Title

Reporting Intimate Partner Violence and Sexual Assault: A Mixed Methods Study of Concerns and Considerations Among College Women of Color

Journal

Journal of Transcultural Nursing, 32(4)

ISSN

1043-6596

Authors

Burton, Candace W
Guidry, Jeanine D

Publication Date

2021-07-01

DOI

10.1177/1043659620941583

Peer reviewed

Journal of Transcultural Nursing
1–12

DOI: 10.1177/1043659620941583
journals.sagepub.com/home/tcn
SAGE

Reporting Intimate Partner Violence and Sexual Assault: A Mixed Methods Study of Concerns and Considerations Among College Women of Color

Candace W. Burton, PhD, RN, AFN-BC, AGN-BC[1], and Jeanine D. Guidry, PhD[2]

Abstract

Introduction: The purpose of this study was to explore how women of color affiliated with a large public university in the United States evaluated involving authorities in cases of intimate partner violence (IPV) and/or sexual assault (SA) and to discover if structural stressors such as racism or sexism influenced their thinking. **Methodology:** Surveys on perceived ethnic discrimination, depression, trauma history, stress, social support, resilience, and sleep disturbance were completed by 87 self-identified women of color. All women also participated in one of several focus groups on IPV and SA. **Results:** Roughly half of participants had experienced SA and about a third experienced IPV. Participants identifying as Latinx/Hispanic or Black/African American reported the greatest experiences of structural stressors and also felt there was not always a potential safety gain with reporting IPV and/or SA. **Discussion:** The results of this study suggest universities must create more culturally competent environs of safety for women of color.

Keywords

Intimate partner violence, sexual assault, women of color, college

Introduction

Intimate partner violence (IPV) and sexual assault (SA) are violent, criminal acts that disproportionately affect women of color, and are by nature isolating, debilitating, and traumatic experiences (Cheng & Lo, 2016; Voth Schrag & Edmond, 2018). This is especially true in the setting of college campuses, where victimization can disrupt learning trajectories and reduce survivors' socioeconomic potential (Udo et al., 2016; Voth Schrag & Edmond, 2018). In such environments, supportive resources and culturally competent responses from authorities and care providers may help reduce the stress and trauma experienced by victimized women of color.

Background and Significance

Despite their pernicious effects, little research has explored how IPV and SA affect vulnerable populations—such as college-affiliated women of color. Both IPV and SA are significantly underreported in the United States in 2018, 75.1% of SA and 55% of IPV incidents overall were *not* reported to police—and estimates suggest that college women of color are even less likely to formally report than are other groups (Morgan & Oudekerk, 2019). For example, among a sample of women attending historically Black colleges and universities, only 3% of those who identified as survivors of an incapacitated SA ($N = 15{,}891$) reported the assault to law enforcement (Lindquist et al., 2016). In comparison, a study of women attending a large Midwestern university found that in a sample where 71.8% ($n = 204$) of respondents were White, formal reporting rose to 5.6% (Holland & Cortina, 2017). While both studies reveal extremely low reporting rates, it is apparent that women of color are even less inclined to make formal reports of SA than are White women.

Role of Structural Stress

Structural stress is the burden created by living within socially constructed systems or social *structures* that disadvantage or marginalize some aspect or aspects of identity (Murry et al.,

[1]University of California Irvine, Irvine, CA, USA
[2]Virginia Commonwealth University, Richmond, VA, USA

Corresponding Author:
Candace W. Burton, PhD, RN, AFN-BC, AGN-BC, Assistant Professor, Sue & Bill Gross School of Nursing, University of California Irvine, 100B Berk Hall, Irvine, CA 92617, USA.
Email: cwburton@uci.edu

2018). Experiencing structural stress has been correlated with increased perception of discrimination, psychological stress in relationships, social withdrawal, and self-blame and has been shown to influence health outcomes, including myocardial infarction, low birthweight, diabetes, and chronic pain disorders (Bailey et al., 2017; DeWilde et al., 2019; Molina et al., 2016). Women of color may experience significant structural stress as a result of encounters with ongoing experiences of discrimination, implicit bias, and "othering" in daily life (Liu & Kawachi, 2017). Othering particularly refers to the experience of being made to feel excluded, devalued, or subjugated due to difference from a dominant or majority social group (Canales, 2000). Experience of othering has been shown to influence psychological stress states and both othering and structural stress experiences can increase threat sensitivity, causing affected individuals to anticipate more negative outcomes in situations that appear risk-laden (García, 2018; Molina et al., 2016). For women of color, anticipating discriminatory or demeaning treatment when reporting IPV and/or SA may thus be assessed as too threatening to endure (DeVylder et al., 2017).

Additional Influences on Reporting

There may also be cultural influences on college women of color regarding IPV and/or SA. Among Latina women, the importance of *familism* or the primacy of maintaining the family over its individual members can exert a powerful influence against reporting violence if doing so could threaten the family unit (Sabri et al., 2018). Among those who are themselves immigrants or who come from immigrant families, the stakes can be especially high. One study of Latina immigrants found that fear of immigration services, especially when combined with lack of economic resources, was a powerful deterrent to seeking services related to IPV (Reina & Lohman, 2015). Furthermore, cultural norms that reinforce gender constructs such as *machismo* and *marianismo* in Latino culture, or that impart shame and stigma to women who report IPV or SA or seek divorce related to IPV may also dissuade women from reporting (Reina et al., 2014).

Similarly, African American and Black women may experience cultural or familial pressures, insofar as they "often feel that they have a particular responsibility to sustain the family and make necessary self-sacrifices not just for the family but to not bring additional shame to the community" (Bent-Goodley, 2014, p. 101). Among Asian women, the perception of Asians in the United States as the "model minority" may exert sociocultural pressure to avoid disclosing IPV, and these pressures may be reinforced by cultural beliefs about accepting one's fate and serving the family above the self (Jordan & Bhandari, 2016). Understanding how women of color consider reporting IPV and/or SA is thus crucial to supporting the health and safety of affected women and the development of culturally congruent responses.

The setting of a university campus is ideal to explore influences of race, culture, family, and community on decision making among women of color with regard to reporting IPV and SA. Reasons for this include that attending college may represent the first time many young women are away from their families for an extended time; increased potential for diversity across race, ethnicity, and nationality in an academic setting; and that the independence that comes with college attendance may prompt women to consider how they attend to personal health and safety.

Design and Method

The purpose of this mixed methods study was to ascertain how a sample of university-affiliated, self-identified women of color in at a large public university in the United States evaluated the possibility of reporting IPV and/or SA to authorities. The aims of the study were to (1) investigate expectations of interactions with law enforcement, administration, and/or the judicial system regarding IPV and SA among this group of university-affiliated women of color; (2) examine the possible role of structural stressors in beliefs and expectations about reporting IPV and SA among in this group; and (3) discover how these women envisioned effective and/or positive interactions with law enforcement, administrative and justice systems, and others around IPV and SA. Prior to data collection, the university institutional review board reviewed and approved the study (UCI IRB HS No. 2017-366).

Recruitment

The study used a convenience sample of university-affiliated, self-identified women of color, ages 18 to 35 years, from a large U.S. public university. The age limitation was determined based on national statistical information about the ages at which women of color are most at risk for IPV and SA, as well as on the principal investigator's prior mixed methods work with community-based women affected by IPV and/or SA (Burton et al., 2013; Burton et al., 2016; Siddique, 2016). Participants were recruited on campus via flyers and by word of mouth. Women wishing to participate contacted study staff via telephone or email. During the initial contact, potential participants were asked to verify that they were 18 years of age or older, able to speak and read English, and not currently involved in any situation that would make it unsafe for them to participate in a discussion with other women from the university. Study staff reviewed the study procedures with each participant and confirmed interest, then scheduled data collection.

Data Collection

Participants were asked to complete a series of self-report surveys and participate in a qualitative focus group interview

Table 1. Survey Instruments Completed by All Participants.

Domain	Measure [No. of items], Scoring	Psychometrics	Reference
Individual Cofactors			
Individual, environmental: Demographics, lifetime trauma exposures	Demographics: original; income, housing, employment, past history of law enforcement contacts LSC-R [30], Continuous score (0-30) for whole-life traumatic experiences; age at time, distress, currently affecting event(s)	Demographics: N/A LSC-R: Cronbach's $\alpha = .79$ in a sample of women aged 19 to 55 years	Wolfe & Kimerling (1997)
Individual, Environmental: Abuse, childhood dysfunction, health status	ACEs questionnaire [11], Continuous score (0-10) for childhood trauma, abuse and/or neglect; higher scores indicate more exposure and health risks	ACEs questionnaire: Cronbach's $\alpha = .81$ in a sample of women aged 18-71 years	Felitti et al. (1998)
Biobehavioral and Psychosocial Measures			
Sleep status: Report of disturbances	GSDS [21], Continuous score (0-147), past week sleep problems	GSDS: Cronbach's $\alpha = .77$ in a sample of women aged 20-43 years	Lee & DeJoseph (1992)
Access to social support: Existing supports	mMOS-SS [8], Continuous score (1-95) for social supports	mMOS-SS: Cronbach's $\alpha = .92$ in a sample of women aged $<$50 years	Moser et al. (2012)
Perceived racism: Lifetime exposure to perceived racism and ethnic discrimination	Brief PEDQ-CV [17], Mean of continuous item responses (1-5) for perception of racism	Brief PEDQ-CV: Cronbach's $\alpha = .88$ in a sample of college students (18+ years; 47% female)	Brondolo et al. (2005)
Perceived stress: Past-month stress appraisal	PSS [10], Continuous score (0-40) for frequency of past-month stressful experiences	PSS: Cronbach's $\alpha = .78$ in a sample of adults (aged 18+ years; 67% female)	Cohen (1988)
Resilience: Adaptive responses	CD-RISC [25], Continuous score (25-125) for self-efficacy in difficult situations	CD-RISC: Cronbach's $\alpha = .89$ in a sample of adults (aged 18+ years; 65% female)	Connor & Davidson (2003)
Depression: Current symptoms	BDI-II [21], Continuous score (0-63) for past 14-day depressive symptoms	BDI-II: Cronbach's $\alpha = .92$ in a sample aged 13-86 years (58% women)	Beck et al. (1996)

Note. GSDS = General Sleep Disturbance Scale; LSC-R = Life Stressor Checklist–Revised; ACEs = Adverse Childhood Experiences; General Sleep Disturbance Scale; mMOS-SS = Modified Medical Outcomes Study Social Support Survey; Brief PEDQ-CV = Brief Perceived Ethnic Discrimination Questionnaire–Community Version; PSS = Perceived Stress Scale; CD-RISC = Connor–Davidson Resilience Scale; BDI-II = Beck Depression Inventory–II.

facilitated by the study staff. The survey instruments, detailed in Table 1, gathered data on demographics, adverse childhood and lifetime traumatic experiences, perceived discrimination and stress, depressive and sleep disturbance symptoms, individual identity and resilience, and social support sources. Each focus group (seven in total) followed a semistructured interview guide developed by the principal investigator according to the principles of grounded theory articulated by Charmaz (2006). The goal of this method is the development of theory based on generation of a full and nuanced description of the phenomenon as related by study participants (Charmaz, 2006). Focus groups were video recorded with participants' permission and transcribed by a professional transcriptionist under confidentiality agreement.

Analysis

In keeping with the mixed methods approach to this study, we conducted parallel mixed analysis of data with convergent design. This means qualitative and quantitative data are analyzed separately although simultaneously, and points of convergence where each data set informs, refutes, or substantiates the other are identified (Creswell & Plano Clark, 2011; Onwuegbuzie & Combs, 2010). We describe here the analytic strategy for each specific aim.

Data addressing Aim 1 included demographics and focus group data. For Aim 2, data were gleaned from responses to the surveys described above (see Table 1 for specific instruments). These were analyzed descriptively as well as for bivariate correlations within the complete sample as well as by race/ethnicity subgroups. A hierarchical multiple regression was run to determine if the addition of experiencing IPV or SA, depression symptoms, resilience, Adverse Childhood Experiences (ACEs), sleep disturbance, social support, and/or perceived ethnic discrimination increased perceived stress over age, children, employment status, relationship status, and ethnicity alone. Dummy variables were created for ethnicity using Asian as the reference category. See Table 2 for full details of each model. Focus group data were also analyzed under this aim with emphasis on identifying experiences of

Table 2. Hierarchical Multiple Regression Model Predicting Structural Stress.

	Model 1					Model 2					Model 3				
Variable	B	*SE*	*t*	*p* Value	95% CI	B	*SE*	*t*	*p* Value	95% CI	B	*SE*	*t*	*p* Value	95% CI
Constant	17.063	5.863	2.91	.005	[5.4, 28.7]	16.484	5.973	2.76	.007	[4.6, 28.4]	13.927	6.413	2.17	.033	[1.1, 26.7]
Employment	−1.830	1.470	−1.24	.217	[−4.8, 1.1]	−1.755	1.474	−1.19	.237	[−4.7, 1.2]	−0.674	1.207	−0.56	.578	[−3.1, 1.7]
Children	−5.082	4.420	−1.15	.254	[−13.9, 3.7]	−5.080	4.464	−1.14	.259	[−13.9, 3.8]	−3.874	3.718	−1.04	.301	[−11.3, 3.5]
Relationship status	1.896	1.497	1.27	.209	[−1.1, 4.9]	1.633	1.508	1.08	.282	[−1.4, 4.6]	0.355	1.305	0.272	.787	[−2.2, 2.9]
Age	0.171	0.268	0.64	.524	[−0.4, 0.7]	0.161	0.271	0.59	.555	[−0.4, 0.7]	0.197	0.219	0.90	.371	[−0.2, 0.6]
Ethnicity															
Black	2.228	2.317	0.96	.339	[−2.4, 6.8]	2.159	2.341	0.92	.359	[−2.5, 6.8]	−1.617	2.130	−0.76	.450	[−5.9, 2.6]
Hispanic	−0.042	1.792	−0.02	.981	[−3.6, 3.5]	−0.311	1.824	−0.17	.865	[−3.9, 3.3]	−1.794	1.608	−1.12	.268	[−5.0, 1.4]
Indian	−3.393	2.293	−1.48	.143	[−7.9, 1.2]	−3.273	2.301	−1.42	.159	[−7.9, 1.3]	−5.805	1.898	−3.06	.003*	[−9.6, −2.0]
Other	−0.080	2.594	−0.03	.975	[−5.2, 5.1]	−0.739	2.940	−0.25	.802	[−6.6, 5.1]	−3.150	2.519	−1.25	.215	[−8.2, 1.9]
Romantic/abuse						−0.020	1.804	−0.01	.991	[−3.6, 3.6]	−1.201	1.576	−0.76	.448	[−4.3, 1.9]
Assault/rape						2.054	1.439	1.43	.158	[−0.8, 4.9]	−.310	1.264	−0.25	.807	[−2.8, 2.2]
Depression											0.343	0.077	4.48	<.001*	[0.2, 0.5]
Resilience											−0.003	0.055	−0.05	.960	[−0.1, 0.1]
Adverse childhood											0.270	0.303	0.89	.375	[−0.3, 0.9]
Sleep disturbance											−0.002	0.050	−0.05	.963	[−0.1, 0.1]
Social support											−0.032	0.045	−0.72	.475	[−0.1, 0.1]
Ethnic discrimination											0.036	0.038	0.96	.343	[−0.04, 0.1]

Note. CI = confidence interval.
*$p < .05$.

racial or ethnic discrimination, cultural influences, and stress. Data relevant to Aim 3 were identified from focus groups, with analysis focused on beliefs about reporting IPV and/or SA and thoughts about this could be most comfortable or effective.

Results

A total of 87 women affiliated with a large public university participated in the study. The mean participant age was 21.78 years ($SD = 2.87$). The ethnic/racial composition of the sample was approximately 30% Latinx/Hispanic, 35% Asian/Indian, 12% Black/African/African American, and 13% Other/Mixed Race. Sample demographics are provided in Table 3, and did not reflect those of the university, at which 43% of students identify as Asian, 31% as Latinx/Hispanic, 2% as Black/African American, and 5% as Mixed Race (non-Hispanic; University of California Irvine, 2017). About half the participants reported that they had either experienced SA or had an experience that they were uncertain whether or not to describe as SA; and about a third (27.5%) had experienced IPV. Only about 15% stated that they had ever reported anything (including but not limited to IPV and SA) to police. Nearly half (44.8%) stated that they or someone close to them had been incarcerated, as per the ACEs questionnaire.

Quantitative Results

The results from the complete sample are presented first, followed by selected subpopulation results. Survey results and correlation matrices can be found in Table 3. Details of the hierarchical regression modeling are presented in Table 2.

Complete Sample. The mean number of ACEs was 2.31 per participant ($SD = 2.06$), with a range from 0 to 8. The most commonly reported ACEs were psychological abuse by a parent (41%) and feeling unwanted or unloved by family (34%). Scores for perceived ethnic discrimination ranged from 22 to 103 and were relatively low in the complete sample, with a mean of 37.76 ($SD = 20.07$; instrument range 22-154). The mean score for perceived stress was 20.02 ($SD = 6.18$; range 3-38; maximum score 40), indicating moderate to high stress. Sleep disturbances were extremely common, with an average of 45.74 instances per person reported in the preceding week ($SD = 14.68$). Depressive symptoms were also common, with the sample mean of 15.36 ($SD = 10.27$) indicating mild depression over the preceding 2 weeks.

Two instruments measured variables with more potentially favorable health impact: resiliency and social support. The complete sample mean score for resilience was 66.80 ($SD = 13.75$), which the instrument's scoring guidelines qualify as "in the lowest 25% of the general population" for U.S.-based populations (Davidson & Connor, 2017, p. 6). The range of scores for the complete sample was 37 to 94. For social support, the mean score for the complete sample was 70.11 out of a maximum score of 95 ($SD = 15.50$) with a range of 36 to 95.

Correlations Among Variables. We examined correlations among the variables for the complete sample and for each racial/ethnic subsample. Results of these analyses are shown in Table 3. Broadly, for the complete sample, the strongest correlations were between past 2-week depressive symptoms and (1) perceived stress ($R = .60$) and (2) sleep disturbance ($R = .55$). Resilience and social support were also correlated ($R = .47$).

Results by Race/Ethnic Identification. There were some differences in the survey results when participants were grouped by self-identified race/ethnicity. Women who identified as Black or African American or Latinx/Hispanic scored higher for perceived experience of ethnic discrimination ($M = 54.75$, $SD = 21.88$ and $M = 43.17$, $SD = 21.41$, respectively) compared with either the complete sample or to those identifying as Asian/Indian ($M = 26.43$, $SD = 10.0$). Black or African American women had the highest scores for perceived stress ($M = 21.92$, $SD = 7.56$), with Latinx/Hispanic women next highest with a mean of 20.33 ($SD = 5.08$). Both of these groups also reported more ACEs: an average of 2.42 ($SD = 1.31$) for Black/African American women and 2.92 ($SD = 2.30$) for Latinx/Hispanic women compared with just 1.67 ($SD = 1.89$) for Asian/Indian-identifying women.

Correlations Among variables. As with the general results data, there were some differences in the results of the correlation analysis by race/ethnicity. For example, among Black or African American women correlations between past 2-week depressive symptoms and (1) perceived stress ($r = .86$) and (2) perceived ethnic discrimination ($r = .78$) were much higher than in the full sample. Using a Fisher r-to-z transformation, we calculated that this difference was statistically significant at $p < .05$ with a p value of .04. Among Latinx/Hispanic women, the strongest correlation was between past 2-week depressive symptoms and perceived stress ($r = .66$), similar to the complete sample. Interestingly, the correlation between past 2-week depressive symptoms and ACEs was strongest for Latinx/Hispanic women ($r = .48$), but this was not a statistically significant difference from the complete sample ($R = .25$).

Hierarchical Regression. Experiencing IPV and/or SA when added to perceived stress (Table 2, Model 2) did not lead to a statistically significant increase in R^2 of .142, $F_{(2,76)} = 1.148$, $p = .323$. The addition of depression, resilience, ACEs, sleep disturbances, social support, and perceived ethnic discrimination to the prediction of perceived stress (Model 3) lead to a statistically significant increase, R^2 of .499, $F_{(6,70)} = 8.324$, $p < .001$; and the full model was statistically significant: $F_{(16,86)} = 4.358$, $p < .001$. As depression score increased, so did

Table 3. Participant Demographics, Mean Survey Scores, and Correlations Among Variables by Full Sample and Subgroups.

	Group			
Demographic	Complete sample, *M* (*SD*)	Asian/Indian, *M* (*SD*)	Black/African American, *M* (*SD*)	Latinx/Hispanic, *M* (*SD*)
Age (years)	21.77 (2.87)	21.91 (3.15)	23.33 (3.68)	20.92 (1.95)
Ethnicity (% of sample)	N/A	35 (40)	12 (14)	36 (41)
Employed (% of group)	50 (57)	22 (63)	10 (83)	19 (53)
Experienced SA (% of group)	43 (49)	14 (40)	5 (42)	20 (56)
Experienced IPV (% of group)	23 (26)	5 (14)	4 (33)	9 (25)
Ever reported anything to police (% of group)	24 (28)	3 (9)	3 (25)	9 (25)
	Group			
Variable (Instrument abbreviation)	Complete Sample, *M* (*SD*)	Asian/Indian, *M* (*SD*)	Black/African American, *M* (*SD*)	Latinx/Hispanic, *M* (*SD*)
Adverse childhood experiences (ACEs)	2.31 (2.06)	1.67 (1.89)	2.42 (1.31)	2.92 (2.30)
Perceived ethnic discrimination (PEDQ)	37.76 (20.07)	26.43 (10.0)	54.75 (21.88)	43.17 (21.41)
Perceived stress (PSS)	20.02 (6.18)	18.49 (6.57)	21.92 (7.56)	20.33 (5.08)
Sleep disturbance (GSDS)	45.74 (14.68)	43.51 (11.59)	48.5 (13.83)	46.81 (18.07)
Depression (BDI-II)	15.36 (10.27)	13.8 (11.09)	16.75 (9.64)	15.06 (8.38)
Resilience (CD-RISC)	66.80 (13.75)	68.37 (14.11)	66.5 (14.58)	66.61 (13.56)
Social support (mMOS-SS)	70.11 (15.50)	70.09 (16.05)	63 (18.61)	73.69 (13.23)

Correlations	BDI	CD-RISC	ACEs	GSDS	mMOS-SS	PEDQ	PSS
Complete sample							
BDI	1.0	−.4228	.2500	.5522	−.3172	.3756	.6011
CD-RISC		1.0	−.0698	−.1232	.473	−.1235	−.3302
ACEs			1.0	.2325	−.2895	.3427	.2692
GSDS				1.0	−.1369	.3768	.4069
mMOS-SS					1.0	−.1734	−.2729
PEDQ						1.0	.3438
PSS							1.0
Asian							
BDI	1.0	−.5500	.1918	.5725	−.5282	.3151	.4579
CD-RISC		1.0	−.0131	−.3464	.5319	−.2072	−.2880
ACEs			1.0	.1217	−.2657	.2687	.3111
GSDS				1.0	−.1321	.1115	.3583
mMOS-SS					1.0	−.3616	−.2479
PEDQ						1.0	.1011
PSS							1.0
African-American/Black							
BDI	1.0	−.393	.1887	.770	−.3233	.6792	.8602
CD-RISC		1.0	−.3875	−.4184	.6375	−.5490	−.5322
ACEs			1.0	.1379	−.5587	.7212	.2605
GSDS				1.0	−.2356	.5365	.5891
mMOS-SS					1.0	−.5924	−.2468
PEDQ						1.0	.78256321
PSS							1.0
Hispanic/Latinx							
BDI	1.0	−.2002	.4797	.5951	−.2398	.4689	.6580
CD-RISC		1.0	−.0689	.1033	.4515	.0650	−.1914
ACEs			1.0	.2873	−.3422	.2036	.2695
GSDS				1.0	−.1398	.4168	.4235
mMOS-SS					1.0	.0864	−.4189
PEDQ						1.0	.2479
PSS							1.0

Note. IPV = Intimate partner violence; SA = and sexual assault; IPV; LSC-R = Life Stressor Checklist–Revised; ACEs = Adverse Childhood Experiences; General Sleep Disturbance Scale; PEDQ = Perceived Ethnic Discrimination Question; GSDS = General Sleep Disturbance Scale; mMOS-SS = Modified Medical Outcomes Study Social Support Survey; Brief PEDQ-CV = Brief Perceived Ethnic Discrimination Questionnaire–Community Version; PSS = Perceived Stress Scale; CD-RISC = Connor–Davidson Resilience Scale; BDI-II = Beck Depression Inventory–II.

perceived stress score, $\beta = .343$, $p < .001$. No other variables were associated with significant changes in perceived stress.

Qualitative Results

Raw transcription data were entered into ATLAS.ti software. Each transcription was reviewed by members of the study team and coded initially using an open coding approach, leading to focused coding as these codes accumulated. Codes were assembled into increasingly broader categories to establish properties of each category. The major categories emerged from statements indicating how participants oriented to the issues of IPV and SA: self, social, and family orientations. Categories, codes, and exemplar quotations are included in Table 4.

Self-Orientation. This category encompassed participants' reflections on IPV and SA, as well as what they felt affected how they might cope with these. The highest order codes in this category were "Socialization" and "Self-concept." Subcodes for Socialization included "early experiences," "intergenerational issues," and "policing of women's existence;" while Self-concept had "self-blame" and "stigma" as subordinate codes (see Table 4).

For "Self-concept," subordinate codes were "being a woman of color" and "gender." We identified "gender" as a bridging code, in that it was both something the participants felt they were socialized to as well as integral to self-concept. One woman noted:

> I think for me, where [gender] became a challenge is like—and again, like you know, typical gender roles being enforced at home that women should know how to cook and clean, because then your husband is going to leave you, right. Literally, I was told that.

In addition, "stigma" was cross-linked to "being a woman of color" because participants referred to both stigma of IPV and/or SA and stigma accorded to women of color. One participant said,

> [Our] cultural-ness is sort of a strange journey because . . . it's like super taboo to like divorce your husband, um, so like you have to stay in this relationship, even if it means that you kind of have to suffer and sacrifice yourself. Um, but then there's like this sort of American culture where it's like oh, you should be more independent . . . you know, you should have been more aware of your situation. Um, so there's sort of like a double loading of these expectations and stereotypes that are happening constantly.

Social Orientation. Participants also identified social forces that might influence reporting IPV and/or SA—one commented,

> There's power and there's um, racism that's going to come into play more now . . . like if something were to happen, or if like someone were to report [IPV/SA], I mean we're in [university location]. . . . I feel like racism is huge here."

Another added,

> There's like a language of maybe like innocence that . . . follows like certain groups that is not applied to other groups. . . . I would hear um, women, you know, talking about other like black girls and say like, "Oh, like that fast tail girl," or . . . saying like, "Oh, stay away from those like fast girls," . . . and they were usually talking about like black girls at the school. . . . there was always this like language of . . . some kind of like deviance.

She went on to identify "Caucasian women" as a group to whom being "fast" did not apply.

Finally, "Stories and legends" encompassed things that participants had been told or heard that influenced expectations about disclosing or reporting IPV and/or SA. Subordinate codes were "concerns about authorities," and "no expectation of assistance." One participant said, "I was told of . . . how like usually the . . . campus try to brush it off and keep it under the rug. So, I personally would have never thought to reach out." Other comments referenced suspicion of institutional supports that they felt were not culturally sensitive to them as women of color. One participant's friend had sought out the Campus Assault Resources Education (CARE) Center but "didn't really have a good experience with that . . . the person who was supposed to help her wasn't really . . . culturally sensitive so it kind of backfired . . ." Another said,

> Like . . . with the CARE Center . . . the directors, and like people in the higher-up positions, are all like White um, so it's really difficult for them to understand . . . the dynamics for women of color. . . . . And in the student-run stuff, there's a lot of women of color. But there's still like the White directors, who are like dictating what they can and can't say.

Family Orientation. The third major category of codes reflected experiences in participants' families, and how family influenced thoughts on reporting IPV and/or SA. While "Family" was the sole highest order code, there were numerous subordinate codes, including, "privacy and family reputation," "influences of extended family," and "intergenerational traumas." One participant said,

> I feel like for people of color, because we're so focused on family . . . there was like domestic violence . . . It all stayed within the family, because . . . we can handle this, like the neighborhood doesn't have to [know]. It stays in the family, stays in the family.

Another said,

> [There's] the shame thing, if like you have been touched, like no one's going to want to marry you, like you're . . . my family—or like my culture, they say like you're like rotten fruit at that point, so no one wants to, you know, get rotten fruit.

Table 4. Qualitative Results: Major Categories With Codes, Subcodes, and Exemplar Quotes.

Major category	Highest order codes	Subordinate codes	Exemplar quotation(s)
Self-orientation	Socialization		
		Early experiences	"I feel like um, Black girls are sexualized at a very young age, compared to White girls."
		Intergenerational issues	"And I know that it has affected him, even if he doesn't even have like picture memories of it, like babies are sensory. Um, and it also is difficult for him because there was—you know, there's times like in life, like my dad wasn't around because he had to go get help for his alcoholism or like his violence and things like that."
		Gender[a]	"And I think there was more excuses given for, you know, boys in general act a certain way, rather than girls."
		Policing of women's existence	"For example, I had a distant cousin who was almost raped by an uncle. And her aunt's response was like, you know, pretty much, it's kind of like your fault."
		Self-blame	"It's hard to talk about those issues because a lot of it is like self-blame, like oh, it must have been me, or it must have been something that she did."
		Stigma[a]	"The fact of the matter is like you can't really talk to anyone because of the fear of like judgement, and like looked down upon . . ."
	Self-concept		
		Being a woman of color	" . . . like the way that Black men engage with me specifically. And those things are difficult because um, we're taught so much as women of color, to prioritize their needs over ours, you know."
		Stigma[a]	"I guess you could say that's good because we're more connected to our culture. But it seems like we kind of like seek outside help. It's like we can't even like—like share, "Oh, like yes, I was in like an abusive relationship," because there's just a stigma."
		Gender[a]	"I think like also, like just body shaming and like making us self-conscious about our bodies, um, like how we navigate, and constantly being aware that people are watching us as well, and like what we're doing, yeah."
Social orientation	Male privilege		
		Being female as subordinate or asking for it	" . . . so, you know, my dad, he might say things like—or like even now, like if I'm like snappy, or if I say something, like if I'm opinionated about something, he'd be like, 'Oh, you better watch that, like your husband's probably not going to like that.'"
		Victim blaming[a]	"In Saudi, there—I'm Filipino—there were a lot of Filipino women there who would work as like domestic help, or like the maids for certain Arab families, and there were many situations where their bosses would like rape them. And then they would get the blame for seducing the husbands."
	Racism		
		Fear of others' reactions	"I'm especially careful when I talk around White people because I don't want them to take this and run with it, and be like this is the experience of every like Syrian person, or every Mexican person, or every Muslim person, because those are all my identities, but I don't speak on everyone's experience. It's only mine. Um, but they want to take it and generalize it to everyone."
		Victim blaming[a]	" . . . like how you were saying um, like you are afraid to share your experiences with people who are outside of your culture because it's like giving them a reason to hate on you more."

(continued)

Table 4. (continued)

Major category	Highest order codes	Subordinate codes	Exemplar quotation(s)
		White woman imagery	"The victimhood that is afforded to white women is something special right, like racism does play a part in how we perceive people's gender, right? Like um, who is considered submissive, right, like who is considered this, who is considered that. And so, like there is little visibility for women of color successfully receiving reparations, or even mentioning sexual assault."
	Stories and legends		
		Concerns about authorities	"I honestly don't know what I would do in that situation. I wouldn't call the—I mean the department or the school or anything, because I'm like a lot of social media and movies like focus on like them saving their image, so they don't really help. If anything, they just kind of put it on the girl. They find a way to blame it on the girls, kind of like oh, you were drunk, oh, you were this."
		No expectation of assistance	"Yeah, that's how I feel about police. I've never um, encountered like anything like sexually, but just um, just [when I've] encountered with police period, I've never really felt safe, especially with um, what's going on . . ."
Family orientation	Privacy and family reputation		
		Respectability politics	"And . . . she's like 'I can't divorce. No one in my family has divorced before. I don't want to be the first to give in to divorce,' because it's not seen as like a—a choice of empowerment. It seems like a weakness, like I couldn't do it. I failed at a marriage . . ."
		Crossing the private to public line	"In my family, what has happened is like, well, why don't you just try to figure it out with that person, like just solve it. Why would you tell anyone else?"
	Influences of extended family		
		Reliance on family as support or remedy	"I feel like my family would take justice on their own hands if they found out."
	Intergenerational traumas		
		Conflict between U.S.- and foreign-born family members	"I wouldn't talk to like a family member about it more openly because they didn't grow up here, so they don't really know like the culture here, like understand it as well. So, I feel like they'd see it as—that they wouldn't understand it as well."

[a]Codes that are cross-linked to other or higher order codes.

Both suggest instances where families prized unity or reputation over individual health or safety.

Mixed Method Insights

Exploring the qualitative and quantitative data together yielded further contextual insights. One such insight was related to the impact of perceived ethnic discrimination, which was the highest among Black or African American and Latinx/Hispanic women. These women had also higher scores for perceived stress and past 2-week depression than did Asian/Indian women. In the qualitative data, participants were demonstrably aware of how experiencing ethnic discrimination affected them. A woman of Latinx/Hispanic heritage said,

> It's just difficult to experience violence in, . . . so many different ways . . . like emotional, spiritual, physical violence . . . I know that like my mother . . . being a Mexican woman . . . there's so much trauma that's . . . just the politics of . . . getting across the border . . . so much trauma that comes with just trying to stay alive, particularly for women.

Another, identified as Black, described historical and structural burdens on women of color:

> We're taught to like swallow so much of our pain, you know, like especially that's like women's role, like to be servants . . . just to sacrifice and compromise so much . . . . it's like you're carrying all of the weight in the trauma of the people before you.

A second set of insights emerged from comparing the survey reports of discrimination, stress, and depression with descriptions of concern for how they might be received if they needed to interact with authorities regarding IPV and/or SA. One woman said,

> I think just in the media when you see violence of any form . . . from a police officer toward, you know, a person of color, or a person that looks like you . . . you're so desensitized to that. But in a sense, like it's still in the back of your head, like that person wasn't expecting that to happen, but it happened, so could it happen to me?

These results suggest that the women experienced symptoms of traumatic stress and depression partly because they felt devalued or threatened by social and legal structures. This suggests a role for structural stress in reducing likelihood that women of color report IPV or SA.

Discussion

The experiences of IPV and/or SA have been shown to have significant health effects, as well as to disproportionately affect women of color (Sigurvinsdottir & Ullman, 2016). It is therefore critical to the health of university-affiliated women of color that colleges and universities provide culturally competent responses to IPV and/or SA. This can contribute to reductions in retraumatization, traumatic stress, and the structural stress associated with postassault reporting and support. Our findings suggest important considerations in developing these responses, which can in turn support an overall culturally competent and trauma-informed approach to health for college- or university-affiliated women of color affected by IPV and SA.

The women of color in this study had a range of concerns with regard to reporting IPV and SA, stemming from self-directed as well as external and/or structural influences. Participants stated that they felt reporting to the university or campus police could be less than helpful, because they did not anticipate effective assistance or support. This is similar to the results of a study that explored how mandatory arrest policies might influence the reporting of IPV, which found that women who believed involving law enforcement in cases of IPV was of limited utility were less likely to report (Novisky & Peralta, 2015). Another study demonstrated that non-White individuals reported more negative experiences with police and that these were associated with poor mental health outcomes as well as expectation of future poor treatment by authorities (DeVylder et al., 2017). Our findings also suggest that lacking a sense of safety in educational environments contributes to structural stress, which can affect overall health and self-concept.

Structural stress may be worsened by conflict with family or cultural expectations. The participants here suggested that family influences could enforce silence around IPV and/or SA. This is similar to the patterns of victimization and blame described by Kennedy and Prock (2016), in which women's perceptions of SA victimization incorporated fear of being defamed or embarrassed, as well as feeling responsibility for the assault. Some participants in this study described feeling that whether or not they themselves had experienced violence, they had to live under the history of what their families and forebears had dealt with. This resonates with recent research that suggests combined functions of biological and psychosocial pathways to transmit trauma across generations (Bowers & Yehuda, 2016; O'Neill et al., 2018). Intergenerational trauma of this type, when compounded by an experience that carries its own stigmatizing potential—such as IPV and/or SA—can be extremely detrimental to the health of those involved (O'Neill et al., 2018). Provision of culturally congruent health care in these cases is a critical element of engendering trust and sense of safety on campuses. College- and university-affiliated health care providers must therefore be aware of the potential for such traumas when interacting with women of color affected by IPV and/or SA. Applying the principles of trauma-informed care (Anyikwa, 2016; Burton et al., 2019) to the development of institutional and law enforcement responses to IPV and/or SA could reduce the stress and trauma associated with reporting for women of color. Such a proactive approach could engender trust among women of color and reduce potential for retraumatization, contributing to a culturally competent institutional environment—and improved overall health for women of color.

Conclusion and Implications

There may be numerous barriers to reporting IPV and/or SA, especially for university-affiliated women and those who fear social or family stigmatization. While some of these barriers cannot be easily surmounted, it is possible that there are steps universities can take to create more culturally competent environs of safety for women of color. This will contribute to the overall health of students and other affiliates. The results of this study indicate critical considerations in developing such processes. Further research on historical and social traumas, and structural stress as they affect women of color is needed to support the development of these and other culturally congruent care processes.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This study was funded by the University of California Irvine's Initiative to End Family Violence.

ORCID iD


Candace W. Burton https://orcid.org/0000-0002-0557-6020

References

Anyikwa, V. A. (2016). Trauma-informed approach to survivors of intimate partner violence. *Journal of Evidence-Informed Social Work*, *13*(5), 484-491. https://doi.org/10.1080/23761407.2016.1166824

Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017). Structural racism and health inequities in the USA: evidence and interventions. *Lancet*, *389*(10077), 1453-1463. https://doi.org/10.1016/S0140-6736(17)30569-X

Beck, A. T., Steer, R. A., & Brown, G. K. (1996). *Manual for Beck Depression Inventory-II*. Psychological.

Bent-Goodley, T. B. (2014). An exploration of African American women's perceptions of the intersection of domestic violence and HIV/AIDS. *Journal of HIV/AIDS & Social Services*, *13*(1), 97-116. https://doi.org/10.1080/15381501.2012.755717

Bowers, M. E., & Yehuda, R. (2016). Intergenerational transmission of stress in humans. *Neuropsychopharmacology*, *41*(1), 232-244. https://doi.org/10.1038/npp.2015.247

Brondolo, E., Kelly, K. P., Coakley, V., Gordon, T., Thompson, S., Levy, E., Cassells, A., Tobin, J. N., Sweeney, N., & Contrada, R. J. (2005). The Perceived Ethnic Discrimination Questionnaire: Development and Preliminary Validation of a Community Version 1. *Journal of Applied Social Psychology*, *35*(2), 335-365. https://doi.org/10.1111/j.1559-1816.2005.tb02124.x

Burton, C. W., Halpern-Felsher, B., Rehm, R. S., Rankin, S., & Humphreys, J. C. (2013). "It was pretty scary": The theme of fear in young adult women's descriptions of a history of adolescent dating abuse. *Issues in Mental Health Nursing*, *34*(11), 803-813. https://doi.org/10.3109/01612840.2013.827286

Burton, C. W., Halpern-Felsher, B., Rehm, R. S., Rankin, S. H., & Humphreys, J. C. (2016). Depression and self-rated health among rural women who experienced adolescent dating abuse: A mixed methods study. *Journal of Interpersonal Violence*, *31*(5), 920-941. https://doi.org/10.1177/0886260514556766

Burton, C. W., Williams, J. R., & Anderson, J. (2019). Trauma-informed care education in baccalaureate nursing curricula in the United States: Applying the American Association of Colleges of Nursing Essentials. *Journal of Forensic Nursing*, *15*(4), 214-221. https://doi.org/10.1097/JFN.0000000000000263

Canales, M. (2000). Othering: Toward an understanding of difference. *Advances in Nursing Science*, *22*(4), 16-31. https://doi.org/10.1097/00012272-200006000-00003

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. Sage.

Cheng, T. C., & Lo, C. C. (2016). Racial disparities in intimate partner violence examined through the multiple disadvantage model. *Journal of Interpersonal Violence*, *31*(11), 2026-2051. https://doi.org/10.1177/0886260515572475

Cohen, S. (1988). Perceived stress in a probability sample of the United States. In S. Spacapan & S. Oskamp (Eds.), *Social psychology of health* (pp. 31-67). Sage.

Connor, K. M., & Davidson, J. R. (2003). Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC). *Depression and Anxiety*, *18*(2), 76-82. https://doi.org/10.1002/da.10113

Creswell, J., & Plano Clark, V. (2011). *Designing and conducting mixed methods research*. Sage.

Davidson, J. R., & Connor, K. M. (2017). *Connor-Davidson Resilience Scale (CD-RISC) manual*. www.cd-risc.com

DeVylder, J. E., Oh, H. Y., Nam, B., Sharpe, T. L., Lehmann, M., & Link, B. G. (2017). Prevalence, demographic variation and psychological correlates of exposure to police victimisation in four US cities. *Epidemiology and Psychiatric Sciences*, *26*(5), 466-477. https://doi.org/10.1017/S2045796016000810

DeWilde, C., Carrington, J., Abbate, A., Burton, C. W., Bearman, G., & Salyer, J. (2019). Structural stress and otherness: How do they influence psychological stress? *Journal of Transcultural Nursing*, *30*(5), 478-491. https://doi.org/10.1177/1043659618823915

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, *14*(4), 245-258. https://doi.org/10.1016/S0749-3797(98)00017-8

García, S. J. (2018). Living a deportation threat: Anticipatory stressors confronted by undocumented Mexican immigrant women. *Race and Social Problems*, *10*(3), 221-234. https://doi.org/10.1007/s12552-018-9244-2

Holland, K. J., & Cortina, L. M. (2017). "It happens to girls all the time": Examining sexual assault survivors' reasons for not using campus supports. *American Journal of Community Psychology*, *59*(1-2), 50-64. https://doi.org/10.1002/ajcp.12126

Jordan, A., & Bhandari, S. (2016). Lived experiences of South Asian women facing domestic violence in the United States. *Journal of Ethnic & Cultural Diversity in Social Work*, *25*(3), 227-246. https://doi.org/10.1080/15313204.2015.1134374

Kennedy, A. C., & Prock, K. A. (2016). "I still feel like I am not normal": A review of the role of stigma and stigmatization among female survivors of child sexual abuse, sexual assault, and intimate partner violence. *Trauma, Violence, & Abuse*, *19*(5), 512-527. https://doi.org/10.1177/1524838016673601

Lee, K. A., & DeJoseph, J. F. (1992). Sleep disturbances, vitality, and fatigue among a select group of employed childbearing women. *Birth*, *19*(4), 208-213. https://doi.org/10.1111/j.1523-536X.1992.tb00404.x

Lindquist, C. H., Crosby, C. M., Barrick, K., Krebs, C. P., & Settles-Reaves, B. (2016). Disclosure of sexual assault experiences among undergraduate women at historically black colleges and universities (HBCUs). *Journal of American College Health*, *64*(6), 469-480. https://doi.org/10.1080/07448481.2016.1181635

Liu, S. Y., & Kawachi, I. (2017). Discrimination and telomere length among older adults in the United States. *Public Health Reports*, *132*(2), 220-230. https://doi.org/10.1177/0033354916689613

Molina, K. M., Little, T. V., & Rosal, M. C. (2016). Everyday discrimination, family context, and psychological distress among Latino adults in the United States. *Journal of Community Psychology*, *44*(2), 145-165. https://doi.org/10.1002/jcop.21747

Morgan, R. E., & Oudekerk, B. A. (2019). *Criminal victimization, 2018 (NCJ 253043)*. U.S. Department of Justice. https://www.bjs.gov/content/pub/pdf/cv18.pdf

Moser, A., Stuck, A. E., Silliman, R. A., Ganz, P. A., & Clough-Gorr, K. M. (2012). The eight-item modified Medical Outcomes Study Social Support Survey: Psychometric evaluation showed excellent performance. *Journal of Clinical Epidemiology*, *65*(10), 1107-1116. https://doi.org/10.1016/j.jclinepi.2012.04.007

Murry, V. M., Butler-Barnes, S. T., Mayo-Gamble, T. L., & Inniss-Thompson, M. N. (2018). Excavating new constructs for family stress theories in the context of everyday life experiences of Black American families. *Journal of Family Theory & Review*, *10*(2), 384-405. https://doi.org/10.1111/jftr.12256

Novisky, M. A., & Peralta, R. L. (2015). When women tell: Intimate partner violence and the factors related to police notification. *Violence Against Women*, *21*(1), 65-86. https://doi.org/10.1177/1077801214564078

O'Neill, L., Fraser, T., Kitchenham, A., & McDonald, V. (2018). Hidden burdens: A review of intergenerational, historical and complex trauma, implications for indigenous families. *Journal of Child & Adolescent Trauma*, *11*(2), 173-186. https://doi.org/10.1007/s40653-016-0117-9

Onwuegbuzie, A. J., & Combs, J. P. (2010). Emergent data analysis techniques in mixed methods research: A synthesis. In A. Tashakkori & C. Teddlie (Eds.), *Handbook of mixed methods in social and behavioral research* (pp. 397-430). Sage.

Reina, A. S., & Lohman, B. J. (2015). Barriers preventing Latina immigrants from seeking advocacy services for domestic violence victims: A qualitative analysis. *Journal of Family Violence*, *30*(4), 479-488. https://doi.org/10.1007/s10896-015-9696-8

Reina, A. S., Lohman, B. J., & Maldonado, M. M. (2014). "He said they'd deport me": Factors influencing domestic violence help-seeking practices among Latina immigrants. *Journal of Interpersonal Violence*, *29*(4), 593-615. https://doi.org/10.1177/0886260513505214

Sabri, B., Nnawulezi, N., Njie-Carr, V. P. S., Messing, J., Ward-Lasher, A., Alvarez, C., & Campbell, J. C. (2018). Multilevel risk and protective factors for intimate partner violence among African, Asian, and Latina immigrant and refugee women: Perceptions of effective safety planning interventions. *Race and Social Problems*, *10*(4), 348-365. https://doi.org/10.1007/s12552-018-9247-z

Siddique, J. A. (2016). Age, marital status, and risk of sexual victimization: Similarities and differences across victim–offender relationships. *Journal of Interpersonal Violence*, *31*(15), 2556-2575. https://doi.org/10.1177/0886260515579507

Sigurvinsdottir, R., & Ullman, S. E. (2016). Sexual orientation, race, and trauma as predictors of sexual assault recovery. *Journal of Family Violence*, *31*(7), 913-921. https://doi.org/10.1007/s10896-015-9793-8

Udo, I. E., Lewis, J. B., Tobin, J. N., & Ickovics, J. R. (2016). Intimate partner victimization and health risk behaviors among pregnant adolescents. *American Journal of Public Health*, *106*(8), 1457-1459. https://doi.org/10.2105/ajph.2016.303202

University of California Irvine. (2017). *UCI common data set*. https://www.oir.uci.edu/files/campus/CDS2018_19.pdf

Voth Schrag, R. J., & Edmond, T. E. (2018). Intimate partner violence, trauma, and mental health need among female community college students. *Journal of American College Health*, *66*(7), 702-711. https://doi.org/10.1080/07448481.2018.1456443

Wolfe, J., & Kimerling, R. (1997). Gender issues in the assessment of posttraumatic stress disorder. In J. Wilson & T. M. Keane (Eds.), *Assessing psychological trauma and PTSD* (pp. 192-238). Guilford Press.