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For women who experience abuse in childhood or adulthood, the assumptions are that surviving includes seeking help. This article explores the prevalence of victimization in the lives of Caucasian, African American, and Latina women, if and to whom they disclosed their victimization, and where they turned for services and support.

Women From Different Ethnic Groups and Their Experiences With Victimization and Seeking Help

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For the millions of women¹ who experience abuse in childhood or adulthood, the assumptions are that surviving and lessening its impact include disclosing the abuse and reaching out for help from informal and formal supports (Coker et al., 2002; Hyman, Forte, Du Mont, Romans, & Cohen, 2006; Thompson et al., 2000). Yet, we still have a limited understanding of where abuse survivors turn for support, especially those survivors from different ethnic backgrounds. As such, the purpose of this article is to address these limitations by presenting a study that explores the prevalence of childhood and adulthood violence in the lives of Caucasian, African American, and Latina women, if and to whom they disclosed their victimization, and where they turned to for services and support.

Victimization, Disclosure, and Help-Seeking Experiences

Studies are mixed when it comes to identifying prevalence rates of child or adult victimization among African American and Latina women. When compared with Caucasian populations, some studies have identified higher rates of childhood abuse, sexual assault, or intimate partner violence (IPV) among non-Caucasian ethnic populations (Rennison & Welchans, 2000; Sorenson, 1996), whereas others have shown lower (Neff, Holamon, & Schluter,

1995; Sorenson & Siegel, 1992) or similar rates (Tjaden & Thoennes, 1998, 2006; Wyatt, 1990a). Regardless of ethnicity, rape and IPV survivors experience similar types of sexually violent acts, suffer physical injuries, and experience immediate and long-term emotional, psychological, and physical reactions (Sokoloff & Dupont, 2005; Wyatt, 1992). Most researchers, however, agree that there is limited information available to understand the experiences of victimization among women and girls of color (Fontes, Cruz, & Tabachnick, 2001; Wyatt, 1990a).

Telling someone is often the first step to getting help to survive the abuse and lessen its impact (Coker et al., 2002; Thompson et al., 2000); however, some victims seek help for unrelated problems (e.g., financial, physical health, mental health) and never disclose their abuse (Henning & Klesges, 2002; Macy, Nurius, Kernic, & Holt, 2005). We also know that not all abuse survivors turn to organizations designed to serve survivors; instead, survivors may turn to informal supports such as family and friends (Coker, Derrick, Lumpkin, Aldrich, & Oldendick, 2000) and then eventually to formal supports (Hutchison & Hirschel, 1998; Macy et al., 2005).

The research is also limited on the disclosure patterns of victims of child maltreatment or adult victimization. Regarding childhood sexual abuse, most studies agree that, regardless of ethnicity, most women rarely disclose their

abuse to anyone (Henning & Klesges, 2002; Romero, Wyatt, Loeb, Camrona, & Solis, 1999; Wyatt, Loeb, Solis, & Camrona, 1999); however, other studies found that most of their sample of college students disclosed their experiences of child sexual abuse (Arroyo, Simpson, & Aragon, 1997; Ullman, Szarynski, Long, Mason, & Long, 2008). Of those who disclosed, African Americans are more likely to tell a family member, whereas Caucasians are more likely to tell someone else (e.g., friends, other family members, authority figures; Wyatt, 1990b; Wyatt et al., 1999). In contrast, Smith et al. (2000) found no differences in disclosure patterns of child sexual abuse among women from different ethnic backgrounds. Even less is known about the disclosure patterns related to childhood sexual abuse among Latinas, attributed to the widespread under-reporting and fear of reporting to authorities (Lowe, Parkov, Casanova, & Wetchler, 2005; Wyatt, 1990a). One study of child sexual abuse among Latina women found that most (60%) did not disclose the abuse to anyone; in addition, those women who were less accurately were also less likely to disclose the abuse (Romero et al., 1999). A more recent study found that Latinas were hesitant to disclose to formal sources, with only 20% seeking any type of formal help, most Latinas in the same study (58%) disclosed to informal sources such as parents, family, friends, or neighbors (Cuevas & Sabina, 2010).

Factors such as the political treatment of ethnic and immigrant groups, patriarchal family structures, values placed on sexual chastity before marriage and faithfulness afterward, the fear of racism, differing views on what constitutes child abuse, sexual assault or IPV, and the need to keep family matters private may create seemingly insurmountable barriers for survivors from African American, Latina, or Asian cultures to disclose their victimization experiences and seek help (Kasturirangan, Krishnan, & Riger, 2004; Lee & Law, 2001; Low & Organista, 2000; Wyatt, 1992; Yoshioka, Gilbert, El-Bassel, & Bag-Amin, 2003). Women of color may also be reluctant to disclose abuse for fear of bringing shame to their families and communities or reinforcing stereotypes (Gillum, 2002; Kasturirangan et al., 2004). Indeed, in the mental health field, researchers have shown that racial differences exist when seeking help, usually because of the stigma associated with mental health services (Ayalon & Young, 2005; Barksdale & Molock, 2008).

Researchers studying victimization have also tried to learn what factors predict use of services by relying on sociodemographic factors such as ethnicity, age, education, and

poverty (Henning & Klesges, 2002; Hutchinson & Hirschel, 1998; West, Kaufman Kantor, & Jasinski, 1998). Other factors include the severity and frequency of physical violence, relationship to the abuser (marriage status, cohabiting, dating), and whether children are present (Henning & Klesges, 2002; Hutchinson & Hirschel, 1998). Unfortunately, these results contradict each other, leaving gaps in our understanding of predicting when and where abuse survivors seek help. In more recent studies, factors that predicted seeking help include ethnicity (Caucasian), severity, older age, higher socioeconomic status, being married, and the presence of children (Henning & Klesges, 2002; Hyman, Forté, DuMont, Romans, & Cohen, 2009; Kaushen, 2002). Regardless of the factors that predict service usage, most abuse survivors do not seek help (Henning & Klesges, 2002).

In sum, we know that abused women turn to formal and informal networks to get emotional, physical, and financial support to survive. What we do not know are the details of where women of color access social support and interventions after their victimization. Hence, this article affords us the opportunity to expand our understanding as to where physically and sexually abused women from different cultural groups turn for help. Several research questions frame our study and include the following:

Research Question 1: What is the prevalence of four types of abuse (child physical or sexual abuse and adult physical or sexual violence) among different racial or ethnic groups (Caucasian, African American, and Latina) of women?

Research Question 2: Do these victimized women disclose their abuse experiences and, if so, to whom?

Research Question 3: What type of services or support do these women seek as a result of their victimization experiences?

Method

Data for this research were collected as part of a study which sought to identify risk and protective factors related to women's histories of physical and sexual victimization and the consequences of such victimization experiences (Postmus & Severson, 2006). This exploratory study

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conducted in a Midwestern state, was cross-sectional with data collection occurring during face-to-face interviews with adult women. For this article, the focus is specifically on the victimization, disclosure, and help-seeking experiences of women of color, representing three ethnic groups: Caucasian women, African American women, and Latinas.

Sample

Women were recruited from three types of settings including a state prison, several domestic violence or sexual assault organizations, and four communities in a Midwestern state. To qualify for this study, participants had to be female and over the age of 18 years; no other criteria were included. Using convenience and adaptive sampling procedures (Campbell, Sell, Wasco, & Ahrens, 2004), formal and informal locations in the community (e.g., service sites, day care centers, laundromats, grocery stores) where women are likely to frequent or gather were purposively chosen. To obtain a diverse sample, locations were carefully chosen where women of color may gather such as social service agencies with a large Latina clientele or beauty salons that cater to African American women. Flyers, printed in English and Spanish describing the study, were posted. The flyer included information about the criteria to participate (i.e., female and over the age of 18) and intent of the study (i.e., to ask about women's abilities and confidence to cope and manage mental health and well-being as well as the types of supports and services received as the result of abuse). If interested, women then contacted the research team to learn more about the specifics of the study. A convenient time and location were mutually chosen for the 1-hour, face-to-face interview; each interview was conducted in English or Spanish by trained graduate and undergraduate students hired from two different universities in the state. The interviewers were trained to be sensitive to how participants responded to difficult questions; each participant was given information on services available in the community should the participant need emotional or mental health support from the questions asked. Each woman from the community received a cash incentive of US\$25 for her participation in the study; the prison system did not allow cash or in-kind incentives to be provided to participants.

For this analysis, the sample is divided into three groups—Caucasian women, African American women,

and Latinas—based on narrow definitions and self-selection into these groups. Women who identified themselves as Native American ($n = 12$), Asian or Pacific Islander ($n = 6$), or Other ($n = 10$) are excluded from this analysis because their sample size is too small. The remaining sample of 387 women includes 233 Caucasian women, 105 African American women, and 49 Latinas. The average age of these three groups ranged from age 34 (African Americans) to age 36 (Caucasians and Latinas). There were significant differences in educational attainment, with Caucasian women having the highest educational level, followed by African American women, and then Latinas. More than half of each of the sample group received welfare (77% of African Americans, 70% of Caucasians, and 57% of Latinas); however, these differences are not significant. Finally, Latinas are significantly more likely to have been recruited from the communities; there were no significant differences between those women recruited from agencies or from prison.

Measures

The interview questions were developed from a combination of existing and modified standardized instruments and included topics such as child maltreatment, intimate partner violence (IPV), experiences of sexual victimization, and experiences with disclosure and supportive services.

Child maltreatment. Physical and sexual abuse during childhood is measured using the two summary questions from the Childhood Maltreatment Interview Schedule developed by Briere (1992). While there are no known studies on overall reliability or validity, the use of this measure in pilot studies suggests predictive and construct validity (Briere, 1992). The questions include, "To the best of your knowledge, before age 17, were you ever sexually abused? (1 = yes, 0 = no) . . . physically abused?" None of the questions ask the respondents to indicate if a single or multiple perpetrators were involved.

Intimate partner violence. Intimate partner violence, including physical and psychological abuse from an intimate partner, is measured using the Abusive Behavior Inventory (ABI) developed by Shepard and Campbell (1992). This inventory is a reliable measure with alpha coefficients ranging from .70 to .92 and has good

criterion-related and construct validity (Shepard & Campbell, 1992). Physical IPV is the mean score of the 10 items on the ABI having to do with physical forms of abuse. The alpha coefficient in this study for Physical IPV is .92. The ABI includes 20 other items, measuring emotional or psychological abuse; however, it was decided to use the Physical IPV score, a statistically based decision to show greater variance between the sample groups.

Rape. Sexual assault in adulthood by an intimate partner, family member, or stranger is measured using the Sexual Experiences Survey (SES) developed by Koss and Ors (1982). For this analysis, the rape summary score of four questions was dichotomized. The remaining items from the SES (sexual coercion and attempted rape) were excluded to show greater variance between sample groups. The alpha coefficient for internal consistency in this study is .90, indicating high internal consistency in this sample.

Disclosure and response to disclosure. Questions about disclosing one's victimization were adapted from a previous study (McNitt, Carlson, Persaud, & Postmus, 2002). There are no known studies on the overall reliability or validity of the questions; however, many of these questions are adapted from a study conducted with adult women in the community who have experienced several different forms of physical and sexual abuse as children or adults (McNitt, Carlson, Rose, & Robinson, 2002). If the women answered yes to any of the four types of abuse (child physical abuse, child sexual abuse, IPV, or sexual assault), they were then asked a series of questions about the disclosure of the experience: Did they tell anyone? Who did they tell? Those to whom women disclosed their victimization were separated into the two categories of informal (parents, family, friends) and formal (social worker, religious leader, teacher, law enforcement).

Services and support received. Services and support include any formal or informal support received from agencies or family and friends. Support is measured using revised questions from the National Comorbidity Survey, implemented in 1992 as a nationally representative survey that assesses the prevalence and correlates of the *Diagnostic and statistical manual of mental disorders* (3rd ed., rev.; DSM-III-R; American Psychiatric Association, 1987) diagnoses (National Comorbidity Survey [NCS], 1992). There are no known studies on the overall reliability or validity; however,

many of these questions are adapted from a study conducted with adult women in the community who have experienced several different forms of physical and sexual abuse as children or adults (McNitt, Carlson, Persaud, et al., 2001). In this analysis in this study, each support item was rated as 0 (no support or service). The 24 possible social services and support were divided into two groups: tangible or professional services and supports. Tangible supports and services include those in which concrete, financial, or informal support is given. Examples include welfare, food bank, subsidized housing, and day care. Services and supports provided by professional, paraprofessional, or trained helper are included in professional services and include as examples professional counseling, medication, medical provider, legal services, domestic violence shelter, and rape crisis center.

Data Analysis

Significant differences across the three groups were tested using ANOVAs for continuous variables (e.g., number of supports received) and chi-square analyses for categorical variables (e.g., type of supports received). All tests for significance were two-tailed, $p < .05$. Logistic regression models were run to predict whether race-ethnicity, controlling for other factors, is associated with the use of tangible or professional services among IPV survivors. The independent variables used in the regression included age, education, within receipt, having children, recruited from prison, recruited from sexual assault or domestic violence agencies, disclosed physical IPV to informal sources, disclosed physical IPV to formal sources, number of abuse experiences, and race.

Results

Patterns of Abuse and Disclosure

All women in this study reported high rates of the four types of victimization, with Caucasian women reporting the highest rates (see Table 1). However, physical IPV was the only type of victimization to significantly differ between the racial-ethnic groups with 95% of Caucasians more likely to experience this type of abuse when compared with 91% of African Americans and 74% of Latinas. Most of the sample (95%) experienced at least one type of abuse with more than 50% experiencing three to four types. The mean number of abuse types also differed by race-ethnicity, with

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Caucasian women reporting significantly more types of abuse experiences ($M = 2.64$) compared with African American women ($M = 2.29$) and Latinas ($M = 2.12$).

Rates of disclosure were also high, ranging from lows of 55% among Latinas disclosing childhood physical abuse and 62% of African Americans and 68% of Caucasians disclosing childhood sexual abuse. The higher levels of disclosing childhood sexual abuse (85% of Caucasians and 72% of African Americans) and rape (77% of Latinas) were statistically significantly greater percentage of Caucasian women (85%) disclosed physical IPV victimization compared with African Americans (72%) or Latinas (64%).

Table 1 also shows to whom the women disclosed their abuse. Regardless of racial-ethnic group, rates of disclosure to family and friends were higher than rates of disclosure to formal or professional support sources. Family and friends were the most frequent disclosure source for all women who experienced adult victimization (physical IPV or rape); however, their rates of disclosure to formal sources were also high. The only significant racial-ethnic difference occurred for physical IPV experiences, with significantly

more Caucasian than either African American or Latina women disclosing to a formal source such as social workers, police, or other professionals.

A different racial-ethnic pattern was observed with regard to the use of tangible supports or services (see Table 2), with significantly more African American women than Caucasian women or Latinas reporting use of these services. For example, among African American women, 40% used job training, 32% subsidized housing, and 15% vocational rehabilitation.

There were also significant differences between ethnic groups and the reported use of professional services and supports (see Table 3). Significantly more Caucasian women reported use of professional services compared with African American women and Latinas. Specifically, proportionately more Caucasian women used professional counseling (74%), medication (62%), support groups (56%), medical providers or legal services (55%), and psychotropic medication (52%) than the other two groups; proportionately more African American women used domestic violence (48%) or homeless shelters (35%).

Table 1 • Victimization and Disclosure by Ethnicity

	Caucasian (n = 233)		African American (n = 105)		Latina (n = 49)		Total (n = 387)		p
	N	%	N	%	N	%	N	%	
Childhood physical abuse Experienced victimization	113	48.5	38	36.2	22	44.9	173	44.7	
Disclosed victimization	79	69.9	26	68.4	12	54.5	117	67.6	
To whom?	59	74.7	19	73.1	12	100	90	76.9	
Informal (parent, family, friend)									
Formal (professional)	45	57.0	15	57.7	5	41.7	65	55.6	
Child sexual abuse Experienced victimization	116	49.8	40	38.1	20	40.8	176	45.5	
Disclosed victimization	77	67.5	24	61.5	13	65.0	114	65.9	
To whom?	62	80.5	21	91.3	10	76.9	93	82.3	
Informal (parent, family, friend)									
Formal (professional)	42	54.5	10	43.5	6	46.2	58	51.3	

(continued)

Table 1 • (Continued)

	Caucasian (n = 233)		African American (n = 105)		Latina (n = 49)		Total (n = 387)	
	N	%	N	%	N	%	N	%
Physical intimate partner violence	222	95.3	95	90.5	36	73.5	353	91.2
Experienced victimization								
Disclosed victimization	188	84.7	68	71.6	23	63.9	279	79.0
To whom?	162	86.2	62	91.2	22	95.7	246	88.2
Informal (parent, family, friend)								
Formal (professional)	163	86.7	50	73.5	17	73.9	230	82.4
Rape	164	70.4	67	63.8	26	53.1	257	66.4
Experienced victimization	125	76.2	45	67.2	20	76.9	190	73.9
Disclosed victimization	102	81.6	35	77.8	16	80.0	153	80.5
To whom?								
Informal (parent, family, friend)								
Formal (professional)	96	76.8	29	64.4	14	70.0	139	73.2
Number of types of abuse experienced								
0	2	0.9	6	5.7	10	20.4	18	4.7
1	41	17.6	29	27.6	9	18.4	79	20.4
2	60	25.8	24	22.9	7	14.3	91	23.5
3	66	28.3	21	20.0	11	22.4	98	25.3
4	64	27.5	25	23.8	12	24.5	101	26.1
Average number of abuse types experienced	M 2.64	SD 1.09	M 2.29	SD 1.26	M 2.12	SD 1.49	M 2.48	SD 1.21

* $p < .05$. ** $p < .01$. *** $p < .001$.

Predictors of Service Use

Based on results from the bivariate analyses, with IPV as the only type of violence for which statistically significant ethnic differences were found, separate multiple regressions were run to estimate predictors of tangible supports and professional services with analyses limited to women who had experienced this type of victimization (see Tables 4 and 5). Previous welfare receipt and number of abuse experiences were positively and significantly associated with the use of tangible support; the race-ethnicity variable was not significant. The adjusted R^2 for this model for predicting use of tangible supports was .2—that is, 20% of the variance was explained by the model. The variables significantly associated with the use of professional services or supports included age, recruited from sexual assault or domestic violence agencies, disclosure of physical IPV to formal supports, and number of abuse experiences. Again, the race-ethnicity variable was not significant in predicting the use of professional services. The R^2 for this model was .27—that is, 27% of the variance was explained by this model.

Table 2 • Ethnicity and Tangible Social Services and Supports Used After Victimization (N = 369)

Support used	Caucasian (n = 231)		African American (n = 99)		Latina (n = 39)		p
	N	%	N	%	N	%	
Support used							
Emotional support	187	81.3	72	72.7	30	76.9	
Welfare	113	48.9	41	41.4	22	66.4	
Food bank	98	42.4	45	45.9	10	25.6	
Educational	60	26.0	30	30.3	9	23.1	
Job training	45	19.5	40	40.4	7	17.9	***
Subsidized housing	42	18.2	32	32.3	2	5.1	**
Daycare	35	15.2	18	18.2	5	12.8	
Unemployment	37	16.0	16	16.2	6	15.4	
Vocational rehabilitation	20	8.7	15	15.3	0	0.0	*
Reproductive services	18	7.8	9	9.1	4	10.3	
Worker's compensation	11	4.8	9	9.1	2	5.1	
Internet support	14	6.1	2	2.0	1	2.6	
Mean number of supports**		2.97		3.50		2.38	**

Table 3 • Ethnicity and Professional Social Services and Supports Used After Victimization (N = 369)

Support used	Caucasian (n = 231)		African American (n = 99)		Latina (n = 39)	
	N	%	N	%	N	%
Professional counseling	170	73.6	53	53.5	21	53.8
Medication	142	61.5	44	44.4	21	53.8
Support group	130	56.3	45	45.5	14	35.9
Medical provider	128	55.4	47	47.5	12	30.8
Legal services	127	55.0	33	33.3	16	41.0
Psychotropic medication	119	51.5	35	35.4	15	38.5
Religious counseling	96	41.6	44	44.4	17	43.6
Domestic violence shelter	97	42.0	47	47.5	4	10.3
Hospital stay for emotional problems	76	32.9	30	30.3	8	23.1
Homeless shelter	34	14.7	35	35.4	2	5.1
Rape crisis center	51	22.1	18	18.2	5	12.7
Child protection services	45	19.5	14	14.1	4	10.3
Mean number of supports	5.26		4.50		3.59	

Table 4 • Regression Associating Use of Tangible Services and Support

Variables	Unstandardized coefficients		p
	B	SE	
Age	.01	.01	
Education	.01	.06	
Receipt of welfare	2.02	.33	***
Children	-.03	.39	
Recruited from prison	-.32	.36	
Recruited from agencies	.27	.36	
Disclosed physical IPV to informal support	-.39	.41	
Disclosed physical IPV to formal supports	.37	.34	
Number of type of abuse experienced	.26	.12	*
African American dummy variable ¹	.54	.30	
Latina dummy variable ¹	-.27	.47	

NOTE: 1. Dummy variable represent a subgroup of the sample.

Discussion

The information from this diverse group of women provides more detailed understanding of racial-ethnic differences in their experiences with victimization, disclosure patterns, and use of tangible and professional supports and services. These women experienced high rates of victimization of all types of violence with rates exceeding those reported in national studies based on survey data (Tjaden & Thoennes, 1998, 2006). Other researchers have found similarly high rates when using trained and empathic interviewers conducting face-to-face interviews (Russell & Bolen, 2000), methods used in this study. Given the sample design and recruitment strategies, the results from this study are not generalizable to the population of women, but they do allow racial-ethnic comparisons that are not possible in studies based on samples that do not oversample minority groups. The rates of all types of victimization were high, with Caucasians reporting the highest rate of all three ethnic groups and significantly higher rates of physical IPV. This finding continues to add to the

literature that has yet to conclusively determine whether violence is more prominent in certain cultural groups (Tjaden & Thoennes, 1998).

Those who disclosed their victimization to someone usually disclosed to family or friends, a finding that is similar to other research (Coker et al., 2000; Macy et al., 2005). A unique contribution of this study is the result that more Caucasian women disclosed to social workers, law enforcement, teachers, and other professionals. Conversely, fewer Latinas and African American women disclosed to formal sources, a result consistent with other studies that report barriers faced by minority women who seek professional services (Avalon & Young, 2005; Barksdale & Molock, 2008).

The women from this study also provided insight into the type of services and support used based on their racial or ethnic differences. More Caucasian women turned to traditional, therapeutic sources such as professional counseling, medication, or emotional support compared with African American women who tended to use tangible supports such as welfare, food banks, housing,

Table 5 • Regression Associating Use of Professional Services and Support

Variables	Unstandardized coefficients		p
	B	SE	
Age	.00	.00	**
Education	.00	.01	
Receipt of welfare	.04	.03	
Children	.06	.04	
Recruited from prison	.01	.04	
Recruited from agencies	.08	.04	*
Disclosed physical IPV to informal support	-.01	.04	
Disclosed physical IPV to formal supports	.13	.03	***
Number of type of abuse experienced	.08	.01	***
African American dummy variable	-.00	.03	
Latina dummy variable	-.04	.05	

NOTE: IPV = intimate partner violence. * $p < .05$. ** $p < .01$. *** $p < .001$.

and job training. However, when controlling for a number of variables, the race-ethnicity factor is no longer significant when predicting which type of services and support are used.

Finally, results of multivariate models predicting service use showed that as the number of abuse types increased, the likelihood of help seeking also increased. The results also indicated that women in this sample who had received services from a sexual assault or domestic violence organization in the past 12 months and those who disclosed their physical IPV experiences to formal or professional supports were more likely to use professional services. These relationships indicate the important role that professionals, working in organizations and not specifically designed for survivors as well as those who may not be involved with such organizations, have a role in connecting survivors to professional services and support. Finally, those who had received welfare were more likely to use tangible services, a finding that is not surprising given that many of the tangible services include the use of welfare, food stamps, and other public assistance.

There are some limitations to this study that warrant attention. Given the sample design and recruitment strategies, the results from this study are not generalizable to the population of women, but they do allow racial-ethnic comparisons because of the purposive sampling of minority women. Second, the study relies on retrospective data, asking women to describe their victimization histories along with how they disclosed or sought help for those experiences. Their victimization experiences could also have been based on one or more perpetrators. In addition, the analyses did not include women's experiences with psychological or economic IPV, nor did it include women's experiences with sexual coercion or attempted rape; the decision to exclude these experiences relied solely on the lack of variance, because almost all of the women experienced some form of these types of violence. Researchers have yet to identify whether one form of violence has a greater impact than another; hence, the results should be viewed with an understanding of the specific type of victimization experienced. Regardless, the information provided by these women gives us a better understanding of their own responses and helps us shape practices and identify future research needs.

Implications

The results from this study have implications for future research and practice. First, more research is needed to uncover specific cultural influences on how abuse is defined, decisions made, and the reactions from the supports they used. Such research should be culturally competent methods involving collaborative empowering approaches to engaging those from marginalized communities (Sokoloff & Dupont, 2005). In addition, researchers themselves should be culturally competent and sensitive to the unique needs of survivors, providing emotional and mental health referrals when needed.

Research is also needed to understand the individual and organizational contexts that influence frontline workers who respond to victims and whether they are able to respond in a culturally sensitive manner. Should those responding must not retraumatize or victimize survivors through racist or inappropriate reactions (Campbell & Raja, 1999; Rai, Silverman, Wingood, & Diclemente, 1999; Ullman et al., 2008). To get to the nuanced information, more qualitative methods to further develop theories and learn more about different cultures and subcultures are needed.

The implications for social workers and other mental health professionals start with the importance of understanding and identifying all types of victimization in their client populations. More education is needed in graduate programs to fully prepare students to work with survivors. Such work should include information reaching out to underserved populations and knowing how to screen, assess, and appropriately and sensitively respond to survivors from all ethnic and racial groups. Unfortunately, social work and mental health professionals receive limited training or education on how to respond to someone who discloses abuse (Dennis & Lockhart, 2003; Postmus, McMahon, Warren, & Whithart, 2003). How one responds to a victim is critical for ensuring that the victim continues down the path toward healing and not become fearful of getting help from others. More training and education are needed for social workers and other professionals to avoid revictimizing survivors and, instead, to provide helpful information and support (Campbell & Raja, 1999; Dennis & Lockhart, 2003; Ullman et al., 2008). Finally, social workers need to collaborate

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with other first responders—whether from formal or informal sources—to inform them of best practices, including how to respond to survivors.

In addition to appropriately responding to survivors, social workers and other mental health professionals should use a culturally competent approach (Bent-Goodley, 2005; Sokoloff & Dupont, 2005). Such an approach includes being sensitive to the importance of community and family influences to survivors from culturally diverse backgrounds as well as the

DISCUSSION QUESTIONS

1. How do race and ethnicity impact their reporting experiences of women who have been victimized?
2. Are there any racial or ethnic differences in the types of services or support that women seek as a result of their victimization experiences?
3. What sorts of challenges exist in the assessment of cultural differences in victimization?

Note

1. This article specifically talks about violence against women, because women are disproportionately victimized, and men are typically perpetrators of physical, sexual, and other forms of violence. Consequently, we will refer to victims as female and perpetrators as male. This in no way diminishes the experiences of male victims nor absolutes females of violence they might inflict on males or other females.

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