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THE EXPERIENCE OF SEXUAL VICTIMIZATION AND HELP-SEEKING AMONG LATINO WOMEN³

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The experience of victimization, which can include physical assault, sexual violence, threats, stalking, and witnessed violence, is a significant problem among women. The Centers for Disease Control and Prevention (CDC) recognize violence as a serious public health problem in the United States and promotes prevention of violence including intimate partner violence and sexual assault¹. Compounding the problem is the fact that a large percentage of victimization that women experience occurs at the hands of partners, family members or other known persons². While research and advocacy efforts have made great inroads in understanding and addressing victimization, minority groups in the United States in particular remain relatively understudied.

THE STUDY

The Sexual Assault Among Latinas (SALAS) Study was conducted in order to better understand victimization rates, and help-seeking behaviors among Latino women living in the United States. With funding from the National Institute of Justice, a total of 2,000 Latino women from high-density Latino areas across the United States participated in the study. This is one of the first national studies focusing exclusively on Latino women's victimization providing results that are pertinent to service delivery and policy.

The participants of the study were selected from areas in the country with high Latino populations based on Census data. The participants were interviewed over the telephone in their preferred language and were asked questions about their victimization experiences, help-seeking efforts and cultural characteristics (e.g., acculturation level, religiosity). The sample, predominately from the Southwest and Florida, was in general foreign born, with a legalized status, educated to the high school level or less, and heavily of Mexican and Cuban descent/nationality.

RATES OF VICTIMIZATION

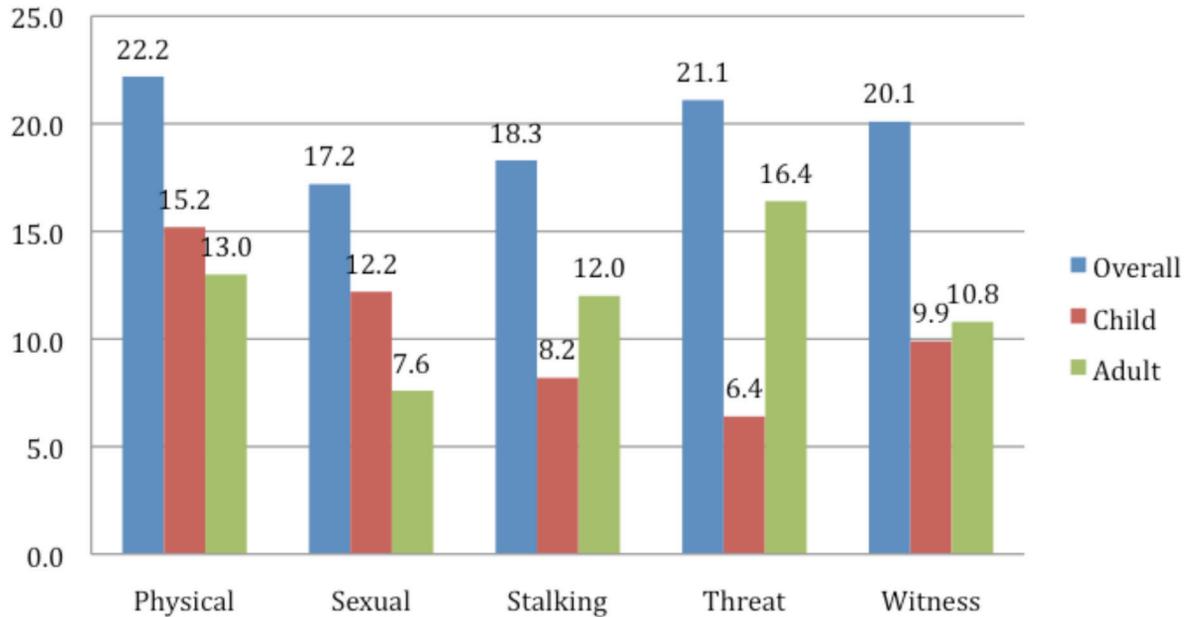
About one in six Latino women reported sexual victimization in their lifetime, broken down in the following way:

- Completed sexual assault (8.8%)
- Attempted sexual assault (8.9%)
- Fondling or forced touch (11.4%)
- At least one adulthood sexual assault (7.6%)
- At least one childhood sexual assault (12.2%)

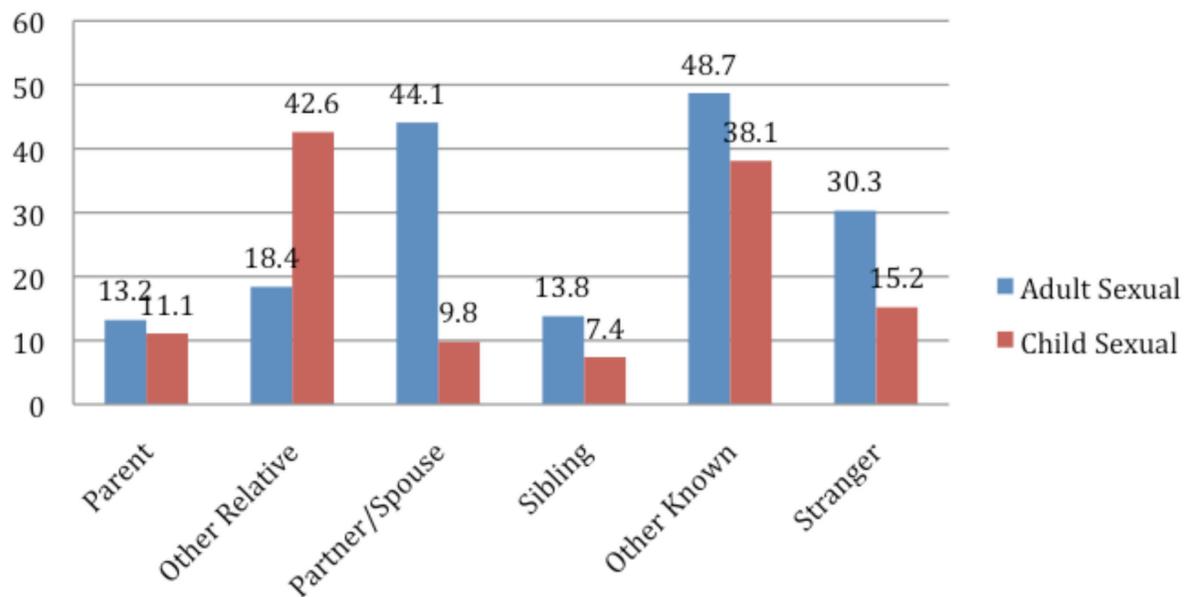
For these participants, the sexual assault primarily occurred in childhood and was carried out by relatives other than parents (42.6%) or other known person (38.1%). When victimization happened in adulthood, it was most often perpetrated by a partner/spouse (44.1%) or other known person (48.7%). These findings highlight the risk of sexual violence Latino women face in their families and relationships, often at early ages.

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Lifetime Prevalence of Victimization for Latino Women



Perpetrators of Sexual Assault



Known assailants are the primary perpetrators against Latino women, particularly at early ages. We mistakenly regard home as a safe place—this is not the case for the majority of child sexual abuse victims. Services should be attentive to these dynamics and the difficulties one may face in trying to understand or report sexual abuse at the hands of family members and or other intimates.

Additionally, what we find is that sexual abuse victims are likely to either experience revictimization or polyvictimization. That is to say, victims of sexual abuse are likely to be victimized more than once throughout their lifetimes (i.e., revictimization) and also more likely to be victimized in more than one way (i.e., polyvictimization—for example physically victimized and stalked). Focusing only on sexual victimization misses how complex victimization can be—occurring in multiple forms during childhood and adulthood, and often continuing from childhood into adulthood. Clinically, broader assessments of victimization should be done beyond solely focusing on one form of victimization or one particular event. Assessing the full range of victimizations that someone may have experienced will help in developing and appropriately tailoring treatment interventions.

Immigrant women and those with lower levels of Anglo acculturation are less likely to be sexually victimized.

Immigrant status was associated with a decrease in the likelihood of sexual victimization. In fact, Latinos who adopted an Anglo orientation were at increased risk for victimization. Here we see traditional Latino values may be protective of victimization or that Americanized Latino women may be more willing to report victimization. While acknowledging the diversity within the Latino community, service providers may also pay particular attention to the dynamics of minority membership that may explain this pattern of findings.

Regarding the psychosocial impact of sexual victimization, we found that sexual victimization significantly predicted depression, anxiety, anger, dissociation, and posttraumatic stress symptomatology. However, when we included total victimization, that is, other forms of victimization beyond sexual, the effect of sexual victimization alone was no longer significant.

In other words, sexual victimization predicts negative psychosocial functioning outcomes by itself, but once other victimizations are taken into account, the effect disappears. Psychosocial functioning is best predicted by a comprehensive understanding of victimization.

Our results call into question the organization of services as they are commonly offered. Sexual abuse services and hotlines are often separated from domestic violence services and hotlines. However, it is likely that these service agencies are serving the same group of people. The “victim specialization” of services may actually be discouraging to those seeking help if their complex victimization experiences do not seem to cleanly fit domestic violence or sexual assault services. It is also important to notice the high overlap of sexual victimization with physical assault and stalking. Shifting these services to more broadly reflect the spectrum of victimization experiences may promote women’s willingness to take a first step toward formal help-seeking.

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HELP-SEEKING

Ten percent of sexual victims utilized any social service and only 3.3% utilized abuse-focused services.

Unfortunately, women showed a reluctance to seek formal services. Our findings revealed that formal help-seeking was not a common response among the majority of sexual victims; in fact only 1 in 5 victims of sexual violence sought any type of formal help. Formal help-seeking would include seeking medical care, police involvement, social service agency, restraining order, or criminal charges. Medical care was the type of help most often sought among injured sexual assault victims (41%, but note that only 18.4% of women reported

physical injury from sexual assault). Criminal justice responses were seldom used; 6.6% self-reported the victimization to the police, 7.1% sought a restraining order, and 6.1% filed criminal charges. Social service agencies, including counselors, domestic violence shelters, and crisis lines were sought by only 10% of sexual victims. A subset of these, abuse-focused services (abuse counseling, shelter, domestic violence counseling and crisis line), was used by 3.3% of sexual victims. Women were candid about reasons for not seeking social services including:

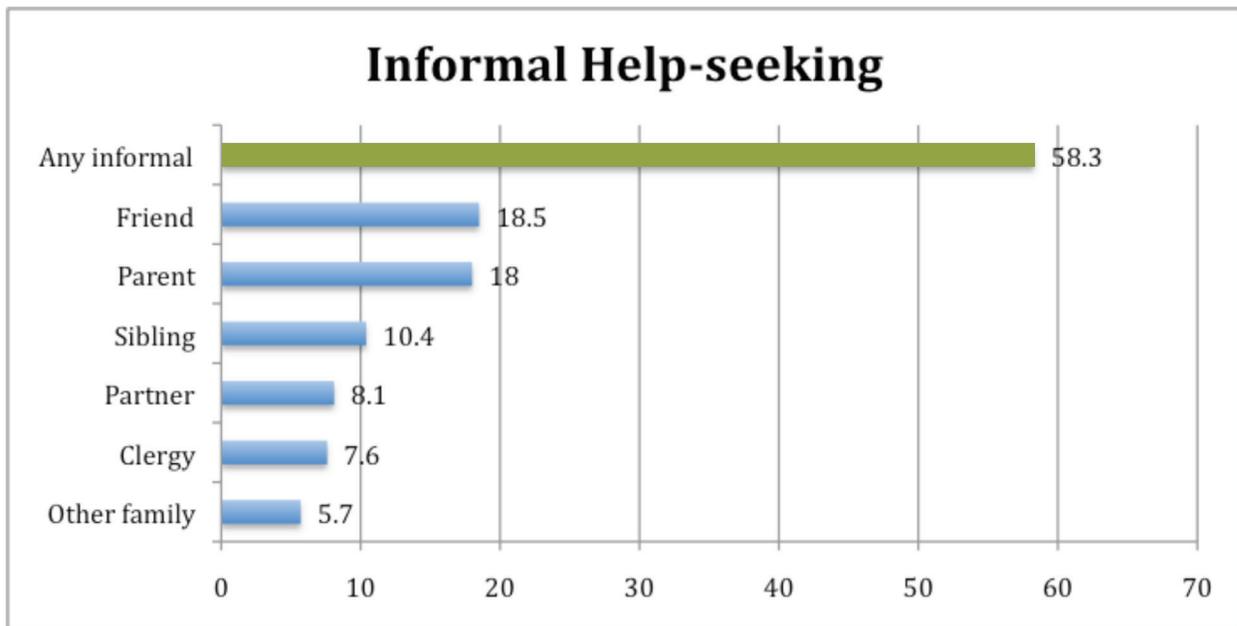
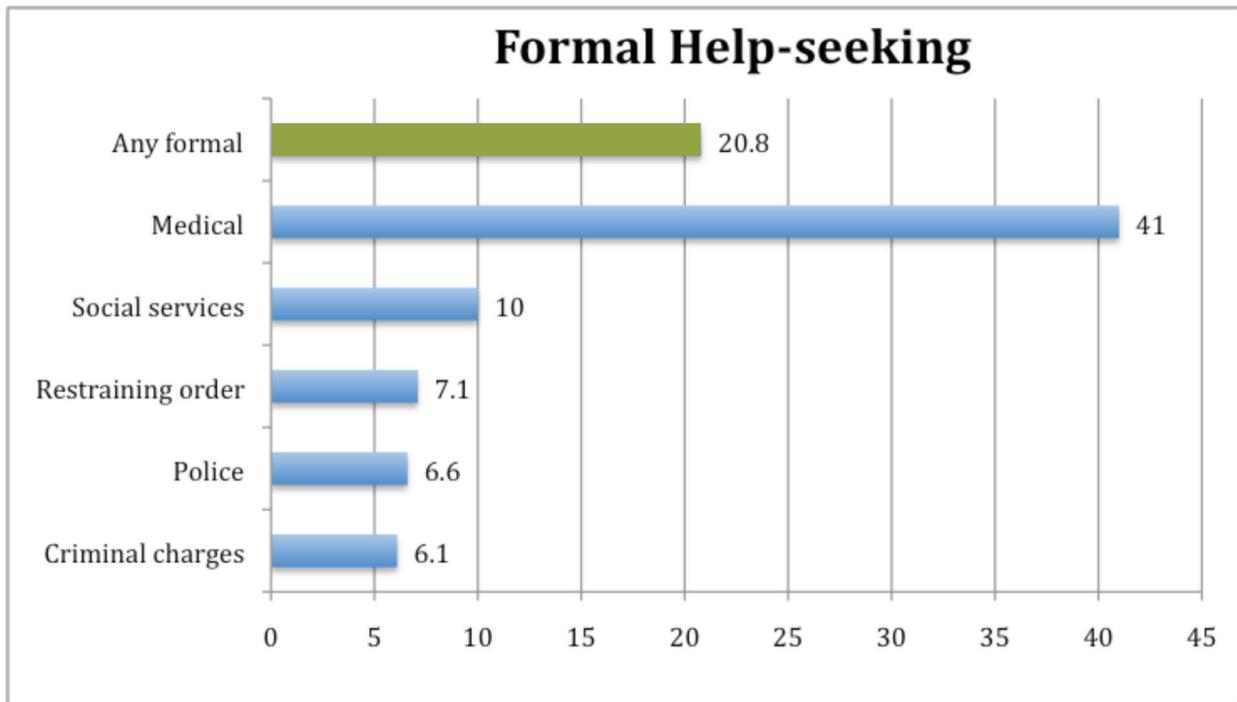
- I didn't think of it (26.5%),
- I didn't know of any (13.2%),
- Shame (9%),
- I wanted to keep the incident private (9%), and
- No agency available in my area (7.9%).

Responses to how formal services could be improved were few, but pointed toward participants wanting their reports to be taken more seriously (for police and courts), wanting more or better treatment (for courts, medical facilities and social services), and wanting the incident to be reported to the authorities for them (for social service agencies).

More than half of the women who experienced sexual victimization however, did talk about the victimization to informal sources (58.3%). Informal sources included parents, friends/neighbors, siblings, husband/partners, clergy and other family members. Women who did not disclose the incident reported shame (31.8%) as the main reason for keeping the incident to themselves.

Despite these numbers, 41.7% of the sexual victims did not talk to someone about their victimization informally, and 35.5% did not engage in any help-seeking at all, either formal or informal. This shows that a sizeable portion of Latino female victims are not reaching out for help or being identified for services.

About 36% did not engage in any help-seeking, either formal or informal.



Cultural factors need to be considered by service providers. Some of the lack of service utilization may be remedied by offering not only bilingual services, but culturally appropriate services that address issues of self-blame and shame. Many of our participants reported fear and shame as barriers to both formal and informal help-seeking. Another important reason given for not seeking help among our participants was simply lack of knowledge about existing services. Therefore, there is a need to increase awareness of services and their benefits to the Latino community. Additionally, given that injured victims were most likely to use medical services this may serve as an important point of intervention.

The strong family ties and preference for informal help-seeking that characterize the population could be used to address interpersonal violence within the community. Within this population, informal resources may serve as a gateway to formal help-seeking.

KEY RECOMMENDATIONS

1. Include a range of victimization types in order to get a comprehensive and complete profile of victimization.
2. Recognize medical settings as a vital intervention point and utilize this possibility.
3. Coordinate and integrate sexual assault and domestic violence services.
4. Increase availability of services in Spanish and that are sensitive to Latino culture.
5. Increase awareness of services with better promotion throughout Latino communities.
6. Address fear and shame in a culturally sensitive manner in all services.
7. Use the strong family ties that characterize the population to address violence in the community.

PUBLICATIONS FROM SALAS

- Cuevas, C. A., Sabina, C., & Milloshi, R. (2009). *Interpersonal victimization among a national sample of Latino women*. Manuscript submitted for publication.
- Sabina, C., Cuevas, C.A., & Schally, J.L. (2010). *Help-seeking in a national sample of victimized Latino women: The influence of victimization type*. Manuscript submitted for publication.
- Cuevas, C.A., & Sabina, C. (2010). Final report: Sexual Assault Among Latinas (SALAS) Study. Washington, DC: National Institute of Justice.
- Cuevas, C. A., Sabina, C., & Picard, E. (in press). *Interpersonal victimization patterns and psychopathology among Latino women: Results from the SALAS Study*. Psychological Trauma: Theory, Research, Practice, and Policy.

METHODOLOGY

This research is based on data from the Sexual Assault Among Latinas (SALAS) Study, a bilingual national phone survey, conducted between May and September 2008. Institutional Review Board (IRB) approval was obtained from both principal investigators' institutions and the data were collected by Abt SRBI, a survey firm that is experienced in doing research on sensitive topics such as interpersonal violence. The study assessed the experiences of a national sample of 2,000 Latino women living in the United States, the majority of whom (90%) were living in high-density Latino areas (80% or higher) based on the U.S. Census data. The minimum response rate, (i.e., ratio of complete and screen-out interviews to complete, screen-outs, partial interviews, refusals, break-offs, and no contact) for the sample was 30.7%. The Lifetime Trauma and Victimization History³ was used to evaluate lifetime trauma and victimization in regard to stalking, physical assaults, weapon assaults, physical assaults in childhood, threats, threats with weapons, sexual assault, attempted sexual assault, sexual fondling, and witnessed victimization. The Help-Seeking Questionnaire (HSQ) was developed specifically for this study, based on prior research⁴⁻⁵ and asked participants about their actions taken after experiencing an identified incident of victimization. Acculturation was measured using the Brief Acculturation Rating Scale for Mexican-Americans-II⁶ which asks respondents to rate the level to which certain statements apply to them (e.g. My thinking is done in the Spanish language). The BEM Sex-Role Inventory Short Form⁷ was used to measure gender roles. This questionnaire asked participants to indicate to what degree certain terms (e.g. jealous, warm) described them. Religiosity was assessed through the Brief Multidimensional Measure of Religiousness/Spirituality⁸⁻⁹ which consists of a series of questions about religious and spiritual practices. Finally, to learn about psychosocial outcomes, the Trauma Symptom Inventory¹⁰ which evaluates trauma-related symptomatology was employed as well as the Posttraumatic Stress Disorder Checklist¹¹ which evaluates symptoms that constitute the Posttraumatic Stress Disorder diagnosis (e.g. Feeling very upset when something reminded you of a stressful experience from the past).

In comparing our sample to available U.S. Census figures on Latinos, we have a notably higher median age (median age for U.S. Latino women is 26.3 years versus 47.0 median age for the SALAS sample). However, this difference is likely inflated by our screening procedures, which did not allow for participants under the age of 18 years. Additionally, the immigration status of our sample differs from Census figures. According to Census figures, 59.8% of the Latino population is U.S. born whereas only 28% of our sample reported being born in the U.S. Naturalized citizens comprise 33% of our sample but Census data show only 11.1% of the Latino population as naturalized. Finally, 29% of Latinos are not citizens according to Census data versus 39% of our sample (note that non-citizen status includes permanent residents, visa holders and undocumented persons). Regarding education, our sample has a larger proportion of individuals with a high school education and beyond, 62% of our participants versus 54% of Hispanic females aged 25 and older from Census data. In evaluating ethnic background, the SALAS sample has a larger proportion of individuals of Mexican and Cuban descent, 73.2% and 14% respectively for the SALAS sample and 58.5% and 3.5% respectively from Census data¹².

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