UK Center for Research on Violence Against Women

Top Ten Series

Things Advocates Need to Know

A key mission of the Center for Research on Violence Against Women is to ensure that the findings of quality research make it into the hands of advocates. This translation of research to practice ensures that science has an impact on the lives of women and children.

In 2010 the Center for Research on Violence Against Women conducted a survey with over 100 rape crisis and domestic violence advocates in Kentucky about what they needed to know from research to help them do their jobs. Advocates identified ten top issues. A series of ten briefs were prepared by the Center to answer the Top Ten Things Advocates Need to Know.

Top ten things advocates need to know

1. What services do survivors of rape find most helpful, and what help do they say they need?

2. What type of sex offender is most likely to recommit their crimes? Incest offenders, rapists, or pedophiles?

3. What mental health issues are caused by experiencing intimate partner violence or sexual assault?

4. Do protective orders work? Who violates protective orders the most?

5. What is the impact of mandatory arrest laws on intimate partner violence victims and offenders?

6. What are the most significant long-term health consequences of chronic sexual or physical violence?

7. What percentage of rape cases gets prosecuted? What are the rates of conviction?

8. Does treatment with intimate partner violence offenders work?

9. Does a report of intimate partner violence or sexual assault by a partner put a woman at risk of losing custody of her children?

10. How do women from different racial/ethnic backgrounds experience intimate partner violence (IPV) or sexual assault? Does race and ethnicity matter?

For more information on the Center for Research on Violence Against Women and to find PDFs of the Top Ten Things Advocates Need To Know Series, visit www.uky.edu/CRVAW

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TOP
TEN
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QUESTION 10:

THINGS ADVOCATES NEED TO KNOW

HOW DO WOMEN FROM DIFFERENT RACIAL/ETHNIC
BACKGROUNDS EXPERIENCE INTIMATE PARTNER VIOLENCE
OR SEXUAL ASSAULT? DOES RACE AND ETHNICITY MATTER?

REPORT AT A GLANCE

- Studies have found significant differences in rates and types of victimization experiences by women from different racial backgrounds.

- A national survey found that American Indian and African American women experience the most violence, Latinas and White women experience violence at similar rates, and Asian women report the lowest rates of violence.

- Most differences between racial categories can be accounted for by socioeconomic status and demographic factors like a woman's age, income, martial status and education.

- While racial and ethnic differences may not cause violence against women, research does show that race and ethnicity impact the experience of IPV or sexual assault.

- Women may be harasses or abused in ways that are uniquely demeaning in their own culture, which may not be easily understood by outsiders.

- Women may have specific cultural practices or attitudes which make them more or less likely to report violence, or may impact the ways in which they choose to seek help.

- The development of culturally competent services is extremely important for increasing the ability of professionals to help women from different backgrounds.

In 2010 the Center for Research on Violence Against Women conducted a survey with over 100 rape crisis and domestic violence advocates in Kentucky about what they needed to know from research to help them do their jobs. Advocates identified ten top issues. This brief is one in a series of ten prepared by the Center to answer these top ten research questions.

Introduction

Women from all racial and ethnic groups experience violence, and women from any particular group may experience or understand violence differently from women in other racial or ethnic groups. This report discusses the research literature on how a woman's experience of intimate partner violence or sexual assault is shaped by her racial and ethnic background.

Overall Racial/Ethnic Rates of Violence Against Women

Over the years, national studies measuring the extent of violence against women have reported similar findings about race and ethnicity. For example, the National Violence Against Women Survey (NVAWS), and the recent Collaborative Psychiatric Epidemiology Surveys (CPES) found significant differences in rates and types of victimization experienced by women from different racial backgrounds over their lifetimes (1, 2). These studies show that American Indian and African American women experience the most violence, Latinas and White women experience violence at similar rates, and Asian women report the lowest rates of violence (see table 1 on page 3). Overall, around 1 in 4 White women reported experiencing rape, physical assault, or stalking, while almost 1 in 3 non-White women reported these types of victimization.

Importantly, the fact that there are differences do not necessarily mean that belonging to a certain race or ethnic group makes women more vulnerable to abuse, or makes men more likely to commit acts of violence. In fact, research shows that socioeconomic characteristics (e.g., poverty) appear to be far more important than race or ethnicity as a risk factor for education, marital status, or place of residence. Many sociodemographic characteristics are strong predictors of rates of violence, and most racial differences disappear when these other factors are accounted for.

However, understanding what violence *means* to women from different cultures, or what unique barriers minority women face when seeking help for victimization does depend on understanding the relationships between race, ethnicity, and the experiences of physical and/or sexual violence.

Distinguishing Race/Ethnicity from Other Factors

Studies have generally found that racial differences in rates of intimate partner violence and sexual assault can be almost completely explained by socioeconomic variables. This is because social problems like violence and substance abuse tends to be more prevalent in poor communities where there are also disproportionately large numbers of minority women (3, pp. 76-77). The fact that many minority groups experience higher rates of violence simply reflects the number of minority women living in poverty.

Most large, national studies on violence against women or victimization find that sociodemographic and relationship variables almost completely account for the differences between racial groups (1, 2, 4, 5). These studies identify several key variables which increase any woman's likelihood of experiencing intimate partner violence, regardless of race. These variables include: younger age, unmarried, lower income, lower educational attainment, unemployment and less financially security.

Race refers to a group of people recognized by others through a set of common physical traits (e.g., skin color, appearance). Ethnicity refers to a group of people who share a similar historical and cultural background (e.g., shared attitudes, beliefs, values, or practice). Usually members of an ethnic group share a common race, but not always.

Racism refers to stereotypical (usually negative) attitudes a person may hold about other people based on their perceived racial or ethnic background. Discrimination refers to the act of treating people differently on the basis of these attitudes.

Socioeconomic status is also a predictor of sexual victimization that cuts across race. For example, a study from a Southern community sample of 836 low-income Black, White, and Mexican-American women found that significantly more low-income White women had experienced sexual assault (78.8%) than Black (67.0%) or Mexican-American (63.1%) women in their lifetimes, but that there were no significant differences in the rates of current intimate partner violence (around 67-69%) these low-income women were experiencing (6). These generally high rates of victimization for low-income women, regardless of race, underscore that sociodemographic variables are usually more important predictors of victimization risk than race.

Neighborhood or community characteristics are also critical for understanding sexual assault and intimate partner violence. Historically, criminology research on violent crime has found that race is a poor predictor of crime and victimization rates when community-level variables are considered. Hampton, Carillo, and Kim (7) reviewed family violence research from the 1970's through the 1990's and concluded that differences between African Americans and Whites with regard to violent crime victimization or family violence have been largely explained by:

- Extreme poverty or lack of resources (i.e., income, social support networks);
- Family disruption (i.e., divorce, single-parent households); and
- Social stability (i.e., living in one place over time, being married, having children).

Research comparing the domestic violence service needs of Black and White women from rural and urban areas has also found that region also has a stronger effect on service needs than race, with rural women needing more help regardless of race (8). Sometimes race and community interact to create additional risks; for example, one study found that 42% of the African-American women they surveyed in a low-income housing community had experienced rape, and that these sexually victimized women were at greater risk for substance abuse and HIV exposure (9). This and other research on low-income communities suggests that poverty and social instability may help contribute to women's vulnerability within poor communities, which impacts a large number of minority women who are concentrated in these communities.

Survey		White	Black/ African American	Asian/ Pacific Islander	Hispanic/ Latina [b]	American Indian
National Violence Against Women Survey (NVAWS) *Data collected: 1995-1996*	*women*	n=6,45	n=780	n=133	n=628	n=88
	rape	7.7%	7.4%	3.8%	7.9%	15.9%
	physical	21.3%	26.3%	12.8%	21.2%	30.7%
	stalking	4.7%	4.2%	--	4.8%	10.2%
	overall	**24.8%**	**29.1%**	**15.0%**	**23.4%**	**37.5%**
Collaborative Psychiatric Epidemiology Surveys (CPES) *Data collected: 2001-2003*	*women*	n=644	n=62	n=746	n=864	
	physical	15.2%	17.3%	10.3%	15.2%	

CPES only examines physical violence, while NVAWS includes physical, sexual, and stalking victimization by an intimate. In the NVAWS, Hispanic women may be of any race.

Specific Effects of Race/Ethnicity

Even though sociodemographic and community-level variables explain most racial or ethnic differences, this does not mean that women from all racial or ethnic groups experience the same types of violence or react in the same way. There are many ways in which race or ethnicity has a direct effect on the experience of intimate partner violence or sexual assault, which can be very important for understanding and helping women from diverse backgrounds. This section describes four ways in which race and ethnicity impacts the experience of violence against women.

The types of violence experienced may differ for women from certain racial and ethnic groups.

Sometimes, the same issues can have an opposite impact on members of two different ethnicities. For example, many immigrant women face the unique threat of deportation by abusers who control their immigration status (10, 11, 12). For South Asian immigrant women, abuse within the United States is often made worse by extreme social isolation due to the distance from family overseas (11), while for Mexican immigrant women, sending

Cultural norms may shape violence and may affect how much violence is reported to outsiders. (14, 16, 17)

a woman back to Mexico is a tactic used by abusive men to control a woman's ability to work and become independent (13).

In another example of how cultural norms may shape violence, Latina women who contribute more to family finances are at higher risk for victimization because women's earnings may challenge gender norms about Latino men's ability to provide for their families (14), while higher women's earnings do not increase violence for Vietnamese women who are traditionally expected to contribute financially to the household (10). Unique cultural norms can also be particularly challenging when women are trying to explain their victimization to others, for example, testifying in a family court. As Jaffe, Johnston, Crooks & Bala (15) explain:

Particular behaviors may be deemed especially insulting and offensive in some minority ethnic families in ways that may not be understood by most others (e.g., slapping with shoes in an Islamic culture). Moreover, a victim might have multiple abusers (e.g., her spouse and mother-in-law in some Indian families).

Culture may also affect how much violence is reported to outsiders. As noted above, Asian women report less physical and sexual violence than other racial groups, but some scholars believe this is because many traditional Asian cultures view women's help-seeking as shaming the family name, losing face, challenging male-dominated

traditions, or disrupting family harmony (16, 17). Unless service providers or legal system personnel understand the cultural significance of certain types of actions and attitudes, it may be difficult for women from some ethnic groups to access the help they need.

Race and ethnicity may influence the way a woman responds to intimate partner violence or sexual assault.

Research finds that women's response to violence may differ based on their race or ethnicity. For example, Hispanic women who experience violence were found to be more likely to use emergency room services, and less likely to use other victim services compared to Black or White women, suggesting that cultural, legal, or linguistic barriers may affect Hispanic women's decisions about where to seek help for violence (18, 19). A recent national study found that two-thirds of Latinas in a national sample sought help from informal rather than formal sources (20).

When African American women experience sexual or intimate partner violence, research shows that they are less likely to use formal counseling, but are more likely than White women to cope by using prayer (21) or by engaging in substance abuse following an experience of violence (22, 23). Intimate partner violence has also been shown to increase suicidal behavior among low-income African American women (24, 25, 26). Many Asian cultures value harmony in family life, and some Asian women have described attempting to cope with violence through "tolerance" and "endurance" to avoid feelings of shame (16). Research like these studies on help-seeking behaviors by Latinas and coping behaviors by African American or Asian women has obvious and critical implications for understanding and effectively helping these diverse survivors.

Issues of racial or ethnic inequality may impact the help that minority women seek or receive.

Many racial or ethnic minorities may perceive that official helping systems like the justice system, medical care, or shelters are mainly operated by and for White people (e.g., 11, 27, 28, 29). Language can be an obvious barrier for some women, but other cultural differences can also affect a woman's experience with helping agencies. A lack of cultural competence by service providers may discourage minority women from disclosing abuse or seeking services that may help them.

Reviews of research literature note that depression symptoms are different among African American women, who often strive to maintain an appearance of strength in public. The unique symptoms of depression in African American women have been understudied, and this lack of knowledge has been shown to result in inadequate treatment and missed diagnoses of depression among this group (28, 30).

The lack of culturally competent services can also discourage African American women from seeking or continuing formal victim services (31, 32, 33, 34), while the history of racial discrimination in the criminal justice system towards Black men may limit the ways in which Black battered women use law enforcement for help (27, 35, 36). Research finds that experiences and perceptions of racism by White health care providers is common among African American women who have sought help for sexual assault or intimate partner violence (28, 32, 37). This research highlights the importance of culturally competent services that are careful to avoid discrimination and avoid subjecting minority women to additional stress.

A lack of cultural competence by service providers may discourage minority women from disclosing abuse or seeking services that may help them.

Lack of cultural awareness by service providers is also a barrier for women of other racial or ethnic groups. For

example, Horsburgh (38) notes that strict dietary and lifestyle rules (e.g., eating only kosher foods, bans on television viewing) may prevent Orthodox Jewish women from being able to flee to a secular shelter with their children.

Some minority women may even avoid reporting violence to formal agencies out of fear that they or their culture will be criticized based on racial/ethnic stereotypes, or that they will bring shame and scrutiny to their families or cultural communities (11, 12, 16).

Certain cultural characteristics among members of specific racial or ethnic groups may shape the impact of victimization.

It is important not to assume that minority cultures cause or promote violence against women, and instead look at the ways in which culture and violence interacts.

Dasgupta (11) points out that "many white Americans presume that 'other' cultures, especially minority ones, are far more accepting of woman abuse than the U.S. culture" (p.61). This inaccurate assumption leads to discriminatory treatment of minority women and can have detrimental impacts on victims.

For example, many victimized African American women try to live up to the "strong Black woman" stereotype, burying their trauma and emotional pain in culturally prescribed ways (27, 29, 36). As a result, Black women may not exhibit traditional PTSD or "rape crisis syndrome" symptoms (which are based on studies of mostly white battered women) and thus may not receive the care, respect, and attention they need (36). Some African American women may even perceive the terminology used by White service providers as racist, since they are being made to conform to White women's cultural notions of trauma and relationship conflict (27, 28, 36). These studies do not mean that battered Black women do not benefit from empowerment, which has in fact been shown to increase Black women's resilience to IPV (34), but instead highlight the ways in which the history of racial injustice in the U.S. may impact Black women's openness to certain forms of outside help if

available services are not competently aware of cultural differences.

Helping systems that encourage women to divorce or leave violent relationships have also been identified as a barrier to many immigrant ethnic groups, including many Asians and Latinos, who are strongly patriarchal or family-centered, or rely on keeping their marriage intact to remain in the U.S. with their children (11, 16, 38). Battered women in these groups may hold values which encourage self-sacrifice or putting the community or family first (11, 12), and research suggests that couple therapy or other family-involved approaches can be effective at stopping marital violence for many Asian couples (16). When Asian women choose to leave a violent relationship, shelters with Asian staff can help women to overcome cultural and language barriers (16). Mothers in most cultures frequently place the needs of their children first; however, for women with strong religious traditions, tight cultural communities, or vulnerable immigration status the best outcome for their children may be linked to the entire family's reputation in the community (11, 38). Such cultural norms may prohibit women from accepting services, treatments, legal options, or other forms of help from outside of their community.

Implications of Race/Ethnicity for Intervention

This report has described some specific effects of race and ethnicity on experiences of intimate partner violence and sexual assault. The research literature also includes many community-based studies relating to specific racial/ethnic groups, cultures, or social circumstances. Many studies have specific implications for intervening on behalf of women from different racial and ethnic backgrounds. Here are a few examples:

- Many African American women benefit from informal social support or other organized means of "self-help" within the Black community (27, 39, 40).

- Culturally-sensitive forms of empowerment for African American women have a positive impact on reducing PTSD and depression symptoms (34).

- Asian women may benefit from services that recognize the dilemma of culturally-based shame when seeking help and recognize that silence does not mean Asian women are resistant to help. Many Asian cultures interpret tangible assistance as "a way to demonstrate the professional's willingness to help and his or her competence" (16, p. 478, 17, 41).

- Language difficulties are one of the most commonly identified barriers for Latina and Asian immigrant women seeking help for domestic violence (12, 16).

- Sexual assault interventions that are culturally-specific (e.g., addressing race-specific rape myths) have been found to be more meaningful to African American participants than "colorblind" examples (42).

Any approach to understanding how race, ethnicity, and culture affects women's experience of sexual assault or intimate partner violence must at the very least take into account the complexities of race, ethnicity, gender, and socioeconomic status. However, Kasturirangan, Krishnan, and Riger (43) provide an important warning that "incomplete comprehension of cultural scripts only reinforces stereotypical notions of the lives of minority people" (p. 322). Scholars and practitioners must be careful to ensure that knowledge of other cultures does not "become a new set of stereotypes" but instead helps to facilitate cross-cultural dialogues which can be "transformed into culturally sensitive policies, practices, and programs" (29, p. 5).

Conclusion

Research finds that race and ethnicity matter when a woman experiences intimate partner violence or sexual assault. National prevalence data reveal that women from different racial categories experience different rates of physical violence, sexual assault, and stalking. However, most differences between racial categories can be accounted for by other factors, such as socioeconomic status. Important demographic factors which explain higher rates of victimization regardless of race include a woman's younger age, lower income, less financial stability, unmarried status, limited education, and unemployment. Other criminology research suggests that rates of violence against women, like most other forms of crime, are affected by community characteristics such as poverty, family disruption, and social instability. Therefore, most researchers conclude that race and ethnicity are not really the cause of different rates of violence against women, but that sociodemographic inequalities which are more or less prominent among certain racial/ethnic groups determine a woman's risk of experiencing violence. While racial and ethnic differences may not cause violence against women, research does show that race and ethnicity impact the experience of IPV or sexual assault. Women from certain ethnic groups experience unique threats related to their culture or immigration status. Women may be harasses or abused in ways that are uniquely demeaning in their own culture, which may not be easily understood by outsiders. Other women may have specific cultural practices or attitudes which make them more or less likely to report violence, or may impact the ways in which they choose to seek help. Race and ethnicity may also shape the types of trauma women experience and the ways they attempt to cope. For all of these reasons, the development of culturally competent services is extremely important for increasing the ability of professionals to help women from different backgrounds.

Resources

1. Cho, H. (2011). Racial Differences in the Prevalence of Intimate Partner Violence Against Women and Associated Factors. *Journal of Interpersonal Violence*, In press. doi: 10.1177/0886260511416469

2. Tjaden, P., & Thoennes, N. (2000). *Extent, Nature, and Consequences of Intimate Partner Violence: Findings From the National Violence Against Women Survey*. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs.

3. Logan, T., Walker, R., Jordan, C. E., & Leukefeld, C. G. (2006). *Women and victimization: Contributing factors, interventions, and implications*. Washington, DC: American Psychological Association.

4. Christy-McMullin, K. (2005). Economic Resources and Woman Abuse: Differences and Similarities Among African American, Hispanic, and White Women. [Article]. *Journal of Ethnic & Cultural Diversity in Social Work, 14*(3/4), 103-123. doi: 10.1300/J051v14n0306

5. Vest, J. R., Catlin, T. K., Chen, J. J., & Brownson, R. C. (2002). Multistate analysis of factors associated with intimate partner violence. *American Journal of Preventive Medicine, 22*(3), 156-164. doi: 10.1016/s0749-3797(01)00431-7

6. Honeycutt, T. C., Marshall, L. L., & Weston, R. (2001). Toward Ethnically Specific Models of Employment, Public Assistance, and Victimization. *Violence Against Women, 7*(2), 126-140. doi: 10.1177/10778010122182352

7. Hampton, R. L., Carrillo, R., & Kim, J. (2005). Domestic violence in African American communities. In N. J. Sokoloff & C. Pratt (Eds.), *Domestic violence at the margins: Readings on race, class, gender, and culture* (pp. 127-141). Piscataway, NJ: Rutgers University Press.

8. Grossman, S. F., Hinkley, S., Kawalski, A., & Margrave, C. (2005). Rural Versus Urban Victims of Violence: The Interplay of Race and Region. *Journal of Family Violence, 20*(2), 71-81. doi: 10.1007/s10896-005-3170-y

9. Kalichman, S. C., Williams, E. A., Cherry, C., Belcher, L., & Nachimson, D. (1998). Sexual Coercion, Domestic Violence, and Negotiating Condom Use Among Low-Income African American Women. *Journal of Women's Health, 7*(3), 371-378. doi: 10.1089/jwh.1998.7.371

10. Bui, H. N., & Morash, M. (1999). Domestic Violence in the Vietnamese Immigrant Community. *Violence Against Women, 5*(7), 769-795. doi: 10.1177/10778019922181473

11. Dasgupta, S. D. (2005). Women's Realities: Defining Violence against Women by Immigration, Race, and Class. In N. J. Sokoloff & C. Pratt (Eds.), *Domestic violence at the margins: Readings on race, class, gender, and culture*. (pp. 56-70). Piscataway, NJ US: Rutgers University Press.

12. Raj, A., & Silverman, J. (2002). Violence against immigrant women: The roles of culture, context, and legal immigrant status on intimate partner violence. *Violence Against Women, 8*(3), 367-398.

13. Galvez, G., Mankowski, E. S., McGlade, M. S., Ruiz, M. E., & Glass, N. (2011). Work-Related Intimate Partner Violence Among Employed Immigrants From Mexico. *Psychology of Men and Masculinity, 12*(3), 230-246. doi: 10.1037/a0022690

14. Perilla, J. L., Bakeman, R., & Norris, F. H. (1994). Culture and Domestic Violence: The Ecology of Abused Latinas. *Violence and Victims, 9*(4), 325-339.

15. Jaffe, P. G., Johnston, J. R., Crooks, C. V., & Bala, N. (2008). Custody disputes involving allegations of domestic violence: Toward a differentiated approach to parenting plans. *Family Court Review, 46*(3), 500-522. doi: 10.1111/j.1744-1617.2008.00216.x

16. Lee, M. Y. (2002). Asian Battered Women: Assessment and Treatment. In A. R. Roberts (Ed.), *Handbook of Domestic Violence Intervention Strategies: Policies, Programs, and Legal Remedies* (pp. 472-482). New York: Oxford University Press.

17. Lum, J. (1998). *Family violence*. Thousand Oaks, CA: Sage.

18. Lipsky, S., & Caetano, P. (2007). The Role of Race/Ethnicity in the Relationship Between Emergency Department Use and Intimate Partner Violence: Findings From the 2002 National Survey on Drug Use and Health. [Article]. *American Journal of Public Health, 97*(12), 2246-2252.

19. Lipsky, S., Caetano, R., Field, C. A., & Larkin, G. L. (2006). The Role of Intimate Partner Violence, Race, and Ethnicity in Help-Seeking Behaviors. [Article]. *Ethnicity & Health, 11*(1), 81-100. doi: 10.1080/13557850500391410

20. Sabina, C., Cuevas, C. A., & Schally, J. L. (2011). Help-Seeking in a National Sample of Victimized Latino Women: The Influence of Victimization Types. *Journal of Interpersonal Violence,* In press. doi: 10.1177/0886260511416460

21. El-Khoury, M., Dutton, M. A., Goodman, L. A., Engel, L., Belameric, R., & Murphy, M. (2004). Ethnic differences in battered women's formal help-seeking strategies: A focus on health, mental health, and spirituality. *Cultural Diversity & Ethnic Minority Psychology, 10*, 383-393.

22. Kaukinen, C., & DeMaris, A. (2005). Age at first sexual assault and current substance use and depression. *Journal of Interpersonal Violence, 19*, 967-990.

23. Sullivan, T. P., Cavanaugh, C. E., Ufner, M. J., Swan, S. C., & Snow, D. L. (2009). Relationships among women's use of aggression, their victimization, and substance use problems: A test of the moderating effects of race/ethnicity. *Journal of Aggression, Maltreatment & Trauma, 18*(6), 646-666. doi: 10.1080/10926770903103263

24. Leone, J. M. (2011). Suicidal Behavior Among Low-Income, African American Female Victims of Intimate Terrorism and Situational Couple Violence. *Journal of Interpersonal Violence, 26*(13), 2568-2591. doi: 10.1177/0886260510388280

25. Meadows, L. A., Kaslow, N. J., Thompson, M. P., & Jurkovic, G. J. (2005). Protective Factors Against Suicide Attempt Risk Among African American Women Experiencing Intimate Partner Violence. *American Journal of Community Psychology, 36*(1), 109-121. doi: 10.1007/s10464-005-6236-3

26. Thompson, M. P., Kaslow, N. J., & Kingree, J. B. (2002). Risk Factors for Suicide Attempts Among African American Women Experiencing Recent Intimate Partner Violence. *Violence and Victims, 17*(3), 283-295.

27. Bent-Goodley, T. B. (2001). Eradicating domestic violence in the African American community: A

literature review and action agenda. *Trauma, Violence, & Abuse, 2*(4), 316-330.

28. Nicolaidis, C., Timmons, V., Thomas, M. J., Waters, A. S., Wahab, S., Mejia, A., & Mitchell, S. R. (2010). "You Don't Go Tell White People Nothing": African American Women's Perspectives on the Influence of Violence and Race on Depression and Depression Care. [Article]. *American Journal of Public Health, 100*(8), 1470-1476. doi: 10.2105/ajph.2009.161950

29. West, C. M. (2006). *Sexual violence in the lives of African American women: Risk, response, and resilience.* Harrisburg, P.A.: VAWnet, a project of the national Resource Center on Domestic Violence/ Pennsylvania Coalition Against Domestic Violence. Retrieved from www.vanet.org.

30. Carrington, C. H. (2006). Clinical depression in African American women: Diagnoses, treatment, and research. *Journal of Clinical Psychology, 62*(7), 779-791. doi: 10.1002/jclp.20289

31. Bent-Goodley, T. B. (2004). Perceptions of domestic violence: a dialogue with African American women. *Health & Social Work, 29*(4), 307-316.

32. Campbell, J., Campbell, D. W., Gary, F., Nedd, D., Price-Lea, P., Sharps, P. W., & Smith, C. (2008). African American women's responses to intimate partner violence: An examination of cultural context. *Journal of Aggression, Maltreatment & Trauma, 16*(3), 277-295. doi: 10.1080/10926770801925684

33. Kaukinen, C., & DeMaris, A. (2009). Sexual assault and current mental health: The role of help-seeking and police response. *Violence Against Women, 15*(11), 1331-1357.

34. Wright, C. V., Perez, S., & Johnson, D. M. (2010). The mediating role of empowerment for african american women experiencing intimate partner violence. *Psychological Trauma: Theory, Research, Practice, and Policy.* doi: 10.1037/a0017470

35. Richie, B. (1996). *Compelled to crime: The gender entrapment of black battered women.* New York: Routelege.

36. Washington, P. A. (2001). Disclosure Patterns of Black Female Sexual Assault Survivors. *Violence Against Women, 7*(11), 1254-1283. doi: 10.1177/10778010122183856

37. Waltermaurer, E., Watson, C.-A., & McNutt, L.-A. (2006). Black Women's Health: The Effect of Perceived Racism and Intimate Partner Violence. [Article]. *Violence Against Women, 12*(12), 1214-1222. doi: 10.1177/1077801206293545

38. Horsburgh, B. (2005). Lifting the veil of secrecy: Domestic violence in the Jewish community. In N. J. Sokoloff & C. Pratt (Eds.), Domestic *violence at the margins: Readings on race, class, gender, and culture* (pp. 206-226). Piscataway, NJ: Rutgers University Press.

39. Bent-Goodley, T. B. (2005). Culture and Domestic Violence: Transforming Knowledge Development. *Journal of Interpersonal Violence, 20*(2), 195-203. doi: 10.1177/0886260504269050

40. Taylor, J. Y. (2000). Sisters of the yam: African american women's healing and self-recovery from intimate male partner violence. *Issues in Mental Health Nursing, 21*(5), 515-531.

41. Huang, K. (1991). Chinese Americans. In N. Mokuau (Ed.), *Handbook of Social Services for Asian Americans and Pacific Islanders.* New York: Greenwood Press.

42. Neville, H. A., Heppner, M. J., & Spanierman, L. B. (2003). Sexual violence against African American women: General and cultural factors influencing rape treatment and prevention strategies in university settings. In B. C. Wallace (Ed.), *Understanding and Dealing With Violence: A Multicultural Approach* (pp. 183-200). Thousand Oaks, CA: Sage.

43. Kasturirangan, A., Krishnan, S., & Riger, S. (2004). The Impact of Culture and Minority Status on Women's Experience of Domestic Violence. *Trauma, Violence, & Abuse, 5*(4), 318-332. doi: 10.1177/1524838004269487