

Racializing intimate partner violence among Black, Native American, Asian American and Latina women

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Abstract

Intimate partner violence (IPV) continues to attract much attention and awareness as an increasing social problem in the U.S. While intimate partner violence scholars and experts have developed an inclusive conceptualization of IPV, research highlights the need to construct a framework of IPV incorporating the sociocultural and sociohistorical contexts and narratives unique to racial and ethnic minority women. An inclusive discourse fully examining the complexities of IPV among racial and ethnic minority women is valuable to the development of quality services, interventions and prevention strategies aiming to serve racial and ethnic minority women

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Introduction

The framing of intimate partner violence

Intimate partner violence (IPV) also referred to as domestic violence involves the physical, sexual, and/or psychological abuse to an individual perpetrated by a current or former intimate partner (Rodriguez, Bauer, McLoughlin & Grumbach, 1999; McMahon & Armstrong, 2012; National Network to End Domestic Violence, 2010). Definitions of intimate partner violence have expanded to be more inclusive, describing it as past or present violence occurring between former or current partners, intimate partners, relatives or household members. In this context, intimate partners may include individuals who have dated or are currently dating, individuals who have cohabitated in the past, or individuals presently in cohabitation. According to the United States Department of Justice, intimate partner violence encompasses the “physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person...includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone” (2011). Physical, sexual, emotional, economic and psychological abuses are five of the vital components important in understanding intimate partner violence. The definition of intimate partner violence remains fluid, controversial, and shifting. It is, however, vital to recognize the aforementioned forms of abuse when defining and identifying cases of intimate partner violence. Although the Domestic Abuse Intervention Project (2011) noted physical, sexual, emotional, economic and psychological abuse components of intimate partner violence against women within heterosexual relationships, it is imperative to recognize that intimate partner violence is prevalent in all forms of relationships and impacts individuals of all sexualities, ages, races, ethnicities, sexual orientations, genders, religions, socioeconomic statuses and spiritualities. This recognition is important in developing more inclusive therapeutic models for diverse populations.

While intimate partner violence scholars and experts have developed an inclusive definition and conceptualization of intimate partner violence, it is valuable for practitioners and other health care professions to be aware of how such framing of intimate partner violence can become problematic for women of racial and ethnic minority groups. A holistic definition of intimate partner violence must incorporate sociocultural and sociohistorical contexts unique to experiences of racial and ethnic minority women. Research suggests sociocultural experiences of racial and ethnic minority women impacts how intimate partner violence is perceived defined and understood (Garfield, 2001; Sokoloff & Dupont, 2005; Yoshihama, 1999). For instance, women of Japanese descent viewed the act of dousing a woman in water a more severe act of violence than physical acts of pushing, slapping and grabbing (Sokoloff & Dupont, 2005). In Chinese communities domestic violence was perceived as an “acceptable” or “appropriate” act or consequence for women participating in extramarital affairs, demonstrating a lack of emotional control and suggesting masculine gender roles or characteristics (Yick & Agbayani-Siewert 1997; Weil & Lee, 2004). African American women were also less likely to view acts of physical aggression as less severe, when compared to acts of racism (Garfield, 2001). These specific findings indicate the significance of examining the sociocultural and sociohistorical contexts, valuable to understand the framing of intimate partner violence among racial and ethnic minority communities.

Over the past few decades, intimate partner violence has attracted much greater attention and awareness as a social problem, largely as a result of feminist scholarship and advocacy (Kasturirangan, Krishnan & Riger, 2004). Racial and ethnic minority women, however, are often excluded from intimate partner violence discourse and research. Many researchers and practitioners working in the field of intimate partner violence fail to fully incorporate the personal narratives and experiences of racial and ethnic minority women survivors of intimate partner violence into their therapeutic approaches. This lack of incorporation extends to research regarding intimate partner violence, which continues to ignore or overlook racial and ethnic differences in domestic violence experiences by excluding narratives of minority women of various racial and ethnic identities (Jones, 2008; Kasturirangan & Williams, 2003; Vidales, 2010). Ultimately, there continues to be inadequate

therapeutic services, interventions and assessments targeting racial and ethnic minority women who experience IPV.

Although the prevalence of IPV is visible among women of all racial and ethnic populations, racial and ethnic minority women's experiences often differ from the experiences of white women. Minority racial and ethnic women experience higher rates of poverty, discrimination, and social stigma, in addition to the more universal experiences of IPV survivors, which include: low self-esteem, posttraumatic stress disorder (PTSD), depression, anxiety, substance abuse, and suicidal ideation and attempts (Bryant-Davis, Chung & Tillman, 2009). These women commonly mistrust agencies providing services for survivors of IPV. Racial and ethnic minority women also tend to have less awareness and accessibility to resources and services.

Intimate partner violence and its effects among racial and ethnic minority women is compounded by historical experiences of societal trauma such as racism and sexism. Societal trauma is defined as "interpersonal and systemic emotional, verbal, and physical assaults by those with power and privilege against members of marginalized groups...acts, intentional or nonintentional, are often met by society with silence, invisibility, and victim-blaming" (Bryant-Davis, Chung & Tillman, 2009). Scholars have identified several unique commonalities which exist for minority racial and ethnic women experiencing IPV: **1.** strong personal identification based on familial structure, cultural identity and patriarchy; **2.** religious beliefs that can enforce victimization and legitimize abusive behaviors; **3.** fear of isolation; **4.** loyalty to immediate and extended family as well as loyalty to racial/ethnic communities and culture; **5.** guarded trust and reluctance to discuss "private matters;" **6.** distrust of law enforcement, which has been historically perceived as sexist and racially and culturally biased; **7.** Distrust in shelter and intervention resources, which are often not culturally competent (Administration for Children and Families, 2001; Women of Color, 2006). Recognition and awareness of historical and societal experiences racial and ethnic minority women populations endure is valuable to understand the contemporary obstacles and struggles racial and ethnic minority women survivors of IPV undergo. Awareness of these commonalities prepares professionals with racial and cultural knowledge to better assess, detect and intervene in issues of IPV among racial and ethnic minority communities.

The Reality of Intimate Partner Violence for Racial and Ethnic Minority Women

Intimate partner violence is a social issue impacting women regardless of racial and ethnic identity. Therefore, it is important to understand the complexity of intimate partner violence among racial and ethnic minority populations, specifically centering on women belonging to Black/African American, Native American, Asian and Latina communities. This article will examine the multiple racial, social, historical, political and economic linkages and distinctions shaping the experiences of intimate partner violence among these distinct racial and ethnic minority groups. While systems and ideologies of patriarchy present various challenges for all racial and ethnic minority women, it is necessary to examine the distinct politics, representations and forms patriarchy creates for different communities of racial and ethnic minority women experiencing IPV. Exploration of these racial communities provides an analysis demonstrating the "unique" lived experiences of IPV survivors and its direct connection to a patriarchal society.

African American women

African American women experience IPV at very alarming rates. According to Bryant-Davis et al. (2009) African American couples reported significantly higher rates of sexual aggression within their relationships compared to White couples. There remains a lack of scholarly research regarding issues of IPV and its impact on African American women. Black feminist scholars such as Davis (2000) and Collins (2002) continue to be prominent figures highlighting the emergent need to develop research, which addresses and explores the narratives and issues of IPV among African American women. African American women experience IPV at a higher rate than white women (Feminist Majority Foundation's Choice, 2011; Rennison & Welchans, 2000; Truman & Morgan, 2014; Women of Color, 2006). Reports indicate approximately 30% of African American women will experience an act of IPV, such as stalking, sexual and/or physical abuse by a partner (Rennison & Welchans, 2000).

African American women also experience a greater risk of being murdered by their partners in such domestic partnerships (Lee, Thompson & Mechanic, 2002; Women of Color, 2006). Despite these startling realities, African American women are less likely than white women to utilize IPV intervention services, resources and shelters due to issues of accessibility, affordability and quality of IPV services and resources.

According to Neville et al.'s (2004) study, African American female college students who have experienced IPV are likely to report lower levels of self-esteem, as a result of self-blaming compared to women of other racial and ethnic identities. Studies indicate African American women exposed to IPV are also at a greater risk of developing PTSD (Bryant-Davis, Chung & Tillman, 2009). In particular, Hood and Carter (2008) suggest that African American women survivors of abuse (domestic, childhood and/or sexual) experienced more severe symptoms of PTSD. Research pertaining to African American women survivors of IPV indicates, "...a relationship between trauma and PTSD but that PTSD mediated the relationship between trauma and physical health symptoms" (Bryant-Davis, Chung & Tillman, 2009, 334). African American women exposed to IPV also report significant rates of depression. Substance abuse also impacts African American women who have experienced IPV. Research reveals that African American women survivors of IPV reports high rates regarding the usage of alcohol, marijuana and crack cocaine (Bryant-Davis, Chung & Tillman, 2009).

Suicidal ideation significantly impacts African American women exposed to IPV as well. Of the few studies conducted about Black women and abuse, most hone in on sexual violence. Historically, domestic abuse, specifically sexual violence in the form of rape, has been a specific tool of domination, disempowerment and oppression among racial and ethnic minority women, particularly African American women. Acts of sexual violence, explicitly rape, functions as a way to oppress and strip survivors of their will to resist, making them submissive and passive to the will of the perpetrator (Collins, 2002). Very limited research exists regarding suicidal ideation among African American women experiencing IPV. One of the few extant studies conducted among 335 African American women reported the women exposed to sexual abuse, one facet of IPV were more likely to experience PTSD, which contributed to higher attempts of suicide (Thompson, Kaslow & Kingree, 2000). Another study indicated sexually abused African American women's suicide attempts increased when factors such as low-income, depression, psychological distress, feelings of hopelessness and substance abuse were involved compared to African American women who did not experience abuse (Kaslow, Thompson, Brooks & Twomey, 2000). Research has also identified several other mental health conditions, which more seriously impact African American women survivors of IPV. One study indicated sexually abused African American women were likely to report significant rates of stress and dissociation (Temple et al., 2007). A second study concluded sexually abused African American women experienced severe symptoms of panic disorder (Bryant-Davis, Chung & Tillman, 2009). African American women experiencing a history of sexual abuse are more likely to become vulnerable to risky sexual behaviors including unprotected sex, multiple partners, and increased exposure to infections such as HIV and AIDS. Approximately 40% of sexually abused African American women have contracted HIV (Bryant-Davis, Chung & Tillman, 2009). While this area of abuse needs further exploration by scholars and sexual violence advocates, IPV targeting African American women remains largely understudied. Consequently, racially-specific interventions for these women remain scarce.

Native American women

Encounters and experiences of IPV differ for Native American women within distinct tribes, communities and nations. Many scholars identify IPV as a relatively new phenomena occurring in Native American communities. The rise of IPV has been attributed to several factors such as the increased use of alcohol among Native American men, adoption of Christian religious beliefs and assimilation to dominant European beliefs and values (USDOJ, 1999). According to the National Violence Against Women Survey (2000), Native American women reported higher rates of IPV compared to women of other racial and ethnic populations; 37.5% of Native American women are victimized by IPV (Tjaden & Thoennes, 2000).

The most prevalent mental health problems Native American women survivors of IPV experience are substance abuse, depression and suicide. Substance abuse among the Native American population has become a serious concern. Many researchers have studied this issue of substance abuse and alcohol dependency among Native Americans. These studies argue that exposure to traumatic life events contributes to dependency on substances and/or alcohol. Native American women IPV survivors are more vulnerable to substance and/or alcohol dependency compared to Native American women who do not experience IPV (Bohn, 2003; Fairchild, Fairchild & Stoner, 1998; Jones, 2008; Mitka, 2002). Research also indicates very high rates of depression and suicide among Native American populations (Johnson & Cameron, 2001). One factor which may contribute to severity of depression is PTSD. For Native American women IPV has become the most significant indicator for PTSD (Bryant-Davis, Chung & Tillman, 2009). Native American women also continue to experience very high rates of sexual violence, which Simoni, Sehgal & Walters (2004) reported significantly correlates to the increased rates of HIV amongst Native American women.

Asian American women

According to the Asian & Pacific Islander Institute on Domestic Violence national U.S. survey (2009) approximately 40-60% of Asian American women reported exposure to domestic violence at some points in their lives. A study conducted by Project AWARE's (Asian Women Advocating Respect & Empowerment), showed an estimated 81% of the Asian women surveyed in the U.S. experienced some form of IPV within the time frame of one year (Yoshihama & Dabby, 2009). Although this study may not be representative of the actual rate of Asian women experiencing IPV in the U.S., the study does suggest the pervasiveness of IPV within this group of women. When distinguishing among subgroups within the Asian population, women of particular Asian ethnicities experience higher rates of IPV. Studies unveil that Korean, Cambodian, Chinese and Vietnamese women in the U.S. experience high rates of IPV. According to a survey conducted by Tjaden and Thoennes (2000), 60% of Korean women interviewed experienced IPV. The Asian Task Force Against Domestic Violence in Boston concluded approximately 47% of Cambodian women participants were exposed to domestic violence (Asian Pacifica Islander Institute on Domestic Violence, 2002). Another study conducted in Boston among Vietnamese women revealed an estimate of 47% of Vietnamese women reporting being in a partnership where domestic violence occurred. Domestic violence among Asian American women correlates with substance abuse, suicide and depression similarly to women of other racial and ethnic groups. Asian Americans, however, are more likely to experience severe mental health symptoms associated from feelings of helplessness, embarrassment and shame, resulting from overwhelming cultural expectations and pressure (Luo, 2000). Some Asian American cultures place a high value on a "virgin woman," thus devaluing and labeling women who do not fulfill such expectations as unworthy. These cultural expectations may situate Asian American women in subordinate positions creating feelings of powerlessness.

Latina women

In 2000, the National Violence Against Women Survey (NVAWS) reported approximately 23% of Latina women indicated being victimized within intimate partnerships. The study also concluded Latina women were more likely to experience rape by their partners within these violent relationships (USDOJ, 2000). Another study released in 2000 unveiled that the extent and severity of domestic violence increased significantly for Latina women who immigrated to the U.S. (Dutton, Orloff & Hass, 2000). When distinguishing among Latina subgroups, statistics indicate domestic violence is significantly lower for Cuban women who are pregnant while rates are highest for Puerto Rican who are pregnant (Torres, Campbell, Ryan, King, Price, Stallings, Fuchs & Laude, 2000). Cultural/Ethnic differentiation among Latina subgroups is important for practitioners, advocates, and scholars to note as they strive to better serve Latina survivors of IPV.

Similar to African American, Native American and Asian American women exposed to IPV, Latina Women also report high rates of PTSD, depression and substance and/or alcohol abuse. Although limited research exists on the relationship between Latina women experiencing IPV and the associated mental health conditions, that research does demonstrate Latina women experiencing the highest rates of PTSD when compared to all other racial and ethnic populations of women. Latina

women survivors of domestic violence also frequently struggle with severe eating disorders and headaches (Bryant-Davis, Chung & Tillman, 2009).

It is vital for practitioners to recognize and understand the specific mental conditions, which may directly impact the mental health of Latina women experiencing IPV. For instance, “ataques de nervios,” has been identified as a cultural condition occurring solely among Latina women. “Ataques de nervios” is usually associated with the exposure to stressful events such as IPV. Symptoms include “uncontrollable shouting, crying, trembling, palpitations, and aggressiveness” (Bryant-Davis, Chung & Tillman, 340, 2009). Although “ataques de nervios” significantly impacts Latina women, Puerto Rican women experience higher rates of the mental condition. Women diagnosed with “ataques de nervios” are also likely to suffer from anxiety disorders, PTSD and dissociative disorders. Latina women survivors of IPV also may suffer from “susto,” a mental condition contributing to intense fear. Those within Latino/a communities hold the belief that once the individual develops “susto,” one’s soul exits the body, contributing to one’s experiencing severe unhappiness and feelings of illness (Bryant-Davis, Chung & Tillman, 2009). Latina women survivors of IPV may experience these symptoms months or years after the violence has occurred.

The exploration of historical, racial and cultural differences among Black/African American, Native American, Asian and Latina women is essential to further understand the marginalized location racial and ethnic women survivors of domestic violence experience. Recognition and awareness of the historical, racial and cultural distinctions related to domestic violence for women of racial and ethnic minority populations provides professionals with a thorough understanding to better comprehend current dynamics of societal trauma, racial oppression and mistrust further complicating racial and ethnic minority women experiencing IPV.

Understanding Societal Trauma, Racial Oppression & Mistrust

There are numerous factors vital for practitioners to acknowledge and understand when providing services to racial and ethnic minority women exposed to and/or experiencing trauma associated with IPV. Exposure to societal trauma, specifically racial oppression, continues to affect racial and ethnic minority women experiencing IPV. Societal trauma may also impact the coping abilities of these women. Societal trauma may involve physical or verbal “oppressive” interactions with the privileged/dominant population. In particular, racial and ethnic minority women experiencing intimate partner violence are more likely to encounter experiences involving victim-blaming behaviors from health care professionals. Social and health care professionals also tend to display less sympathetic attitudes, minimize the experience of abuse and provide fewer positive comments toward racial and ethnic minority women survivors of domestic violence, in comparison to white women survivors of domestic violence (Hamberger, Ambuel & Guse, 2007; Hamberger, Ambuel, Marbella & Donze, 1998). Such encounters and experiences are influenced by racial and ethnic stereotypes that objectify, oppress and devalue the roles, bodies and experiences of racial minority populations; for instance, the controlling image of the “strong Black woman” complicates the encounters and interactions between Black/African American women and health care professionals. The perception and stereotype of the “strong Black woman” produces health care professionals who are more likely to view Black/African American women as possessing the ability to “...sustain anything, has no fear, and can easily protect herself” (Bent-Goodley, 2004). Controlled images and stereotypes of racial and ethnic minorities further complicate interactions, behaviors and attitudes related to issues of domestic violence. From structural and institutional standpoints, educational, employment, healthcare, and judicial systems continue to construct “oppressive realities,” which racial and ethnic minority women challenge and experience in their daily lives. (Bryant-Davis, Chung & Tillman, 2009). Consequently, it is critical for practitioners to acknowledge and concretely comprehend how racial and ethnic minority women experiences with racial oppression and discrimination can be very traumatic, thus contributing to one’s mental health and ability to recover and cope with the traumatic experience of domestic violence. It is also important to further understand the racial and cultural barriers which minority racial and ethnic women have to confront and challenge not only from the “dominant” culture, but within one’s own racial group. Within this context racial and cultural barriers involve negative stereotypes and attitudes or beliefs which contribute to the devaluation, oppression,

inequality and objectification of racial minority women. Negative stereotypes and attitudes and behaviors help to maintain social and institutional structures, which discredit, blame, trivialize and question racial and ethnic minority women's experiences and narratives of IPV.

For instance, the controlled image of the strong Black women continues to shape experiences of African American women survivors of domestic violence. Much of the research among African American domestic violence survivors fails to critically examine the linkages between domestic violence and the existing gender ideologies and norms constructing Black femininity and Black masculinity (Collins, 2002). African American women have historically been viewed through the controlling image of the "strong Black woman," which symbolizes independence, strength and the ability to overcome challenging obstacles in life (Beauboeuf-LaFontant, 2007; Beauboeuf-LaFontant, 2009; Collins, 2005; Wallace, 1990). Traditionally, African American women have also been depicted as the central figures in the structure of the Black family life. It is valuable to recognize and understand the "unique" socio-historical and socio-cultural contexts which shape and influence specific gender roles among African American women and men. An in-depth examination of the "Black Experience," which embodied hundreds of years of enslavement, oppression and inequality is valuable to clearly understand the complexity of gender and racial dynamics and the issue of domestic violence among the Black community. The "Black experience" encompasses several historical periods: post-slavery which introduced distinct social and economic conditions for Blacks; Industrial Revolution, replacing collectivistic values and beliefs of the Black community, later forcing the underpinnings of a capitalistic, individualist culture; and Civil Rights and Feminist Movements, which socially, politically, and economically advanced women and men in the Black community in distinct ways (Abrams, 2010; Collins, 2000; Wallace, 1990). These specific historical events define the "Black Experience" and continue to profoundly construct gender roles, responsibilities, norms and expectations of the Black community.

African American women have occupied and functioned in multiple roles and positions within the Black family, such as: laborers, providing financially for their families; protectors, nurturers, organizers, caretakers of the home, support systems (Abrams, 2010; Trask, 2006; Wallace, 1979). The traditional roles, positions and expectations of Black/African American women have constructed this image of the "Strong Black Woman (SBW)" (Beauboeuf-LaFontant, 2007; Beauboeuf-LaFontant, 2009; Woods-Giscombe, 2010). The controlling image of the SBW presents many complexities and challenges for African American women experiencing domestic violence. The perceived depiction of the SBW shapes how Black/African American women will experience law enforcement services, judicial systems and social services.

The race of the male perpetrator also adds to the complexity of problems for black women experiencing domestic violence. Not only is the woman burdened by the stereotypes assigned to them by the dominant culture, but also by intra-racial stereotypes and stigmas. Bryant-Davis, Chung and Tillman (2009) notes African American women are less likely to report incidents of domestic violence to social support networks and external agencies, as a result of historical "oppressive realities," elicited from educational, social, and judicial institutional structures, continuing to unjustly serve African American men. Consequently, African American women survivors of domestic violence become hesitant to report violence due to feeling pressured and obligated to protect African American men from historically unfair and unjust institutional systems. Further examination of the interlocking system of race, gender and class oppression is valuable to understand contemporary experiences and interactions among Black/African American women and men. Exploring the historical objectification, exploitation and domination of Black/African American women and men provides a holistic analysis important to an understanding of current social positions of individual members of this group. Further analysis is also pertinent in understanding current domestic violence encounters and interactions involving law enforcement, judicial systems and social service professionals. Historical experiences of discrimination, inequality, and mistreatment, contributes to the complexity of domestic violence particularly for Black/African American women survivors.

Culturally, religion has also played a very important role in the African American community. African American women comprise approximately 70% of black Christian congregations, indicating the importance of the church and religion in their lives and communities (Women of Color, 2006). Women committed to their religious beliefs are more likely to live life by following religious doctrines such as Christian ideologies, which create a space in which women fulfill the role of wife and nurturer of the children and home. Women may become placed in a subordinate position in which one may feel less powerful, which can make it more difficult for a woman to report or escape a relationship in which she experiences domestic violence.

Racial and Cultural Barriers

There are various racial and cultural barriers which contribute to the complexity of domestic violence and the under reporting of domestic violence among Native American women. One major factor impacting Native American women's struggle with domestic violence is location. Many Native American women reside on reservations, limiting accessibility to services, assistance, and opportunities to seek help. Research suggests that women residing on reservations are less likely to have access to outside communication, transportation, education, employment, child care, and domestic violence resources (Jones, 2008). Having limited access to external resources such as hospitals, clinics and other service providers contributes to the lack of confidentiality, having fewer healthcare alternatives, a narrower range of services and inadequate screenings and assessment for domestic violence survivors. These women are also more likely to experience poverty, along with failing to develop fluent English speaking skills (Women of Color, 2006). Fully comprehending the racial and cultural barriers Native American women survivors of domestic violence encounter helps professionals to develop accessible resources and services for Native American women, such as cultivating social work professionals familiar with Native American dialect, in order to establish effective communication, exploration and assessment of issues of domestic violence within the Native American communities is essential to practice.

A history of oppressive traumas, such as genocide, and unequal policies and treatment continue to create racial and societal barriers for Native American women facing domestic violence. Studies suggest colonialism, subjugation and racial oppression contributes to disproportional rates of domestic violence among Native American communities (Jones, 2008; Mitka, 2002). Many Native American women do not report domestic violence as a result of being fearful of unjust policies and actions by local and state governmental agencies. Experiences of racism, forcible expulsion from tribal lands and removal of children from homes, adds to Native American women sense of distrust of practitioners and professionals providing services to domestic violence survivors (Jones, 2008). Abused Native American women are often fearful of having their child/children removed or losing legal rights if they report violence (Bryant-Davis, Chung & Tillman, 2009). The fear of governmental and policing agencies and institutions is similar to that of African Americans, although rooted in differing historical legacies and contemporary circumstances.

There are also cultural norms, practices and customs which Native American women ascribe to depending on one's tribe, clan, nation, and community. Native American women in domestic violent relationships may develop a fear of being sanctioned from one's tribe or nation, if one decides to seek help or leave a domestic violent partnership.

Religion and spirituality are also important factors in Native American communities. They may become significant factors influencing women's behaviors, attitudes and actions regarding the domestic violence relationship. Religion and spirituality can serve as components of coercion which forces the woman to remain in the domestic violent partnership. Native American communities place a high value on developing community cohesion, which serves as a vital role strengthening religious and spiritual connections among Native American people. The community symbolizes a sacred space for members to feel highly connected, safe and a sense of strong attachment (McBride, 2003). Religious and spiritual beliefs construct rigid roles, values, morals and behaviors of Native American communities, while also serving as forums promoting a sense of community among members. Native American women survivors of domestic violence, however, are challenged with the fear of

obstructing such community cohesion and autonomy, if deciding to report experiences of domestic violence to external agencies or individuals outside of the tribal community.

Women of Asian descent encounter distinct racial and cultural barriers resulting from particular Asian cultural norms, values, beliefs and religion. The majority of Asian American communities are likely to instill values and virtues regarding respect, authority, perseverance, honor, self-blame and acceptance of suffering (Women of Color, 2006; Yoshioka & Dang, 2000; Weil & Lee, 2004). These are important values and traits which define an individual's self-worth and identity. Therefore, communities' assigning high values to these virtues and traits adds to the complexity of domestic violence for women of Asian descent. Asian cultures place high value and worth on the family structure, in which the needs and interests of the family is highly regarded and placed before the individual family member's needs (Yick, 1999; Weil & Lee, 2004). Any internal or external factor such as divorce and specifically domestic violence brings shame and dishonor to the family structure. To avoid shame, guilt and stigmatization of the Asian family seeking external help from community agencies and services is strongly discouraged. Domestic violence is viewed as a private matter; therefore Asian women who report or speak out about domestic violence are often chastised in Asian communities (Ganatra, 2001). As a result, women of Asian descent experiencing domestic violence are more likely to remain in domestic violent relationships to preserve the family structure and worth. The family structure also situates the male in a position of authority, value and respect, placing the woman in a submissive, subordinate and obedient position (Xu, Campbell & Zhu, 2001). Positionality and male privilege further complicates matters for Asian women encountering domestic violence.

Language barriers are another cultural challenge for women of Asian descent, encountering domestic violence. Many Asian women experience difficulty speaking and understanding fluent English (Ganatra, 2001). The ability to speak and understand fluent English is essential to seeking external help and education from community agencies, domestic violence services and law enforcement. Although limited English speaking abilities represents one obstacle impacting whether Asian women report domestic violence to law enforcement, historical community distrust of law enforcement represents another obstacle for Asian women encountering domestic violence. This distrust toward law enforcement emerges from historical experiences with insensitive, discriminative government officials and police officers (Ganatra, 2001; Weil & Lee, 2004). Economic barriers and immigration status add to the complexity of domestic violence for Asian women. Asian women survivors of domestic violence were more likely to be underemployed or unemployed, limiting their access to social mobility. Many Asian women arrive in the U.S. with limited financial resources or education, therefore becoming entirely dependent on their husbands. Immigration status interconnects with economic barriers Asian women face. Immigration status determines authorization to work in the U.S. Asian women within domestic violence partnerships who do not possess legal immigration documentation fear the threat of being deported back to their country (Ganatra, 2001; Weil & Lee, 2004). As a result of such fear, many Asian women continue to endure domestic violence. Additional factors such as non-supportive families and social systems, limited knowledge of domestic violence and cultural stereotypes complicate the issue of domestic violence for women of Asian descent.

Cultural roles, beliefs and values

Distinct roles, beliefs, and values among Latino/a communities also impact the intricacy of domestic violence for Latina women survivors. Many Latino communities place women within restrictive gender roles, which may hinder the ability to leave domestic violent relationships. Catholicism is a strong force defining traditional roles of Latina women and men; it plays a key factor in the construction of values and beliefs within Latino communities. "Marianismo" and "machismo" are two terms deriving from Catholicism, both describing the traditional gender roles, treatment and behavior of women and men in Latino/a communities (Canino & Canino, 1993). "Marianismo" centers on the Catholic worship of the Virgin Mary. The Virgin Mary represents a key figure influencing the roles and behaviors of Latina women. For many Latina women the Virgin Mary symbolizes a spiritual power, enforcing behaviors of servility and modesty, characteristics Latina women should possess (Zavella, 2008). Latina women are expected to fulfill qualities and characteristics similar to the Virgin Mary. Qualities such as being emotional, docile, whimsical,

compliant, unassertive and vulnerable are encouraged among Latina women (Women of Color, 2006). Latina women should also have a strong moral commitment to their religion, while proving ultimate dedication to their family structure by placing the family before the well-being of self (Kasturirangan & Williams, 2003). As a result, Latina women are often restricted to two distinct roles, fulfilling the responsibilities of a wife and nurturer. Women who do not fulfill these roles are likely to become condemned by the community. For example, Latina women regardless of marital status are all deemed socially deviant within many Latino cultures (Wilson, 2005). Latina women are also encouraged to depend financially, emotionally and socially on men, allowing men to fulfill the roles of the decision maker and provider. Conversely, the “machismo” encourages hyper masculine qualities and “traditional” gender roles for Latino men. Latino cultural beliefs and values situate men in roles of dictator and authoritarian possessing power and responsibility over women, their homes and families. An in-depth examination of Latino/a culture and family structure is vital to further understand the traditional gender roles connected to dynamics of domestic violence impacting Latina women. Core beliefs and values of Latino/a culture are established on ideas of familism, which continues to situate Latino women in clearly defined submissive and subordinate gender roles (Kasturirangan & Williams, 2003; Vidales, 2010).

From a societal standpoint, Latina women are likely to be depicted by mainstream or “dominant” culture as “passionate, teasing, hypersexual, and flirtatious” women (Bryant-Davis, Chung & Tillman, 2009, p. 342). These stereotypical representations and assumptions from dominant culture contribute to an accepting “culture of rape,” and impact the behaviors and attitudes of abused Latina women. Latina women are less likely to show sympathy towards women experiencing domestic violence, particularly sexual violence (Bryant-Davis, Chung & Tillman, 2009). Stereotypical perceptions held by society may contribute to the reluctance of Latina women to report domestic violence. Latina women who are depicted or portrayed by dominant culture as hypersexual beings and as possessing limited control over their bodies may fear becoming ostracized or doubted by police, therapists, family and friends. Aside from cultural objectification, Latina women also encounter other cultural barriers impacting their experience of domestic violence. Language and financial barriers along with issues of immigration complicates the scope of domestic violence for Latina women (Kasturirangan & Williams, 2003; Sokoloff & Dupont, 2000; Vidales, 2010). Latina women experience difficulty with accessing domestic violence services and interventions due to the inability to communicate in fluent English. Language barriers, along with understanding cultural laws and policies, may also become a challenge for Latina women survivors of domestic violence. There continue to be restrictive laws impacting Latina women unjustly. Many Latina women lack the comprehension or awareness of policies which protect survivors of domestic violence. Lack of income is another barrier for Latino women survivors of domestic violence (Mejivar & Salcido, 2002; Wilson, 2004). Traditional gender roles encouraging Latina women to become financially, physically and emotionally dependent on men create a culture of women lacking education and employment, which makes it very difficult for Latina women to escape a relationship of domestic violence. For instance, when examining factors such as education and socioeconomic status among distinct Latino/a populations, research demonstrates Hispanics and Cubans have higher educational attainment and higher socioeconomic statuses compared to Puerto Ricans and Mexicans (Blendon et al., 2007). Blendon et al. (2007) reports one in four Cubans do not possess a high school diploma compared to two in four Mexicans. Immigration policies and regulations also contribute to Latina women’s experiences of domestic violence. For some Latina women, immigration status becomes another barrier complicating the issue of domestic violence. Latina women may experience feelings of fearfulness at the threat of being deported back to their country of origin, therefore making the decision to remain in domestic violent relationships (Ingram, 2007; Kasturirangan & Williams, 2003).

An in-depth analysis exploring the intersectionality of domestic violence for racial and ethnic minority women is imperative to the development of effective interventions and services. The exploration of the linkages between variables such as race, gender, class, oppression, societal trust, trauma and privilege are essential to development of a holistic understanding of domestic violence among racial and ethnic minority women. Recognizing and understanding the racial realities and narratives of Black, Native American, Asian American and Latina women survivors of domestic

violence will produce skillful and knowledgeable professionals and educators that effectively assess and respond to issues of domestic violence.

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