems or concerns. However, major themes that emerged included bullying/fighting/verbal abuse among children, alcohol/drug use/vaping, and unsafe roads near schools. Other issues parents worry about include poor school safety/security, racism/discrimination, social media/cell phones, mental health, and interactions with individuals who are homeless.

Figure 80. Other Issues Parents Worry About for Child Safety

Note: *References* = 196.

Lesser prominent issues parents worry about with fewer references include: concerns about school shootings (*n* = 8), peer pressure/social development (*n* = 8), sexual activity/safety (*n* = 8), educational concerns (*n* = 6), online concerns (*n* = 6), attend private school/not applicable (*n* = 6), abuse by teachers/staff (*n* = 4), strangers/predators (*n* = 4), pedophiles (*n* = 3), unhealthy food (*n* = 2), illness (*n* = 2), kidnapping (*n* = 2), pregnancy (*n* = 2), shared bathroom/locker room (*n* = 2), weather (*n* = 2), dangerous animals (*n* = 1), LGBTQ+ agendas (*n* = 1), and poor teachers (*n* = 1).

Solutions and Resources for Improving Safety in the Community

This survey concluded with four open-ended questions asking residents about the following: causes of violence in the community, resources in the community that support healing, factors that would improve safety, and any additional comments.

Perceived Causes of Violence in the Community

Residents were asked "What do you think are the causes of violence in your community?"

The most common causes of violence that are perceived by residents include homeless/homelessness, substance abuse, and mental health issues. Other commonly mentioned causes of violence include poverty, gangs and organized crime, poor parental supervision, inadequate consequences for crime, basic needs unmet, high cost of living, and a lack of peace officer presence.

It should be noted that these responses reflect community perceptions and may not align with empirical data or broader research findings on the root causes of violence in Riverside County.

Figure 81. Perceived Causes of Violence in the Community

Note: References = 4,225.

Causes of violence with fewer mentions from residents include racial tensions (n = 91), lack of community resources/support (n = 89), traffic (n = 83), unemployment/job insecurity (n = 80), guns (n = 80), misinformation and online conflict (n = 75), theft/burglary (n = 59), immigration (n = 47), bullying and harassment (n = 45), polarized political climate

(*n* = 24), domestic violence (*n* = 23), lack of activities (*n* = 23), exposure to violence in the media (*n* = 23), noise pollution/overcrowding (*n* = 20), impact of extreme heat on behavior (*n* = 17), impact of pandemic on mental health (*n* = 15), lack of mental health services (*n* = 8), lack of mentors for youth (*n* = 4), and impact of social media (*n* = 1).

Support/Healing Available in the Community

Residents were asked "What are resources or sources of support/healing in your community?"

Most common sources of available support/healing mentioned by community members include religion/prayer/God, family/friends/community, and mental health support. Other commonly mentioned sources of support include community events/activities, government services/support, police, housing and homeless services, healthcare services and access, and drug and alcohol rehabilitation. There were also some residents who said there are no sources of support available.

Figure 82. Support/Healing Available in the Community

Note: References = 3,433.

Other sources of healing in the community with fewer references include: food banks/food assistance (*n* = 113), nonprofits/community organizations (*n* = 103), senior centers/programs (*n* = 73), parks (*n* = 65), support for parents/families (*n* = 48), job opportunities (*n* = 39), support hotlines (*n* = 33), library (*n* = 32), Facebook groups and Nextdoor app (*n* = 32), private security system/patrol (*n* = 30), neighborhood watch (*n* = 25), stricter laws/consequences (*n* = 25), HOA (*n* = 23), fire department/first responders (*n* = 20), online groups/resources (*n* = 18), LGBTQ+ resource enters (*n* = 18), and women's shelters/domestic violence resources (*n* = 16).

How to Improve Safety in Your Community

Residents were asked "What do you think would help improve safety in your community?"

By far, the most common solution offered by residents to improve safety in the community is to increase peace officer presence. Other common solutions include resources for those experiencing homelessness, improving schools and education support, consequences for crimes, addressing substance abuse, and more community involvement (e.g., neighborhood watch, neighbors helping each other, etc.).

Residents also described that community safety could be improved with infrastructure (e.g., more streetlights, more sidewalks, etc.), resources for mental health, adult support for children (e.g., parents, teachers, role-models, etc.), addressing dangerous traffic, and providing more housing support. See the figure below for the top solutions provided by residents.

Figure 83. *How to Improve Safety in Your Community*

Note: References = 4,110.

Other ways to improve safety that had fewer references include more/improved government (*n* = 82), economic support (*n* = 62), outreach programs (*n* = 51), gun restrictions/control (*n* = 37), and support for seniors/elderly (*n* = 14).

Additional comments from residents are described in Appendix B.

FOCUS GROUP
Results

FOCUS GROUP RESULTS

As previously described, RUHS – Public Health, HARC, and the CAB collaboratively reviewed survey findings and identified six key safety topics for further exploration through focus groups with community partners. The selected topics included:

- Mental health (trauma, substance abuse, and suicide attempt/ideation)
- Gun safety and gun violence prevention
- Racial violence and discrimination, including LGBTQ+ issues
- Rape/sexual assault
- Intimate partner violence
- Child safety (with one focus group in English and another in Spanish)

HARC invited community partners actively working on these topics by email, providing a flyer and sign-up link for Zoom-based focus group sessions. Participants received a $25 Visa card as a token of appreciation. All sessions were audio and video recorded, transcribed, and analyzed using MAXQDA to identify key themes and insights.

The focus group findings provide insights from community partners on the root causes of these issues, dynamics to addressing these issues, and the potential resources and solutions available to address them. It is worth noting that some focus groups had relatively small sample sizes and only one focus group was held for each topic (except for the child safety focus group, which was held in both English and Spanish). Given the small sample sizes, the focus group findings presented in this report may only represent a limited number of perspectives from community partners and limit the generalizability of the findings.

Mental Health Focus Group
Including Substance Abuse, Suicide, and Trauma

A total of nine individuals from eight organizations provided input on the topic of mental health. Seven individuals participated in the focus group and two one-on-one interviews were conducted. The organizations who provided input on the topic of mental health include: Boys & Girls Club Palm Springs, The Center Against Racism and Trauma, the LGBTQ Community Center of the Desert, National Alliance on Mental Illness (NAMI) Temecula Valley, RUHS – Behavioral Health, RUHS – Behavioral Health Substance Abuse Prevention and Treatment Services (SAPT), RUHS – Medical Center Trauma Services, Veterans Affairs Veterans Integrated Service Network – 22 (VA VISN-22), and Young Visionaries Youth Leadership Academy.

Defining the Relationship Between Mental Health and Violence
"How do you define the relationship between mental health and violence in the communities you serve?"

Community partners were asked to describe the relationship between mental health and violence within the communities they serve. One community partner described that **most individuals with mental health illness are not violent**; rather, they often experience significant frustration. The complexity of addressing mental health issues is further complicated by the fact that people living with mental health challenges often don't recognize that they are struggling or that they are the source of their own difficulties.

One community partner described something slightly more tangential: that feeling **a sense of belonging may be a deterrent to violence**. That is, when individuals are engaged in the community around them and feel a sense of importance and belonging, they are far less likely to be engaged in violent acts.

Another community partner described how individuals from the LGBTQ+ community often experience violence stemming from **stigma and self-hatred,** and sometimes internalized homophobia, which can also be exacerbated by substance abuse.

> "Sometimes when you're having mental health issues, you don't think you're having a problem, either. You don't think it's you."
> — Community Partner

Preventing Violence for People Living with a Mental Illness
"People with mental illness are more likely to be the victim of violence. How can that be prevented?"

Community partners were presented with information from Disability Rights California which describes that people living with a mental illness are often at risk of victimization of violence rather than perpetration of violence.[21] Community partners were then asked what could be done to prevent people living with mental illness from becoming victims of violence, and several key strategies were suggested, including training for first responders, mobile crisis units, and increased education and awareness.

First, it was suggested that there is a need for **increased training and education for first responders**, such as peace officers, on how to effectively de-escalate situations involving individuals experiencing mental health crises. This training should focus on verbal de-escalation techniques, understanding mental illness, and learning safe ways to interact with people experiencing a mental health crisis without resorting to force.

Additionally, one community partner suggested that **mobile crisis units** have been shown to be effective for deterring use of force for calls that involve mental health concerns. Along those lines, another partner suggested that community partners could have iPads available for people, such as people living without a home, so they could be put in touch with a counselor/therapist very quickly in the case of any mental health issues.

Finally, it was described that the community needs greater **education and awareness** on the topic of mental health. By educating the community about mental health and treatment, we can reduce stigma and promote more compassionate responses to individuals experiencing mental health struggles.

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[21] Disability Rights California. (2020). Principles: The Stigma of Mental Health and Violence. Available online at: https://www.disabilityrightsca.org/legislation/principles-the-stigma-of-mental-health-and-violence

Trauma-Informed Practices to Break the Cycle of Trauma and Violence
"What support systems or trauma-informed practices are currently in place to help break the cycle of trauma and violence?"

Partners suggested a few support/trauma-informed practices currently in place to help break the cycle of violence and trauma in Riverside County, including increased education efforts and trauma-informed approaches such as those being done by RUHS – Public Health and Behavioral Health.

RUHS – Public Health's efforts have been focused on **educating the community about adverse childhood experiences (ACEs)**, with the intention of connecting community members to resources and supports so they can make changes in their own families and prevent ACEs and prevent future trauma in their children.

Within RUHS - Behavioral Health, there is a focus on implementing **trauma-informed systematic approaches**, not only within their own system but also for the broader community. Specifically, they provide education about resilience, trauma, and mental health awareness for individuals living in Riverside County.

Gaps in Trauma-Informed Care

"What gaps exist in trauma-informed care that could be addressed to reduce violence?"

Gaps that need to be addressed to reduce violence include improving and expanding knowledge related to trauma-informed care and increasing cross-sector collaboration.

Partners described a key gap hindering the effectiveness of trauma-informed care in reducing violence: **the education on trauma-informed care has been historically insufficient**. Specifically, the training on trauma-informed care that is currently required for therapists and other providers falls short. Expanding and improving trauma-informed care education, both in academic institutions and professional settings, would strengthen the impact and success of this approach.

Along those lines, the **depth or quality of knowledge on trauma-informed care is also inherently inadequate**, even among those that are familiar with the concept, given the lack of rigorous education and training. By improving the quality of the education/training and making it mandatory or routine for providers could be an important step in making trauma-informed care effective in reducing violence.

Finally, one partner mentioned that there needs to be **integration and collaboration between professionals** working in healthcare, social work, and law enforcement to improve community safety.

Effective Prevention/Intervention for Substance Abuse-Related Violence
"What prevention or intervention programs are most effective in dealing with substance abuse-related violence?"

Effective strategies to prevent substance-related violence include trauma-informed and client-centered programs, early education, particularly for middle school students, and increasing community awareness of available resources.

Community partners described that the most effective intervention and prevention programs for substance abuse-related violence are generally those that incorporate **trauma-informed care** and are **client-centered**.

One community partner emphasized that preventing substance abuse requires **early education** on substance abuse, especially for middle school students as they are increasingly interested in substances. After-school programs featuring guest speakers were highlighted as especially impactful for young people.

Another community partner described that while services are available, it's simply a matter of **informing the community about available resources**. Both NAMI Temecula and RUHS – Medical Center mentioned that they offer numerous resources to their clients (assessments, resources, information, etc.), once they are connected with them.

> "If we're pulling in one direction and our consumers are pulling in the opposite direction [in regard to substance abuse], they're not going to be effective."

Strategies that Are Effective in Preventing Suicide
"What strategies have been most effective in preventing suicide or supporting those who are at risk?"

Community partners described some key strategies for preventing suicide among those at risk, including a coordinated system of care, increased social connection, community education, and reducing stigma about mental health.

Partners described the importance of a **coordinated system of care** to connect individuals to the resources and services they need, such as mental health treatment, social support, and meeting basic needs like food and medication.

Partners also described the importance of fostering **social connection and reducing isolation,** especially through community-based programming and peer support. Particular attention should be paid to marginalized groups, like the LGBTQ+ community, who may face additional barriers to accessing appropriate resources.

Another strategy in preventing suicide is providing widespread **education and training for the community** on recognizing the signs of suicide risk and how to offer support. A few partners also described the need to increase awareness of the 9-8-8 number, which is the National Suicide Prevention Lifeline. One partner mentioned that maybe the phone number should be placed on peace officer cars or local buses, so more people can be aware of the resource.

Partners also mentioned the need **to reducing stigma around mental illness and help-seeking behavior** to create an environment where people feel safe to ask for assistance.

> "It comes back to shifting the community's perception and getting rid of the shame around it, so that more people can talk about it, more people know each other's stories and backgrounds. We can, like, use each other as resources to reach other people."
> — Community Partner

Resources/Interventions Lacking for People Experiencing Suicidal Thoughts
"What resources or interventions are lacking for people experiencing suicidal thoughts in this community?"

Community partners elaborated on resources that are lacking for people experiencing suicidal thoughts, including a lack of education on the warning signs as well as limited access in hard-to-reach areas of the County.

First, the **education around the signs of suicidal risk is severely lacking.** Partners underscored that it's challenging to ensure that the target audience is aware of the available resources and can access them easily.

Community partners also mentioned how large the county is, and it's often **hard to reach some areas** of Riverside County. It was suggested that a multipronged approach is needed, including increased education, outreach, and increased access to resources across the community.

Collaborating to Improve Mental Health Services
"How can community organizations better collaborate to improve mental health services?"

Community partners described that community organizations can better collaborate to improve mental health services by joining coalitions and subcommittees that address suicidal ideation and attempts, developing warm handoffs between inpatient and outpatient care, and ensuring organizations are familiar with each other's services.

One community partner described the value of Riverside County's **suicide prevention coalition,** which provides a platform for community members and organizations to brainstorm programming and initiatives to address suicidal ideation and attempts. It would be beneficial for relevant organizations to join this coalition and contribute to this endeavor.

Hospitals are working to improve **warm handoffs** to community workers to help patients transition from inpatient to outpatient care, as patients often face barriers to follow up on resources provided to them.

Additionally, **organizations should be aware of what services other local providers offer**, so they can refer individuals to appropriate resources, with community health workers being identified as particularly useful because they have a general knowledge of what most organizations do.

Ways to Increase Awareness About Mental Health

"What are some specific ways we can increase community awareness about mental health, suicide prevention, and trauma support?"

Community partners were asked to describe some ways in which we can increase awareness about mental health, suicide prevention, and trauma support; responses highlighted the importance of meeting people where they are, normalizing talking about mental health, and making mental health care easy to access.

Foremost, community partners described that it is important to **meet people where they are** and share mental health information at places like community events, health fairs, and town hall meetings. These events should be held in places that are identified as "hot spots" or areas with high need. Furthermore, information should be provided in multiple languages to be accessible to diverse communities.

An additional suggestion by partners is to **normalize discussions about mental health challenges**, such as suicidal ideation. Many people struggle with these thoughts, and by destigmatizing them and encouraging open dialogue, individuals may feel more comfortable seeking help.

Lastly, it is important to **make mental health services widely available** and **advertise mental health services**, so that people in need can easily access the support they require.

Gun Safety and Gun Violence Focus Group

A total of five individuals from five organizations provided input on the topic of gun violence/gun safety. The organizations who participated in the gun violence focus group include the following: The Center Against Racism and Trauma, Galilee Center, Jewish Family Service of the Desert, Young Visionaries Youth Leadership Academy, and one re-entry consultant living in Riverside County.

Most Significant Gun Safety Issues

"What are the most significant gun safety issues you've observed in the community you serve?"

Community partners identified several major gun safety issues impacting the community, including ease of accessibility, connection with domestic violence, desensitization of children, and the normalization/glorification of gun violence.

One foremost concern related to gun violence is that **firearms are easily accessible,** with many weapons left **unsecured**. This lack of security contributes to the risk of accidental or unauthorized access, particularly by young people.

Partners noted a **strong connection between domestic violence and gun violence**, indicating that the presence of firearms in homes with domestic violence situations significantly escalates the risk of gun violence in the home. Domestic violence situations with guns in the home are also dangerous scenarios for peace officers involved.

Partners also described their growing concern that **children are becoming desensitized to gun violence**. This desensitization is attributed to media, cartoons, video games, and other social outlets where violence is frequently and vividly depicted, leading to a skewed understanding of gun violence and safety. Community partners emphasized that this desensitization starts in early childhood and continues through adolescence, which is a crucial period in a person's development.

Lastly, it was noted certain community environments **normalize or glorify gun** use among youth, for example environments where gang activity and gun violence are present. Although video games and media play a role, community partners stressed that parents and caregivers are largely responsible for youth and their influences (e.g., media literacy and critical thinking skills).

Root Causes of Gun Violence
"What are the root causes of gun violence in the community?"

Community partners outlined several root causes contributing to gun violence, including the breakdown of social structures, isolation, and a desire to have guns for safety. Partners also suggested that efforts should focus on addressing these underlying issues to develop effective strategies to prevent gun violence, such as the strengthening of communities and increased access to mental health resources.

Broadly, partners identify the **breakdown of traditional social structures** as a root cause of gun violence. There has been a weakening of important structures such as religion, family units, and other support systems that have traditionally fostered positive values and harmony.

Along those lines, many young people today experience **isolation and minimal community engagement**, which makes them more vulnerable to influences that may lead to gun violence. Strengthening community ties was seen as essential to counteract this isolation.

One community partner described that individuals also commonly carry **unaddressed trauma and mental health struggles**, which in some cases can lead to violence. There is a need for accessible mental health support and efforts to destigmatize seeking help within the community.

A few partners described that guns are sometimes owned and used as a **method of protection**. Some partners noted a pervasive "predator or prey" mindset, fueled by general fear and distrust of others, which can lead to an overreliance on firearms for self-protection. Lastly, firearms are often **associated with power and control**, especially in gang-related environments. This cultural glorification of violence can create a dangerous allure, particularly for young people who are in search of status or a feeling of security.

> "In gangs, the more violent the act, the more glorified you are."
> — Community Partner

Connection Between Mental Health and Gun Violence
"What connection do you see between mental health and gun violence in the community?"

During the focus group, community partners discussed the complex relationship between gun violence and mental health in the community, as mental health might only be tenuously related to gun violence and stigmatization of mental illness can be a barrier to seeking help.

One mental health organization from the focus group reported that roughly 20% of their clients either have the desire to use a gun or fear being perpetrated by gun violence. Furthermore, there was some consensus in the group that **mental illness is not generally considered to cause gun violence**.

Another participant acknowledged that mental illness is often stigmatized, leading individuals to deny, isolate, and self-medicate with illegal substances rather than seek professional help.

What Is Being Done to Address Gun Violence

"What is being done to address gun violence in the County of Riverside?"

Community partners in this focus group acknowledged that **they are not aware of any efforts or organizations in the County that address gun violence**.

That said, some organizations are **taking proactive measures to protect themselves from the threat of gun violence**. One faith-based organization, for example, has implemented a comprehensive approach to enhance safety and preparedness at their work site. They conduct annual active shooter training for staff and have equipped their facilities with protective measures such as ballistic film and barricade devices. Additionally, they collaborate closely with local law enforcement to strengthen emergency response efforts. Some employees have also obtained concealed carry permits as an added layer of preparedness.

While no strategy can guarantee complete protection, these proactive steps significantly enhance the organization's ability to mitigate threats and safeguard both staff and the community. Examining and adopting similar preparedness measures can help organizations better respond to potential threats in the future.

> "There's not much being done that I know of. As an agency, we've taken several steps such as annual active shooter training; we've had the police come over and tour our facility so we know how to respond in the event of an active shooter."
> — Community Partner

What Should Be Done to Address Gun Violence
"What should be done to address gun violence in the County of Riverside?"

There were a few different perspectives from community partners on ideas of what should be done to address gun violence. Overall, the group grappled with the complexity of the issue, acknowledging that there are no easy answers, but emphasized the importance of prevention and community-driven solutions.

One community partner advocated for **harsher penalties and increased security measures** like increased peace officer presence and armed guards in schools, arguing that stronger deterrents are needed to minimize crime.

However, other community partners **oppose the idea of harsher punishments** and state that these are not effective deterrents. For example, people who commit crimes often do not consider the consequences, because if they did, then they would not commit the crime.

Rather than punishment, some community partners suggest more **proactive, community-driven solutions** that are focused on prevention through education and restorative justice. In fact, one community partner described that the youth involved in advocacy work have voiced that they are particularly interested in finding **imaginative solutions that address the root causes of violence**, such as feelings of powerlessness, rather than escalating punitive measures.

> "The youth that I work with are not interested in punishment as a deterrent. They're interested in solving the issue of the people who feel the need to bring violence."
> — Community Partner

Populations Needing Targeted Outreach Around Gun Safety

"Are there specific populations within the community that need more targeted outreach or support around gun safety?"

Community partners describe that gun violence is multifaceted and thus the approach to addressing the issue should be complex too. It is important to address many different types of gun violence, while paying particularly close attention to parents and vulnerable populations.

One community partner described that there are **many different perpetrators of gun violence**. That is, mass shooters, gang members, people aiming to hurt themselves – all these people are motivated by different things, so it is important to address these different subgroups uniquely.

One community partner also described that **communities of color** need focused attention, as they often face higher rates of gun-related crime and violence.

Another community partner described the importance of **educating parents on gun safety and effective parenting strategies** to prevent youth violence. Specifically, parents should be taught how to recognize warning signs of violence in their children. In addition, parents who are gun owners should be taught about gun safety and proper gun storage.

Hate Crimes Focus Group
Including Racial Violence and LGBTQ+ Discrimination

A total of six community partners from six organizations participated in the focus group for racial violence/LGBTQ+ discrimination. The organizations who participated in the focus group include the following: Boys & Girls Club Palm Springs, The Center Against Racism and Trauma, Innercare, The L-Fund, the LGBTQ Community Center of the Desert, and Veteran's Affairs Veterans Integrated Service Network – 22 (VA VISN-22).

Common Forms of Racial Violence/Discrimination
"What are the most common forms of racial violence and discrimination you've observed in our community?"

Community partners described various forms of discrimination and violence they have observed within the community of Riverside County.

A few community partners described that they see many more **microaggressions** in the community, rather than outright violence. Microaggressions that community partners have observed in the community include disrespecting names and pronouns, healthcare providers who lack cultural competency, and racial bullying among youth.

Youth have normalized racial bullying amongst each other and find it acceptable to speak in derogatory ways to each other. Community partners stated they have felt the need to intervene and correct the racial bullying they observe among the youth they serve.

There is also a concern among community partners about the **rise in of racial violence, particularly targeting non-white individuals**. Community partners mentioned there are tensions between Black and Brown communities in the County of Riverside. Another community partner shared that Asian Americans in the community face discrimination and stereotypes in the community, underscoring the ongoing trauma that people of color endure. In response, community partners have implemented anti-racist training programs within their organizations to address these systemic problems, because they know how important it is to address these internal biases despite time commitment involved.

> "That level of bullying is almost like baseline and how they speak to one another. It doesn't always feel like it's coming from a place of respect; it very often can feel like it's meant to chide or be mean."
> — Community Partner

Barriers to Reporting Acts of Racial Violence/Discrimination

"What barriers do individuals from marginalized racial groups face when reporting acts of violence or discrimination?"

Community partners described numerous barriers to reporting acts of violence or discrimination faced by marginalized racial groups. First, community partners stated that there is a **burden of proof required to substantiate claims of discrimination**, which can be very difficult to demonstrate.

Another barrier is that those who are discriminated against can experience a **language or communication barrier** for non-English speakers (e.g., Spanish, Arabic, etc.), therefore making it challenging to articulate their experience.

Another key barrier to reporting acts of discrimination is **dismissiveness and lack of belief from authorities**, such as peace officer or school administrators. Many people of color who experience racial discrimination already have a **lack of trust in law enforcement**, so reporting acts of discrimination is often viewed as fruitless or perhaps **risky due to citizenship status**.

Finally, a **lack of social support** can be a barrier to reporting violence or discrimination. People can feel more empowered if they have a witness or a family member support them in reporting the unfair treatment.

> "There is still a burden of proof that you have to offer, like what the nature of the discrimination is. It's almost like you have to commit to showing up, and you have to have your i's dotted and your t's crossed to get anywhere with a report. That's a really big barrier to reporting."
> — Community Partner

Systemic Factors Contributing to Racial Violence
"What systemic or institutional factors contribute to racial violence in our community?"

Community partners described a few systemic and institutional factors, rooted in capitalism, immigration policies, and envy in the community, that all contribute to the perpetuation of racial violence in the community.

Firstly, community partners shared that the capitalist system and **the myth of scarcity create a sense of competition and fear among marginalized communities**, leading to violence as people fight for limited resources. Some community partners explained that this is made worse by the design of our capitalist system, which keeps certain groups subjugated.

Additionally, community partners discussed how the frustration and **anger stemming from the violent and restrictive immigration system** discourages people from reporting incidents of violence, further perpetuating the cycle of discrimination and violence.

Successful Strategies to Address Racial Violence/Discrimination
"What are some successful programs or strategies you've seen implemented to address racial violence and discrimination?"

Community partners described a few strategies and programs that have been implemented to address racial violence and discrimination, including acknowledging racial violence, community engagement/empowerment, youth focused initiatives, and individual and collective action.

Community partners stated that an important first step to address racial violence is to first **acknowledge the existence of racial violence and discrimination**, and the importance of being open to learning and sharing knowledge about these issues. This can involve training programs for healthcare and law enforcement personnel to address biases.

Community engagement and empowerment is also an effective strategy for addressing racial violence. There has also been success and healing in providing spaces for people, especially youth, to discuss their experiences, vent, and organize around addressing racial injustice. This can renew a sense of empowerment and agency in combating these problems within their communities.

Community partners also describe the value of **youth-focused initiatives** that give youth a voice and encourage them to express themselves. Examples include the "Do the Right Thing" program in Palm Springs, which recognizes and celebrates positive actions by local youth, as well as youth-led dialogues with law enforcement to foster open communication and understanding.

Individuals can also make a difference by their own **individual and collective action** by consistently calling out and challenging racist jokes, stereotypes, and discriminatory behavior, even in professional or personal settings. This can lead to a shift in social norms.

> "We just always have to call it out among family, friends, or even out in the public if you feel safe to do so. 'That wasn't a funny joke'; 'that wasn't a funny stereotype'–call it out every time and you will start seeing less and less of it."
> — Community Partner

Discrimination Faced by LGBTQ+ People

"What specific types of discrimination do LGBTQ+ individuals face in our community?"

LGBTQ+ individuals face a wide range of discrimination, from macro-level issues to microaggressions, including sexual violence. Even in relatively LGBTQ+-friendly areas like Palm Springs, there is **"always the risk of any type of discrimination."**

Cultural and religious beliefs can also be a significant source of discrimination, especially for LGBTQ+ youth from conservative or religious backgrounds in which their families have difficulty understanding the youth's experience. The LGBT Community Center in Coachella created youth programs and parent support groups to educate and support families of LGBTQ+ youth, often from Catholic backgrounds, and equip them with spaces and information these families need to thrive.

Politically motivated fear-mongering and "culture wars" have exacerbated discrimination against LGBTQ+ youth with claims like "drag queens are turning your kids gay." Community partners explained that outlandish and provocative claims such as this create divisiveness and discrimination for LGBTQ+ individuals.

Schools can also be a challenging environment for LGBTQ+ students, with policies that may inadvertently out LGBTQ+ students to their families, thus limiting the spaces where youth are able to be open and themselves.

Access to healthcare, particularly for transgender individuals, is another area where barriers exist, with a lack of physicians who know how to take care of transgender children and teens. In fact, private insurance can deny treating transgender children/teens because of the political climate.

In sum, there are many types of discrimination faced by LGBTQ+ individuals originating from religion or politics, and this discrimination can surface in school systems or healthcare.

Supports for LGBTQ+ People Experiencing Discrimination/Violence
"What services or supports are available for LGBTQ+ individuals experiencing discrimination or violence, and how effective are they?"

Community partners emphasized the importance of LGBTQ+ individuals having access to welcoming and supportive spaces, particularly for young people who are in the process of self-discovery and coming out. For example, the **LGBT Community Center of the Desert** serves as an important place in the Coachella Valley where LGBTQ+ individuals can be themselves without fear. The Center also provides behavioral health services, safety net services, support groups, and social activities, just to name a few.

At the **Boys & Girls Club of Palm Springs**, there are children and teenagers who are exploring their identity, with varying levels of support from their families. At the Boys & Girls Club, the youth are provided with a safe place where they can be supported and loved as they are and referred to appropriate resources if needed.

These supports available to LGBTQ+ individuals—especially youth—illustrate the importance of creating inclusive spaces and offering non-judgmental support, especially for those who may not have acceptance from their families.

> "The knowledge, the information, the support and the services really do matter. We have much more information than we did back in the '80s, but there's still work to be done, even from those who are heterosexual. We still have more to do to support and love our family, our children, and our family members in the community."
> — Community Partner

Gaps in Providing Support for LGBTQ+ People

"What gaps exist in providing safety and support for LGBTQ+ individuals in our community?"

Community partners highlighted several gaps in providing safety and support for LGBTQ+ individuals in our community. First, there is a **lack of safe spaces and community**, especially for older LGBTQ+ adults who may have lost their partner or lack family support. Many people isolate when they may need to reach out for support.

Secondly, there is a **lack of knowledge and resources**, both in the general public and among specific communities like veterans, leading to a failure to acknowledge and support LGBTQ+ identities. This is exacerbated by a lack of information dissemination, even in cases where individuals express their gender identity from a young age. While some areas, like Palm Springs, are more inclusive and accepting, the level of support and resources available can vary greatly depending on location within the county.

> "Even for the older folks, there's the isolation factor. A lot of people in our community don't have children or family around anymore. They're out there until they reach out for support and that can be a dangerous situation."
> — Community Partner

How to Make our Community More Inclusive for LGBTQ+ People

"How can we make our community more inclusive and safer for LGBTQ+ people, especially those who are part of both racial and LGBTQ+ minorities?"

To make the community more inclusive for LGBTQ+ individuals, key strategies suggested by community partners include representation, recognition of intersectionality, collaboration and resource sharing, and education and awareness.

Representation and visibility are important – that is, ensuring that organizations, businesses, and community spaces visibly reflect the diversity of the LGBTQ+ community, including people of different ages, races, and identities. This helps LGBTQ+ individuals feel welcomed and affirmed in the communities that they live.

Community partners also stated that it is important for everyone to recognize **intersectionality** and that LGBTQ+ individuals have diverse cultural and personal backgrounds that shape their experiences, which intersects with their sexual identity. Creating spaces and events that address the intersections of identities like race, ethnicity, religion, and socioeconomic status can help to foster a deeper sense of community and belonging for everyone.

Education and awareness are also deemed important, with suggestions to utilize various media and outreach methods, such as social media, commercials, and community events, to educate the broader public, including parents, about LGBTQ+ identities and experiences. This widespread education and awareness can help create more accepting environments throughout our communities.

Community partners lastly suggested that it's important to engage in **collaboration and resource sharing**. Encouraging different LGBTQ+ organizations and groups to work together, share resources, and learn from each other's programs and initiatives, is a valuable endeavor to strengthen the overall support system for the LGBTQ+ community.

Rape/Sexual Assault Focus Group

A total of four individuals from four different organizations provided input on the topic of rape/sexual assault. The organizations who participated in the focus group include the following: The Center Against Racism and Trauma, Partners Against Violence, Riverside University Health System – Medical Center (RUHS – Medical Center), and Young Visionaries Youth Leadership Academy.

Prior to discussing focus group questions, partners were asked to contextualize the landscape of rape/sexual assault in Riverside County. Partners described that **rape and sexual assault in Riverside County affect a diverse range of individuals**, with no specific trends towards specific ethnic group or age groups. However, partners did suggest that there is a notable prevalence of Hispanic individuals experiencing domestic violence, which often can coincide with intimate partner sexual violence. Partners also described that they perceived that the number of rapes/sexual assaults decreased during the COVID-19 pandemic, but incidents spiked once places started to reopen (e.g., bars, etc.).

Community partners also provided some guidance that **the term they use for people who have experienced rape or sexual assault is "survivor,"** because some might be triggered if they're called a victim. The term "survivor" will be used in this report when referring to those who have experienced rape or sexual assault.

> "I'm seeing a variety of people, so not a specific age group or a specific background. We do see intimate partner violence going hand in hand with sexual violence."
> — Community Partner

Services and Support Available to Survivors

"What services and support networks are currently available for survivors of sexual assault, and what gaps exist in these services?"

Community partners described that there are **many community partners working together** to support survivors of sexual assault/rape. Resources include the Cahuilla Consortium, Family Justice Center, Riverside Area Rape Crisis Center, Shelter from the Storm, and RUHS – Medical Center.

That said, community partners described some gaps and challenges for survivors in the region. **Transportation** is a significant issue, as the large rural county makes it difficult for survivors to access the various community partners and resources.

Community partners also describe that survivors also face difficulties in accessing **legal assistance and representation**, particularly assistance that is affordable. The only support that many victims have is through advocates, who are typically not-for-profit professionals who help guide survivors through the legal process.

Another limitation is the **lack of emergency shelter** for survivors. One community partner described there is only one emergency shelter for domestic violence in the Coachella Valley – Shelter from the Storm. Additionally, this shelter often has limited availability and has some strict guidelines (e.g., residents are unable to work, they're not allowed phones, etc.), thus leaving many struggling to find safe housing options.

Another community partner presented some uplifting news and described a **gap that has been recently resolved**. RUHS-Medical Center shared that HIV medication was initially only provided to patients for a few days and the individual was instructed to go to their doctor for the rest. However, it was difficult for survivors to get in and be seen by a doctor quickly. The hospital recognized this as a gap and recently started providing 30 days' worth of medication at the initial visit.

Barriers Faced by Survivors After Rape or Sexual Assault

"In your experience, what are the common barriers survivors face when seeking help after a rape or sexual assault?"

Community partners described some of the barriers that survivors of rape and sexual assault face when seeking help, including a lack of information, education, awareness, and access.

One major barrier survivors face is a **lack of clear information about where to go** for medical care and support services. Survivors may be directed to the wrong hospital or facility, as each area has a designated rape crisis center, leading to delays and additional trauma in an already difficult time. To address this, partners described how they have made efforts to provide emergency room staff with in-person training, explaining this obstacle. Emergency room staff are also provided with easily accessible resources like QR codes they can stick on their name badge that provides clear information on where survivors can go for help.

Another significant barrier is that survivors have a **lack of education and awareness about the rights and services** available to them. Many survivors are unaware that they have the right to have an advocate present during medical exams and/or law enforcement interviews, and these services are provided at no cost.

Advocates play an important role in ensuring that survivors receive trauma-informed care and support at a difficult time in their life. Community partners described that **access to advocates** was limited during the COVID-19 pandemic, and this caused an additional hardship for survivors. Increasing education and awareness, as well as ensuring consistent access to advocate support, are essential to removing these barriers and improving the response for survivors seeking help.

These findings suggest that increased navigation, education and awareness, and access to advocates would certainly improve access to services for survivors.

> "It is important for law enforcement to offer an advocate before they start doing interviews for survivors – many times they're not aware. Many times, law enforcement is not trauma-informed, and it ends up being more of an interrogation for survivors."
> — Community Partner

Barriers to Reporting Rape or Sexual Assault

"What are the biggest barriers to reporting rape or sexual assault in the community, and how can these be addressed?"

Partners described a few different barriers to reporting rape or sexual assault, including jurisdictional issues, difficulty in proving the incident, and lack of awareness of services. First, survivors **may not know which law enforcement agency has jurisdiction over the location of the incident**, leading them to have to retell their story to multiple agencies which can be traumatic and discourages reporting of these incidents.

One community partner shared her personal experience as a survivor and described that **there is a burden of proof for the survivor** to report rape/sexual assault and have justice effectively served. Sometimes there's not enough evidence available to report in full confidence that there will be justice.

Another barrier to reporting is the **lack of awareness about services available.** Partners said that many survivors don't know that they can access medical forensic exams and other support services without filing a formal police report, which some may not want to do at the time of the incident. Some survivors might feel more inclined to undergo a forensic exam if they know that they are not required to file a police report. The forensic exam is critical because it involves the collection of evidence that can be used at a later date if needed.

Strategies for Preventing Rape/Sexual Assault

"What strategies have you found to be effective in preventing rape/sexual assault?

Community partners were asked to describe the strategies that they have found to be effective in preventing rape/sexual assault, and the following solutions emerged: education/awareness about sexual assault prevention, targeted programs, family involvement, and shifting societal norms.

First, community partners explained that **education and awareness** about sexual assault prevention is critical. There should be presentations or workshops for both parents and children about the basics of healthy relationships including the green and red flags and what consent means, and it should be explained that sexual assault can occur by someone known to the victim, not just by a stranger.

Targeted programs were also suggested as a rape/sexual assault prevention strategy. Partners Against Violence described a 12-week program they run called "Safe Dates" which they find to be an engaging way to discuss relationships with teenagers as they provide interactive lessons about consent, healthy relationships, and issues they navigate in relationships. Programs like this create a safe space for discussion, for an issue that is not openly discussed by the school.

Community partners also described the importance of encouraging parents and other family members to have **direct conversations with young people**. It is important to educate parents on how to have **age-appropriate conversations with their children** about safe and unsafe touches and the difference between safe and unsafe secrets. **Young men, in particular, should be engaged about their role in preventing sexual violence.** Young men can be empowered to be active protectors of their peers – that is, a young man's role can be framed as a responsibility rather than a burden.

Community partners also mentioned the importance of monitoring their child's online activities and social media use.

Lastly, community partners emphasize the importance of **shifting societal norms** around culpability and responsibility. There is currently a prevalent "rape culture" mentality that places the onus on potential victims to prevent assault. Instead, there should be a focus on educating and holding perpetrators accountable and fostering a culture of respect and consent.

Community Groups in Need of Targeted Sexual Assault Prevention Education

"Are there specific community groups (e.g., schools, workplaces) that need more targeted education on rape and sexual assault prevention?"

Community partners stated that there are a few groups in the community who need more education on rape/sexual assault prevention, including school administrators and healthcare professionals.

School administrators were mentioned as an important group to educate on rape/sexual assault prevention. School administrators often conduct sexual assault interviews with children themselves, potentially retraumatizing the survivors and failing to follow proper protocols. Child survivors should be sent to a specialized child advocacy center for a single, recorded forensic interview. School administrators need to be educated on the appropriate procedures and the importance of not further traumatizing survivors.

Another group that requires more education are **healthcare professionals**. Healthcare providers often mishandle rape/sexual assault scenarios because they're not trained for these situations. One community partner described that physicians have failed to believe survivors or report incidents, either due to biases or a misunderstanding of the statistics around false reporting. Healthcare providers need to be trained to start by believing survivors, to understand that false reporting rates are low, and to focus on making the necessary reports rather than taking the role of an investigator.

> "I had a law enforcement officer once ask me how many of these cases are real rapes - I told him 95% to 98%. He told me that I couldn't prove all those cases, and I said, 'That's not what you asked me. You asked me how many occurred.' We need to start educating that those are two different things."
> — Community Partner

Cultural Stigma or Community Norms
"How does cultural stigma or community norms impact the way sexual assault is understood and addressed?"

Community partners described that cultural stigma and community norms significantly impact how sexual assault is understood and therefore how it is addressed, highlighting pervasive attitudes of victim-blaming and extra barriers for non-stereotypical victims.

There are **pervasive attitudes of victim-blaming**, such as questioning what the survivor was wearing or how much they were drinking. These victim-blaming attitudes shift the blame away from the perpetrator and their misconduct.

Partners Against Violence described their exhibit called "What Were You Wearing?" – an exhibit that aims to combat victim-blaming in sexual assault cases. The exhibit features actual stories from survivors, who share what they were wearing when they were assaulted. The exhibit displays a wide range of clothing worn while sexually assaulted, from nightgowns to school dresses, which illustrate victims can be assaulted regardless of what they are wearing. Ultimately, the message conveyed is that survivors are never to blame for the crimes committed against them.

There are additional **barriers for non-stereotypical survivors**, like men, transgender people, and incarcerated individuals, who often face barriers to reporting and accessing support due to societal prejudices. The mistaken belief that sexual assault only happens to young women – and not to men or older adults – further compounds the problem and prevents these survivors from coming forward.

To adequately address the issue of sexual violence in our communities, we need to overcome these stereotypes and provide trauma-informed care for all survivors, regardless of their gender, age, or background.

> "It happens in prison more than we'd like to admit, and more than it's being reported. A lot of it has to do with the culture of that community inside the jail or prison – you don't want to be a snitch. I think that's a big barrier to reporting and getting the care that they need."
> — Community Partner

Challenges in Addressing Rape and Sexual Assault
"What are the most significant challenges your organization faces in addressing rape and sexual assault in the community?"

Community partners described some key challenges in supporting survivors and addressing rape and sexual assault in the community, which include a lack of training for law enforcement, lack of connection to advocates, and lack of resources/capacity.

First, there is a **need for ongoing training of law enforcement** on trauma-informed, survivor-centered approaches when responding to sexual assault reports. Community partners shared that there is often high turnover and inexperience among law enforcement, so there is an ongoing need to educate officers on a variety of issues related to sexual assault/rape.

Law enforcement also needs to be educated on the importance of **immediately connecting survivors to victim (survivor) advocates**. Law enforcement often fails to immediately connect survivors with advocates, which deprives them of crucial support during interviews and investigations. Without advocates, survivors can feel unsupported and unaware of their rights.

Lastly, there are **insufficient resources and capacity** for addressing rape/sexual assault. Rape crisis centers often lack adequate staffing and space and to promptly examine and assist all survivors who seek their services. This results in long wait-times that cause some survivors to leave without receiving necessary care.

Taken together, these findings suggest a need for the following: ongoing training for law enforcement, mandating law enforcement to immediately connect survivors with advocates, and increased funding/resources for rape crisis centers.

> "Either law enforcement has to call us, or the survivor has to call us - and that's such a big challenge. We're always getting survivors say to us 'I already had the interview, and it would have been nice to have you there,' but it already happened."
> — Community Partner

Intimate Partner Violence Focus Group

A total of seven individuals from six organizations participated in this focus group: Alternatives to Domestic Violence (two participants), Jewish Family Service of the Desert, Shelter from the Storm, Riverside Area Rape Crisis Center, Riverside University Health System (RUHS) - Medical Center, and Young Visionaries Youth Leadership Academy.

Contributing Factors to Intimate Partner Violence (IPV)

"What are some of the contributing factors to intimate partner violence that you have observed in your work?"

Community partners were asked what contributing factors to intimate partner violence they have seen in their work, and several factors were described in response, including lack of education, normalization of violence, and intoxication from alcohol.

Some community partners stated that **alcohol/intoxication** is a major factor that is entangled with intimate partner violence, as these situations can increase aggression and escalate tensions in relationships. Gambling and loss of money are also mentioned as situations that can escalate conflict in relationships.

Another common theme was a **lack of education** by community members regarding what intimate partner violence looks like. Partners described that there are many forms of abuse, and individuals may think that their behavior is not as harsh since it's not drastic like beating someone up as it's seen on TV. Both the perpetrator and the victim may overlook the subtler or more discreet forms of abuse. One community partner specifically mentioned that teenagers as a group that do not know what a healthy relationship looks like.

Along those lines, partners described that **violence is normalized** in society overall, thus perpetuating intimate partner violence.

> "Whenever there's a lot of drinking going on and gambling, people lose a lot of money, then a lot of domestic violence occurs. So anytime there's a lot of alcohol involved, holidays and things like that, it seems like we see more patients."
> — Community Partner

Resources/Services Available to Support IPV Survivors

"What resources or services are currently available in the community to support survivors of intimate partner violence?"

Community partners were asked what resources are available to support survivors of intimate partner violence. In response to this question, community partners named a variety of resources available to support survivors of intimate partner violence, including counseling and support groups, forensic exams and documentation, shelter and emergency assistance, and referrals.

A few community partners who attended the focus group highlighted the various types of **counseling and support groups** available for survivors of intimate partner violence. Local organizations such as Jewish Family Service of the Desert, Riverside Rape Crisis Center, and Shelter from the Storm provide individual therapy. Additionally, community partners stated that there are support groups in the county that are offered in both English and Spanish, with options for in-person and virtual participation (e.g., Shelter from the Storm).

Community partners also described how their organizations offer **educational programs**, including classes on healthy relationships (e.g., Jewish Family Service of the Desert), anger management for adults and teens (e.g., Alternatives to Domestic Violence), and dynamics of domestic violence for both men and women (e.g., Alternatives to Domestic Violence).

Riverside Rape and Crisis Center offers **advocacy for survivors** in which advocates accompany survivors to law enforcement interviews and court appearances. Additionally, RUHS – Medical Center shared that they offer **forensic exams** which provide the opportunity to document injuries, which can be used as evidence. **Danger assessments** are also offered by RUHS – Medical Center, which can assess and document the risk of lethality in intimate partner relationships.

Another service offered to survivors of intimate partner violence is **shelter and emergency assistance**. Shelter from the Storm provides emergency shelter for up to 60 days for individuals fleeing immediate danger. The Cahuilla Consortium, a tribal nonprofit was also mentioned as an emergency provider that offers shelter, hotel accommodations, groceries, and other practical assistance for victims, regardless of their background.

Lastly, a couple of organizations mentioned that they offer **referrals to other support services** (e.g., Riverside Rape and Crisis Center, Riverside University Health System – Medical Center, and Shelter from the Storm).

These findings reveal the many services dedicated to supporting survivors of intimate partner violence and reveal a collaborative network of referrals that underscores the county's commitment to a comprehensive, survivor-centered response to intimate partner violence.

Gaps in Service for Survivors of IPV

"Are there gaps in services for survivors of intimate partner violence (e.g., housing, counseling, legal support)?"

Partners described many key gaps in service for survivors of intimate violence. Foremost, survivors lack **access to legal services and support**, such as assistance with restraining orders, child custody, divorce, and immigration issues. Partners went on to describe that it can be overwhelming for survivors to navigate the legal system on their own, and more support would be invaluable.

Survivors also experience a lack of access to **long-term mental health support**. While many nonprofit organizations offer short-term therapy, funding limitations can leave survivors without the long-term mental health support they need for healing and recovery. One community partner, Jewish Family Services of the Desert, mentioned during this focus group that they offer free long-term mental health support for those who needs it – no one is turned away.

Partners also described that survivors often lack **basic necessities** following the experience of intimate partner violence. For example, survivors often lack **access to permanent housing** solutions and **transportation** because of their displacement. Additionally, survivors often lack **access to phones/communication devices** because perpetrators often destroy their phones.

Lastly, community partners mentioned there is an absence of alternative, non-punitive approaches to justice, such as **restorative justice practices**. Restorative justice is an approach to addressing harm that focuses on repairing relationships, promoting healing, and fostering accountability rather than relying solely on punitive measures.[22] Partners stated that restorative justice could provide accountability and rehabilitation for perpetrators while also addressing the needs and healing of survivors.

> "Telephones. A lot of our patients get their phone taken away by their perpetrator and destroyed and then nobody can reach them."
> — Community Partner

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[22] "What is Restorative Justice?" National Center on Restorative Justice. Available online here: https://ncorj.org/what-is-restorative-justice/

Accessibility of Resources for IPV Survivors

"How accessible do you think these resources are to community members who may need them?"

Community partners were asked whether the resources available to community members are accessible to those who need them. Partners generally described that the resources are somewhat accessible, but there are still significant gaps and challenges due to privacy concerns, lack of translation services, cultural competency, and hours of operation.

First, **privacy concerns** can make it difficult for some individuals to access services. Some therapies and support groups are easily available online; however, these modalities require confidentiality for the individual and those on the other end of the communication medium.

Partners described that **language accessibility is generally good**, with 24/7 language assistance available, though there have been instances where language assistance for more rare language dialects were not readily available. Survivors have reported difficulties receiving emotional support and communicating in their preferred language, which goes beyond just Spanish and includes other languages, like Tagalog.

Cultural competency is an area identified as needing improvement. Partners acknowledge the need to recruit a more diverse pool of advocates to better represent the broader cultures and languages of the community.

Access to forensic exams is somewhat available but could use improvement. While there are multiple medical forensic teams located across the region for victims to access services, **not all medical forensic teams operate 24/7,** which can be a barrier to access.

Challenges Faced by Providers in Delivering Support for IPV Survivors
"What challenges do service providers face in delivering effective support to individuals experiencing intimate partner violence?"

Community partners were asked what challenges they face in delivering effective support to survivors experiencing intimate partner violence; responses highlighted access to forensic exams and overall funding for resources.

One key challenge mentioned by community partners is that there is a lack of options for domestic violence survivors to **access forensic exams without filing a police report**, which is something that is indeed available for sexual assault survivors. This limitation is seen as a significant barrier that prevents any documentation of abuse and discourages participation in the legal system.

Finally, one community partner acknowledged that the necessary resources for supporting survivors are often underfunded or under-publicized, making it difficult for both service providers and the general public to be aware of and to access the resources they may need.

> "We have to do this ridiculous research to find these resources, that we should already know about. So, if me being in the field, if I have to do extensive research to find out about certain resources, how are we expecting the general public to know about these?"
> — Community Partner

Effective Strategies for Preventing IPV

"What are some prevention strategies that have been effective in reducing intimate partner violence in the community?"

Community partners described several effective prevention strategies for reducing intimate partner violence, such as education and awareness, cultural competency, therapeutic approaches, and engaging the broader community.

First, many community partners described that **education and awareness** are critical for preventing intimate partner violence. Educational programs and awareness campaigns, especially those that target youth and teens, can help them identify red flags in current relationships and to avoid abusive relationships in the future. Education can include presentations in schools, juvenile detention centers, and general community programs. This suggestion is consistent with CDC recommendations[23] as well as research[24] suggesting that preventing intimate partner violence can be done by promoting healthy and respectful relationships in communities.

Community partners also emphasized the importance of **educating first responders** (e.g., law enforcement and healthcare providers) to respond and intervene in domestic violence situations in a way that is both trauma-informed and supportive. First responders may have the opportunity to heal the situation in the moment or to prevent the situation from occurring again.

In addition to education and awareness, community partners emphasized the importance of **cultural competency** and to address cultural norms and beliefs that may normalize or perpetuate violence. By providing culturally competent education, these efforts have the potential to shift attitudes and empower individuals to reject abusive behaviors.

Community partners also indicated that **therapy and support groups** are important for both survivors and perpetrators. Therapeutic approaches can provide resources and support for those who need it and can ultimately help to break cycles of abuse and promote healthy relationship skills.

Finally, community partners mentioned that it is important to **engage the broader community**, including families and social networks, to spread awareness, challenge stigma, and encourage people to get help when they need it. One partner described that by

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[23] About Intimate Partner Violence (2024). Centers for Disease Control (CDC). Available online here: https://www.cdc.gov/intimate-partner-violence/about/index.html

[24] Niolon, P. H., Kearns, M., Dills, J., Rambo, K., Irving, S., Armstead, T., & Gilbert, L. (2017). Intimate Partner Violence Prevention Resource for Action: A Compilation of the Best Available Evidence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

empowering individuals to share their experiences and educate their loved ones, it can create a ripple effect of change.

Taken together, partners emphasized the importance of a multi-faceted, community-driven approach to intimate partner violence prevention that addresses individual, relational, and societal factors contributing to violence.

> "It's important to address culture. We've been teaching them the different types of abuse – so that they know that what they have witnessed from their aunt or dad is not okay. They have seen it as normal."
> — Community Partner

Role of Community Partners in Addressing IPV
"What role can community partners play in preventing and addressing intimate partner violence?"

For the final question, community partners were asked what role community partners could play in preventing and addressing intimate partner violence. Community partners described one focal way that they can best prevent and address intimate partner violence: by **enhancing networking and collaboration**.

For example, one community partner emphasized the value of meeting new people and gaining additional resources, which has been very helpful. Another community partner suggested more networking among community partners to understand the services they offer, so they can make appropriate referrals and avoid providing outdated information to clients. It was mentioned by another community partner that their organization has previously organized multidisciplinary team meetings with community partners in the county - specifically for domestic violence. However, domestic violence meetings stopped during the COVID-19 pandemic and have not resumed. That community partner indicated that if the community partners are interested, they can reinstate these regular meetings to facilitate information-sharing and coordination of services.

> "I think this has been very helpful just to, you know, meet a few more people and gain some more resources. I'm writing things down that I didn't know was out there. And so, this has been really helpful."
> — Community Partner

Child Safety Focus Groups

A total of 12 community partners provided input on the topic of child safety: eight participants provided input for the English focus group, and four participants provided input in a Spanish focus group. Organizations who participated in the English focus group include: Alianza (two participants), Boys & Girls Club Palm Springs, The Center Against Racism and Trauma, Riverside County Office of Education, Innercare, Variety Children's Charity of the Desert, Young Visionaries Youth Leadership Academy. Organizations who participated in the Spanish focus group include Alternatives to Domestic Violence (two participants), Riverside Area Rape Crisis Center, and Visión y Compromiso.

Prevalence of Unhealthy Dating Relationships Among Youth

"How prevalent are unhealthy dating relationships among the children or adolescents you work with?"

Unhealthy dating relationships among youth are a growing concern, with community discussions revealing varying perspectives on their prevalence and the complex dynamics involved, including aspects of bullying and aggressive and controlling behaviors.

Based on discussions with community partners, the prevalence of unhealthy dating relationships among children and adolescents **seems to vary**, depending on the community partner's unique perspective. Some participants reported not observing much prevalence in their local schools, while others shared that up to half of high school relationships exhibiting some level of unhealthiness.

One key theme that was shared was the link between **unhealthy dating relationships and bullying**, with instances of sensitive information being shared as "revenge porn" after relationship breakups. There were also concerns about the rise in sexually transmitted diseases (STDs) among youth, which can have detrimental impacts on their mental and physical health.

Several community partners highlighted **aggressive and controlling behaviors in young dating relationships**, particularly among middle school students, where girls were described as more aggressive towards boys. One community partner attributed aggressive behaviors in girls as possibly stemming from a need for attention, insecurity, or a lack of support at home.

"From my experience as a high school administrator for seven years, in terms of frequency, I'd say maybe about half are unhealthy, and within that half, ranging from minimally unhealthy to extremely unhealthy, abusive in in multiple respects. I've seen a wide array of relationships. Ones that end in someone getting incarcerated and ones that just end quietly."

— Community Partner

Prevention Programs to Address Unhealthy Dating Relationships

"What prevention programs or strategies have you seen work to address unhealthy dating relationships among adolescents?"

Preventing unhealthy dating relationships among youth requires a multifaceted approach that engages adolescents, parents, and schools. Community partners highlighted the value of educating adolescents and parents, providing counseling to young people, and establishing support systems in schools.

Community partners stated that it is important to **educate adolescents** through virtual and in-person workshops about healthy relationships, including addressing issues like bullying in peer relationships. The prevention programs should focus on building strong, healthy peer support networks and creating safe, non-judgmental spaces for open conversations about relationships.

Additionally, it is important to **educate parents** on how to identify signs of unhealthy relationships and teach their children about building healthy relationships from an early age – which can help break the cycle of domestic violence that is commonly generational.

Community partners also emphasized the importance of **providing counseling to young people**, as many do not come from families that teach or model healthy relationship dynamics.

Establishing **support systems within schools**, such as workshops and support circles, where young people can access information and guidance on healthy relationships, is also important. Collaborating with schools to facilitate these programs is key. Restorative practices within schools, facilitated by trained counselors, can provide platforms for youth to discuss these sensitive topics. Parental consent and involvement are important, as some parents may be hesitant to discuss intimate relationship issues with their children.

Community-based programs that share personal stories and perspectives from those who have experienced unhealthy relationships can also be impactful, as they help normalize these discussions. The Boys and Girls Club offers programs like "Smart Moves," "Paths to Adulthood," and "Smart Girls" that address unhealthy dating relationships including topics like emotional wellness, communication, healthy relationships, and building self-esteem. Partners Against Violence was also mentioned as an organization that is doing a lot of important work by offering tailored programs for children and teens about healthy dating relationships. Community partners emphasized it is important to **make these educational programs widely accessible and low cost** to minimize barriers to participation.

"Education, education, education. Going to the rural schools, which many times don't have that kind of information—I'm just constantly touching bases with the students, talking to them about it and telling them how important it is to be honest, to be open to be free, and not that you're not being judged or criticized."
— Community Partner

Common Causes of Fights
"What are the common causes or triggers of fights among children?"

The common causes or triggers of fights among youth identified in conversations with community partners include a desire to assert dominance and superiority, jealousy and relationship issues, communication breakdowns, and a lack of communication and emotional regulation skills. Many of these issues have been exacerbated by the impact of the COVID-19 pandemic on mental health.

First, some young people engage in fights **to demonstrate their strength, abilities, and control** over others. **Bullying**, where the victim may retaliate or fight back if they feel they have had enough or if others do not intervene to support them, is another trigger.

Jealousy and relationship issues, particularly in dating relationships, can also lead to conflicts and fights. There are also some issues related to identity formation and self-discovery during adolescence, which can contribute to insecurities and ultimately conflicts.

Interpersonal **communication breakdowns**, such as students feeling they are being talked about, stared at, or having private information shared without their consent, can escalate into physical altercations. Community partners also highlighted the **lack of communication and conflict resolution skills** in young people, which can lead to difficulties in handling disagreements and emotional regulation, which can result in impulsive physical lashing out.

Exposure to violence through media, stress and family issues, particularly in lower-income households, and a lack of parental supervision are also issues identified as common factors that lead to fighting among youth. One partner mentioned that **stigmatization and marginalization of youth with disabilities or mental health challenges** can contribute to conflicts.

The pandemic has exacerbated these issues, as prolonged isolation and the disruption of social routines have negatively affected the mental health of adolescents, leading to increased domestic violence and the need for more mental health support programs.

> "My son tells me teenage men fight about anything, for nothing–
> they want to show that 'I can do more than you, I'm stronger than
> you, I'm better than you, I'm in charge here.'"
> — Community Partner

Strategies to Reduce Fighting Among Youth

"What interventions or strategies have you seen successfully reduce fighting in schools or community spaces?"

Reducing fighting in schools requires a multifaceted approach that addresses the root causes of conflict, fosters open communication, and promotes accountability and positive engagement among students.

Community partners emphatically explained that **restorative justice programs**, which emphasize building community, fostering open communication, and addressing the root causes of conflicts, have shown promising results for youth. These programs create an environment where students, teachers, and administrators can openly discuss issues, clarify misunderstandings, and find solutions together, rather than relying solely on punitive measures. Alianza, located in the Coachella Valley, was mentioned as an organization that offers a restorative justice program.

Some school districts have also found success in using **youth courts to process lower-level altercations** through a restorative justice lens, holding individuals accountable while also supporting them in making better choices and accessing appropriate interventions or strategies. It was mentioned that youth courts tend to do better when these programs are supported by a local law enforcement agency and that agency is trusted by their community.

Additionally, community partners emphasized the importance of providing interactive educational programs that allow **young people to practice conflict resolution and communication skills through role-playing and discussion**. Involving parents more actively in their children's development was also highlighted as crucial.

Male-led programs that teach conflict resolution and communication from a male perspective was recognized as important, acknowledging the different approaches that boys and girls often have to these issues. Boys & Girls Club of Palm Springs runs a male-led program called "Path to Adulthood" that teaches conflict resolution and communication from a male perspective.

Finally, it is valuable to have young people engaged in **positive activities** like arts, sports, and other structured programs as a way to channel their energy and prevent fighting.

Most Common Forms of Bullying Among Youth
"What forms of bullying (physical, verbal, online) are most common in your community?"

Overall, community partners discussed the complex nature of bullying among youth, with a focus on the significant impact of online and verbal forms of bullying. Community partners also discussed the need to address bullying that occurs in both peer-to-peer and teacher-to-youth contexts.

First, community partners discussed that **online bullying is a common** form of bullying. Participants noted that bullying often occurs through fake social media accounts, where individuals may comment on a person's appearance, race, gender, or socioeconomic status, or engage in threats of violence. While physical bullying is still present, and this was specifically mentioned in the Spanish child safety focus group, the anonymity provided by online platforms has made verbal and online bullying more prevalent. Community partners pinpointed certain social media platforms, such as Instagram, as common spaces for bullying to occur.

Additionally, community partners noted the **casual and flippant nature of some of the harsh language** used by young people as a form of bullying. For example, the slang terms "gordita" and "big back" are both used by young people to suggest that someone is overweight. Community partners speculate that the harsh language that youth use is rooted in what they are exposed to at home or in their communities. While language is intended to be "cute," it can hurt those around them and negatively impact self-esteem.

One final observation by community partners is that **bullying can also occur between teachers and students**, where certain comments or attitudes from teachers can be perceived as targeted or disciplinary by students. Participants emphasize the importance of understanding bullying from the perspective of the affected students.

> "How they speak to one another is dripped in this, like, self-loathing and also, like, bullying and chiding each other. It doesn't even have to be targeted at someone you don't like–it's just kind of built into how they communicate with each other."
> — Community Partner

"What programs or initiatives have you found to be effective in reducing or preventing bullying?"

Community partners described a few known programs to reduce/prevent bullying, but emphasized the need for more programs, more community education, and increased student empowerment.

There are **a few known programs that aim to reduce bullying in Riverside County**, including Boo2Bullying and Boys & Girls Club, both aimed at educating youth and others about bullying and how to improve relationships. Both organizations are located in Palm Springs, and community partners described the need for a wider range of the geographic region to be served.

Community partners said that it is important to **educate the community**, including parents, about different types of bullying and the consequences of bullying. Building communities with an **anti-bullying culture** can help to protect youth.

It was also mentioned that **empowering students** can be a useful approach to reduce bullying as they can find ways to safely intervene or report these situations to adults who can help.

> "Workshops have helped a lot. There are children who are taught from kindergarten what bullying is, and they are already growing up with the ideology that bullying is not going to be tolerated."
> — Community Partner

Ways to Prevent School Shootings

"What do you see as the most effective ways to prevent gun violence or reduce the risk of shootings in schools?"

Community partners described some ideas to prevent gun violence in schools which involve both individual and systemic factors, much of which focuses on gun safety, mental health and well-being, and social connectedness.

First, **gun safety at home** is at the forefront. Proper storage and handling of firearms in the home, along with clear rules and education for children on their appropriate use of guns, not for anger or harm, is crucial. Comprehensive education on gun violence and safety measures should be provided not just at home, but also in schools through workshops and discussions.

Improving the mental well-being of children is a critical factor to address. School staff should be trained to recognize and appropriately support students with mental health conditions and possibly mitigate instances of violence. Programs should be implemented that proactively improve children's overall mental health and well-being.

Community partners also mentioned that **mental wellness in the home is essential**, as children often mimic behaviors they observe. It is important to address family conflict and provide parents with education on mental well-being, as these will also contribute to a stable home for everyone.

Security measures like increased peace officer presence and metal detectors are not viewed as a viable approach by community partners, as they can make students feel as though they are not trusted. Instead, **schools should focus on creating a sense of community, open communication, and restorative justice approaches**. Wellness centers should be made more accessible to both students and parents, and there needs to be greater transparency from schools about safety incidents to address misconceptions and ease community anxiety. Funding should be directed towards **extracurricular activities that support student mental health**, rather than increased security.

It is important that **students feel connected, valued, supported, and do not feel isolated** and alienated as those feelings can lead to violence. Implementing trauma-informed practices in schools and having resource officers who are involved and know their students were also identified as effective strategies. Schools can engage in ongoing conversations with students about their concerns to foster a safe and supportive environment. These discussions can also teach students to recognize and respond to concerning behaviors in their peers, which is an important step in preventing violence and school shootings. Community partners also mentioned that it would be useful to have a

phone number that students or parents can call if they see something of concern, giving some power to the community.

Lastly, community partners also view it as important to **engage law enforcement** and foster open dialogues with students about gun safety. Another important effort is to implement strong gun safety laws, particularly restricting access to automatic weapons.

> "When we look at the types of gun violence that have occurred across the country, mental health intervention at a young age would have been one of the most effective interventions. Also looking at the ways family are in conflict might also help."
> — Community Partner

How to Improve Child Safety
"If you could implement one major change or program to improve child safety, what would it be?"

Improving child safety requires a multifaceted approach that empowers families, strengthens community partnerships, addresses generational trauma, and adapts to the evolving challenges of both physical and digital environments.

Community partners described that it is essential to **strengthen coordination and collaboration among agencies and organizations** offering support services. Better information sharing on available programs, reducing duplication of efforts, and ensuring families can access comprehensive support are all critical steps toward improving child safety.

It was also suggested that agencies need to offer **greater flexibility in providing services**, such as offering more individualized counseling sessions beyond current program limits, to better meet the needs of children and families. Establishing permanent, ongoing programs can help to build community trust and ensure that families have reliable access to the resources that they need.

To enhance child safety further, it is important to implement **restorative justice practices** at the school district level. This approach would require clear systems of support for teachers and administrators, enabling them to address conflicts constructively and reduce incidents of violence or aggression among students.

One of the most commonly mentioned strategies is to **provide parents with more educational opportunities** that can empower them to address challenges at home and support their children's development.

Along those lines, another key focus mentioned by community partners is to **address generational trauma and mental health challenges,** especially within Latino/Mexican American families. Community partners stressed the importance of helping parents recognize and address their own traumas, as this impacts their children and can perpetuate a cycle of trauma. **Breaking cultural stigmas** around mental health, especially for Latino men who may feel discouraged from seeking professional mental health support, is essential. Additionally, encouraging women to take an active role in mental health support can promote healthier family dynamics and a nurturing environment for children. Family-centered mental health support and education are critical to creating safer, more supportive homes.

Lastly, the importance of addressing **cybersecurity concerns** for children is increasingly important. Children spend an immense amount of time interacting online (e.g., social media, online games, etc.) and thus it is important to protect children and create a safer digital environment.

> "One major change for me would be to have more parent education opportunities to support parents in supporting their students on how to deal with a variety of topics that are increasingly more severe as we go into the future."
> — Community Partner

CONCLUSION

CONCLUSION

This Violence Prevention Community Needs Assessment, which was conducted for RUHS – Public Health, examines residents' exposure to violence and the impact of this violence on physical and mental health. Drawing on data from over 6,000 residents, this assessment highlights the prevalence and effects of violence across Riverside County's diverse communities and offers critical insights into their experiences and concerns.

The community survey revealed significant insights about perceptions of safety and violence in Riverside County:

- **Community Willingness to Help:** The majority of residents (68.5%) believe that people in their community are willing to help each other, and very few perceive that residents are unwilling to help each other, reflecting a sense of community support despite a number of experiences of violence and safety concerns.
- **Community Safety Perceptions:** About 79.5% of residents feel safe during the day, while only 54.6% feel safe at night. Major reasons for feeling unsafe at night include the presence of people without homes and drugs/persons using drugs.
- **Safety Concerns:** Nearly a quarter of residents rate the following issues as big problems: road rage/speeding, substance abuse of drugs, online scam/fraud, driving while texting, and school safety.
- **Substance Use and Related Issues:** Along with substance abuse, abuse of alcohol and driving under the influence of these substances were flagged as significant concerns by residents.
- **Experiences with Violence:** A quarter of respondents (25.5%) reported they personally experienced violence or know a local close acquaintance who experienced violence in the past 12 months. Common types of violence include road rage/speeding (77.8%), burglary/theft (59.0%), and online scams/fraud (55.0%). The most harmful experiences—those that impacted survivors the most—included violence by someone in the home, sexual assault or rape, and suicidal thoughts or attempts.
- **Child Safety:** Parents rated in-person bullying and fighting as the most significant problems their children face at school. Additionally, nearly a quarter of parents (24.0%) are extremely worried about school shootings.

Safety topics identified as prevalent or critical issues were further explored through focus groups conducted with community partners. These partners offered valuable insights into existing resources and proposed viable strategies to address these concerns. The safety topics discussed included mental health, gun safety, hate crimes (specifically related to race/ethnicity and sexual orientation/gender identity), rape and sexual assault, intimate

partner violence (IPV), and child safety. A few overarching themes emerged from these focus groups that suggest some overall strategies to uplifting the community and minimizing violence:

- **Mental Health Support:** The community as a whole should have access to mental health support, particularly those experiencing crisis. We need to find innovative ideas to meet people where they are and minimize stigma. Children, survivors of domestic violence, and survivors of rape/sexual assault were all specifically named as groups that need accessible mental health support.
- **Education as Prevention:** Education was mentioned as an important preventative strategy for a number of issues including healthy relationships, anti-racism and discrimination, rape/sexual assault, early signs of violence, and gun safety, to name a few.
- **Community Belonging and Collaboration:** Belonging was mentioned frequently as a powerful deterrent to violence. Community building and collaboration were mentioned as comprehensive strategies for improving child safety, minimizing hate crimes, and reducing gun violence.
- **Addressing Systemic and Structural Barriers:** Other suggestions mentioned were reducing barriers and improving the reporting of hate crimes, rape/sexual assault, and intimate partner violence. Also mentioned were increasing accessibility of resources, improving support services so that professionals respond with empathy and competence, and minimizing practices that promote discriminatory practices.
- **Addressing Trauma and Intergenerational Effects:** Trauma is often a root cause of violence and linked with child safety, intimate partner violence, and gun safety. Addressing trauma can minimize intergenerational effects.

This Violence Prevention Community Needs Assessment has highlighted critical areas of concern for Riverside County residents, emphasizing the need for targeted interventions to enhance community safety and reduce the impacts of violence on health and well-being. The findings underscore the need, opportunity, and importance of collaborative efforts between public health entities, community organizations, and law enforcement to address these challenges and improve the quality of life for all residents.

SUPPLEMENTARY
Materials

APPENDICES

Appendix A: Weighting Methodology

This is a brief report on the weighting procedure for this report. The report is paraphrased from the work of Brian Kriz, a statistician who performed the weighting procedure. A total of 6,154 cases were provided in a .sav file. Missing data were imputed using a hotdeck method. Weighting targets such as age, gender, race by ethnicity, and education were used for the dataset. Weights were scaled to sum to 1,880,349 - the size of the 18+ population according to 2023 1-year ACS (American Community Survey) point estimates.

Crosscheck coding

First, the statistician conducted a check to confirm all variable recodes used for weighting were properly recoded. Codes were confirmed as accurate.

Imputation of Missing Data

Missing data can introduce bias and reduce the accuracy of survey results. To address this, the hot deck imputation method was employed. This method replaces missing values with observed responses from similar respondents within the dataset, thereby preserving the integrity and representativeness of the data. After imputation, all key demographic variables required for weighting were fully populated.

Weighting Diagnostics

The data were weighted using an iterative proportional fitting (i.e., raking or rim weighting) algorithm. The weighting procedure converged after 200 iterations. Below are diagnostics of the original weights and winsorized weights at the 0.01 and 0.99 percentile.

In this final configuration, the design effect is 2.11 and 2.62 for the trimmed and untrimmed set of weights. The max ratio of max to min weights is 111 and 385, respectively.

Table 1. Comparison of Weighting Metrics with and without Winsorizing

Weight	Population Estimate	Minimum Weight	Mean Weight	Median Weight	Max Weight	Ratio	Deff
Weight	1,880,349	3.96	305.55	144.39	1,527.77	385.50	2.62
Winsorized Weight	1,880,349	9.26	305.55	167.18	1,035.08	111.72	2.11

Check Targets and Weight

Unweighted, some distributions are off by as much as 24 percentage points. The largest difference was with bachelor's degrees (overrepresented by 24 percentage points), males (underrepresented by 16 percentage points), and women (overrepresented by 16 percentage points). After weighting, the largest percentage discrepancy is only 3% (young adults underrepresented by 3% and bachelor's degrees overrepresented by 3%).

Final Data Set

The final data set was provided back to HARC with the original weights (recommended for use, used by HARC).

Table 2. Comparison of Weighted and Unweighted Estimates Against Weighting Targets

Demographics		Unweighted Estimates		Weighted Estimates		Targets		Delta Unweighted		Delta Weighted	
Target	Label	Count	%	Count	%	Count	%	Count	%	Count	%
Household Income	Less than $14,999	630	10.24%	141,187	7.51%	133,317	7.09%	-132,687	3%	7,870	0%
	$15,000 to $34,999	961	15.62%	219,848	11.69%	215,864	11.48%	-214,903	4%	3,984	0%
	$35,000 to $74,999	1,841	29.92%	475,145	25.27%	467,267	24.85%	-465,426	5%	7,878	0%
	$75,000 to $149,999	1,794	29.15%	618,887	32.91%	632,361	33.63%	-630,567	-4%	-13,474	-1%
	$150,000 or more	928	15.08%	425,283	22.62%	431,540	22.95%	-430,612	-8%	-6,257	0%
Age	18 to 29	545	8.86%	349,448	18.58%	407,284	21.66%	-406,739	-13%	-57,836	-3%
	30s	861	13.99%	342,175	18.20%	345,420	18.37%	-344,559	-4%	-3,245	0%
	40s	1,099	17.86%	325,432	17.31%	312,890	16.64%	-311,791	1%	12,542	1%
	50s	1,174	19.08%	306,295	16.29%	291,078	15.48%	-289,904	4%	15,217	1%
	60s	1,315	21.37%	285,342	15.17%	266,445	14.17%	-265,130	7%	18,897	1%
	70s and up	1,160	18.85%	271,657	14.45%	257,232	13.68%	-256,072	5%	14,425	1%
Sex	Male	2,087	33.91%	895,334	47.62%	940,174	50.00%	-938,087	-16%	-44,840	-2%
	Female	4,067	66.09%	985,015	52.38%	940,174	50.00%	-936,107	16%	44,841	2%
Race Ethnicity	NH, White	2,601	42.27%	594,825	31.63%	568,241	30.22%	-565,640	12%	26,584	1%
	NH, Black	351	5.70%	115,557	6.15%	115,077	6.12%	-114,726	0%	480	0%
	NH, Asian	365	5.93%	132,739	7.06%	132,189	7.03%	-131,824	-1%	550	0%
	NH, Other	322	5.23%	89,630	4.77%	86,496	4.60%	-86,174	1%	3,134	0%
	Hispanic	2,515	40.87%	947,598	50.39%	978,346	52.03%	-975,831	-11%	-30,748	-2%
Education	Less than HS	416	6.76%	278,497	14.81%	301,232	16.02%	-300,816	-9%	-22,735	-1%
	High school graduate	973	15.81%	491,378	26.13%	532,139	28.30%	-531,166	-12%	-40,761	-2%
	Some college or associate's degree	1,854	30.13%	624,045	33.19%	616,566	32.79%	-614,712	-3%	7,479	0%
	Bachelor's degree	2,911	47.30%	486,429	25.87%	430,600	22.90%	-427,689	24%	55,829	3%

Appendix B: Additional Comments from Residents

Social Issues
- "If we could do something with all this homeless that would help out tremendously because most of the problems that I see 70% are the homeless people."
- "Places for parents, other adults to get help with conflict resolution, bullying, etc."
- "Stop rising rent prices every year my rent goes up."
- "More community involvement and engagement and all work towards improving our neighborhoods."

General Sense of Safety
- "Overall neighborhood is good. Neighbors that have lived for years are comfortable walk their dogs and are nice and polite."
- "We live in a small mountain community where everybody knows everybody even their dogs."
- "Overall, I feel very safe in my neighborhood."
- "My community is very safe primarily due to 24/7 guard at gate."

Infrastructure and Environment
- "Clean up abandoned businesses and homes. Take over some of the abandoned buildings and turn them into shelters or temporary housing with help in finding them jobs or rehab."
- "On the west side of the lake, Grand Ave. There are almost NO streetlights. The lanes on Grand are faded and hard to see especially when faced with incoming traffic at night."
- "Better lighting at night by residents and city."
- "More security cameras."

Youth and Education
- "Until parents become more involved, it is hard to change kids."
- "The breakdown of the family is one of the biggest reasons why we have all of these things. If kids were taught in school to value family, others and stop being so self-centered, we may see a change for the better."
- "Affordable, quality childcare would keep kids safer."
- "Contributing to school safety in any possible way is always beneficial."

Law Enforcement
- "We need to restore consequences when you break the rules and law."
- "Stiffer laws, rehabilitation programs."
- "Very little checks from the sherif department in this area. I would feel much safer if checks would be established."
- "Hire more police. For streets patrolling. For catching speeders, red light runners and others. Close the borders."