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FINAL REPORT:

SEXUAL ASSAULT AMONG LATINAS (SALAS) STUDY

GRANT NO: 2007-WG-BX-0051

SUBMITTED BY:

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ABSTRACT

The Sexual Assault Among Latinas (SALAS) Study adds to the literature by using a national sample of Latino women to determine the extent of sexual victimization alone and the overlap of sexual victimization with other forms of victimization. Additional distinguishing components of SALAS includes an investigation of formal and informal help-seeking responses; inclusion of culturally - relevant variables such as religiosity, gender role ideology and acculturation in relation to victimization and help-seeking; and assessing the psychosocial impact of sexual victimization on psychological distress and posttraumatic symptomatology.

A national sample of 2,000 adult Latino women living in high-density Latino neighborhoods participated. Trained professionals from an experienced survey research firm conducted interviews over the phone in either English or Spanish, from May through September 2008. Respondents were queried about lifetime victimization, help-seeking efforts, acculturation, religiosity, gender role ideology, trauma symptoms, and post-traumatic symptoms. Respondents were on average 47.76 years of age and largely foreign-born (72.4%).

The lifetime rate of sexual victimization was 17.2% with 87.5% of sexual victims experiencing another form of victimization (physical, threat, stalking or witness) within their lifetime. Sexual victimization mostly commonly occurred with physical victimization in childhood (47.3%) and threatened victimization in adulthood (55.9%). Victims of child sexual assault were more likely to experience any form of adult victimization (OR = 4.59, $p < .001$) than non-victims. The rate of formal help-seeking was 21% and the rate of informal help-seeking was 60% among those who selected a sexual victimization as their most distressing event. Medical attention was mostly commonly sought among injured sexual victims (41%) and friends (31.7%) and family members (30.9%) were the most common confidants. Anglo

acculturation was associated with increased odds of sexual victimization (OR = .98, $p < .001$) and formal help-seeking (OR = 1.10, $p = .04$). PTSD and trauma symptoms were associated with total number of sexual assaults, but best explained by total victimization count.

Latino women face substantial sexual victimization and other forms of victimization at each life stage. However, linkages to services are still weak and can be addressed by building on the strengths and cultural traditions of Latino women. We recommend using medical settings as an intervention point and educating the larger community of available services, so that family members and friends can educate each other. The significant overlap in victimization found calls for thorough assessments in clinical settings and more refined measurement in future research.

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EXECUTIVE SUMMARY

Synopsis of the Problem

As of 2004, Latinos constituted the largest and most rapidly growing minority group in the United States (Pew Research Center, 2005). The large numbers and growth of this segment of the population merits research attention to evaluate how these individuals are affected by interpersonal violence. Specifically, we aimed to investigate the role of sexual violence among Latino women, the impact of victimization, and what services and resources they pursue.

Sexual violence research has evaluated the incidence and prevalence of the problem, the psychosocial impact of sexual violence, associated public health and medical consequences, and how it plays a role in revictimization risk for subsequent sexual victimization (Banyard, Williams, & Siegel, 2001; Briere & Elliott, 2003; Browne & Finkelhor, 1986; Classen, Palesh, & Aggarwal, 2005; Elliott, Mok, & Briere, 2004; Golding, 1994; Golding, Stein, Siegel, Burman, & Sorenson, 1988). However, this research has largely ignored the Latino population and left a void in our knowledge of how sexual violence impact Latino women. As an example, in searching the published literature on PsycINFO that looks at interpersonal victimization, approximately only 1% focuses on Latinos.

When examining the research that does focus on Latino women, significant gaps need to be filled. Much of the literature that examines interpersonal violence among Latino women typically focuses on partner violence or sexual violence. However, this line of research has overlooked other forms of victimization that may be experienced along with partner violence or sexual violence. This limitation potentially overestimates the impact of any specific form of violence by not accounting for other forms of co-occurring victimization, (e.g., stalking, threats, etc.), which we term polyvictimization (Finkelhor, Ormrod, & Turner, 2007a). In addition,

without evaluating other forms of victimization, we are unable to see the full spectrum of violence that Latino women may experience.

Another key aspect of victimization research among Latino women is the need to evaluate help-seeking efforts and address cultural issues that may play a salient role in victimization, and both formal and informal help seeking behaviors. The research on sexual violence suggests that it is an underreported issue (Finkelhor, Hotaling, Lewis, & Smith, 1990; Finkelhor & Ormrod, 2001; Widom & Morris, 1997). Therefore, it is important to evaluate what formal services victims of sexual violence attempt to seek out and what role cultural factors such as acculturation, religiosity, immigration status, and gender roles might play in their willingness to seek services. Formal help-seeking includes reporting victimization to police, obtaining restraining orders, seeking legal remedies, getting medical services, and seeking counseling or social services. Informal help seeking, which literature suggests occurs more frequently than formal help-seeking (Ingram, 2007; Lewis, West, Bautista, Greenberg, & Done-Perez, 2005), typically includes behaviors such as talking to friends and family or seeking counsel from the clergy. Understanding these help-seeking behaviors is crucial as these types of support and actions often help taper or overcome the negative sequelae of sexual violence.

In line with previous research on sexual violence, research focusing on Latino women needs to evaluate the psychosocial impact of victimization. This should focus on symptomatology that has been associated with victimization including posttraumatic reactions, depression, anxiety, anger/irritability, and dissociation (Anderson, Yasenik, & Ross, 1993; Briere & Elliott, 2003; Browne & Finkelhor, 1986; Neumann, Houskamp, Pollock, & Briere, 1996; Nishith, Mechanic, & Resick, 2000). Specifically, it is important to evaluate the role of sexual

violence on psychological distress as well as the role that polyvictimization may have and the impact that cultural issues may have on victimization and post-victimization reactions.

Given the above-stated research limitations and areas that need further exploration, we designed the Sexual Assault Among Latinas (SALAS) study. This study aimed to examine interpersonal victimization among a national sample of Latino women, particularly focusing on help-seeking behaviors, culturally relevant factors, and psychosocial impacts.

Purpose

SALAS aimed to fulfill the following goals:

Goal 1: Determine extent of sexual victimization in a sample of adult Latino females.

Goal 2: Determine the coexistence of other forms of victimization among those sexually victimized and the risk for subsequent victimization.

Goal 3: Examine formal service utilization among sexually victimized Latino women.

Goal 4: Examine informal help-seeking among sexually victimized Latino women.

Goal 5: Examine culturally-relevant factors associated with experience and responses to sexual violence.

Goal 6: Determine the psychosocial impact of sexual victimization on Latino women.

Research Design

Participants

The SALAS study, with data collected between May and September 2008, assessed the victimization experiences of a national sample of 2,000 Latino women living in the United States. Trained professionals from an experienced survey research firm conducted the interviews over the phone in either English or Spanish.

The study entrance criteria were that participants needed to be women over the age of 18 who self-identified as Latino (either foreign or U.S. born), and whose primary language was either English or Spanish. The total sample consisted of 2,000 participants with the majority of participants (90%) living in high-density Latino areas (80% or higher) based on U.S. Census data. The minimum response rate for the sample was 30.7%. The average age of the participants was 47.76 years of age. Approximately 63% of the sample has a high school education or less. The majority of participants (61%) were U.S. citizens (either U.S. born or naturalized) and 71.5% of the sample conducted the interview in Spanish (see Table 1). The participants in the sample were predominantly immigrants from Mexico or of Mexican descent (67.1% and 89.5% respectively), with the second most common immigrant group being from Cuba (18%). Detailed ethnicity data are presented in Table 2.

In comparing our sample to available U.S. Census figures on Latinos, we have a notably higher median age, which was likely inflated by our screening procedures that did not allow for participants under the age of 18. Our sample has a higher rate of a high school education and beyond, a similar proportion of being married, and a smaller proportion of being born in the U.S. or being U.S. citizens (Guzman, 2001; Ramirez, 2004; U.S. Census Bureau, 2000). In evaluating ethnic background, the SALAS sample has a larger proportion of individuals of Mexican and Cuban descent (U.S. Census Bureau, 2000).

Measures

The SRBI methods report in the appendix provides a complete version of the survey. The participants were asked a number of demographic questions including age, country of origin, whether they immigrated to the United States, their preferred language, sexual orientation, education level, employment status, household income, housing status, and relationship status

(e.g., married, single, etc.). In addition, regional information was obtained from census tract information linked to the random digit dial (RDD) blocks.

We evaluated lifetime victimization using and adapted version of the Lifetime Trauma and Victimization History (LTVH) questionnaire (Widom, Dutton, Czaja, & DuMont, 2005) which asks about a broad range of potentially traumatic experiences. We limited the questions to those focusing on interpersonal victimization including stalking, physical assaults, weapon assaults, physical assaults in childhood, threats, threats with weapons, sexual assault, attempted sexual assault, sexual fondling, kidnapping, and witnessed victimization.

The Help Seeking Questionnaire (HSQ) was developed specifically for this study which was adapted from surveys used in two other large-scale studies (Block, 2000; Gelles & Straus, 1988). This questionnaire asked about the actions taken by respondents after identifying the most distressing incident of victimization. The questions asked about both formal (e.g., reporting to police, getting medical care, seeking legal remedies) and informal (e.g., talking to friends, family, or the clergy) forms of help-seeking.

The three main cultural variables evaluated were religiosity/spirituality, acculturation, and sex role characteristics. Religiosity was evaluated using the Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS), which was designed to study religiousness and spirituality in health-related studies (Pargament, Koenig, & Perez, 2000). Participant acculturation was evaluated using the Brief Acculturation Rating Scale of Mexican-Americans – II (Brief ARSMA – II). The Brief ARSMA -II assesses both minority and majority cultural identity (Bauman, 2005). Sex-typed personality characteristics were measured using the Short Bem Sex Role Inventory (BSRI- Short Form) by asking participants to report the degree to which 30 adjectives - 10 masculine, 10 feminine and 10 neutral items (Bem, 1981). Two

instruments were used to evaluate trauma-related symptomatology, the Trauma Symptom Inventory (TSI) and the Posttraumatic Stress Disorder Checklist (PCL). The TSI is a 100-item instrument that evaluates posttraumatic and trauma related symptomatology in adults (Briere, 1995). For this study we used the Anxious Arousal, Depression, Anger/Irritability, and Dissociation scales of the TSI. The PCL is an instrument that evaluates the severity of Posttraumatic Stress Disorder (PTSD) symptomatology (Weathers, Litz, Herman, Huska, & Keane, 1993), covering the three main symptom clusters of the DSM-IV criteria for PTSD: reexperiencing, numbing/avoidance, and hyperarousal (American Psychiatric Association, 2000).

Procedures

Probability samples of households with telephones were generated using a random digit dial method (RDD). This methodology seeks to draw a random sample numbers using Census-based hundred-blocks. For SALAS, the sample was from telephone numbers stratified by Hispanic household density per hundred block. Eligible residential households within the total sample were then selected.

When a residential household was reached, the interviewer asked about the total number of age-eligible Latino women in the household. When an eligible individual was identified and agreed to participate they were asked the various study instruments in their preferred language (either English or Spanish). Upon completing the survey, participants were asked if they felt distressed and were offered a support hotline or callback to follow up with them. The study's principal investigator, who is a bilingual licensed clinical psychologist, called the follow-up cases if necessary. On follow-up calls, it was ensured that the individual was no longer distressed and they were provided with additional support information if needed (e.g., local

social service agencies, etc.). Approximately 1% of the sample required follow-up. Upon completion of the survey, participants were paid $10 for their participation.

An experienced survey research firm with specialization in doing surveys that ask about sensitive subjects (e.g., interpersonal violence) conducted the interviews using a Computer Assisted Telephone Interview (CATI) system. The interviewers, all female, were specifically trained on the SALAS survey and closely supervised during the data collection process. The Institutional Review Board (IRB) of Northeastern University authorized all study procedures with subsequent analyses also being approved by the IRB of The Pennsylvania State University.

Key Findings

Sexual Victimization Rates and Co-Morbid Victimization

- The rate of sexual victimization for the sample was 17.2% (22.2% weighted).
- 8.8% of the sample experienced a completed sexual assault, 8.9% experienced attempted sexual assault, and 11.4% experienced fondling or forced touch.
- 7.6% of the sample experienced at least one adulthood sexual assault and 12.2% of the sample experienced at least one childhood sexual assault.
- Perpetration of sexual violence against women in adulthood was primarily by individuals known to the victim with a partner or spouse (44.1% of adult sexual victimization) or someone else known to the victim (48.7% of adult sexual victimization) being the most common perpetrator.
- For victimization experienced in childhood, other relatives and non-family individuals known to the victim are the most common perpetrators (42.6% and 38.1% respectively).
- Of the women who experienced sexual assault, 87.5% of them experienced at least one other type of victimization with physical violence being the most common form of co-

occurring victimization (60.2%) and witnessed violence being the least common form of co-occurring victimization (45.1%).

- The most common co-occurring form of victimization in childhood was physical violence (47.3%) with threats being the last common co-occurring form of victimization (22.4%).
- Co-occurring forms of victimization for Latino women who experienced sexual violence in adulthood, ranged from 55.9% (threat) to 23.7% (witness).
- The highest revictimization risk for victims of sexual assault was experiencing threat in adulthood with victims of sexual abuse having more than four and a half times the odds of experiencing threat in adulthood.
- Victims of child sexual abuse (CSA) had 4.3 times the odds of experiencing sexual violence in adulthood.
- Latino women's physical victimization rate was 22.2%, stalking rate was 18.2%, threat rate was 21.1%, and witnessed violence was 20.1%.

Help-seeking

- Of the women who experienced sexual victimization, two-thirds of them (66.5%) selected this as the incident to focus on for help-seeking; that is, reported it as most distressing.
- Approximately 21% of the respondents sought one or more types of formal help.
- The most common type of formal help-seeking (41%) was medical services among women who reported injuries.
- Criminal justice responses were not commonly sought with only 6.6% of women contacting police, 7.1% obtaining a restraining order, and 6.1% pressing criminal charges.

- About 10% of women sought help from a social service agency.
- When rating the helpfulness of formal services, victims tended to be more satisfied with the court process than with police services (average rating 3.0 versus 2.4 on a scale from 1 to 4). Medical centers and mental health, abuse/trauma, and domestic violence counseling were all highly rated (average score 4.5). However, these results are cautiously interpreted as they are based on a very small number of respondents.
- For women who reported to police, almost a quarter of the women reported that charging or arresting the person would be the way to improve police service. For the courts, taking the report more seriously was the most commonly reported way that courts could improve. Finally, for medical services, providing counseling/offering advice and reporting the abuse were two ways that were most frequently cited as how to improve.
- When asked about reasons for not seeking help, fear of offender and being too young were the top two reasons for not getting help from police or the courts. In contrast, shame and other reasons were the most common reason for not getting medical help while not thinking of getting help and not knowing of any were the most frequently cited reasons for not getting help from social service agencies.
- Formal help-seeking was unrelated to any of the measured psychological symptoms.
- In total, 58.3% of women who experienced sexual assault sought informal help.
- Disclosure of sexual abuse was most often to friends (31.7%) and parents (30.9%).
- When asked as to how helpfulness of informal sources could have been improved, being more supportive was the most commonly cited reason (42.3%).
- The reason most often cited for not getting informal help was shame (31.8%), with "didn't think of it" being the next most commonly cited (19.3%) reason.

- When examining the relationship between help-seeking and psychological variables, total victimization was associated with an increase in posttraumatic symptoms and depression, while informal help-seeking was associated with a decrease in depression.

Cultural Factors Associated with Victimization and Help-seeking

- Being an immigrant is associated with decreased odds of sexual victimization so that Latino women who are immigrants to the United States are less likely to report being sexually assaulted.
- Anglo acculturation is associated with increased odds of sexual victimization, suggesting that women who are more acculturated to the United States culture are at greater risk of sexual victimization.
- Older women were less likely to report sexual violence and women of higher socioeconomic status were more likely to experience sexual assault.
- Masculine sex role, positive religious coping, and negative religious coping were the cultural factors significantly associated with mental health variables for sexually victimized Latino women. Specifically masculine sex role was associated with increased levels of PTSD symptomatology, anger, and anxiety. Positive religious coping was associated with a decrease in depression while negative religious coping was associated with an increase in PTSD symptomatology, depression, and anxiety.
- When focusing on the role of cultural factors and help-seeking for sexually victimized Latino women, only Anglo acculturation was associated with a significantly increased likelihood of seeking out social services.

- There was little impact from cultural factors on informal help-seeking with none of the cultural factors being associated with the likelihood of getting informal help across any of the different categories of individuals.

Psychological Impact of Sexual Victimization

- Sexual violence in childhood, in adulthood, the total number of sexual victimization experiences, and the total different number of victimization events were all associated with the different forms of psychological distress, including PTSD symptomatology, depression, anxiety, anger, and dissociation, at the bivariate level.
- The total number of sexual victimization experiences was consistently a significant predictor of increased symptomatology across all the measured forms of psychological distress.
- Experiences of childhood sexual abuse were significantly associated with increased level of anger and dissociation while adult sexual victimization was also associated with increased levels of anger and dissociation in addition to also contributing to increased levels of depression.
- In regression analyses that examine the role of total number of sexual victimization experiences while taking into account that total number of overall victimization experiences (including other forms of violence such as physical assaults, threats, and stalking) sexual victimization is no longer a significant predictor, with only total overall victimization significantly predicting each of the different forms of psychological distress.

Conclusions

The study points to a number of overlooked factors when evaluating sexual violence against Latino women. First, a significant proportion of these women experienced lifetime sexual victimization. Interestingly, an overwhelming number of sexually victimized women experienced more than one type of sexual victimization or other forms of interpersonal violence, suggesting that focusing only on a particular sexual assault event may overlook the complete victimization profile. Furthermore, as previous research has found, sexual victimization in childhood was a risk factor for revictimization in adulthood. However, mostly absent from prior research is that sexual violence was a risk factor for revictimization across multiple forms of interpersonal violence, including stalking, physical assault, threats, and witnessed violence.

Consistent with other studies, sexually victimized women infrequently engaged in formal help-seeking efforts such as calling police, getting social services, or using legal remedies. Our findings point to a number of reasons that could contribute to this including lack of material/economic resources and linguistic isolation (the sample predominantly preferred Spanish for communication). Results also point to a practical approach to help seeking in that increased victimization led to an increased likelihood of seeking services while immediate physical harm led to a greater likelihood of seeking medical services.

While informal help-seeking was a more likely to occur than formal help-seeking, there was still approximately one third of women who did not report their victimization to anyone. Friends and family were the most frequently reported resource for informal help. However, these results point to a significant lack of disclosure around sexual violence. This is consistent with prior research on disclosure, suggesting that Latino women, like women from other cultural

groups, are hesitant to come forward around victimization, and are particularly unlikely to seek out formal services or legal options.

Cultural analysis provides interesting results regarding how variables unique to Latino women may play a role in victimization. Specifically, immigrant women were less likely to report sexual violence while more Anglo acculturated women were more likely to report sexual victimization. Consistent with other research, this suggests that traditional Latino culture may be protective of victimization. Some of the traditional gender roles and familial norms may decrease the risk of violence, while, inversely, changing cultural values and roles may create acculturative stress resulting in increased risk for victimization. The friction between traditional Latino and Anglo values may promote tension in the family and lead to violence. These explanations need to be taken in the context of possible methodological factors; specifically that U.S. born and more acculturated women are more willing to disclose victimization on a phone survey.

Help-seeking was also impacted by cultural factors, specifically Anglo acculturation. Women with greater levels of acculturation were more likely to seek out formal help. This has two potential explanations. From the standpoint of cultural fit, it is more socially acceptable to tell someone unknown about victimization in mainstream American culture. From a resources perspective, more acculturated women may have greater knowledge about, and feel more comfortable obtaining, available services.

While sexual victimization was significantly associated with various psychological distress variables, supporting a large body of literature, the impact of different forms of victimization overwhelmed this effect. When the total number of different forms of victimization is taken into account, sexual victimization ceases to uniquely predict psychological

distress. The overall victimization of women drives psychological sequelae, not sexual violence by itself. Focusing solely on sexual victimization without taking into account other victimization experiences may overestimate the impact of sexual violence on psychological distress and miss an opportunity to appropriately provide services to victims of sexual violence.

There are a number of key policy implications from this study. Service providers need to be aware of sexual violence dynamics among Latino women including predominant perpetration by known or familial assailants, high rates of polyvictimization and revictimization, and the likelihood that services will be sought out following an acutely traumatic event or after increased/chronic victimization. This suggests that compartmentalizing services may be detrimental to victims in that having separate domestic violence and sexual abuse hotlines potentially discourages them from getting help. Promoting services that are generally focused on interpersonal violence rather than on a particular type of victimization may improve the willingness of victims to come forward.

Formal service outlets have a number of areas where they can promote victim's willingness and ability to report victimization. These would include having Spanish-speaking victim advocates to help educate and navigate the legal system, increased protections for victims from perpetrators, and increased outreach and education efforts into the Latino community. A key entry point may be medical services, perhaps following a Sexual Assault Nurse Examiner (SANE) model. Following this model, a sexual assault specialist can work with women when they come in for medical help to provide rape crisis center information, victim advocates, and connection to law enforcement. As is the case with other services, bilingual resources are a key component.

The results from this study also indicate an increased need for public awareness and education. Many victims were simply unaware of the availability of services; existing service agencies may serve as educators and providers of public information within the Latino community. These efforts might be more effective if they are not only aimed at victims, but their families and friends, educating them on how to respond to a disclosure of abuse. Friends and family, the most commonly sought informal resource, can serve as the gateway to formal services. In their outreach efforts providers should recognize that shame and the desire to maintain privacy is a driving force behind the lack of disclosure. These efforts need to recognize the experience of shame and discourage self-blame and stigmatization, which hamper help-seeking efforts.

Some of the results also challenge the assumptions about why Latino women do not seek help. For example, immigration status was not associated with help-seeking, which in the field has been assumed to be an impairment in obtaining services. It is likely that undocumented legal status may be more likely to prevent disclosure to formal outlets. In contrast, cultural values, psychological reactions (e.g., shame), and acculturation are more likely to play a role in women's willingness to get help.

Future research needs to continue to expand the study of interpersonal violence beyond sexual assault and partner violence, incorporating other forms of victimization such as stalking, threat, and witnessed violence. In addition, help-seeking efforts need to be more finely evaluated to better understand their connection to mental health outcomes. Additionally, other segments of the Latino community need to be studied. For example, there is a dearth of research on victimization among Latino males and how they are impacted. Studying children and adolescents can contribute to an understanding of the developmental trajectories associated with

victimization and interpersonal violence. While SALAS contributes to the body of knowledge on victimization among Latinos, there are many future opportunities for study that can further our understanding of these problems among this largest growing ethnic group.

I. INTRODUCTION

Statement of the Problem

As of 2004, Latinos constituted 14% of the United States population - the largest minority group. Over a four-year period the number of Latinos increased 14% while the non-Hispanic population increased by almost 2% (Pew Research Center, 2005). The large numbers and rapid growth of this population underscore the need to focus sexual violence studies on Latino women.

While the violence against women literature is substantial, not much research focuses on Latino women. National surveys that evaluate victimization among women typically have a proportion of their sample composed of Latinos (e.g., National Violence Against Women Study [NVAW]). However, these studies do not allow for the evaluation of culturally relevant variables that may play a role in victimization, help-seeking, or psychological outcomes. Some of the variables that have been reported in the literature that may be of importance include whether the individual immigrated to the United States, degree of acculturation, gender roles, and religiosity. Another limitation of the existent Latino victimization literature is that most samples are either small or geographically limited (e.g., restricted to a particular urban area) which hampers the generalizability of the study results.

While the problem of sexual violence merits substantial attention, the research focusing on Latino women typically does not address other forms of victimization. As will be evident in our review of the literature, the victimization literature that has focused on Latino women typically examines sexual violence or physical violence by intimates. Not addressing other co-existing forms of victimization can result in an overestimation of the impact of a single form of

victimization. Furthermore, without evaluating other forms of victimization, we are unable to evaluate to full spectrum of victimization that Latino women may experience.

Another key area in evaluating the role of sexual victimization in the lives of Latino women is understanding their help-seeking efforts. This includes paying particular attention to cultural factors that play a role in obtaining either formal (e.g., police, social service agencies) or informal (e.g., speaking with family or friends). Much of the research on sexual violence suggests that this is an underreported form of victimization. Furthermore, the literature indicates that social services are much less available to Latinos than to their non-Latino counterparts. As such, very few incidents of sexual assault reach the attention of authorities, and many women do not receive assistance in dealing with the negative impact of sexual violence. This is a concerning issue since well-tailored support services can play a key role in helping women overcome the negative sequelae of sexual violence. Understanding the factors that contribute to Latino women's help-seeking efforts is key in developing culturally sensitive and effective interventions to promote help-seeking and assistance for sexually victimized Latino women. Currently, there is an absence of quantitative research that helps us understand what contributes to help-seeking, which help-seeking modalities are more likely to be sought out, and what cultural factors may play a role in a woman's willingness to get assistance after sexual victimization.

The SALAS study aimed to fill a number of the gaps in the current literature by focusing on the sexual victimization experiences of Latino women. The strengths of this study include (1) an examination of many forms of sexual victimization including childhood and adult victimization, (2) an analysis of the other forms of victimization sexually victimized women faced during childhood and adulthood, (3) a thorough analysis of the help-seeking efforts of

Latino women that addresses both effectiveness of services and help-seeking barriers, (4) measurement of particular cultural factors that may effect sexually victimized Latino women, and (5) an assessment of current psychosocial outcomes associated with victimization. The findings address significant gaps in the literature, as well as allow for empirically informed practice and policy implications.

Literature Citation and Review

Rates of Sexual Assault in Women

Sexual assault against women has received considerable research attention over the past 30 years with much of it focusing on the extent of the problem and the psychological impact on victims. Research focusing on childhood sexual abuse (CSA) highlights the large scope of the problem. Overall, incidence rates of CSA have been found to be between 1.2 to 96 per 1,000 children, with abuse against girls being up to three times higher than for boys (Finkelhor, Hamby, Ormrod, & Turner, 2005; Sedlak & Broadhurst, 1996; U.S. Department of Health and Human Services, 2008). The large discrepancy between these rates is primarily due to the former figure being based on agency reports while the latter figure being based on self-report methodology. Prevalence estimates of CSA among women range from 9% to 32% (Briere & Elliott, 2003; Tjaden & Thoennes, 2000). Lifetime (adult and childhood) sexual victimization rates for women range from 9% to 22% (Elliott, Mok, & Briere, 2004; Kessler, Sonnega, Bromet, & Hughes, 1995; Koss, Gidycz, & Wisniewski, 1987; Tjaden & Thoennes, 2000) depending on the methodology and definition of sexual victimization used.

While these results clearly indicate the large impact of this problem, studies on Latino women have reported mixed results in the victimization rates in comparison to their non-Latino counterparts. Statistics from the U.S. Department of Health and Human Services (U.S.

Department of Health and Human Services, 2008), show that Latino children's rate of sexual victimization was second only to that of Caucasian children. The NIS – 3 (Sedlak & Broadhurst, 1996) found no differences between Latino children and children of other races on the rate of sexual victimization. A study with adult women in a primary care setting also found no significant differences in rates of childhood sexual abuse between Latino and Caucasian women (Katerndahl, Burge, Kellogg, & Parra, 2005). In contrast, Urquiza and Goodlin-Jones (1994) found Latino adult women to report a 25% rate of childhood sexual abuse, which was almost 15% to 20% lower than the rates reported by Caucasian or African-American women. With respect to lifetime rates of rape, the NVAW study found that Latino women reported significantly lower rates (14.6%) than non-Latino women (18.4%) (Tjaden & Thoennes, 2000). It is arguable whether these conflicting reports reflect actual rates, reporting bias, methodological differences, or some combination of all of these factors. However, this mixed evidence highlights the importance of further studying sexual victimization among Latino women to gain a better understanding of the scope and impact of this problem.

Sexual Abuse and Other Forms of Victimizations

Two types of multiple victimizations - concurrent multiple types of victimization (polyvictimization) and multiple victimizations that occur over different periods, such as childhood and adulthood, of one individual type (revictimization) shed light on the extent to which sexual violence is associated with other forms of victimization.

Adult women. Various studies find substantial overlap between sexual violence and other forms of interpersonal violence. Frieze (1983) examined sexual violence among a sample of battered women and a comparison group of non-battered women. She found that over a third of the battered sample reported being raped by their husbands (34%). This was significantly higher

than the rate of rape among the non-battered comparison group (1%). Additionally, battered women who were raped by their partners reported higher levels of other victimization such as being raped by someone other than their husbands than the non-raped battered women. Campbell and Soeken (1999) asked a volunteer community sample of battered women about their forced sex experiences. Almost half the sample reported being sexually victimized and these participants were assessed to be in significantly more danger, have experienced more physical and non-physical abuse, and have a greater number of health problems. These studies are supported by more recent research that finds that Latino women often experience multiple forms of victimization, with studies reporting that between 18% and 95% of victimized Latino women experience more than one form of victimization (Clemmons, DiLillo, Martinez, DeGue, & Jeffcot, 2003; Coker, Smith, Bethea, King, & McKeown, 2000; Hass, Dutton, & Orloff, 2000). This research supports the notion that sexually victimized Latino women are likely to be experiencing other forms of victimization in addition to sexual violence.

With respect to revictimization, women who are sexually victimized in adulthood are likely to have been victims of sexual violence during childhood. Elliott, Mok and Briere (2004) found that child sexual abuse and childhood physical abuse were unique predictors of adult sexual abuse among a nationally representative sample. Briere and Elliot (2003), using a geographically stratified national sample, also found that those who had been victimized as children had higher rates of victimization as adults. A review of empirical literature showed that two of three individuals who experienced sexual victimization are revictimized later in their lives (Classen, et al., 2005) with some studies finding a three-fold increase in revictimization risk for sexually victimized women (Arata, 2002; Desai, Arias, Thomson, & Basile, 2002). In addition, other types of childhood victimization, such as neglect and emotional abuse, are also linked with

adult trauma in general (Spertus, Yehuda, Wong, Halligan, & Seremetis, 2003). Thus, revictimization can be examined both with-in types of victimization (e.g., child sexual and adult sexual) and across victimization types (e.g., child sexual and adult physical).

Children. Finkelhor and colleagues (2005) assessed a broad spectrum of victimizations among youth in their Developmental Victimization Survey. A nationally representative sample of youth ages 2 to 17 (N = 2,030) was asked about 34 forms of offenses in five general areas: conventional crime, child maltreatment, peer and sibling victimization, sexual assault, and witnessing and indirect victimization. Among those who were sexually victimized, 97% were also victimized in some other way. Eighty-two percent of those sexually victimized also reported assault, whereas 84% reported witnessing or experiencing indirect violence. This was the highest percent of overlap among victimization types assessed. Children who reported completed rape reported an average of 7.6 kinds of victimizations, which included other forms of maltreatment, peer/sibling violence, and conventional forms of crime. These findings show that sexually abused children are at particular risk for other forms of victimizations.

In a subsequent analysis employing the same dataset, sexually victimized youth were most likely to be represented among polyvictims, those who experienced multiple types of victimization during childhood (Finkelhor, et al., 2007a). Polyvictimized children reported more trauma symptomatology than children who were not polyvictimized and children who experienced repeated episodes of the same type of victimization (see Trickett, 1998 for similar findings). Most importantly, the results show that including polyvictimization as a predictor of outcomes dwarfed the influence of individual types of victimization. These findings caution researchers that including individual victimization types to the exclusion of polyvictimization might lead to false conclusions about the importance of a particular type of victimization.

Finkelhor, Ormrod and Turner (2007b) successfully contacted 79.5% of the above nationally representative sample one year later and assessed further victimization. The resultant odds ratio for re-victimization was 10.6 for sexual revictimization and 10.0 for child maltreatment - the two highest odds ratios for victimization types. Additionally, the odds ratio for being characterized as polyvictimized, if the participant was polyvictimized at Time 1 was 8.7. Further, any type of victimization was associated with increased risk for other kinds of victimizations. Boney-McCoy & Finkelhor (1995) found similar results with multiple types of victimization surfacing as a predictor of subsequent CSA and prior sexual abuse as an especially strong predictor of later CSA. These findings underscore the extreme risk of revictimization among sexually victimized and polyvictimized youth.

Latino women. A smaller set of studies has examined polyvictimization and revictimization among Latino women. McFarlane et al. (1998) recruited a sample of 329 pregnant Latino women who sought prenatal care. Approximately a third of the sample experienced sexual violence during the 12 months prior to the interview. Comparisons between sexually victimized and non-sexually victimized Latino women show that those who were sexually victimized reported significantly higher levels of threats of abuse and physical abuse. For sexually victimized women there was a correlation of .42 between physical abuse and sexual abuse. In another study, 243 racially diverse college students reported on childhood sexual abuse and adult rape (Urquiza & Goodlin-Jones, 1994). Twenty-five percent of Latino women reported CSA and 18% of Latino women reported rape. For all ethnic/racial groups combined, women with a history of CSA were three times more likely to be raped in adulthood. However, among Latino women, those who experienced CSA were four times as likely to report rape in adulthood. The authors posit that cultural factors influence risk factors for revictimization. These studies

suggest that revictimization and polyvictimization rates may vary by ethnic/racial group and point to the importance of culturally relevant factors that may help explain these differing rates.

Service Utilization

Currently, there are few research articles on the help-seeking behavior of Latino women who have been sexually abused. This is an important research question that needs to be addressed in order to develop prevention and intervention efforts. Research on the help-seeking associated with intimate partner violence and sexual abuse among the general population provides insight on the help-seeking efforts of Latino women.

Help-seeking. Victimized women rely on formal and informal help-seeking. Formal avenues include police, the criminal justice system, and mental health professionals whereas informal avenues include friends and relatives. A recent theoretical framework put forth by Liang et al. (2005) conceptualizes help-seeking as a process including defining the problem, deciding to seek help, and selecting a source of support. Each of these stages is influenced by individual, interpersonal, and sociocultural factors. Some of the sociocultural factors that are relevant to a discussion of Latino women include cultural norms sanctioning violence, fewer material resources and a lack of culturally-sensitive services. These barriers are often present for marginalized groups and are exacerbated among immigrants. Latina immigrants might face problems such as lack of information, poor familiarity with the social service system, social isolation, poor English language skills, and fear of deportation (Adames & Campbell, 2005; Raj & Silverman, 2002). This contextual analysis of help-seeking behavior is vital to understanding Latino women's efforts to manage victimization (see Dutton, 1996).

In general, Latino women do not rely on help sources at the same rate as Anglo-Americans. A study on the mental health and medical services sought by sexually victimized

women found that sexual assault was associated with both types of services. Latinos in the study were less likely to seek services than non-Latino whites (Golding, et al., 1988). A study using a nationally representative sample found that Latino ethnic identity was associated with significantly less formal help-seeking (Lewis, et al., 2005). In addition, this study also found that sexual assault was associated with more informal and formal help-seeking, with seeking help from friends being the most common behavior for the entire sample (Lewis, et al., 2005). West et al. (1998) found that battered Latino women seek less formal and informal help than Anglo battered women. Latino women who sought help were more likely to be acculturated, as evidenced by an English language preference, than Latino women who did not seek help. Another source of hesitancy on the part of Latino women to seek formal assistance may be a result of perceived practical barriers that prevent them from seeking help, including financial dependence on their husbands, fear of deportation, and lack of insurance (Bauer, Rodriguez, Quiroga, & Flores-Ortiz, 2000; Cabassa, Zayas, & Hansen, 2006; Lipsky & Caetano, 2007; Torres & Campbell, 1998). Recent research has provided further support around the fear of deportation, since immigrant Latino women are less likely to seek out formal agency services (Ingram, 2007).

Another factor that plays a role in diminished help-seeking by Latinos is the lack of available mental health services for Latinos (Cabassa, et al., 2006; U.S. Department of Health and Human Services, 2001). A principal culprit for this problem is the lack of services in Spanish, given that approximately 40% of Latinos in the United States report not speaking English "very well" (Ramirez, 2004). Lack of linguistically sensitive providers is supported by research which has found that the ratio of mental health professionals to population for Latinos was 29 per 100,000 compared to 173 per 100,000 for Caucasians (U.S. Department of Health

and Human Services, 2001). These data demonstrate that the availability of providers for Latinos is less than 1/5th of what is available to the English-speaking population. In addition to this evidence, a recent qualitative study by Barrio and colleagues (Barrio, et al., 2008) highlights the perception, by both service providers and consumers, that Latinos have neither sufficient available resources nor adequate information on available mental health services. The current study will add substantially to the understanding of help-seeking among sexually victimized Latino women. Questions will be targeted to understand which services sexually victimized Latino women sought, how useful those services were, and reasons for not seeking particular services. This data interpreted in light of victimization experiences (e.g., perpetrator, age of victimization, severity, chronicity), immigration status, and cultural factors such as religiosity, gender role ideology, and acculturation will offer insightful findings for research, practice, and policy.

Culturally-Relevant Factors

Acculturation level, gender role ideology, and religiosity are constructs relevant to the help-seeking decisions of victimized Latino women. These factors may influence the reporting of interpersonal violence, the psychological impact of victimization, and help-seeking efforts. Prior research has not assessed how these factors are linked with sexual victimization among Latino women.

Religiosity. Religion refers to "a fixed system of ideals or ideological commitments (p. 64)," that is separate from personal ideology, and is usually formal and institutional. Spirituality, on the other hand, refers more to the personal, subjective side of religiosity and is usually unsystematic, emotional, and inward. Both religion and spirituality are linked with positive mental and physical health outcomes (Hill & Pargament, 2003).

Comas-Diaz (1995) suggests that religious beliefs might play a negative role in coping with child sexual abuse among Puerto Ricans and that such beliefs must be included in treatment plans. The culturally embedded concept of fatalism, a belief that events are under God's control and not personal control, might direct victims to endure suffering, try to portray self-control, or alternatively, avoid facing the problem (Comas-Diaz & Fontes, 1995). Research has yet to test these assumptions and whether this link exists between religiosity and sexual victimization experiences.

Acculturation and gender role ideology. Acculturation refers to the social and psychological changes (i.e., attitudes, behavior, values, and sense of cultural identity) that take place when minority members come in contact with the dominant culture (Cabassa, 2003). Current conceptualizations of the acculturation process include two dimensions - adherence to the dominant culture and maintenance of the culture of origin - resulting in four acculturation strategies (assimilation, separation, integration and marginalization) (Cabassa, 2003; Phinney & Flores, 2002). As Latino women become more involved with the dominant American culture, traditional sex role attitudes are weakened (Phinney & Flores, 2002).

The relationship between acculturation, the related change in gender roles (Phinney & Flores, 2002; Valentine & Mosley, 2000), and victimization is not clearly understood. Two hypotheses seem plausible. The stress associated with acculturation, particularly change in gender roles, can increase the likelihood of abuse (Adames & Campbell, 2005). Alternatively, lack of acculturation may involve low educational attainment and occupational choices, and poor understanding of the social service system, placing Latinas at risk for victimization.

Traditional gender roles in the Latino community are exemplified through the concepts of marianismo and machismo. These gendered scripts are hypothesized to play an important role in

victimization and responses to victimization (Comas-Diaz & Fontes, 1995; Perilla, Bakerman, & Norris, 1994; Vasquez, 1998). According to the concept of marianismo, based on the Virgin Mary, women are supposed to be submissive and self-sacrificing. Machismo includes honor, pride, courage, aggressive behavior, and domination. This dominance/submission dynamic influences interactions in Latino families and may change during the acculturation process.

There is preliminary evidence to support the hypothesis that acculturation to the American dominant culture and non-traditional gender roles increases victimization among Latino women. Harris et al. (2005) found that among a sample of Latino women, traditional gender role attitudes were associated with less reported physical abuse. Acculturation was also found to be associated with more reported intimate partner violence (Garcia, Hurwitz, & Kraus, 2004). Alternatively, acculturation may also be associated with a greater willingness to report victimization. Kaufman Kantor et al. (1994) found that being born in the U.S., which was highly correlated with acculturation, was associated with higher levels of physical assault in intimate relationships. Similar results were found by Sorenson and Telles (1991): Mexican Americans born in the U.S. reported rates of intimate partner violence (IPV) 2.4 times higher than those born in Mexico. Woman's financial contribution had a positive effect on rates of IPV (Perilla, Bakerman, & Norris, 1994). Women contributing to the financial maintenance of a family might represent a divergence from traditional gender roles and a challenge to machismo. Additionally, a qualitative study looked at immigrant Latinas' understanding of intimate partner violence (Adames & Campbell, 2005). Participants often cited external forces such as traditional gender roles and acculturation stress as causes of IPV. Research has not yet examined the relationship between gender role ideology, acculturation, and sexual victimization. This study will address the current gap in the literature by including these constructs.

Psychosocial Impact of Sexual Violence

Research has shown that victims of CSA experience significant psychological distress and psychopathology (Briere & Elliott, 2003; Browne & Finkelhor, 1986; Finkelhor, et al., 1990; Kendall-Tackett, Williams, & Finkelhor, 1993; Neumann, et al., 1996). Some of the more commonly reported problems include Posttraumatic Stress Disorder (PTSD), depression, anxiety, anger problems, pathological dissociation, fearfulness, substance abuse, self-injurious behavior and suicidality, and sexual problems (Anderson, et al., 1993; Briere & Conte, 1993; Briere, Woo, McRae, Foltz, & Sitzman, 1997; Briggs, 1997; Browne & Finkelhor, 1986; Callahan, 2003; Gorcey, Santiago, & McCall-Perez, 1986; Heath, Bean, & Feinauer, 1996; Merrill, Guimond, Thomsen, & Milner, 2003; Neumann, et al., 1996; Nishith, et al., 2000; Romano & De Luca, 2001; Tyler, 2002; Wolfe, 1994; Wyatt, Guthrie, & Notgrass, 1992).

Research on sexual violence has also found that CSA is a risk factor for adult victimization, indicating that women abused as children are at risk for later victimization in adulthood (Briere & Elliott, 2003; Classen, et al., 2005; Nishith, et al., 2000; Urquiza & Goodlin-Jones, 1994; Wyatt, et al., 1992). This consequence of sexual violence confounds the impact of sexual assault and rape in adulthood since many of these women may be victims of multiple incidents of sexual victimization, which has been shown to increase reported psychological distress (Banyard, et al., 2001; Nishith, et al., 2000). Keeping this issue in mind, research on the psychological sequelae of sexual victimization in adulthood found that the psychological distress women experience is similar to that of CSA victims. Research has found elevated rates of depression, anxiety, PTSD, dissociation, avoidance, and sexual problems for women who were sexually assaulted or raped as adults (Elliott, et al., 2004), even in studies where CSA history is taken into account (Banyard, et al., 2001; Nishith, et al., 2000).

Polyvictimization and revictimization are also linked with poor psychological outcomes. Kessler et al. (1995), employing a nationally representative sample, found that women tended to report more rape, sexual molestation, childhood neglect, and childhood physical abuse than men and were more likely to develop PTSD. Moreover, women who experience multiple forms of abuse are likely to have more devastating psychological outcomes. CDC researchers (Basile, Arias, Desai, & Thompson, 2004) examined the effect of multiple forms of abuse by computing a dose variable which took into account the number and severity of types of intimate partner violence. The dose variable solely accounted for 32% of the variation in PTSD symptomatology.

The research on the psychosocial impact of sexual violence for Latino women has not received as much attention. However, the results appear to be consistent with respect to the impact of CSA and adult sexual violence on Latino women. Latino women tend to experience the same types of symptomatology described above with most studies finding levels similar to those of other ethnic groups (Mennen, 1995; Vasquez, 1998). Sander-Phillips and colleagues' (1995) study is one of the exceptions in that it found higher elevations of depression among Latino women compared to African-American and Caucasian women. These findings raise questions about comparisons within different Latino groups, and cultural factors that may influence the relationship between victimization and psychological distress. In addition, research needs to address less-often studied types of symptomatology (e.g., dissociation, sexual problems) and their relationship to victimization in Latino women.

Summary of Prior Research

Prior research confirms that a significant percentage of women are sexually victimized in childhood and adulthood. However, research shows mixed results in the victimization rates of Latino women compared with non-Latinos. In addition, the literature shows considerable

overlap among abuse types as well as the link between childhood sexual victimization and adult victimization. Studies on polyvictimization and revictimization show that focusing on one victimization type at one point in time can only capture a very limited set of experiences. However, research with Latinos has primarily focused on either sexual assault or physical violence by an intimate partner only, ignoring other forms of abuse and victimization. This study examined sexual victimization, in addition to physical assault (e.g., childhood physical abuse, intimate partner violence), witnessing and indirect violence, and stalking, aiming to overcome some of the prior limitations in this line of research.

There is currently limited research examining service utilization among sexually victimized Latino women. Our study examines the rate of help-seeking from informal and formal sources, satisfaction level of these services, and their perceived effectiveness. Additionally, help-seeking efforts are analyzed taking into consideration victimization history, immigration status, and other demographic factors. This information aims to benefit service providers and provide guidance about potential outreach and education services. Additionally, since little is known about how religiosity, acculturation, and gender role ideology impact experience, responses, and outcomes associated with sexual victimization, we are able to conduct a culturally-relevant examination of the issues at hand and add to a more complete understanding of the role of cultural factors on victimization among Latino women.

Finally, research unambiguously shows poor psychosocial outcomes associated with sexual victimization. Whereas these effects are expected to hold for Latino women, our study allows for a more nuanced analysis of these issues. We examine how childhood sexual victimization, adult sexual victimization, revictimization, and polyvictimization are linked with psychosocial outcomes.

Statement of Hypotheses/Research Rationale

Given the presented literature, we pose the following hypotheses for our study goals.

Goal 1: Determine extent of sexual victimization in a sample of adult Latino females.

Objective 1: Determine the rate of attempted sexual assault, sexual assault and rape experienced in childhood.

Objective 2: Determine the rate of attempted sexual assault, sexual assault and rape experienced in adulthood.

Goal 2: Determine the coexistence of other forms of victimization among those sexually victimized and the risk for subsequent victimization.

Objective 1: Determine rate of physical assaults during childhood and adulthood among sexually victimized Latino women (e.g., IPV, childhood physical abuse).

Objective 2: Determine rate of witnessed and indirect victimization during childhood and adulthood among sexually victimized Latino women.

Objective 3: Determine the extent of stalking victimization among sexually victimized Latino women.

Objective 4: Determine the extent that sexual victimization is a risk factor for subsequent victimization in Latino women.

Objective 5: Determine the percentage of participants who experienced multiple forms of victimization (i.e., sexual, physical, indirect, and stalking).

Goal 3: Examine formal service utilization among sexually victimized Latino women.

Objective 1: Determine rate and factors associated with reporting victimization to police.

Objective 2: Determine rate and factors associated with using legal remedies.

Objective 3: Determine rate and factors associated with the use of therapeutic services.

Objective 4: Determine rate and factors associated with the use of medical services.

Objective 5: Determine rate and factors associated with seeking religious counsel.

Objective 6: Determine the relationship between victimization experiences and formal help-seeking.

Objective 7: Determine satisfaction with above services and its relationship with psychosocial outcomes.

Goal 4: Examine informal help-seeking among sexually victimized Latino women.

Objective 1: Determine rate and factors associated with disclosure to and support from friends/peers and how helpful participants found this support to be.

Objective 2: Determine rate and factors associated with disclosure to and support from family and how helpful participants found this support to be.

Goal 5: Examine culturally-relevant factors associated with experience and responses to sexual violence.

Objective 1: Examine the influence of religiosity on the impact and response to sexual victimization.

Objective 2: Examine the influence of acculturation on the impact and response to sexual victimization.

Objective 3: Examine the influence of gender role ideology on the impact and response to sexual victimization.

Goal 6: Determine the psychosocial impact of sexual victimization on Latino women.

Objective 1: Examine the relationship between different forms of sexual victimization, polyvictimization, revictimization and psychological distress (e.g., depression, anxiety, PTSD).

Objective 2: Examine the relationship between different forms of sexual victimization, polyvictimization, revictimization and social functioning (e.g., employment, educational attainment).

II. METHODS

Participants

The SALAS study assessed the victimization experiences of a national sample of 2,000 Latino women living in the United States. Trained professionals from an experienced survey research firm conducted the interviews over the phone in either English or Spanish, from May through September 2008.

The study entrance criteria were that participants needed to be women over the age of 18 who self-identified as Latino (either foreign or U.S. born), and whose primary language was either English or Spanish. The total sample consisted of 2,000 participants with the majority of participants (90%) living in high-density Latino areas (80% or higher) based on U.S. Census data. The minimum response rate (i.e., ratio of completed and screen out interviews to complete, screen-outs, partial interviews, refusals, break-offs, and no contact) for the sample was 30.7% while the minimum cooperation rate (i.e., ratio of completed and screen out interviews to complete, screen-outs, partial interviews, refusals, and break-offs) was 53.7%. The refusal rate (i.e., ratio of refusal or break-offs to completes, screen-outs, partial interviews, refusals, break-offs, no contact, other, unknown household, and unknown other) for the sample was 20.8%. The SRBI methods report (see Appendix) provides detailed response rate calculation formulas and density area data. These response rates formulas are based on standard definitions established by the American Association for Public Opinion Research (American Association for Public Opinion Research, 2009).

The average age of the participants was 47.76 years of age. Approximately 63% of the sample has a high school education or less. The majority of participants (61%) were U.S. citizens (either U.S. born or naturalized) with a small proportion of the sample not reporting any legal status category (we refer to this group as undocumented; 4.7%). Although 76.5% of the sample indicated that their preferred language was Spanish, 71.5% of the sample conducted the interview in Spanish. Approximately 56% of the participants were married, with the smallest percentages for cohabitating (7.6%), divorced (10.1%), and widowed (10.1). Detailed sample demographics are presented in Table 1.

Table 1

*Sample Descriptives (*N = *2,000)*

	Mean/*n*	SD/%	Range
Age	47.76	16.24	18 – 95
18 – 24	143	7.2	
25 – 34	328	16.5	
35 – 44	428	21.5	
45 – 54	389	19.6	
55 – 64	341	17.2	
65+	358	18.0	
	n	%	
Education Level			
Less that high school	760	38.3	
High school grad/GED	495	24.9	
Some college/trade school	278	14.0	

Two year college graduate	137	6.9
Four year college graduate	205	10.3
Some graduate school	25	1.3
Graduate degree	84	4.2
Immigration Status		
U.S. born citizen	549	28.5
Naturalized citizen	628	32.6
Permanent resident	533	27.7
Current visa	80	4.2
Refugee/asylum	2	0.1
Awaiting status	44	2.3
None of the above/ Undocumented	91	4.7
Preferred Language		
English	379	19.1
Spanish	1,518	76.4
Both Spanish and English	87	4.4
Other	3	0.2
Interview Language		
English	570	28.5
Spanish	1,429	71.5
Relationship Status		
Single (never married)	261	13.2
Married	1,115	56.3

Cohabitating/committed relationship	151	7.6
Divorced	199	10.1
Widowed	200	10.1
Other	54	2.7
Employment Status		
Employed full-time	548	27.7
Employed part-time	217	11.0
Unemployed	197	9.9
Retired	250	12.6
Homemaker	585	29.6
Other (students, public assistance, etc)	181	9.1
Household Income		
Under $9,999	367	26.1
$10,000 – $19,999	366	26.0
$20,000 – $29,999	229	16.3
$30,000 – $39,999	133	9.4
$40,000 – $49,999	95	6.7
$50,000 – $59,999	57	4.0
$60,000 – $69,999	39	2.8
$70,000 – $79,999	30	2.1
$80,000 or more	92	6.5
Sexual Orientation		
Straight/Heterosexual	1,926	98.7

Lesbian	13	0.7
Bisexual	13	0.7

The participants in the sample were predominantly immigrants from Mexico or of Mexican descent (67.1% and 89.5% respectively), with the second most common immigrant group being from Cuba (18%). Detailed ethnicity data are presented in Table 2. The regional distribution, presented in Table 3, shows that 50% of the sample was from Texas, with 25.2% being from California, 20.4% being from Florida, and the remaining 4.6% being from 12 other states.

In comparing our sample to available U.S. Census figures on Latinos, we have a notably higher median age (median age for U.S. Latino women is 26.3 years versus 47.0 median age for the SALAS sample). Our sample has a higher rate of a high school education and beyond, a similar proportion of being married, and a smaller proportion of being born in the U.S. or being U.S. citizens (Guzman, 2001; Ramirez, 2004; U.S. Census Bureau, 2000). In evaluating ethnic background, the SALAS sample has a larger proportion of individuals of Mexican and Cuban descent (U.S. Census Bureau, 2000). These demographic discrepancies may be in part influenced by our methodology and screening procedures. Since our study focused on adult women, there were no participants under the age of 18. In addition, RDD methodology only calls landline phones, given the growth of mobile phones, it is possible that younger individuals and those of lower socioeconomic status may have been under-sampled (Blumberg & Luke, 2009).

Table 2

Ethnicity and Country of Origin Descriptives

	U.S. Born (n = 533)		Immigrant (n = 1,439)	
	n	%	*n*	%
Mexico	477	89.5	966	67.1
Cuba	16	3.0	259	18.0
Puerto Rico	14	2.6	16	1.1
Dominican Republic	1	0.0	15	1.0
Other	25	4.7	183	12.7

Table 3

Sample Regional Distribution

State	*n*	%
Texas	999	50.0
California	503	25.2
Florida	408	20.4
Arizona	42	2.1
New Mexico	22	1.1
Other[a]	27	1.4

[a] Includes CT, ID, IL, MD, MA, NV, NJ, NY, PA, WV

Measures

The SRBI methods report (see Appendix) provides a complete version of the survey, as it was programmed into the CATI software, which presents all the survey questions, response choices, and skip patterns for the interview.

Demographic Information. Participant background information was asked on personal characteristics including age, country of origin, immigration status, preferred language, sexual orientation, educational level, employment status, household income, housing status, and relationship status. Regional information was obtained from the census tract information linked to the random digit dialing (RDD) blocks.

State of Social Issues Questionnaire (SSIQ). The SSIQ were questions developed specifically for this survey to evaluate the participants' view of how much of a problem discrimination, violent crime, domestic violence, sexual assault and sexual harassment were in society today. The 11 questions asked about how much these issues were a problem generally in society and how much they were a problem for Latinos in particular. Each item asks to what degree each issue is a problem on a 5-point Likert scale ranging from 1 (Not at all) to 5 (Very big).

Lifetime Trauma and Victimization History (LTVH). The LTVH evaluates lifetime trauma and victimization history in reference to 30 various traumatic experiences (Widom, et al., 2005). The full version of the LTVH includes questions about natural disasters, combat experience, property loss, interpersonal violence, and witnessed victimization. As the focus of this study was on interpersonal victimization, we limited LTVH questions to stalking, physical assaults, weapon assaults, physical assaults in childhood, threats, threats with weapons, sexual assault, attempted sexual assault, sexual fondling, kidnapping, and witnessed victimization.

Each affirmative incident on the LTVH was followed-up with questions regarding the age of occurrence, duration, frequency, perpetrator, injury, and posttraumatic reaction (i.e., being in danger of death or serious injury and experiencing intense fear, helplessness, or horror). For perpetrator data participants were asked an open-ended question of "who did this to you", their response was then categorized into one of the possible response choices (see Appendix pg. 38) which were then condensed into the descriptive categories presented which include parents, other relatives, a partner/spouse/dating relationship, siblings, other known perpetrator, stranger, or multiple perpetrators. For our presented categories "multiple" refers to multiple perpetrators for the same assault incident (e.g., gang rape). Furthermore, due to the ethnic background of the study participants and the focus on help-seeking, a question was asked as to whether each incident took place while the participant lived in the United States. For each affirmative incident type, respondents were asked if anyone else ever did that to them. If so, respondents completed a second loop with regard to the incident type. Due to time constraints in the survey, only the follow-up questions of age of occurrence and number of times was asked for witnessed violence questions with no second loops being asked. The victimization incidents were then consolidated into five categories: Physical assaults, sexual assaults, stalking, threat victimization, and witnessed victimization. This was also divided by whether the victimization events took place in childhood (defined as occurring prior to age 18) or adulthood. This categorization is presented in Table 4. The calculation of each victimization category across developmental period (childhood or adulthood) was calculated by using the age when victimization experience first and last took place. However, in the regression models, the total victimization variable was simply a count of the interpersonal victimization screener questions, excluding witnessed violence. A copy of the

version of the LTVH as was administered in the interview is included in the SRBI methods report in the Appendix.

Table 4

Screener Question Categories

Screener Question	Recoded Category
1. Have you ever been *stalked* by anyone? For example, has anyone ever followed or spied on you?	Stalking
2. Have you ever been *shot at, stabbed, struck, kicked, beaten, punched, slapped around, or otherwise physically harmed*?	Physical Assault
3. Have you ever been *threatened with any kind of a weapon*, like a knife, gun, baseball bat, frying pan, scissors, stick, rock or bottle?	Threat Victimization
4. Has anyone ever *threatened* you in a face-to-face confrontation?	Threat Victimization
5. Have you ever been *actually assaulted with any kind of a weapon*, like a knife, gun, baseball bat, frying pan, scissors, stick, rock, or bottle?	Physical Assault
6. When you were a child--that is, when you were in elementary or middle school, before about age 12--were you ever *struck, kicked, beaten, punched, slapped around, spanked hard enough to leave a mark, or otherwise physically harmed*?	Physical Assault
7. Deleted	Removed from protocol
8. Has anyone--male or female--ever forced or coerced you to engage in unwanted sexual activity? By unwanted sexual activity, I mean vaginal, oral, or anal intercourse, or has anyone inserted an object or their fingers in your anus or vagina?	Sexual Assault
9. Other than what we just talked about, did anyone, male or female ever *attempt to--but not actually*-- force you to engage in unwanted sexual activity?	Sexual Assault
10. Other than what we just talked about, has anyone ever *actually* touched private parts of your body or made you touch theirs against your wishes?	Sexual Assault

11. Have you ever been kidnapped or held captive?	Excluded due to low N
12. Have you ever been in any OTHER situation in which you were in danger of death or serious physical injury, or in which you felt intense fear, helplessness or horror?	Coded depending on response
13. Have you ever seen or been present when someone was murdered or seriously injured?	Witnessed Victimization
14. Have you ever seen or been present when *another person* was shot at, stabbed, struck, kicked, beaten, slapped around, or otherwise physically harmed?	Witnessed Victimization
15. Have you ever seen or been present when another person was raped, sexually attacked, or made to engage in unwanted sexual activity? By unwanted sexual activity, we mean vaginal, oral, or anal intercourse; insertion of an object or fingers in the anus or vagina; having private parts of their body touched or being made to touch other's private parts against their wishes?	Witnessed Victimization
16. Have you ever *lived in a war zone?* (For example, lived in an area with guerilla warfare).	Excluded due to low N and not being interpersonal in nature (included for exploratory purposes in this sample)

Help-Seeking Questionnaire (HSQ). The help-seeking questionnaire was developed specifically for this study but was formed from two large scale studies that assessed formal and informal help-seeking behaviors (Block, 2000; Gelles & Straus, 1988). This questionnaire asked about the actions taken by respondents after experiencing an identified incident of victimization. Participants chose the anchor incident by identifying the "most severe incident that occurred in the United States and has upset you the most" for any direct form of victimization (i.e., they could not report help-seeking on any witnessed violence). Questions included information about the various types of resources, both formal and informal, that participants may have contacted for assistance such as police, the courts, social service agencies, medical care, family, friends, and

clergy. Participants were also asked about the effectiveness and satisfaction level with the utilized services. Open-ended questions queried participants who did not use each resource as to why they refrained from seeking help.

Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS). The BMMRS is a 33-item multidimensional measure that examines religiousness and spirituality designed for health-related studies. The questions cover topics such as religious affiliation, personal religious/spiritual history, public religious practices, private religious practices, social support, religious coping, beliefs and values, commitment, forgiveness, daily spiritual experiences, and overall self-ranking. This study only used the congregation support, positive religious coping, negative religious coping, and religious intensity indices along one item from the beliefs and values index. As the positive and negative religious coping subscales constitute the RCOPE, that is also embedded in our questionnaire (Pargament, et al., 2000). Participants responded to each statement on a scale of 1 (a great deal) to 4 (not at all). Psychometric evaluation, reported from use of the instrument in the General Social Survey (Idler, et al., 2003), has found the pertinent indices to have internal consistency coefficients (alphas) ranging from .54 to .86 (Idler, et al., 2003). In our victimized subsample the internal consistency coefficients (alphas) were .47 for Religious Support, .77 for Positive Religious Coping, and .50 for Negative Religious Coping.

Brief Acculturation Rating Scale of Mexican-Americans – II (Brief ARSMA – II). The Brief ARSMA-II assesses both minority and majority cultural identity (Bauman, 2005) and includes items from the complete ARSMA-II (Cuellar, Arnold, & Maldonado, 1995). Participants report the degree to which each statement accurately describes them on a scale of 1 (not at all) to 5 (almost always). The scale is often used with the Latino population in general (Cuellar, et al., 1995) and none of the items refer to Mexican culture in particular. A reported

alpha coefficient for the Mexican orientation scale was .91 and .73 for the Anglo oriented scale on a sample of middle school and elementary school students. Acculturation score also significantly correlated to language chosen to respond to the scale. For our sample, we found high internal consistency (alpha) for both the Anglo orientation scale (.78) and Mexican orientation scale (.86).

Short Bem Sex Role Inventory (BSRI- Short Form). This instrument measures sex-typed personality characteristics by asking participants to report the degree to which each of 30 adjectives describes them. The instrument consists of 30 adjectives - 10 masculine, 10 feminine and 10 neutral items (Beere, 1990; Bem, 1981). The BSRI is the most commonly used instrument in gender-related research, has been used with minority groups, and was normed in the United States (Beere, 1990). The Femininity and Masculinity scales are a calculation of the mean score for the items on those scales. Both the Masculinity and Femininity scales aim to measure the degree to which someone conforms to the culturally defined sex-appropriate behavior for that sex role (Bem, 1981). Femininity items include adjectives such as "affectionate", "compassionate", and "gentle". Masculinity items include adjectives such as "aggressive", "assertive", and "dominant". For this survey, the standard 7-point Likert-type scale was abbreviated to a 5-point Likert-type scale for easier phone administration. Both the Masculine (.80) and Feminine (.87) scales had strong reliability coefficients (alpha) in our victimized subsample.

Trauma Symptom Inventory (TSI). The TSI is a 100-item instrument that evaluates posttraumatic and trauma related symptomatology in adults. The TSI consists of 3 validity scales and 10 clinical scales (Briere, 1995). Each item asks about the frequency of occurrence of each symptom on a 4-point Likert scale ranging from 0 (never) to 3 (often). The TSI has been

normed with men or women over the age of 18. For the purposes of this study only the Anxious Arousal, Depression, Anger/Irritability, and Dissociation scales were used. These scales have been found to have excellent reliability, with alphas ranging between .82 (Dissociation) and .91 (Depression) (Briere, 1995, 1996). Reliability (Cronbach's alpha) of the TSI scales for our sample was: .86 for Anxious Arousal, .86 for Depression, .89 for Anger/Irritability, and .86 for Dissociation. Validity has also been supported for the TSI across various samples (Briere, 1995, 1996; McDevitt-Murphy, Weathers, & Adkins, 2005).

PTSD Checklist (PCL). The PCL is a 17-item instrument for assessing the severity of PTSD symptomatology (Weathers, et al., 1993). Participants are asked how much they have been bothered by each symptom in the past month, with responses being rated on a 5-point Likert scale ranging from 1 (not at all) to 5 (extremely). This measure covers the three main symptom clusters of the DSM-IV criteria for PTSD: reexperiencing, numbing/avoidance, and hyperarousal (American Psychiatric Association, 2000). The PCL has shown excellent reliability, with alpha coefficients regularly above .90 (Blanchard, Jones-Alexander, Buckley, & Forneris, 1996; Buckley, Blanchard, & Hickling, 1996; Cuevas, et al., 2006; Weathers, et al., 1993). This instrument has also demonstrated excellent diagnostic utility (.79 to .90) against "gold standard" measures of PTSD using varying cut scores (between 30 and 50) with different populations (Andrykowski & Cordova, 1998; Andrykowski, Cordova, Studts, & Miller, 1998; Blanchard, Jones-Alexander, Buckley, & Forneris, 1996; Bollinger, Cuevas, Vielhauer, Morgan, & Keane, 2008; Manne, Du Hamel, Gallelli, Sorgen, & Redd, 1998). The PCL has an existing Spanish version with comparable psychometric properties (Marshall, 2004; Marshall & Orlando, 2002). Reliability (Cronbach's alpha) for our victimized subsample was .93.

Procedures

Probability samples of households with telephones were generated using a random digit dial method (RDD). In this kind of sample, a listing is constructed of all one hundred-block numbers, or the first eight digits of a ten digit phone number to which residential numbers are assigned. A random sample of these hundred blocks was drawn. For SALAS, the sample was arranged based on the Latino density for the hundred blocks. Next, two random digits were added to each hundred block prefix, thus producing a population-based, random digit dialing sample of telephone numbers stratified by Hispanic household density per hundred block. All calls were made between 5pm and 9pm during the weekdays, between 10am to 9pm on Saturdays, and 11am to 9pm on Sundays. Eligible households within the total sample were then selected. Telephone interviewing has been found to be comparable with in-person interviews in its reliability and validity (Bajos, Spira, Ducot, & Messiah, 1992; Bermack, 1989; Czaja, 1987; Martin, Duncan, Powers, & Sawyer, 1989), although as previously mentioned, it may under-sample younger participants and those of lower socioeconomic status (Blumberg & Luke, 2009). Some research suggests that telephone interviewing may also provide higher levels of disclosure on sensitive topics such as sexual abuse (DiNitto, et al., 2008). Furthermore, we chose this methodology as it provided the most efficient and cost-effective way to obtain a national sample, which allowed us to overcome a significant limitation in the current research on interpersonal violence among Latino women.

An adult respondent at each number was asked questions about the composition of the household (i.e., whether the number belonged to a residential household). Non-residential contacts were screened out (e.g., business, churches, college dormitories). If a residential household was reached, then the interviewer asked about the total number of age-eligible Latino

females in the household. If there was only one eligible individual, that individual was asked to participate, if there was more than one eligible participant, then the "most recent/next birthday" method was used to decide which individual to interview. In this method, interviewers asked the Latino women residents whose birthday was the most recent or the next closest to the date of the phone interview. This is a widely used procedure because it permits unbiased systematic selection of respondents without needing full household enumeration (Salmon & Nichols, 1983). Participants were asked whether they preferred to conduct the interview in English or Spanish. If the interviewer was bilingual they would interview the participant in their preferred language, if the interviewer was only English speaking and the participant chose Spanish, the participant was called back by one of the bilingual interviewers.

Once a respondent was selected, they were read the informed consent and asked if they were willing to participate in the study. If they agreed to participate, they were interviewed at the current time or asked if they wished to be called back at a more convenient time. Before starting the survey questions, participants were given a code phrase to say ("OK, you're welcome") if they needed to suddenly end the call (e.g., due to safety or confidentiality concerns). Participants were then asked the various study instruments in the following order questions about state of social issues, demographic information, acculturation, lifetime victimization, help-seeking behaviors for the event that took place in the United States that was most upsetting, religiosity, gender role ideology, psychological symptoms, and posttraumatic symptoms. Some of the instruments were only asked of participants that reported a direct victimization experience; these were the HSQ (help-seeking), BMMSR (religiosity), BSRI – Short Form (gender role), and PCL (PTSD symptoms). All instruments had been translated into Spanish for the study with the exception of the TSI, PCL, and Brief ARSMA – II that already

had established versions in Spanish. For participants with no victimization, the survey consisted of a total of 89 questions. If a participant reported having a victimization incident, there were an additional 24 follow-up questions per incident. For each witnessed victimization endorsed, there were an additional three follow-up questions. For those who reported interpersonal victimization, they were asked four additional instruments potentially resulting in 95 additional items (the actual total number of additional questions depended on the participant's answers and resultant skip patterns). The average time to complete the survey for all participants was 28 minutes.

Upon completing the survey, participants were asked if they felt distressed and were offered a support hotline or callback to follow up with them. If the participant requested a callback or the interviewer felt they should be follow-up with, the case was screened for follow up. The study's principal investigator who is a bilingual licensed clinical psychologist called the follow-up cases. He was tasked with making follow-up calls due to his extensive experience in treating victims of abuse and trauma. On follow-up calls, the principal investigator asked for the participant, once they responded he identified himself as someone who was calling to follow-up on the study they had recently completed and asked them if this was a good time to talk prior to querying about any concerns or distress associated with the study. During the call it was ensured that the individual was no longer distressed and were provided with additional support information if needed (e.g., local social service agencies, etc.). Approximately 1% of the sample required follow-up. After completing the survey, participants were paid $10 for their participation. The remuneration was sent along with a note that stated, "Thank you for participating in our survey. If you have any questions about the project you can reach us at 1-

800-659-5432", giving no indication of the nature of the survey to protect participant safety and confidentiality.

An experienced survey research firm with specialization in doing surveys that ask about sensitive subjects (e.g., interpersonal violence) conducted the interviews using a Computer Assisted Telephone Interview (CATI) system. The interviewers were specifically trained on the SALAS survey and closely supervised during the data collection process. Only female interviewers were used since previous surveys using this methodology (e.g., National Violence Against Women [NVAW], Tjaden & Thoennes, 2000) showed that potential respondents were more likely to participate in the study if the interviewer is a woman. An initial attempt and four callbacks were made to reach a specific household, and then an additional three calls were made once a case was reached until final disposition is obtained (e.g., a completed survey or refusal). The Institutional Review Board (IRB) of Northeastern University authorized all study procedures with subsequent analyses also being approved by the IRB of The Pennsylvania State University.

III. RESULTS

Goal 1: Determine extent of sexual victimization in a sample of adult Latino females.

In calculating victimization rates, both unweighted and weighted figures are used. The weighted estimates use post-stratification weights that accounted for number of eligible respondents in the household, age cohorts, and household income. Detailed calculation procedures for sample weighing are provided in the SRBI Methods Report in the Appendix. The rate of sexual victimization for the sample was 17.2% (22.2% weighted). When broken down by the specific LTVH questions, 8.8% of the sample experienced a completed sexual assault, 8.9% experienced attempted sexual assault, and 11.4% experienced fondling or forced touch. Based on these different experiences, 48% of sexual assault victims reported more than one type of

sexual victimization. When we broke down the results by adulthood and childhood sexual victimization, 7.6% of the sample experienced at least one adulthood sexual assault while 12.2% of the sample experienced at least one childhood sexual assault. Perpetrator rates show that adult sexual violence was most often perpetrated by either a spouse or partner (44.1% of adult sexual victimization) or someone else known to the victim (48.7% of adult sexual victimization). In childhood, the most common perpetrators were another relative (42.6%) or a non-family individual known to the victim (38.1%). In both adulthood and childhood sexual victimization, a minority of women were victimized by a stranger (30.3% and 15.21% respectively). Table 5 presents detailed results of victimization rates.

Table 5

Sexual Assault Victimization Rates

Victimization Type and Screener	n	Unweighted Rate [95% CI]	Weighted Rate [95% CI]	
Any Sexual Assault	344	17.2 [15.5, 18.8]	22.2 [19.1, 25.3]	
Sexual Assault	176	8.8 [7.6, 10.1]	11.2 [8.9, 13.4]	
Attempted Sexual Assault	178	8.9 [7.7, 10.2]	12.3 [9.8, 14.8]	
Fondling/Forced Touch	228	11.4 [10.1, 12.9]	15.1 [12.3, 17.8]	
Age/Perpetrator Breakdown				Unweighted % within Age Category
Any Adult Sexual Assault	152	7.6 [6.4, 8.8]	8.6 [6.7, 10.5]	
Parent	20	1.0 [0.6, 1.4]	1.1 [0.4, 1.8]	13.2
Other Relative	28	1.4	1.5	18.4

		[0.9, 1.9]	[0.7, 2.3]	
Partner/Spouse/Dating Rel.	67	3.4 [2.6, 4.1]	4.2 [2.8, 5.7]	44.1
Sibling	21	1.1 [0.6, 1.5]	1.1 [0.4, 1.8]	13.8
Other Known	74	3.7 [2.9, 4.5]	4.3 [3.0, 5.6]	48.7
Stranger	46	2.3 [1.6, 3.0]	2.0 [1.2, 2.8]	30.3
Multiple	20	1.0 [0.6, 1.4]	1.1 [0.4, 1.8]	13.2
Any Childhood Sexual Assault	244	12.2 [10.8, 13.6]	17.0 [14.1, 19.9]	
Parent	27	1.4 [0.8, 1.8]	2.3 [0.9, 3.7]	11.1
Other Relative	104	5.2 [4.2, 6.2]	7.2 [5.4, 9.1]	42.6
Partner/Spouse/Dating Rel.	24	1.2 [0.7, 1.7]	2.3 [0.9, 3.7]	9.8
Sibling	18	0.9 [0.5, 1.3]	1.2 [0.1, 2.3]	7.4
Other Known	93	4.7 [3.7, 5.6]	7.1 [4.7, 9.5]	38.1
Stranger	37	1.8 [1.3, 2.4]	2.0 [0.8, 3.2]	15.2
Multiple	8	0.4 [0.1, 0.6]	0.7 [0.0, 1.7]	3.3

Perpetrator categories were combined from the participant responses. Given how the data was collected, allowing participants to free respond on the perpetrator which was then

categorized, a more detailed breakdown of perpetrator categories could be used in future data analyses. In addition, since country of origin and immigration data was collected, rates could be broken down by whether someone was an immigrant to the U.S., and within different groups of Latinos based on country of origin or ethnic background.

Goal 2: Determine the coexistence of other forms of victimization among those sexually victimized and the risk for subsequent victimization.

In total, 87.5% of the women who were sexually victimized also experienced at least one other form of victimization (e.g., sexual assault and physical assault) in their lifetime. The most frequent overlapping form of victimization was physical violence (60.2%) while the least frequent was witnessed victimization (45.1%). Table 6 presents detailed results on the overlap across the various forms of victimization.

Table 6

Co-morbid Lifetime Victimization Percentages for Sexually Victimized Participants

	Victimization Type				
	Any Other Victimization [95% CI]	Physical [95% CI]	Stalking [95% CI]	Threat [95% CI]	Witness [95% CI]
Sexual Assault	87.5 [85.0, 91.0]	60.2 [55.0, 65.4]	52.2 [46.9, 57.5]	57.6 [52.3, 62.8]	45.1 [39.8, 50.3]

When examining the breakdown based on childhood and adulthood events, Latino women who were sexually victimized in childhood also experienced high rates of other forms of childhood violence, with physical victimization being the most common (47.3%) co-existing victimization type. In adulthood, the most frequently co-occurring form of victimization for

sexually victimized women was threats (55.9%). Table 7 presents detailed results of co-existing victimization in childhood and co-existing victimization in adulthood.

Table 7

Polyvictimization Percentages for Sexually Victimized Participants

	Child Victimization			
	Physical	Stalking	Threat	Witness
Child Sexual	47.3	29.9	22.4	27.8
	Adult Victimization			
	Physical	Stalking	Threat	Witness
Adult Sexual	43.4	48.0	55.9	23.7

In evaluating revictimization risk, we calculated the odds ratio that a victim of childhood sexual victimization would experience an adulthood victimization event across all forms of victimizations. All of the logistic models control for age and socioeconomic status. Results show that sexual victimization in childhood is a risk factor for any form of adulthood victimization (OR = 4.59, 95% CI [3.42, 6.16], $p < .001$) as well as a risk factor for all of the different types of victimizations in adulthood with the greatest risk being for threat victimization (OR = 4.56, 95% CI [3.37, 6.16], $p < .001$) and the lowest risk being for witnessed victimization (OR = 2.30, 95% CI [1.60, 2.29], $p < .001$). Table 8 shows the odds ratios for a victim of childhood sexual assault to experience another form of victimization in adulthood.

Table 8

Logistic Regression Revictimization Odds Ratios for Childhood Sexual Victimization

	Any OR [95% CI]	Sexual OR [95% CI]	Physical OR [95% CI]	Stalking OR [95% CI]	Threat OR [95% CI]	Witness OR [95% CI]
Age	1.00 [0.99, 1.00]	1.00 [0.99, 1.01]	0.99 [0.99, 1.00]	0.99 [0.98, 1.00]	0.99 [0.99, 1.00]	1.00 [0.99, 1.01]
SES	1.36*** [1.23, 1.49]	1.27** [1.10, 1.48]	1.00 [0.88, 1.15]	1.37*** [1.21, 1.55]	1.27*** [1.14, 1.43]	1.23** [1.08, 1.40]
Child Sexual	4.59*** [3.42, 6.16]	4.31*** [2.95, 6.31]	4.21*** [3.05, 5.81]	3.08*** [2.21, 4.30]	4.56*** [3.37, 6.16]	2.30*** [1.60, 2.29]
Nag R^2	.12	.09	.07	.08	.11	.04
X^2	181.55***	74.02***	76.93***	85.56***	131.91***	36.56***

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

Table 9 presents the sample victimization rates for the other forms of victimization that we evaluated in addition to sexual violence among the full sample of 2,000 Latino women.

Table 9

Victimization Rates for Non-sexual Forms of Victimization

Any Victimization			
Physical	Stalking	Threat	Witness
22.2	18.3	21.1	20.1
Adult Victimization			
Physical	Stalking	Threat	Witness
13.0	12.0	16.4	10.8
Child Victimization			
Physical	Stalking	Threat	Witness
15.2	8.2	6.4	9.9

Overall, 43.5% of the sample reported at least one lifetime victimization experience, with 28.8% reporting at least one childhood event and 31.9% reporting at least one adulthood event. In examining the various forms of victimization, we found that 26.7% of women had more than one type of victimization in their lifetime (e.g., stalking and physical assault or physical assault and sexual assault), which means that 61.3% of victimized women experience two or more different forms of victimization.

Goal 3: Examine formal service utilization among sexually victimized Latino women.

The majority (66.5%) of women who experienced sexual victimization selected sexual victimization as the index incident for help-seeking questions, indicating it was the most distressful victimization experience. Analyses on help-seeking responses focus on these respondents. Formal help-seeking included seeking medical attention, respondent reporting the

incident to police, going to a social service agency, obtaining a restraining order or filing criminal charges. About 21% of the respondents sought one or more types of formal help. The most common type of formal help-seeking was medical services among women who reported injuries. The main injures reported, among those injured, include large bruises (45.9%), small bruises (37.8%), injuries inside the body (27%), and sprains, broken bones, or broken teeth (13.5%). Criminal justice responses were not commonly sought.

Table 10

Help-seeking Responses of Those who Reported Sexual Victimization as Most Distressful (n = 212)

Response	*n*	%
Injured	39	18.4
Doctor, medical center, hospital	16	41.0
Police[a]	14	6.6
Social service agency	21	9.9
Restraining order	15	7.1
Criminal charges	13	6.1
ANY FORMAL HELP-SEEKING	44	20.8

[a] This refers to sexual victims who reported the victimization to the police themselves as an examination of victims' help-seeking is central here. An additional 16 participants indicated that another person reported the index sexual victimization. The full 30 reports to the police are used for analyses below.

Specific details were gathered about the response of police and the court process and the participant's satisfaction with these criminal justice resources. Calling the police, either by the victim herself or someone else, resulted in an arrest of the assailant in almost 50% of the cases. Restraining orders were uncommon among sexual victims and were violated by a third of the

assailants. Criminal charges were the least likely formal help-seeking mode of sexual victims and 54% of filed criminal charges (n = 7) resulted in sentences among this sample. Within the broader context of those who reported sexual victimization as most distressful, only 3% resulted in sentencing of the assailant. In general, respondents were more satisfied than dissatisfied with both the police and courts and most satisfied with the courts.

Table 11

Detail of Police and Court Help-seeking Responses

	n	%
Police	30	14.2[a]
See you in person to take a report	14	46.7
Arrest him/her	14	46.7
Give you advice on how to protect yourself	8	26.7
Refer you to services	7	23.3
Nothing	5	16.7
Refer you to court	4	13.3
Take you somewhere	1	3.3
Court		
Restraining order	15	7.2[a]
Violate restraining order	5	33.3
Filed criminal charges	13	6.3[a]
Convicted	4	30.8
Pled guilty	4	30.8
Acquitted	1	7.7

Charges dropped	1	7.7
Other	3	23.1
	M	*SD*
Satisfaction with police response[b]	2.4	1.2
Satisfaction with treatment during court process[b]	3.0	1.1

[a] Percentages indicate of sexual victims. Remaining percentages are of subsets that enacted either police or court formal help-seeking
[b] Reported on a scale of 1 'very satisfied' to 5 'very dissatisfied'

Medical and social service help-seeking details were gathered along with a rating of helpfulness for each response. The predominant medical service sought was the emergency room (37.5% of injured women), but it received the lowest helpfulness rating of medical services. Similarly, the most common social service sought, non-specialized counseling/therapist, was also rated as least helpful in relation to the other social services. Specialized services like abuse counseling, shelter, domestic violence counseling and crisis line were rated as somewhat to very helpful, but were uncommonly sought. In fact, only 3.3% of sexual victims went to any of these four specialized services.

Table 12

Detail of Medical and Social Service Help-seeking Responses

Help-seeking response	*n*	%	Helpfulness[a] (SD)
Medical service sought			
Visited emergency room	6	37.5	2.8 (2.0)
Visited a medical center	5	31.3	4.4 (1.3)
Visited my doctor	3	18.8	4.0 (1.7)
Was hospitalized	3	18.8	5.0 (0)
Referred or visited psychologist/psychiatrist	1	6.3	5.0 (0)
Social service agency sought			
Other counseling/ therapist	7	33.3	3 (1.9)
Abuse/trauma counseling	3	14.3	4.5 (.7)
Domestic violence counseling	3	14.3	4.7 (.6)
Mental health center	3	14.3	4.5 (.7)
Shelter	2	9.5	4 (0)
Crisis line	1	4.8	4 (0)

[a] Reported on a scale of 1 'very unhelpful' to 5 'very helpful'

To better understand women's responses, women who employed formal help-seeking were asked how each could improve. Those who did not seek a specific type of formal help-seeking were asked why they did not seek it. Respondents indicated that police could improve services by charging or arresting assailants and courts could improve by taking reports more seriously. Respondents also suggested offering more advice for medical and social service

agencies. Here the respondents restated the importance of reporting their victimization. The main reasons for not seeking formal help included fear, shame and being too young.

Table 13

Ways to Improve Services and Reasons why Services Not Sought

	To Improve	Why Not Sought
Police	(*n* = 30)	(*n* = 131)
	Charge/ arrest/ lock-up person (23.3%)	Fear of offender (29.4%)
	Be more supportive (13.3%)	Too young (17.2%)
	Take complaint more seriously (10%)	Didn't think of it (12.8%)
	Not sure (10%)	Wouldn't be believed (9.4%)
	Refer/take to services (6.7%)	Shame (8.9%)
		Wanted to keep incident private (8.9%)
Courts	(*n* =5)	(*n* = 193)
	Taken report more seriously (60%)	Too young (18.7%)
	Provide/suggest treatment (40%)	Fear of offender (16.1%)
	Provide more legal help (20%)	Didn't think of it (13%)
		Wanted to keep incident private (10.9%)
		Shame (9.3%)
Medical	(*n* = 7)	(*n*= 23)
	Provide counseling/offer advice (42.9%)	Other (26.1%)
	Reported it (42.9%)	Shame (17.4%)
	More/better treatment (28.6%)	I didn't think of it (13%)
	Financial help (28.6%)	Fear of further abuse (8.7%)
	Been more supportive (28.6%)	Too young (8.7%)
Agency	(*n* = 2)	(*n* = 189)
	Provide counseling/offer advice (50%)	Didn't think of it (26.5%)
	Reported it (50%)	Didn't know of any (13.2%)
		Shame (9%)
		Wanted to keep incident private (9%)
		No agency available in area (7.9%)

For respondents who experienced only one sexual victimization, it was possible to link specific sexual victimization types to help-seeking responses. A chi-square test of independence revealed no relationship between type of sexual victimization and rate of formal help-seeking (X^2 (2) = 2.99, p = .23).

Table 14

Rate of Help-seeking by Sexual Victimization Type (*n* = 103)

	% that Sought Formal Help-seeking
Coerced sexual activity	15.8%
Attempted sexual coercion	20.0%
Fondling	7.4%

Formal help-seeking was examined in relation to psychosocial functioning, namely, post-traumatic symptoms, depression, anger/irritability, anxiety, and dissociation. A series of multiple regressions with demographic controls of age and socio-economic status revealed that formal help-seeking had no significant relationship with psychosocial functioning, contributing little to the variance. Reasons for this non-significant association may include that many help-seeking services did not target mental health specifically; recent psychological functioning was measured, not controlling for how long ago the victimization occurred nor the timing of the help-seeking; and the large number of non-victimization related variables that influence psychological functioning (e.g., economic stress). The count of victimizations did significantly influence post-traumatic symptoms ($B = 1.08$, $p = .04$) and depression ($B = .69$, $p = .04$) with increased victimization relating to increased post-traumatic symptoms and depression. Detailed results are presented in Tables 15 and 16.

Table 15

Formal Help-Seeking and Psychosocial Outcomes Among Women who Reported Sexual Victimization as Most Distressful (n = 211)

	PCL-Total *B* [95% CI]	Depression *B* [95% CI]	Anger *B* [95% CI]	Anxiety *B* [95% CI]	Dissociation *B* [95% CI]
Age	-0.17* [-0.33, -0.01]	0.01 [-0.10, 0.12]	-0.10 [-0.21, 0.02]	-0.03 [-0.15, 0.09]	-0.10 [-0.23, 0.04]
SES	-2.09* [-3.91, -0.28]	-1.05 [-2.29, -0.20]	-0.62 [-1.93, 0.69]	-1.15 [-2.48, 0.19]	-2.30** [-3.78, -0.80]
Vic count	1.08* [0.07, 2.08]	0.69* [-0.01, 1.38]	0.47 [-0.25, 1.20]	0.61 [-0.13, 1.36]	0.39 [-0.44, 1.22]
Any formal help	0.43 [-5.15, 6.02]	-0.97 [-4.79, 2.85]	-4.31 [-8.32, -0.29]	-2.49 [-6.58, 1.61]	-2.23 [-6.80, 2.34]
R^2	0.07	0.03	0.04	0.03	0.06
F	3.82**	1.60	1.94	1.53	3.05*

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

Table 16

Formal Help-Seeking Types and Psychosocial Outcomes Among Women Reporting Sexual Victimization as Most Distressful (*n* = 209)

	PCL-Total *B* [95% CI]	Depression *B* [95% CI]	Anger *B* [95% CI]	Anxiety *B* [95% CI]	Dissociation *B* [95% CI]
Age	-0.18* [-0.35, -0.02]	0.02 [-0.10, 0.13]	-0.09 [-0.21, 0.29]	-0.03 [-0.15, 0.09]	-0.11 [-0.24, 0.03]
SES	-2.15* [-3.99, -0.31]	-1.15 [-2.41, 0.10]	-0.66 [-1.99, -0.68]	-1.26 [-2.61, 0.08]	-2.31** [-3.81, -0.82]
Vic count	1.08* [0.06, 2.11]	0.73* [0.03, 1.43]	0.41 [-0.33, 1.15]	0.64 [-0.11, 1.38]	0.39 [-0.44, 1.22]
Police	-0.95 [-11.06, 9.17]	-4.73 [-11.63, 2.17]	-4.13 [-11.44, 3.19]	-3.20 [-10.58, 4.18]	-2.89 [-11.11, 5.34]
Rest Order	-1.10 [-10.31, 8.11]	0.08 [-6.21, 6.36]	-1.55 [-8.21, 5.12]	1.02 [-5.71, 7.75]	3.53 [-3.96, 11.03]
Criminal Charges	2.09 [-8.36, 12.54]	-2.05 [-9.18, 5.08]	-0.48 [-8.04, 7.08]	-4.52 [-12.16, 3.11]	-1.05 [-9.55, 7.45]
Social Service	-0.92 [-9.17, 7.33]	0.78 [-4.85, 6.41]	-1.43 [-7.40, -4.54]	0.17 [-5.85, 6.20]	-4.29 [-11.00, 2.42]
R^2	0.07	0.04	0.03	0.04	0.07
F	2.23*	1.30	0.93	1.15	2.18*

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

Goal 4: Examine informal help-seeking among sexually victimized Latino women.

Informal help-seeking, as measured by talking to someone about the sexual victimization incident, was more common than formal help-seeking. Almost 60% of sexual victims talked to someone about the incident. Disclosure to friends was most common at 31.7%, but disclosure to family was also quite common, with 30.9% disclosing to parents. The most helpful confidants according to respondents were other family members and the least helpful were parents, as reported in Table 17.

Table 17

Informal Help-seeking Sourced and Rated Helpfulness

Disclosure	N	%	Helpfulness Mean (SD)[a]
Talk to someone else	123	58.3	
Confidant			
Friend, neighbor	39	31.7	4.3 (.8)
Parents	38	30.9	3.7 (1.5)
Siblings	22	17.9	3.8 (1.3)
Husband/partner	17	13.8	4.7 (.6)
Minister/ clergy	16	13.0	3.8 (1.5)
Other family	10	8.1	4.8 (.5)

[a] Reported on a scale of 1 'very unhelpful' to 5 'very helpful'

Confidants could improve by being more supportive and reporting the incident, according to respondents. This theme is similar to the recommendations for formal help-seeking. Women who did not disclose the incident reported shame as the main reason for keeping the incident to themselves (see Table 18 below).

Table 18

Ways to Improve Disclosure Events and Reasons why Disclosure not Sought

	To Improve	Why Not Sought
Informal	(*n* = 26)	(*n* = 88)
	Been more supportive (42.3%)	Shame (31.8%)
	Reported it (19.2%)	Didn't think of it (19.3%)
	A/O mentions (15.4%)	Fear of further abuse (13.6%)
	Provide counseling/advice (11.5%)	Wanted to keep incident private (12.5%)
	Confront person involved (11.5%)	Wouldn't be believed (9.1%)
		Didn't want/need help (9.1%)

For respondents who experienced only one sexual victimization, it was possible to link specific sexual victimization types to help-seeking responses. A chi-square test of independence revealed no relationship between type of sexual victimization and rate of informal help-seeking (X^2 (2) = 1.89, p = .39).

Table 19

Rate of Help-seeking by Sexual Victimization Type (*n* = 102)

	% that Sought Informal Help-seeking
Coerced sexual activity	42.1%
Attempted sexual coercion	62.1%
Fondling	51.9%

Informal help-seeking was examined in relation to psychosocial functioning, namely, post-traumatic symptoms, depression, anger/irritability, anxiety, and dissociation. A series of multiple regressions with demographic controls of age and socio-economic status revealed that informal help-seeking was related to one measure of psychosocial functioning. Talking to someone about the sexual victimization was significantly predictive of decreased depression (*B* =

-3.58, $p = .02$). Detailed results are available in Table 20. As with formal help-seeking, it appears that psychological functioning is influenced by factors other than informal-seeking per se—perhaps concurrent non-victimization stressors, quality of help received, and response of social network.

Table 20

Informal Help-Seeking and Psychosocial Outcomes Among Women who Reported Sexual Victimization as Most Distressful (n = 210)

	PCL-Total	Depression	Anger	Anxiety	Dissociation
	B [95% CI]	*B* [95% CI]	*B* [95% CI]	*B* [95% CI]	*B* [95% CI]
Age	-0.18* [-0.34, -0.02]	0.01 [-0.10, 0.11]	-0.09 [-0.21, 0.03]	-0.03 [-0.15, 0.09]	-0.10 [-0.23, 0.04]
SES	-1.93* [-3.80, -0.07]	-0.74 [-2.01, 0.52]	-0.45 [-1.80, 0.91]	-0.99 [-2.37, 0.38]	-2.15** [-3.68, -0.61]
Vic count	1.11* [0.14, 2.09]	0.67* [0.01, 1.34]	0.29 [-0.42, 1.00]	0.51 [-0.21, 1.23]	0.30 [-0.50, 1.10]
Any informal help	-1.81 [-6.31, 2.70]	-3.58* [-6.63, -0.54]	-1.85 [-5.12, 1.42]	-1.52 [-4.83, 1.80]	-1.57 [-5.26, 2.13]
R^2	0.07	0.05	0.02	0.02	0.05
F	3.70**	2.76*	1.10	1.28	2.81*

*p <.05 **p < .01

Table 21

Specific Types of Informal Help-Seeking and Psychosocial Outcomes Among Women who Reported Sexual Victimization as Most Distressful (n= 210)

	PCL-Total *B* [95% CI]	Depression *B* [95% CI]	Anger *B* [95% CI]	Anxiety *B* [95% CI]	Dissociation *B* [95% CI]
Age	-0.21* [-0.37, -0.04]	0.02 [-0.10, 0.13]	-0.08 [-0.21, 0.04]	-0.03 [-0.15, 0.10]	-0.11 [-0.25, 0.03]
SES	-1.97* [-3.88, -0.06]	-0.71 -2.00, 0.58]	-0.58 [-1.97, 0.81]	-1.12 [-2.52, 0.28]	-2.11** [-3.66, -0.55]
Vic count	1.12* [0.11, 2.13]	0.67* [-0.01, 1.36]	0.30 [-0.43, 1.03]	0.55 [-0.19, 1.30]	0.31 [-0.51, 1.13]
Parents	-3.65 [-9.54, 2.24]	-4.21* [-8.20, -0.22]	-1.95 [-6.23, 2.34]	-2.13 [-6.45, 2.18]	-4.21 [-9.00, 0.59]
Sibling	0.78 [-6.56, 8.10]	-1.61 [-6.58, 3.35]	-0.37 [-5.70, 4.96]	-0.75 [-6.12, 4.62]	1.21 [-4.76, 7.19]
Other family	-0.10 [-9.70, 9.50]	-0.08 [-6.58, 6.42]	-3.67 [-10.65, 3.31]	-1.82 [-8.85, 5.21]	-1.38 [-9.20, 6.44]
Husband/Partner	2.72 [-5.47, 10.91]	-0.43 [-5.98, 5.11]	2.65 [-3.30, 8.61]	2.34 [-3.66, 8.33]	4.14 [-2.53, 10.81]
Friend/ neighbor	-2.23 [-8.14, 3.67]	-0.15 [-4.15, 3.85]	0.70 [-3.60, 4.98]	0.94 -3.39, 5.26]	-1.41 [-6.25, 3.40]

Professional	4.24 [-8.27, 16.76]	-4.55 [-13.03, 3.92]	-0.50 [-9.60, 8.60]	1.36 [-7.81, 10.53]	-1.23 [-11.42, 8.98]
Clergy	-2.81 [-11.18, 5.56]	-3.69 [-9.36, 1.98]	-0.77 [-6.85, 5.32]	-4.97 [-11.10, 1.16]	-1.85 [-8.66, 4.97]
R^2	0.08	0.06	0.03	0.05	0.08
F	1.77	1.36	0.67	1.00	1.69

*p <.05 **p < .01

Goal 5: Examine culturally-relevant factors associated with experience and responses to sexual violence.

The first analysis examines the likelihood of reporting any sexual victimization by age, socio-economic status, immigrant status, and Anglo orientation. An increase in age is associated with a decrease in odds of reporting sexual victimization (OR = .98, $p < .001$). Higher SES was associated with an increase in odds of sexual victimization (OR = 1.23, $p < .001$). Being an immigrant was significantly predictive of decreased odds of sexual victimization (OR = .60, $p < .001$). Anglo acculturation was associated with increased odds of sexual victimization. Together these findings show the importance of a culturally-based understanding of sexual victimization.

Table 22

Variables Predicting Sexual Victimization (n = 1866)

Predictor	OR	*p*	95 % CI
Age	.98	.00	[0.98, 0.99]
SES	1.23	.00	[1.09, 1.39]
Immigrant status	.60	.00	[0.45, 0.80]
Anglo orientation	1.06	.00	[1.03, 1.08]
Nag R^2	.12		
X^2	136.89	.00	

The next analysis focused on the relationship between cultural factors and the number of sexual victimizations. In Table 23, we see that increased Anglo orientation is significantly predictive of an increased number of sexual victimizations ($B = .02$, $p = .03$).

Table 23

Cultural Factors and the Extent of Sexual Victimization (n = 285)

Predictor	*B*	*p*	95 % CI
Age	-0.00	0.42	[-0.01, 0.00]
SES	0.03	0.45	[-0.05, 0.12]
Immigrant status	-0.05	0.63	[-0.26, 0.16]
Anglo orientation	0.02	0.03	[0.00, 0.04]
Masculine	0.01	0.36	[-0.01, 0.02]
Feminine	-0.01	0.52	[-0.02, 0.01]
Positive Religious Coping	-0.01	0.83	[-0.05, 0.04]
Negative Religious Coping	0.02	0.58	[-0.04, 0.08]
R^2	0.05		
F	1.84	0.07	

Next, the influence of cultural factors on psychosocial outcomes among sexual victims was explored in a series of multiple regressions (see Table 24). Masculine gender role was significantly associated with post-traumatic stress ($B = .28$, $p = .03$) anger/irritability ($B = .38$, $p < .001$) and anxiety ($B = .19$, $p = .05$). Religious coping influenced psychosocial outcomes with positive religious coping significantly predicting decreased depression ($B = -.60$, $p = .03$) and negative religious coping predicting increased post-traumatic stress ($B = 1.73$, $p < .01$), depression ($B = 1.12$, $p < .01$) and anxiety ($B = .82$, $p = .05$).

Table 24

Cultural Factors and Psychosocial Outcomes Among Sexually Victimized Women (n = 285)

	PCL-Total *B* [95% CI]	Depression *B* [95% CI]	Anger *B* [95% CI]	Anxiety *B* [95% CI]	Dissociation *B* [95% CI]
Age	-0.06 [-0.19, 0.08]	0.10* [0.00, 0.19]	-0.01 [-0.11, 0.09]	0.07 [-0.03, 0.17]	0.00 [-0.12, 0.12]
SES	-2.18** [-3.75, -0.61]	-1.18* [-2.26, -0.11]	-0.94 [-2.04, 0.16]	-1.00 [-2.18, 0.17]	-1.98** [-3.29, -0.67]
Vic count	1.12** [0.35, 1.90]	0.64* [0.11, 1.17]	0.26 [-0.28, 0.80]	0.50 [-0.08, 1.08]	0.47 [-0.18, 1.12]
Immigrant	2.50 [-1.37, 6.38]	2.12 [-0.53, 4.77]	-1.15 [-3.87, 1.57]	2.45 [-0.46, 5.36]	2.30 [-0.93, 5.54]
Anglo Orientation	-0.12 [-0.50, 0.25]	-0.05 [-0.31, 0.20]	-0.01 [-0.28, 0.25]	-0.12 [-0.40, 0.16]	-0.10 [-0.41, 0.21]
Masculine	0.28* [0.02, 0.53]	0.06 [-0.11, 0.24]	0.38*** [0.20, 0.56]	0.19* [-0.00, 0.38]	0.21 [-0.00, 0.42]
Feminine	-0.17 [-0.46, 0.12]	0.07 [-0.13, 0.27]	-0.12 [-0.32, 0.10]	-0.05 [-0.27, 0.17]	0.04 [-0.21, 0.28]
Pos Religious Coping	-0.26 [-1.07, 0.55]	-0.60* [-1.16, -0.05]	-0.81 [-1.38, -0.25]	-0.72 [-1.33, -0.11]	-0.32 [-0.99, 0.36]
Neg Religious	1.73**	1.12**	1.46	0.82*	1.48

Coping	[0.65, 2.81]	[0.38, 1.86]	[0.70, 2.21]	[0.10, 1.63]	[0.58, 2.39]
R^2	0.16	0.14	0.21	0.12	0.14
F	5.88***	5.15***	7.86***	4.24***	5.15***

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

Cultural factors were also tested in relation to help-seeking responses among those who reported sexual victimization as the most distressful. Anglo orientation was related to an increase in odds of formal help-seeking in general (OR = 1.10, p = .04), and getting social services in particular (OR = 1.15, p = .05). See Table 25.

With relation to informal help-seeking, none of the cultural factors significantly altered the odds of informal help-seeking in general or any particular confidant. Detailed results are shown in Table 26.

Table 25

Logistic Regression of Cultural Factors Predicting Formal Help-Seeking Among Those who Reported Sexual Victimization as Most Distressful

	Dependent Variable (Formal Help-Seeking)					
Predictor	Any formal OR [95% CI]	Police OR [95% CI]	Restraining Order OR [95% CI]	Criminal Charges OR [95% CI]	Social Services OR [95% CI]	Medical OR [95%CI]
Age	0.98 [0.95, 1.01]	1.00 [0.95, 1.04]	1.00 [0.94, 1.04]	0.95 [1.00, 1.01]	0.96 [0.91, 1.00]	1.09 [0.98, 1.21]
SES	0.82 [0.57, 1.18]	0.66 [0.36, 1.21]	0.79 [0.44, 1.41]	0.56 [0.27, 1.15]	1.06 [0.65, 1.70]	1.51 [0.50, 4.50]
Vic count	1.36*** [1.15, 1.60]	1.18 [0.94, 1.49]	1.29* [1.01, 1.63]	1.59*** [1.20, 2.12]	1.42** [1.13, 1.78]	1.62* [1.08, 2.44]
Immigrant	1.64 [0.68, 3.97]	0.42 [0.09, 1.89]	0.97 [0.24, 3.97]	1.73 [0.34, 8.72]	1.72 [0.52, 5.70]	3.44 [0.28, 42.16]
Anglo	1.10* [1.01, 1.20]	1.00 [0.88, 1.13]	1.02 [0.89, 1.16]	1.14 [0.98, 1.33]	1.15* [1.00, 1.31]	1.09 [0.88, 1.34]
Masculine	1.00 [0.95, 1.07]	1.10 [1.00, 1.22]	1.01 [0.92, 1.11]	1.11 [0.98, 1.26]	1.00 [0.92, 1.10]	1.07 [0.90, 1.27]
Feminine	1.04 [0.96, 1.12]	1.02 [0.91, 1.14]	1.05 [0.92, 1.19]	1.09 [0.93, 1.29]	1.09 [0.96, 1.22]	1.03 [0.81, 1.31]

Pos Religious Coping	0.97 [0.81, 1.16]	1.07 [0.81, 1.42]	0.96 [0.70, 1.32]	1.19 [0.85, 1.67]	0.92 [0.73, 1.17]	0.88 [0.49, 1.58]
Neg Religious Coping	1.00 [0.78, 1.28]	0.95 [0.65, 1.38]	0.41 [0.18, 0.93]	1.04 [0.69, 1.57]	1.11 [0.79, 1.57]	0.90 [0.45, 1.79]
Nag R^2	0.18	0.13	0.19	0.33	0.24	0.38
X^2	22.73**	10.05	15.14	24.47**	21.71**	11.07
N	180	180	180	180	179	33

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

Table 26

Logistic Regression of Cultural Factors Predicting Informal Help-Seeking Among Those who Reported Sexual Victimization as Most Distressful (*n* = 179)

	Dependent Variable (Informal Help-Seeking)							
Predictor	Any Informal OR [95% CI]	Parents OR [95% CI]	Sibling OR [95% CI]	Other Family OR [95% CI]	Partner OR [95% CI]	Friend OR [95% CI]	Clergy OR [95% CI]	Prof OR [95% CI]
Age	0.99 [0.97, 1.02]	0.98 [0.95, 1.02]	1.10 [0.98, 1.06]	1.00 [0.95, 1.05]	1.01 [0.97, 1.07]	0.97 [0.94, 1.00]	0.99 [0.95, 1.03]	1.09* [1.00, 1.18]
SES	1.09 [0.82, 1.47]	1.31 [0.93, 1.85]	0.82 [0.50, 1.34]	0.56 [0.29, 1.09]	1.05 0.61, 1.80]	1.07 [0.75, 1.52]	0.98 [0.58, 1.67]	1.80 [0.80, 4.06]
Vic count	1.06 [0.92, 1.23]	0.92 [0.76, 1.11]	1.29** [1.06, 1.57]	0.94 [0.70, 1.26]	0.86 [0.64, 1.14]	1.05 [0.89, 1.25]	1.09 [0.86, 1.38]	1.14 [0.77, 1.70]
Immigrant	0.62 [0.30, 1.24]	0.83 [0.34, 2.02]	0.74 [0.23, 2.38]	0.79 [0.18, 3.43]	0.37 [0.09, 1.52]	1.22 [0.51, 2.93]	0.53 [0.13, 2.12]	0.13 [0.10, 1.66]
Anglo	1.03 [0.97, 1.10]	1.10 [1.00, 1.22]	0.96 [0.87, 1.07]	1.17 [1.00, 1.38]	1.00 [0.88, 1.14]	1.03 [0.95, 1.12]	0.96 [0.85, 1.09]	0.90 [0.70, 1.14]
Masculine	1.00 [0.96, 1.05]	1.04 [0.97, 1.11]	0.95 [0.89, 1.02]	1.06 [0.96, 1.18]	0.94 [0.87, 1.01]	0.99 [0.93, 1.04]	1.07 [0.98, 1.18]	1.11 [0.94, 1.32]
Feminine	0.99 [0.93, 1.05]	1.04 [0.96, 1.12]	0.98 [0.90, 1.07]	0.97 [0.86, 1.08]	1.04 [0.92, 1.17]	0.97 [0.91, 1.04]	1.01 [0.91, 1.13]	0.98 [0.83, 1.15]

Pos								
Religious	1.08	0.98	1.09	1.10	1.18	0.92	1.14	0.93
Cop	[0.93, 1.25]	[0.82, 1.17]	[0.85, 1.39]	[0.81, 1.47]	[0.85, 1.63]	[0.77, 1.09]	[0.87, 1.50]	[0.61, 1.41]
Neg								
Religious	1.08	1.24	0.98	1.02	0.89	0.95	1.25	1.14
Cop	[0.88, 1.32]	[0.96, 1.59]	[0.72, 1.34]	[0.69, 1.51]	[0.57, 1.40]	[0.73, 1.23]	[0.91, 1.71]	[0.57, 2.28]
Nag R^2	0.07	0.15	0.11	0.12	0.14	0.09	0.08	0.26
X^2	9.84	17.62*	10.63	8.22	10.36	10.29	6.32	12.10

* $p < .05$, ** $p < .01$

Goal 6: Determine the psychosocial impact of sexual victimization on Latino women.

In evaluating the psychosocial impact of victimization we examined the incremental contribution of having only experienced childhood sexual abuse, only experienced sexual assault in adulthood, or the contribution of the total number of reported sexual assault incidents (regardless of when it occurred) while controlling for age and socioeconomic status. The psychosocial variables that were evaluated included Depression (M = 49.18, SD = 9.50), Anxiety (M = 50.64, SD = 11.42), Anger (M = 48.29, SD = 10.13), and Dissociation (M = 50.64, SD = 11.86), as measured by the TSI and posttraumatic symptomatology as measured by PCL (M = 32.76, SD = 15.09). All models use the full sample (N = 2,000) except for the correlations/models evaluating PTSD which only use the subsample of personally victimized individuals (N = 732) due to the PCL being administered only to the women who had been directly victimized (i.e., not including witnessed victimization).

The second set of regressions evaluated the incremental contribution of sexual assault incidents and count of total victimization experiences to determine whether sexual victimization incrementally predicts psychological distress while accounting for overall victimization while controlling for age and socioeconomic status. Bivariate correlations for all the variables used in the regression models are presented in Table 27.

The regression analysis examining the role of child only, adult only, and total number of sexual assault experiences found that the total number of sexual assault incidents was the best predictor of depression, anxiety, and PTSD symptomatology, while child only, adult only, and the total number of sexual assault incidents all significantly predicted dissociation and anger symptoms. In examining the role of the total number of victimization experiences, this was the

best predictor across all forms of psychological symptoms above and beyond the impact of sexual assault incidents. Detailed regression results are presented in Tables 28 and 29.

Table 27

Bivariate Correlations of Sexual Assault and Total Victimization Regression Variables

Variable	1	2	3	4	5	6	7	8	9	10	11
1. Age	---										
2. SES	-.11***	---									
3. Child Only	-.14***	.13***	---								
4. Adult Only	-.02	.05*	-.07**	---							
5. Total Sexual Assaults	-.12***	.20***	.57***	.37***	---						
6. Vict. Count	-.16***	.18***	.45***	.35***	.76***	---					
7. Depression	.09***	-.11***	.08***	.10***	.15***	.21***	---				
8. Anxiety	.07**	-.07**	.05*	.08***	.11***	.17***	.76***	---			
9. Anger	-.05*	.02	.14***	.12***	.20***	.25***	.68***	.69***	---		
10. Dissociation	-.02	-.08***	.10***	.12***	.15***	.22***	.75***	.74***	.72***	---	
11. PTSD[a]	-.07	-.12**	.08*	.11**	.19***	.28***	.68***	.68***	.61***	.65***	---

[a] Only asked of victimized subsample, n = 732, *$p < .05$, **$p < .01$, *** $p < .001$

Table 28

Linear Regressions of Childhood Sexual Victimization and Psychological Distress

	PCL-Total *B* [95% CI]	Depression *B* [95% CI]	Anger *B* [95% CI]	Anxiety *B* [95% CI]	Dissociation *B* [95% CI]
Age	-0.06 [-0.14, 0.01]	0.06*** [0.03, 0.08]	-0.02 [-0.05, 0.01]	0.05*** [0.02, 0.83]	-0.01 [-0.04, 0.03]
SES	-2.03*** [-2.98, -1.08]	-1.33*** [-1.75, -0.91]	-0.22 [-0.67, 0.23]	-1.03*** [-1.54, -0.52]	-1.34*** [-1.86, -0.81]
Child Sexual Only	0.57 [-2.41, 3.55]	1.16 [-0.66, 2.97]	2.37* [0.42, 4.32]	0.46 [-1.76, 2.68]	2.58* [0.29, 4.86]
Adult Sexual Only	3.05 [-0.53, 6.63]	2.55* [0.36, 4.74]	3.69** [1.34, 6.04]	2.44 [-0.24, 5.12]	4.86*** [2.10, 7.61]
Total Sexual Assaults	2.45*** [1.28, 3.62]	1.73*** [1.02, 2.45]	1.61*** [0.84, 2.38]	1.54*** [0.66, 2.41]	1.52*** [0.62, 2.42]
R^2	.07	.06	.05	.03	.04
F	10.31***	22.88***	18.56***	10.97***	17.00***

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

Table 29

Linear Regressions of Childhood Sexual Victimization, Total Victimization, and Psychological Distress

	PCL-Total *B* [95% CI]	Depression *B* [95% CI]	Anger *B* [95% CI]	Anxiety *B* [95% CI]	Dissociation *B* [95% CI]
Age	-0.04 [-0.12, 0.03]	0.07*** [0.04, 0.09]	-0.01 [-0.04, 0.02]	0.06*** [0.03, 0.09]	0.01 [-0.03, 0.04]
SES	-1.90*** [-2.83, -0.97]	-1.39*** [-1.79, -0.97]	-0.28 [-0.72, 0.17]	-1.09*** [-1.59, -0.58]	-1.41*** [-1.93, -0.89]
Total Sexual Assaults	0.58 [-0.66, 1.84]	0.04 [-0.74, 0.81]	0.11 [-0.72, 0.95]	-0.58 [-1.53, 0.36]	-0.48 [-1.45, 0.49]
Victimization Count	1.82*** [1.14, 2.50]	1.24*** [0.91, 1.56]	1.33*** [0.98, 1.68]	1.39*** [0.99, 1.79]	1.70*** [1.29, 2.11]
R^2	.10	.08	.07	.05	.07
F	19.51***	41.65***	34.54***	24.81***	34.93***

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

IV. CONCLUSIONS

The Sexual Assault Among Latinas (SALAS) Study adds to the literature by using a national sample to gather estimates of sexual, physical, stalking, threatened, and witnessed violence for Latino women. The first two goals of the study focused on determining the extent of sexual victimization alone (Goal 1) and the overlap of sexual victimization with other forms of victimization (Goal 2). Furthermore, the study also queried responses to victimization, forming the bases of Goals 3 and 4 that examined the rates and correlates of formal and informal help-seeking, respectively. Another distinguishing component of SALAS is the investigation of the role of culturally - relevant variables such as religiosity, gender role ideology and acculturation on responses to victimization. Goal 5 examined each of these in relation to rates of victimization, psychosocial outcomes and help-seeking. The psychosocial impact of sexual victimization was highlighted in Goal 6 by examining trauma symptoms and PTSD.

The SALAS sample, garnered from high-density Latino areas, was heavily Mexican-American (72% of the full sample either Mexican born or of Mexican ancestry) and Cuban (14% of the full sample either Cuban born or of Cuban ancestry). As of the 2000 Census, 58.5% of Latinos identified as Mexican and 3.5% as Cuban (Guzman, 2001). Thus, these groups may be more likely to live in high density Latino areas compared to other Latino groups. Other variations from the national Latino population as reported by the Census Bureau, includes an elevated median age, a higher level of education, and smaller proportion of being born in the U.S. or being U.S. citizens compared to Census figures (Guzman, 2001; Ramirez, 2004; U.S. Census Bureau, 2000). These differences, some of which were accounted for by post-stratification weights and applied to rates figures presented, should be kept in mind while generalizing to the Latino population as a whole. A further caveat, participants self-identified as

Latino and while they reported birthplace or ancestry congruent with this, it is also true that the Latino population is widely diverse and marriages with non-Latinos is common. Thus, the full spectrum of the Latino population may include those who do not primarily self-identify as Latino or those who have mixed heritage. Nonetheless, self-identification as Latino is commonly used in research, replacing methods of identification by language and Spanish surname, including for Census enumerators (Ramirez, 2004).

Discussion of Findings

The sexual victimization reported by this sample was substantial with 17.2% reporting any lifetime sexual assault. Sexual victimization was predominantly fondling (11.4%), followed by attempted sexual assault (8.9%), and completed sexual assault (8.8%). These figures show that Latino women who suffered sexual victimization, were often sexually victimized in more than one way—48% of sexual victims reported more than one type of sexual victimization. Sexual assault primarily occurred in childhood (12.2% of the sample reported sexual assault in childhood) by familial or otherwise known assailants. This pattern is common in the general population (Finkelhor, 1990) and is especially pronounced among Latino girls (Arroyo, Simpson, & Aragon, 1997; Clemmons, et al., 2003; Feiring, Coates, & Taska, 2001; Huston, Parra, Prihoda, & Foulds, 1995; Ferol E. Mennen, 1994; Shaw, Lewis, Loeb, Rosado, & Rodriguez, 2001). Adult sexual victimization largely occurred at the hands of a partner/spouse or other known person. Again, this trend is echoed in the general population and has also been found in prior research among Latino women (Van Hightower, Gorton, & DeMoss, 2000). These findings highlight the risk Latino women face in their families and relationships, often at early ages. Both the young victimization and the familial/intimate relationships with the perpetrators likely work to increase psychological harm and decrease help-seeking efforts.

The extent of sexual victimization reported in this sample is comparable to other large-scale studies including the National Violence Against Women (NVAW) study. The NVAW and SALAS include sexual assault and attempted sexual assault. The LTVH as employed in SALAS also asks about touching of private parts or sexual fondling, thus including a wider range of unwanted sexual activity than the NVAW. In turn, we also find a higher lifetime sexual victimization rate of 17.2%, than the NVAW (14.6% for Latino women). The rates of sexual victimization found in SALAS are lower than help-seeking samples (Hazen & Soriano, 2007; Roosa, Reinholtz, & Angelini, 1999), geographically limited samples (I. Brown & Schormans, 2003) or college samples (Arroyo, et al., 1997; Clemmons, et al., 2003; Ullman & Filipas, 2005; Urquiza & Goodlin-Jones, 1994) that focus on certain segments of the Latino population. Nonetheless, the issue of sexual victimization represents a significant problem in the Latino population, affecting nearly 2,955,327 women, using our finding as an estimate of the population.

Researchers have established that sexual victimization during childhood is a risk factor for later sexual victimization (Briere & Elliott, 2003; Classen, et al., 2005; Nishith, et al., 2000; Urquiza & Goodlin-Jones, 1994; Wyatt, Guthrie, & Notgrass, 1992), further impacting the lives of child sexual victims. Addressing this research finding directly, SALAS found that child sexual victimization was related to an increased risk of adult sexual victimization. Moreover, experiencing childhood sexual victimization was related to a significantly elevated risk of adult victimization across all victimization types. That is, child sexual abuse was related not only to adult sexual revictimization, but also to physical, stalking, threat and witnessed victimization in adulthood. In fact, the highest odds ratio was not for the link between CSA and adult sexual victimization (4.31) but between child sexual abuse and threatened victimization (4.56). Here,

our findings show that mixed type revictimization may be as or more common than same victimization type revictimization. This cross-type revictimization assessment is rarely a focus within the victimization literature.

Risk associated with sexual victimization is further compounded by the fact that the large majority (87.5%) of sexual victims also experience other forms of victimization within the same time period. For SALAS, we designated between childhood and adult sexual victimization. The most common co-occurring victimization during childhood is physical—47.3% of child sexual victims also experienced physical victimization. Among a help-seeking sample the rate of comorbid victimization has been as high as 73% (Mennen, 1994) and 42% of victimized participants in a college sample (author tabulation from Clemmons, DiLillo, Martinez, DeGue, & Jeffcot, 2003). During adulthood, the most common co-occurring form of victimization is threatened violence—55.9% of adult sexual victims also experienced threats. For the victimized women, 61.3% of them experienced more than one type of victimization in their lifetime. Clearly, a narrow focus on sexual victimization misses the complexity of victimization.

Formal help-seeking was not a common response among the majority of sexual victims. In fact, only 1 in 5 sought formal help-seeking avenues defined as medical care, police involvement, social service agency, restraining order, or criminal charges. Other studies have borne out the low levels of formal help-seeking (Dutton, Orloff, & Hass, 2000; West, et al., 1998) often pointing to limited personal resources and cultural isolation. Responses to victimization are shaped by institutional response, personal strengths and resources, tangible resources and social support, personal historical factors, additional life stressors, and positive aspects of the relationship with the abuser (Dutton, 1992). The lack of material resources available to Latino women may hinder help-seeking efforts in that economic ties to intimate

perpetrators may limit options. The SALAS sample demographics also point to this: 63% with high school education or less, about a third of the sample employed full-time, and 68% of households with incomes below $30,000. Compound this economic and educational marginalization with linguistic isolation (i.e., 76% preferring the Spanish language for communication), and the pattern of low formal help-seeking becomes more logical.

The formal help-seeking responses of the participants do show a pragmatic response to victimization. Medical care was the most often type of help sought among injured sexual victims, signaling that formal help-seeking is sought when needed for immediate physical harm. In addition, help-seeking increased as victimization increased underscoring a logical, step up approach to responding to victimization (Gondolf, Fisher, & McFerron, 1988; West, et al., 1998).

Informal help-seeking was more frequent than formal help-seeking with a majority (58.3%) of respondents talking to friends or family about their victimization. Yet, looking at the help-seeking profiles of Latino sexual victims, 35.5% reported no help-seeking, 43.6% reported informal only, 6.2% reported formal only, and 14.7% reported both. A sizeable portion of these victims of sexual assault are not talking to anyone about their victimization. Other analyses, not presented here, show that childhood victimization is especially likely to be associated with no help-seeking (Sabina, Cuevas, & Schally, under review). This lack of disclosure, which is consistent with prior research on the underreporting of sexual violence (Arroyo, et al., 1997; Finkelhor, et al., 1990; Romero, Wyatt, Loeb, Carmona, & Solis, 1999) may further isolate sexual assault victims.

Cultural factors played a role in both experience of sexual victimization and responses, pointing to the need of a culturally-embedded analysis. Immigrant status is associated with a decrease in odds of sexual victimization, such that immigrants are *less likely* to report sexual

victimization. In fact, Latinos who adopted an Anglo orientation are at *increased* risk for any sexual victimization and more incidents of sexual victimization. Other studies found similar trends with women born in the US or having higher levels of acculturation, reporting higher levels of CSA (N. L. Brown, et al., 2003; Lira, Koss, & Russo, 1999) sexual victimization (N. L. Brown, et al., 2003), dating violence (Sanderson, Coker, Roberts, Tortolero, & Reininger, 2004) and IPV (Garcia, et al., 2004; Harris, et al., 2005; Jasinski, 1998; Kaufman Kantor, et al., 1994; Lown & Vega, 2001; Mattson & Rodriguez, 1999). A number of factors can explain this relationship. Traditional Latino culture may be protective of victimization due to the importance afforded family and family members. This familism coupled with a clear delineation of appropriate gender roles, may actually decrease the risk of infringement on these patterns. From the Americanization point of view, changing cultural values and roles create stress on the family unit, called acculturative stress, which has been found to increase the risk for victimization (Caetano, Ramisetty-Mikler, Vaeth, & Harris, 2007). Indeed, if the American cultural values stress independence, as opposed to interdependence; antagonism, as opposed to compliance and deference; and selfishness as opposed to sacrifice; the frictions between Latino and Anglo values may ignite violence. While this is a simplistic, generalized assertion, it is true that adaption to a new set of cultural values is a difficult process. Another possibility is that non-immigrant Latinos come to understand themselves within the racial stratification system as minorities, whereas immigrant Latinos may have a sense of themselves as majority members. The stress associated with a minority status and discrimination may increase sexual victimization. For sociologist Ogbu the conditions under which one finds herself as a minority- voluntarily (most immigrants) or involuntarily (US born minorities) influences adjustment and outcomes such as academic performance. Such a dynamic may also influence violence. These assertions are not

without support in the literature where other researchers have found a similar connection between cultural factors and victimization (Garcia, et al., 2004; Harris, et al., 2005; Jasinski, 1998; Kaufman Kantor, et al., 1994) as well as cultural factors and mental health functioning (Canino & Alegria, 2009; Rogler, Cortes, & Malgady, 1991). An alternative methodological explanation is also plausible; American born Latino women may be more likely to disclose victimization in response to a phone survey than foreign-born Latino women given the cultural emphasis on familial privacy.

Anglo orientation also predicted formal help-seeking even when controlling for number of victimizations, and immigrant status (see also Cortina, 2004; Lipsky, Caetano, Field, & Larkin, 2006; Romero, et al., 1999). This may underscore cultural-fit where it is more socially acceptable to tell unknown persons about personal experiences and to seek social services within mainstream American culture, but not within traditional Latino culture. Alternatively, Anglo acculturation may be associated with help-seeking due to having greater knowledge and opportunity about formal resources and how to gain access to them (e.g., knowing how to get a restraining order or being proficient in English which expands available social services).

Sexual victimization was significantly predictive of depression, anxiety, anger, dissociation, and PTSD. This finding supports prior research and underscores the negative long-lasting effects of victimization. However, when we included total victimization, that is, victimization beyond sexual, the effect of sexual victimization alone was no longer significant. This finding echoes earlier trends regarding the importance of evaluating multiple forms of victimization (Banyard, et al., 2001; Finkelhor, et al., 2007a; Higgins & McCabe, 2001; Maker, Kemmelmeier, & Peterson, 2001; Nishith, et al., 2000). While sexual victimization predicts psychosocial functioning when entered alone, introducing other victimizations eliminates the

effect. Thus, it is the total amount of victimization here, comprehensively, that is impacting psychosocial functioning. This finding suggests that the effects of sexual victimization may be missing the mark and that models that fail to take into account other victimization experiences possibly overestimate the contribution of sexual violence on psychological distress.

Implications for Policy and Practice

Sexual victimization is common, occurring among 1 in 6 Latino women and is often perpetrated by family members or intimates. For victims of sexual violence, consistent with prior research (e.g., Finkelhor, 1990; Tjaden & Thoennes, 2000) most of the sexual violence experienced in childhood and adulthood is perpetrated by a known assailant with a small percentage of child sexual victimization being at the hands of a stranger. Although also a minority, the rate of sexual violence by strangers is notably higher for victims of sexual assault in adulthood. Services need to be attentive to these dynamics and the difficulties one may face understanding the disconnect between familial/intimate relationships and sexual abuse.

Moreover, what we find is that sexual assault victims are likely to experience either revictimization or polyvictimization, further increasing the negative ramifications of victimization. Clinically, we need to broaden the assessment of Latino women's victimization profile. Victimized individuals will likely seek out treatment as a result of an acute traumatic event and/or experiencing problematic psychological distress with increased victimization increasing the chances that they will seek out formal service outlets. We need to assess the full scope of victimizations that someone may have experienced to adequately develop and use treatment interventions.

These results call into question the organization of services as they developed in the U.S. Sexual abuse services and hotlines are often separated from domestic violence services and

hotlines. What is likely true however, is that these two camps are serving the same group of people. The "victim specialization" of services may actually be discouraging to those seeking help if their complex victimization experiences do not seem to cleanly fit domestic violence or sexual assault services. Shifting these services to more broadly reflect the spectrum of victimization experiences may promote women's willingness to take a first step toward formal help-seeking.

Criminal justice interventions were rarely sought among the sample. Only 6.6% called the police, 7.2% sought a restraining order and 6.3% filed criminal charges. Moreover, the follow-up to these responses points to further ineffectiveness. Calling the police resulted in a report and arrest, for slightly less than half of the victims that called the police. Given the commonality of mandatory arrest policies, we might expect a larger number of calls to result in arrest. Indeed the main suggestion of sexual victims who called the police was to arrest the perpetrator (23%). Furthermore, 1 in 3 women who reported getting a restraining order, said their assailant violated the restraining order. While about half of the criminal charges lead to convictions/guilty pleas and sentencing, possibly as a testament to no drop policies, this represents only 3% of all the sexual index victimizations reported. Moreover, rating of satisfaction with criminal justice responses shows room for improvement. Women who used the services reported that they wanted their report to be taken more seriously, get treatment suggestions, and receive legal help. The issue of volition and voice within the criminal justice system needs to be questioned (Goodman & Epstein, 2008). In these regards, culturally competent Spanish-speaking victim advocates may be beneficial, by providing personalized information and walking victims through the legal system. Moreover, outreach is also needed to

the Latino community. With fear of offender as a commonly cited reason for not seeking legal remedies, it is important to communicate potential protections to victims.

One of the most opportune points of intervention, according to the responses from SALAS, appears to be medical settings. The Sexual Assault Nurse Examiner (SANE) model, primarily advanced and researched by Rebecca Campbell, provides an excellent intervention point for helping Latino women victims of sexual assault. Her findings show a substantial benefit to using trained nurse examiners with victims of sexual assault in the general population. SANE programs, which deliver patient-focus care and often work cooperatively with rape crisis centers and victim advocates, increase rates of prosecution and police referrals (R. Campbell, 2008). Expanding this resource to work with diverse, potentially monolingually Spanish, populations by increasing bilingual, culturally-competent nurse examiners would mark a beginning to increasing service access to Latino victims of sexual assault. Along these lines, Zarate (2001) suggests an interpreter if SART members are not bilingual and that examiners are sensitive to differences within the Latino community with regard to country of origin, acculturation, and dialect. Furthermore, SART programs should be careful to separate themselves from INS and work with immigrant advocacy groups (Zarate, 2001).

Traditional domestic violence services were uncommonly sought among this population—only 3.3% of sexual victims went to abuse counseling, shelters, domestic violence counseling or called a crisis line. That leaves the large preponderance of victims without these specialized services. One potential reason is the lack of domestic violence/ sexual assault services in Spanish. Indeed, even in Texas, with a relatively high percentage of Latinos, two-thirds of domestic violence organizations reported difficultly serving Spanish-speaking clients (Fitzgerald, 2003). Groups such as the Latina Alliance Against Sexual Aggression, argue for the

need of bilingual services, providers who match the demographics of clients, and measurement of bilingual services. Results from the current study echo the need for Spanish services, but knowledge of services in also needed. With a public awareness and educational focus, sexual assault and domestic violence services could counteract the apparent lack of knowledge about the availability of these services. These efforts may be family-based instead of individual-based, as is the current practice. For instance, efforts may educate Latino women how to respond should someone in their family experiences victimization. Indeed, as informal disclosure to family is the most common form of help-seeking, this population may be especially beneficial in informing victims about services (see also Dutton, et al., 2000).

Latino women who did not seek services commonly cited shame, wanting to keep the incident private, and fear. More concerted efforts that address psychological and cultural barriers in addition to language barriers to help-seeking are needed. A focus on preserving the family, stigmatization of divorce, fear and shame oftentimes surface in qualitative studies examining help-seeking behavior (Bauer, Rodriguez, Quiroga, & Flores-Ortiz, 2000; Kelly, 2006; Lewis, et al., 2005; Lira, et al., 1999). These debilitating effects of these reactions is likely exacerbated by cultural components that contribute to this shame as traditional Latino culture places a high value on women's virginity and associates virginity with families' honor. The cultural icon of womanhood as the Virgin Mary may signal to women that sexual behavior is impure, especially non-voluntary sexual behavior. Formal help-seeking venues need to send clear messages that encourage disclosure by recognizing the experience of shame and not letting it translate to self-blame while discouraging the tendency for secretiveness and privacy. That is, cultural sensitivity and responsiveness is needed in service provision, so that these concerns are taken seriously and addressed.

The two main help-seeking profiles include no help-seeking and informal help-seeking only, constituting about 80% of the sample. The ramifications of victimization are diverse and can be long-lasting. Without any linkages to services, these women are left to their psychological strength and social support as the main buffers against mental health and physical health consequences. Further compounding the issue, victimized women may have fewer social resources (Denham, et al., 2007). Domestic violence and sexual assault services, as the main specialized services available to women, need to extend themselves into the Latino community. These post-assault services may become incredibly supportive and recuperative to the victims, but if improperly or insensitively delivered, these services may further victimize women (R. Campbell, 2008).

We should not be quick to accept a view of hesitancy toward help-seeking based on immigration status alone. In fact, immigration status itself did not predict help-seeking responses. The general pattern here focuses on psychological factors in help-seeking, not immigration status itself. This was an unexpected finding given the importance placed on immigration status in the literature, by researchers and service providers alike. The immigration status most likely to influence formal help-seeking is probably undocumented legal status given the fear of deportation. We cannot test this directly, however, since few respondents were categorized as undocumented. Broadly speaking, cultural values, acculturation and psychological impediments such as shame, may play a larger role in help-seeking than immigration status per se. These findings remind us that while there are differences between groups with regards to responses to victimization, victimization itself is consistently linked to internalizing behaviors across groups that need to be addressed. Cultural variables may influence the way ramifications of victimization are played out, but the victimization experience

at the hands of family members and intimate partners is a tragic, destabilizing event for all victims, regardless of ethnicity.

Much of the research with Latino women in the past has focused on specific forms of victimization such as physical violence or sexual assault, and how it contributes to psychological distress. However, our results indicate, as others have suggested with non-Latino samples (e.g., Finkelhor, et al., 2007a; Higgins & McCabe, 2000a, 2000b), that this single victimization focus in the research may overestimate the psychological impact of specific forms of victimization. This indicates that the research among Latino women that focused on specific forms of victimization may be inflating the victimization - psychological distress link. This does not suggest that sexual violence does not negatively affect Latino women, but that without evaluating the full spectrum of victimization experiences, it is unclear as to how other victimizations fuel the psychological distress reaction.

Implications for Future Research

The reported figures also suggest that the focus of victimization research directed at Latino women needs to expand beyond its historical emphasis on physical violence and sexual assault. Our data shows that stalking, threat victimization, and witnessed violence are commonly occurring forms of victimization that Latino women experience, at rates equal to, or greater than the rates for physical and sexual assault. Prior research that has emphasized physical violence and sexual assault may be overlooking the larger scope of Latino women's victimization experiences.

The need for a comprehensive assessment of victimization is imperative for valid measurement. Our findings on rate of each victimization, revictimization and polyvictimization all pointed to the significant overlap between victimization. Sexual violence is not the only issue

faced by sexual assault victims. Child sexual victims are at equivalent risk for other types of victimization in adulthood besides sexual victimization. In fact, sexual victims are likely to experience multiple co-occurring victimization, what we have termed polyvictimization. Others in the field have begun calling for this comprehensive assessment, showing, as we do, that risk is highest for people who experience these multi-time period and multi-victimization type (Finkelhor, et al., 2007a; Kessler, Molnar, Feurer, & Appelbaum, 2001). Indeed, the concept of complex trauma applies aptly to these patterns.

The importance of measuring and modeling multiple victimizations was apparent in the finding that the effect of sexual victimization on psychosocial functioning was eradicated when total victimization count was introduced. That is sexual assault ceased being a unique predictor of psychosocial functioning. Furthermore, by examining victimization comprehensively, research can more accurately measure women's lived victimization experience, adding more validity to studies. This practice is recommended for future research studies.

Stalking victimization was common among sexual victims as 30% of child sexual victims and 48% of adult sexual victims also reported stalking. While multi-type victimizations are understudied, the studies that do exist generally exclude stalking, focusing instead on physical, sexual, and psychological victimization. Given the high overlap with sexual victimization and the high level of stalking victimization generally found in the sample, further research needs to examine the dynamics of stalking as they relate to Latino women. Are Latino women at higher risk for stalking? How do cultural scripts of man as sexual aggressor play into stalking?

An unfortunate finding needs to be followed-up in future studies. Formal help-seeking was not associated with psychosocial outcomes among sexual abuse victims. Informal help-seeking protected only against depression. Perhaps too many extraneous variables impact recent

psychosocial outcomes such as work stress, social support, major life events, etc. Perhaps since counseling was an unlikely help-seeking response, we should not expect a positive association between formal help-seeking and psychosocial outcomes. Conversely, these services may not provide the support and help needed to address personal distress experienced as a result of sexual victimization. Some research shows that at least certain groups of victims who receive substandard care report higher levels of PTSD than those who do not seek services (J. C. Campbell & Soeken, 1999; Filipas & Ullman, 2001). Furthermore, if informal help-seeking efforts are meet with victim-blaming or disbelief, they may negatively impact psychosocial functioning (Filipas & Ullman, 2001).

In order to better understand the low prevalence of criminal justice help-seeking responses, it is important to collect additional detail on the process of this type of help-seeking from availability of interpreters to the level of understanding of the US criminal justice system. Researchers and service-providers both advocate for Spanish-language services for Latino women, yet this continue to be a barrier for Latino women. Future studies could directly examine the difficulties of providing these services and how to better address them.

SALAS offers much insight to the victimization experiences of adult Latino women. Other segments of the Latino population including children, adolescents and adult males also warrant research attention. Beyond capturing prevalence rates, it is important to understand the development and trajectories of violence in Latino's lives, which likely begin at an early age and continue in adult relationships. The experience and impact of dating violence, for example, likely set the stage for future victimization. Latino male adolescents who are victimized themselves by their parents, or witness violence in their homes, neighborhoods, and schools may be learning violent norms that will continue into their relationships. The study of victimization

trajectories along with the understanding of the complexity of the victim-perpetrator roles are important advances for the family violence field that has done well in documenting and understanding violence with a cross-sectional lens.

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Sexual Assault Among Latinas Survey (SALAS)

Methods Report

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Introduction

The Sexual Assault Among Latinas Survey (SALAS) was commissioned by the Northeastern University College of Criminal Justice (funded by the National Institute of Justice -Grant #: 2007-WG-BX-0051). The study was designed to examine victimization among Latino women and how they respond to these experiences, with a specific focus on sexual victimization. Participants received a $10 incentive. The study was conducted from May 28 to September 3, 2008. There were 2,000 completed interviews.

Survey Questions

SALAS was designed to exam victimization among Latino women in the United States. Questions included demographics, victimization history, help-seeking efforts, mental health status, and religious behavior and beliefs. The questionnaire included the following sections:

State of Social Issues - Respondents were asked their opinions on societal problems facing America in general and in the Latino community specifically.

Acculturation - The Brief Acculturation Rating Scale for Mexican-Americans - II was employed. Respondents were asked to what degree a list of statements that deal with Anglo and Latino languages and cultures applied to them.

Lifetime Victimization History (Personal)- Respondents were asked if they ever experienced a series of victimization incidents. These incidents included being: stalked, physically harmed (shot, beaten punched, etc.), threatened with a weapon, threatened in a face-to-face confrontation, assaulted with a weapon, physically harmed as a child, sexual assaulted, and kidnapped. Affirmative incidents were followed up with a series of questions about the incident (i.e., age when incident occurred, perpetrator, etc.).

Lifetime Victimization History (Non-Personal) - Respondents were asked if they ever witnessed someone being physically harmed (stabbed, shot, etc.), murdered or sexually assaulted. Respondents were also asked if they ever lived in a war zone. Affirmative incidents were followed up with a series of questions about the incident (i.e., age when incident occurred, perpetrator, etc.).

Help-seeking - Respondents indicating experiencing personal victimizations were asked a series of questions regarding the type of help they seeked as a result of an incident. This section was designed to gather information on the type of individuals (family, friends, clergy) and/or officials/service providers (police, counselors, doctors) the victim contacted for assistance.

Fetzer Religiosity - Respondents indicating experiencing personal victimization were asked a series of questions about their religious and spiritual practices. The series included questions such as: "To what extent do you consider yourself to a religious person?" and "Do you attend religious services or other activities in a place of worship?"

Gender Role - Respondents indicating experiencing personal victimizations were administered the BEM Sex Role Inventory (Short Form). Respondents were asked to indicated to what extent certain terms (i.e., adaptable, jealous, warm, aggressive, etc.) described them.

Trauma Symptom Inventory - All respondents were asked to indicate to what extent they felt a word or statement (i.e., irritability, your mind going blank, being easily annoyed by other people, etc.) described how they have felt in the past six months.

Posttraumatic Stress Disorder - Respondents indicating experiencing personal victimizations were administered the PTSD Checklist (PCL). Respondents were asked to indicate to what extent they have been bothered with a problem or complaint described in the past month. An example problem/complaint: "Feeling very upset when something reminded you of a stressful experience from the past?"

Demographics - All respondents were asked several demographic questions including country of origin, citizenship status and length of time living in the US (non-US born).

Counseling Referral - At the conclusion of the interview, respondents were asked if any of the survey questions were emotionally upsetting. If the respondent indicated that she was upset by some of the questions, she was asked if she was still upset. If the respondent indicated that she was still upset she was offered the numbers to national and local domestic violence, sexual assault and child abuse 24-hour help lines. Additionally, she was asked if someone could contact her at a later date to see if she was ok. Respondents who agreed to be recontacted were contacted by the PI who is a licensed psychologist who ensured that the respondent was OK and provided additional referral information as needed.

Sampling

The proposal design called for developing a national sample of telephone banks in high density Hispanic areas. Abt SRBI defined high density as 80% or more Hispanic.

The purpose of conducting a sample survey is to be able to make inferences about the entire population for which it was drawn, not only about those who participate in the study. In order to do this, probability sampling is utilized. Probability sampling is defined as a sample with which "every element in the population has a known, nonzero probability of being included in the sample."[1] This is in contrast to a non-probability sample within which the probability of selection is not known and therefore population parameters cannot be estimated with any confidence. Fundamentally, the entire survey research enterprise relies on the sampling method used to draw conclusions about the population, because at the end of a study, one is more interested in what all people in the target population think, not only the people who were actually contacted and interviewed.

Probability samples of households with telephones are typically generated using a random digit dial (RDD) method. In a RDD sample, a listing is constructed of all one hundred block numbers, or the first 8 digits of a 10 digit phone number (for example: 202-571-12XX) to which residential numbers are assigned. (Business numbers are generally segregated in different banks.) A random sample of these hundred blocks is drawn. This constitutes the first stage in the probability sample. The second stage involves creating the full ten digit telephone number by adding two randomly generated digits to the end of the hundred block prefix. RDD produces

[1] Levy, P. S. and S. Lemeshow. 1999. *Sampling of Populations: Methods and Applications*. 3rd ed. New York: Wiley.

a probability sample because by including all residential hundreds blocks within a given area, each number has an equal chance of being selected.

For SALAS the sample was stratified based on the Hispanic household density for the hundred blocks. The contract called for a RDD of "high density" Hispanic blocks. Initially, 10,000 cases were drawn (60% from 80%+ Hispanic density; 40% from 79% or lower Hispanic density). It was apparent from this initial distribution that in order to meet field deadlines and stay within the budget, additional sample would have to be drawn in strictly high Hispanic density areas. The final sample distribution by market (Hispanic density) is shown in Table 1.

Table 1: Sample Summary

	Total Numbers Dialed	% of Sample	% Good Numbers (i.e., working, non-business)	% Screen-out (no Hispanic/Hispanic women)	Total Completes	% of total Completes
20% or lower	5075	7%	36%	60%	16	.8%
21% to 40%	4398	6%	44%	30%	42	2%
41% - 60%	4183	6%	42%	21%	41	2%
61% to 80%	3953	6%	35%	29%	111	6%
80% or higher	51940	75%	38%	24%	1790	90%
Total	**69549**	**100%**	**38%**	**27%**	**2000**	**100%**

Screening to Determine Household Eligibility

The sample construction process yielded a population-based, random digit dialing sample of telephone numbers. The systematic dialing of those numbers to obtain a residential contact yielded a random sample of telephone households. The next step was to select eligible households within the total sample of working numbers.

An adult respondent at each number drawn into the sampling frame was asked about the composition of the household. Telephone numbers that yielded non-residential contacts such as businesses, churches, and college dormitories, were screened out. Only households, i.e., residences in which any number of related individuals or no more than five unrelated persons living together, were eligible for inclusion in the sample. This minimal screening was used only to ascertain that the sample of telephone numbers reached by interviewers was residential households.

Selection of Respondent Within Household

The multi-stage sampling process described in the previous sections yielded a random national sample of households with telephones, drawn proportionate to the population distribution. The final stage required the selection of one respondent per household for the interview.

A systematic selection procedure was used to select one designated respondent for each household sampled. First, the total number of age-eligible Hispanic/Latino females in the household was ascertained from a household informant. If there was only one eligible adult in the household that individual was the designated respondent. If there was more than one eligible respondent in the household, the number of eligible Hispanic females was ascertained.

The "most recent/next birthday method" was used for selection within households of multiple eligibles. The most recent/next birthday procedure has been widely used for two decades because it permits unbiased systematic selection without requiring full household enumeration.[2]

Response Rates

Response rates are a critical issue in any sample survey because they may indicate a serious source of non-sampling error. Although the initial sample is drawn according to systematic and unbiased procedures, the achieved sample is determined by the proportion of the drawn sample who agree to participate. To the extent that those who agree to participate are different from those who refuse to participate, the achieved sample will differ from the population it represents. In order to minimize such bias, surveys attempt to achieve the highest response rate possible -- given the tradeoffs between survey objective, level of effort and timing.

There are a number of factors under the control of the contractor which can affect response rate. Contact procedures and introductions determine the ability to reach the designated respondent and capture his/her attention. Questionnaire layout and wording improves survey flow and limits terminations. Interviewer quality and training improves the interpersonal interaction needed to achieve and maintain cooperation throughout the interview. These factors may differ from firm to firm but remain fairly constant from survey to survey within a firm.

Maximizing Response Rates

Maximizing response rates begin with expert handling of sample release and careful monitoring throughout the field period. Maximizing response rates is also contingent on employing interviewers who are fully trained in the procedures used in the phone center as well as the specific procedures used on this study. Training is followed by close supervision to guarantee that all procedures are followed. These steps will help ensure quality control over the collection of survey data. In order to attain the highest possible response rate, an interviewing strategy with the following major components was followed:

1) Careful development and refinement of the initial contact script. Most refusals occur within the first minute of contact. The first two or three sentences in the survey introduction may have a dramatic effect on response rate. This included:

    a) Identifying the sponsor as the Northeastern University;
    b) Explaining that the information was being sought by the University for the federal government;
    c) Explaining the social utility (not in those words) of the survey;
    d) Explaining why we need the information and how it will be used;
    e) Assuring them that they would not have to answer any questions that they do not want to
    f) Assuring information provided and participation or non-participation does not affect current or future benefits

2) Assignment of all cases to a group of thoroughly trained and experienced interviewers, who are highly motivated and carefully monitored and controlled by Abt SRBI's field staff.

[2] Salmon, C. and Nichols, J. The Next-Birthday Method of Respondent Selection, Public Opinion Quarterly, 1983, Vol. 47, pp.270-276.

3) Special training for all interviewers on how to overcome initial reluctance, lack of interest or hostility during the contact phase of the interview.

4) A protracted field period which permits us to eventually interview respondents who are temporarily unavailable, as well as time to overcome the resistance of passive refusals and convert active refusals and terminations.

5) A nine-call (initial attempt and four callbacks) contact strategy, conducted according to an algorithm designed for maximum probability of contact.

6) An additional 3 calls once a case is reached, until the case reaches final disposition, or the field period ends.

7) The maintenance and regular review of field outcome data in a sample reporting file, derived from both the sample control and CATI files so that patterns and problems in both response rate and production rates can be detected and analyzed.

8) Weekly meetings of the interviewing and field supervisory staff with the study management staff to discuss problems with contact and interviewing procedures and to share methods of successful persuasion and conversion.

Interviewer Training and Survey Administration to Maximize Response Rates

As mentioned earlier, an important aspect of maximizing response rates is the quality of the interviewers and the survey administration. Abt SRBI uses only highly qualified interviewers who are fully trained. General background training for interviewers, regardless of the specific project, includes instruction in:

- Understanding telephone sampling procedures and the importance of rigorous adherence to sampling procedures in the field;
- Understanding respondent selection procedures and the importance of following these procedures rigorously;
- The role of the interviewer in the survey process;
- Recommended methods for contacting potential respondents and procedures for setting appointments;
- Effective methods for gaining initial agreement to be interviewed;
- Methods for overcoming initial reluctance to schedule or agree to be interviewed;
- Interviewer behavior in the interview setting – how to be courteous, neutral and non-intrusive;
- How to avoid biasing responses by verbal and non-verbal cues;
- How to ask and record closed-ended questions;
- How to probe and record open-ended questions;
- How to control irrelevancies and digressions without offending the respondent;
- How to reassure respondents about the confidentiality of the information collected and the anonymity of survey respondents; and
- General recording conventions.

Specific training related to this study included:

- Purpose of the study and importance to the client;

- Question-by-question specifications with particular attention paid to interviewer instructions;
- Review of the study procedures for contact, selection, administering the instrument and recording the responses correctly; and
- Practice interviews in the presence of the trainer.

Once interviewing begins, maximizing the response rate depends on the interviewers' ability to develop rapport with the respondent and the accurate identification and documentation of refusals and terminations to record what happened and why it happened. This type of documentation assists in future refusal conversion efforts. For example, many surveys fail to differentiate between refusal by the designated respondent and refusal by a third party, or refusal prior to the specification of who is the designated respondent. These latter types of refusals are a refusal to screen, rather than a refusal to interview. This difference may have a significant effect on the likelihood of eventual conversion, as well as the most appropriate approach to refusal conversion.

Interview Termination - Occasionally interviews were broken off in the middle. A "terminated" interview was one in which the respondent began answering questions, but then decided that he or she would not finish the interview. (A refusal occurred when the targeted respondent refused to answer even the first survey question.) There were also "callback to completes" when something unexpected came up and the respondent said he or she would finish the interview at another time. Moreover, there were times when the calls were cut off.

Depending on how the call was terminated (i.e., by respondent, technical difficulties, request for a scheduled callback, etc.) the respondent was recontacted in the appropriate and/or requested manner. Upon callback the interview resumes where it stopped at termination.

Refusals - Some respondents refused to answer even the first survey question and were thus, classified as "refusals." When a refusal occurred, interviewers asked the respondent why he/she refused to be interviewed and recorded the response in the notes associated with the respondent. Interviewers made very careful notes to document the reason for refusal, if given; the exact point of refusal; whether the refusal was given by a women or a man; and any other comments that clarify the reason for non-interview.

This level of detail provides a systematic record of the exact point in the interview that the refusal or termination occurred; the circumstances and reasons, if given, for the refusal or break off; and the position of the person refusing/terminating, if known. The non-interview record can also provide the qualitative information necessary to identify the source of problems with the survey instrument or procedures, as well as suggest possible strategies for both reducing future refusals and converting current refusals. This may involve modifying the introduction since most refusals occur within the first 30 seconds-while the interviewer is introducing the study. It may also lead to creating interviewer scripts for better handling of the most common types of questions or respondent concerns that emerge from a review of the early refusals. This non-interview record will also guide the refusal and termination conversion scripts that will be used in the study.

Termination/Refusal Conversion - The actual process of converting terminations and refusals, once they have occurred, involves several steps. First, there is a diagnostic period, when refusals and terminates are reported on a daily basis and reviewed daily to see if anything unusual is occurring. Second, after enough time has passed to see a large enough sample of

refusals and terminations, a refusal conversion script is developed. Third, the refusal conversion effort is fielded with re-interview attempts scheduled about a week after the initial refusal. (Conversions of interviews that are more than half complete would not be delayed this long.) Fourth, the outcomes of the refusal conversion efforts are reviewed on a daily basis. Revisions of the script or the procedures are made, if needed, based on the ongoing results of the conversion effort.

Refusal conversion efforts are usually undertaken by more experienced, senior interviewers. Prior to beginning refusal conversion, they review the reason for refusal or termination with the Operations Manager and discuss general strategy. They then begin re-contacting the refusals and terminations, approximately one week after the initial refusal. The delay permits time for the respondent to distance himself/herself from the original refusal. Also, it allows time for personal situations to change – family situation, work schedules, etc. – in case these contributed to the refusal.

Data Preparation and Processing

All studies should begin with a thorough review of the study objectives, design and methodology. Most researchers recognize that carefully defining the problem to be investigated, preparing a rigorous research design, constructing a meaningful questionnaire and drawing an appropriate sample are essential tasks which require a great deal of care. However, many researchers devote all too little attention to editing, coding and processing of the raw data collected by interviewers during the field period of the survey. This tendency is unfortunate, because no matter how thorough the research design, how meaningful the questionnaire and how rich the responses collected by the interviewers in the field, the real success of any survey ultimately depends on how accurately the respondent's answers to the questions posed are captured during the interview and translated to a computer readable form from which the final tabulations are generated.

At each stage in the data collection, editing, coding and processing effort, the potential for substantial non-sampling error may enter the research process. If not carefully controlled, this form of error may overwhelm the most heroic efforts to minimize sampling error. Even the best questionnaire and most sensitive interviewing can be rendered meaningless by the less than meticulous handling of the data during the editing and coding process. Hence, Abt SRBI takes great pains to minimize this sort of error by designing the data recording and processing as carefully as the sample design and data collection procedure.

Although the SALAS survey was conducted on Abt SRBI's CATI system on which data are effectively key-entered by interviewers and translated immediately to computer readable form, data were scrutinized at several points in the research process. Initially, each data element obtained in response to a close-ended query was checked as it was recorded/key entered to ensure that it conformed both to acceptable range requirements imposed on the item and that it was consistent with related items. Secondly, responses to open-ended items were recorded directly into the CATI data file into specific fields set up for the open-ended data. The open-ended replies were subsequently coded and key-entered into the CATI database and edited on-line to ensure that the data conformed to existing case requirements (i.e., a punch exists indicating that the query to the open-ended item had been recorded).

Lastly, because CATI -database management and on-line edit feature were software-driven, the amount of on-line editing that could be accomplished, although quite substantial, was

also finite. A final machine edit was performed on the database. This data edit incorporated the specifications for on-line editing employed during the actual data collection as well as all additional edit and consistency checks required to ensure the final database emerged in pristine form.

When errors were detected they were resolved by visual inspection of the total CATI record for the case and any verbatim responses on paper. Corrections to the database were made on-line so that any alteration of the database that generated an inconsistency with extant data or was out of range was identified immediately. Reevaluation of the just initialed change ensued and the database was corrected as appropriate. Before being pronounced as final, the entire database was again subjected to a comprehensive machine edit.

The details of Abt SRBI's editing, coding, and data processing procedures are outlined in the following pages.

Entering Responses

Each question in the interview was shown on the screen one at a time. Interviewers saw the question to be asked and the response categories that could be entered as well as additional information such as whether it was a multiple response question (i.e., more than one response could be entered). If it was a single response question, the program moved to the next question as soon as the interviewer entered and verified a response. If the interviewer hit the wrong key, the program allowed him/her to back up to the previous screen. The interviewer could correct the error by entering the valid code.

If more than one response needed to be changed after several subsequent questions were answered, a line supervisor was called immediately so that the interview could be taken back to the appropriate point. However, if only one remote item was affected, interviewers took note of this response so it could be corrected after completion of the interview.

Most survey questions had precoded response categories on the screen. In some cases, interviewers read the categories to the survey respondent and he or she selected one of them. Interviewers then entered the code corresponding to the category selected by the respondent.

In other cases, interviewers were not supposed to read the response categories. For these questions, they had precoded categories on the screen that represented the most likely responses to the question. The interviewer entered the code(s) that most nearly corresponded to the respondent's answer. For other questions, interviewers entered a numerical response, such as the number of follow-up calls a respondent received.

Open-Ended Questions and Responses

The survey included several open-ended questions. In addition, there were "Other (SPECIFY)" response categories for several closed-ended questions. For open-ended questions and "Other (SPECIFY)" responses, interviewers recorded the respondent's answer, verbatim, on Study Action Forms (SAFs) during the interview. Because most interviewers can write faster than they can type, this prevented the interview from being delayed while the interview was typed into the system.

Each open-ended question required proper probing to ensure that the respondent's answer was complete and provided all of the necessary information for accurate coding. When the interviewer had fully probed the response and was satisfied that he/she had obtained all of the

necessary information, the interviewer entered the verification code for the question into the CATI system, which then advanced to the next question.

The same verbatim entry was made when the respondent's answer did not fit within any of the preassigned categories. There was an "Other - Specify" category for these questions. Interviewers entered the code for "Other" into the computer, and then recorded the verbatim response.

Upon the completion of the interview, the CATI system automatically listed the verification code for each open-ended answer recorded. The responses recorded on the hard copy SAF were then entered by the interviewer into the CATI program.

Editing the Interview in the Field

Interviewers were required to edit their questionnaires immediately upon completion of the interview, while it was still fresh in their minds. Following the interviewer edit, a second edit was performed by the coding staff. Both edits emphasized completeness and comprehensibility.

Completeness. The interviewers made it standard practice to edit completed surveys immediately upon completion of the interview. A respondent may have recalled an event germane to the interviewer's question and reported it only after his or her initial item response was recorded and several additional items were posed and answered. As a means of quality control over CATI data collection activities, interviewers were not permitted access to the survey data collected more than one item back. To do so required the intervention of a line supervisor. If the respondent's change of mind required a portion of the already administered survey to be performed again, the line supervisor was called over immediately and the interview schedule was backed up to the appropriate point. If the impact of the interviewee's change of mind was circumscribed, affecting only one remote item, the interviewer noted this response and the line supervisor was then free to correct the survey after completion of the interview. If the impact of the interviewee's change of response was immediate (i.e., the last question) the interviewer simply went back to the item and recorded the proper response.

Comprehensibility. At times, interviewers recorded responses that seemed perfectly comprehensible to them, but were not clear or understandable to someone who was not present during the interview. Thus, the project director stressed the need to make sure that appropriate contextual material was included in entering verbatim answers, and that all answers be checked after the interview for comprehensibility.

Consistency. To the extent that certain types of consistency were critical to the success of the survey, those consistencies were established as part of the interview criteria. The interviewer was sensitive to serious inconsistencies during the course of the interview and probed appropriately to resolve them. The CATI program displayed the answers to earlier questions to assist in the identification of inconsistencies, and automatically identified inconsistencies. To handle these problems, the CATI program had a "comments" procedure so that interviewers could enter their comments on a particular question or interview when this helped to clarify an inconsistency or problem. These comments could be entered at any time during the interview by simply hitting the "Esc" key to open the comments window.

Particular care was devoted to editing open-ended questions. The responses to open-ended questions were typically recorded verbatim. To the extent possible, interviewers included the full statement including articles, prepositions and punctuation. Paraphrasing was not permitted in recording verbatim answers, but certain abbreviations were permitted.

The editors reviewed a printed transcript from the open-ended recording field. Special care was taken in editing open-ended questions for completeness, legibility and comprehensibility. Editors reviewed the transcripts between shifts so that if questions arose, the interview was less than one day old in the interviewer's mind.

Coding

After the survey questionnaire was thoroughly edited, all open-ended questions underwent coding. Coding is the technical procedure by which raw data are assigned to categories. These categories are numbers which can be recorded in a computer data file, then tabulated and counted through automatic data processing.

Once the coding scheme was determined, each questionnaire was coded. The coder compared the verbatim answers to the response category codes and decided which category (code) best captured the essence of the raw data (response). Every effort was made by the contractor to make certain that the coder's judgment was faithful to the respondent's original meaning, as well as, responsive to those who are called upon to interpret those findings. The contractor has a large full-time coding staff which includes a Coding Supervisor and several senior coders. All questionnaires were manually coded by this group, under the direct supervision of the senior project staff. The coding staff was experienced in a broad range of standardized codes, but specialized training was employed for this coding assignment.

Training coders took place after the Coding Supervisor met with the analysis team and prepared a Coding Manual for the survey. The Manual covered item-by-item coding instructions, general coding and editing specifications and special instructions. Each coder received a copy of the Coding Manual, and an item-by-item review was conducted during training. Coders typically made extensive notes in their Manuals and used them for reference during the actual coding process. Any additions to the Manual were made at the direction of the Coding Supervisor.

The element of coder judgment was most pronounced in the coding of open-ended questions. Even if codes were carefully constructed, these codes may still be ambiguously interpreted or inconsistently assigned to cases. Thus, extreme care was taken to standardize coding decision rules.

Quality control was automatically intensified when errors or inconsistencies in coding decisions were found. For each specific item in error, the appropriate section of the Coding Manual was reviewed by the Coding Supervisor and the individual coder.

Data Processing

This study was implemented utilizing the contractor's CATI system. The original programming of the survey questionnaire on to the CATI system included several machine edit features to ensure that survey records accurately mirrored respondents' reports.

More specifically, the CATI system:

- Eliminated problems of multi-punching. The CATI system automatically assigned single fields of appropriate width for each separate data item;
- Ensured that skip patterns were administered properly. Skip patterns were programmed into CATI's data entry software to ensure that all questions for which a particular respondent was qualified to answer were exhibited in appropriate sequence. This feature not only enhanced overall data quality by ensuring that the aggregated database was

comprehensive but also facilitated the actual interview procedures by eliminating hurried review of previous, sometimes remote, items by interviewers in their attempt to determine respondent eligibility for the current question; and

- Permitted immediate and comprehensive edits of the survey interview.

Data entry software was programmed to recognize allowable ranges for key-entered item values. Blanks were not accepted as legitimate values. If a question was left blank, CATI alerted the interviewer that an error was made. The questionnaire would not advance to the next screen if an appropriate value was too large. The error was identified and the survey was held in stasis until the entry was corrected. Often, checks were set to include only probable rather than all possible values. In this way, when a seemingly aberrant value was encountered, the interviewer would check immediately with the respondent to verify this answer. If the respondent confirmed this value, the interviewer entered a command and overrode the range check for that specific value in this survey item. Each and every item was checked on-line to ensure that the data collected was all within acceptable range specifications.

Consistency checks were programmed into the data entry software for a select set of items. Consistency checks were generally of three types: logical consistency, replicability, or mathematical equivalence. Logical consistency is used in a situation in which a respondent, asked two separate questions about related items, responds similarly. Prior to CATI, if these items were not answered consistently, data cleaning had to wait until final machine edits -- days, weeks or even months after the interview had been terminated. Decisions about these data were always arbitrary and often masked the reality of the situation. With CATI, such inconsistencies were identified immediately and resolved or confirmed with the assistance of the interviewee him/herself.

Programming was designed to alert interviewers to inconsistencies as soon as they were discovered or just subsequent to the final survey items, but prior to interview termination. The point of alert was determined on an item-by-item basis. If a change in the inconsistent data affected questionnaire administration (e.g., changed respondent's eligibility status for a question or question series), the inconsistency was resolved immediately. If the data was sensitive in nature, or broaching the inconsistency with the respondent would be viewed as confrontational or cross, resolution of the inconsistency followed completion of the questionnaire. Again, such decisions were made on an item- by-item basis.

Other Machine Editing

The CATI system's capabilities to edit data on-line have been outlined above. However, as a software driven process the amount of editing that could be performed in a timely manner, although quite sizable, was still limited. For example, although simple consistency could be generated for on-line use, complex consistency checks involving three or more variables or constructed variables were better when put off until after interviews had been completed and data placed in permanent storage. The size of the questionnaire, number of rotations accomplished—both within and between question series— and the number of skip patterns all affected the space left over for on-line edits.

Output from edit runs listed errors by error type (e.g., out of range), and location in the database (e.g., VAR 004 card 2 col 54) and respondent identification number. Data editors then called up individual cases from the computer's active memory and reviewed errors that were detected. Corrections were made as needed. Since corrections were implemented within the

CATI data entry program, all on-line edits that generated new errors were immediately identified. Such changes were reevaluated and final decisions regarding database updating were made only with the knowledge and approval of the contractor's project director.

Procedures for Protecting Confidentiality

Over the past several years, Abt SRBI has conducted numerous surveys involving sensitive information where absolute candor and confidentiality have been mandatory. Because of this experience, we are extremely conscious of the need to protect the privacy of the people who respond to these surveys and we implement procedures to ensure this outcome throughout all phases of Abt SRBI's work, simply as a matter of course. The problems of maintaining confidentiality begin at the very start of data collection in the field.

We believe that it is crucial that respondents fully understand and have confidence in the procedures taken to protect their privacy. We communicate Abt SRBI's approach to all respondents in a way that usually persuades them of Abt SRBI's ability and commitment to safeguard their right to privacy. Clearly, only if people accept Abt SRBI's guarantee of confidentiality will they consent to being interviewed, and provide accurate information during the interview itself. Consequently, we make every effort to convince respondents of Abt SRBI's commitment to ensure their privacy.

Respondents are informed in the survey introduction that their answers will be kept strictly confidential. Participation is on a voluntary basis, and the survey conforms with the requirements of the Privacy Act by omitting names, addresses, or social security numbers from the database. The last four digits of the telephone number will also be omitted from the database.

All interviewers are required to sign a confidentiality agreement that specifies that no identification of respondents, nor their answers will be revealed to other persons that are not specifically involved with this project as an employee of Abt SRBI.

The anonymity and confidentiality of the respondent's survey answers are protected by keeping all identifiers on the sample record sheet, which is linked to the interview responses only by an ID number. Since this linkage makes it possible to compromise the confidentiality of the respondent's answers, the following steps are taken to protect it:

- Abt SRBI's Sampling Department maintained the sample of phone numbers stratified according to time zones for dialing hours.
- The sample was computerized allowing the CATI system to automatically assign cases.
- The system brings up a phone number for the interview, automatically assigning the interview an identification number that can be linked to the phone number.
- The interviewer dials the number and records the outcome of any calling attempts into the CATI system. Request for callback information is also recorded into the CATI system.
- Names and address are not entered into the CATI program.
- All subsequent coding, data reduction and processing tasks will be conducted using only the ID numbers. The area code and the telephone exchange can be included as part of the completed interview for each case in the data set for analysis purposes. However, the telephone number was eliminated from the data set that was delivered to the client. The

telephone number was not included in the computer-readable database provided to the client.

In over two decades of sensitive work, Abt SRBI has never suffered a breach of any respondent's privacy.

Field Outcomes

There were three simple steps which reduced interviewer variability in the SALAS project. First, a highly structured interview format with very explicit interviewer instructions was developed. Second, interviewers were instructed that they were only permitted to read the questionnaire script and that they were not permitted to say anything else. In fact, word emphasis was indicated by underlining, and the number and manner of probes were indicated on the questionnaire. Finally, only interviewers who could read a script in an intelligent and interesting manner, time after time, without shifting intonation or inflection, were assigned to the project. In short, we created a very tight script, used experienced professional interviewers to read the script and showed them exactly how it was to be done.

Abt SRBI went to special lengths to reach respondents and complete interviews. We held interviewer training in Abt SRBI's office, which included detailed instruction on administering the questionnaire and supervised attempts to complete a questionnaire using the CATI program. These procedures were largely successful in increasing the number of respondents who were contacted and agreed to be interviewed.

This section provides an overview of the field period statistics as well as the final dispositions of all calls dialed.

Field Period

Sample assignments for the baseline survey were given to interviewers immediately following training on May 28, 2008. The field period for the survey was closed on September 3, 2008. Surveys were completed with a total of 2,000 Latino women. Interviews lasted from 3.6 minutes to 114.0 minutes (depending on the number of incidents experienced). The average time for the completed interviews was 28.0 minutes.

Participation Rate

The participation rate represents one of the most critical measures of potential sample bias because it indicates the degree of self-selection by potential respondents into or out of the survey. The participation rate is calculated as the number of completed interviews, including those that screen out as ineligible, divided by the total number of completed interviews, terminated interviews, and refusals to interview. It should be noted that the inclusion of screen outs in the numerator and denominator is mathematically equivalent to discounting the refusals by the estimated rate of ineligibility among refusals.

Among the 69,549 numbers dialed:

- 57.3% of the numbers were not active residential phone numbers at the time of the SALAS survey, including 45.7% non-working/TOS numbers; 6.1% business/government/organization numbers 5.3% computer/fax numbers; and 0.22% other.

- In addition, some numbers yielded non-interviewable households because there was no answer (9.3%); busy on all attempts (0.48%); call blocking (0.03%); technical problems (0.02%); and other reasons for no screener completed (5.8%).
- Among the 29,686 households that were contacted for household screening, 20,347 (68.5%) did not interview including 53.4% unknown eligibility (i.e., always busy, no answer, hang-ups, etc.); 30.3% refusals and breakoffs; 8.5% answering machines and 7.9% respondent unavailable for duration or household language problem (non-English, non-Spanish).
- 2,000 respondents completed the interview (9.4% of eligible households; 2.9% of total sample dialed).

Table 2: Final Sample Dispositions and Response, Refusal and Contact Rates[1]				
Total Numbers Dialed	**69549**		**Not Eligible**	**39863**
Interviews	**9339**		Fax/data line	3697
Complete	2000		Non-working/disconnect	31501
Partial (qualified callback)	220		Temporarily out of service (TOS)	301
Screen-out (no Latino, no women)	7119		Business/govt./other org.	4214
			Other	150
Eligible, Non-interview	**9491**			
Refusal and breakoff	6160		**Total Phone Numbers Used**	**18830**
Respondent never available	113		Interview	9339
Answering machine	1723		Eligible, non-interview	9491
Unable/incompetent	751			
Household-level language problem	744		**Total Numbers Not Used**	**50719**
			Unknown eligibility	10856
Unknown Eligibility, Non-interview	**10856**		Not eligible	39863
Always busy	336			
No answer	6481			
Call blocking	23			
Technical phone problems	12			
No screener completed/Hang ups	4004			

Response, Refusal and Contact Rates[2]

Unknown Eligible Estimate[3]	.321		
Response Rate 1	.307	Refusal Rate 1	.208
Response Rate 2	.315	Refusal Rate 2	.276
Response Rate 3	.409	Refusal Rate 3	.327
Response Rate 4	.419		
Cooperation Rate 1	.537	Contact Rate 1	.527
Cooperation Rate 2	.550	Contact Rate 2	.762
Cooperation Rate 3	.588	Contact Rate 3	.902
Cooperation Rate 4	.603		

[1]Calculations based on the American Association for Public Opinion Research (AAPOR) standard disposition definitions.
[2]See Appendix for explanation of how rates are computed.
[3]Estimated proportion of cases of unknown eligibility that are eligible.

Table 3: Sample Disposition Categories	
NIS/DIS/change #	The number was not in service, had been disconnected or yielded a recording indicating that it was no longer an active number
Nonresidential	The number yielded a contact with a business, government agency, pay telephone or other nonresidential unit
Computer/fax	The number yielded an electronic tone indicating a fax machine or data line
No answer	The number rang, but no one answered
Busy	A busy signal was encountered
Answering machine	An answering machine was reached at the telephone number
Language	The interview could not be completed because of language barriers
Away for duration	The designated respondent was out of the area for the entire field period
Callback	Contact was made with the household, but not necessarily the designated respondent. By the end of the field period, the case had neither yielded a refusal nor completed interview
Callback to complete	The interview was interrupted, but not terminated. The field period ended before the full interview could be completed
Refusal -- Initial	Someone in the household refused to participate in the study
Refusal -- Second	During a refusal conversion attempt, a second refusal to participate in the study was encountered
Terminate	A respondent began the interview but refused to finish
Complete	An interview was completed with the designated respondent

Sample Weighting

The characteristics of a perfectly drawn sample of a population will vary from true population characteristics only within certain limits of sample variability (i.e., sampling error). Unfortunately, social surveys do not permit perfect samples. The sampling frames available to survey research are less than perfect. The absence of perfect cooperation from sampled units means that the completed sample will differ from the drawn sample. The most common method for an adjustment is post-stratification to external controls. Post stratification simply adjusts the weights of each respondent so that the sample in hand will have a demographic composition that matches population estimates.

There are times when post-stratification is not possible or inadequate. The technique, while simple, relies on cell by cell counts of the population for the cross-tab of all post-stratification variables.[3] Census estimates of age and gender are the most commonly used post stratification variables. With SALAS gender was not a necessary variable to use, thus household income was used instead. Unfortunately cell by cell estimates of some demographics are not always available. Also, as the number of post stratification variables increases, the likelihood of empty cells within the survey sample increases dramatically. For situations where simple post stratification is not possible, raking procedures may be employed.[4]

In raking, the second stage weights are determined by alternately matching the sample to the marginal estimates of each post stratification variable in an iterative process until the data distribution matches each marginal distribution simultaneously. While this offers an alternative when simple post stratification is not possible, it is a more complicated procedure to perform. In either case, the choice of post stratification variables is critical. If you are using variables that are unrelated to the survey outcomes, no reduction in non-response bias will be accomplished.[5]

The weighting plan for the survey was a multi-stage sequential process of weighting the achieved sample to correct for sampling and non-sampling biases in the final sample. The first stage in the weighting process was to correct for selection procedures that yielded unequal probability of selection within sampled households. Only one eligible person (Hispanic female age 18 or older) per household could be interviewed-because multiple interviews per household are burdensome and introduce additional design effects into the survey estimates. A respondent's probability for selection is inverse to the size (number of other eligible persons) of the household. Hence, the first stage weight was equal to the number of eligible respondents within the household.

The next step in the weighting process was used to correct the achieved sample for disproportionate sampling by dividing the expected population distribution, based on Census projections, by the achieved sample distribution on the stratification variables. Specifically, the second stage weight corrected the sample to the cell distribution of the population for six age cohorts (18-24, 25-34, 35-44, 45-54, 55-64 and 65 or older) and nine household income ranges (less than $10k, $10k - $19.9k, $20k -$29.9k, etc. to $80k or more), using the Census Population

[3] Biemer, P.P., & Lyberg, L.E. (2003). Introduction to Survey Quality. Hoboken, NJ: John Wiley & Sons, Inc.
[4] Battaglia, M.P., Izrael, D., Hoaglin, D.C., & Frankel, M.R. (2003, January). Practical Considerations in Raking Survey Data. Paper presented at the Tenth Biennial CDC and ATSDR, Atlanta, GA.
[5] Battaglia, M.P., Frankel, M.R., & Link, M. (2006, May). Weighting Survey Data: How to Identify Important Poststratification Variables. Paper presented at the AAPOR Conference, Montreal, Canada.

Projections for Age, Sex and Race for 2007 and the American Community Survey for 2007 for household income projections. At the time of the survey, these were the most recent projections of the distribution of adult population by state.

The final step in the weighting process was designed to correct for the fact that the total number of cases in the weighted sample was larger than the unweighted sample size because of the use of the number of eligibles weight. In order to avoid misinterpretation of sample size, the total number of cases in the unweighted sample was divided by the total number of cases in the weighted sample to yield a sample size weight. When this weight is applied, the size of the weighted sample is identical to the size of the unweighted sample.

The final weight (WEIGHT12) incorporates all of the intermediate weighting steps described above. The final weight adjusts the total completed interviews in the achieved sample to correct for known sampling and participation biases, while maintaining the unweighted sample size.

Table 4 provides the partial SPSS programming used to assign weights.

Table 4: Partial SPSS Program for Assigning Weights

```
compute nadults= s1.
recode nadults (7 thru highest=7).
compute weight1=nadults.

RECODE
  d4
  (Lowest thru 24=1)  (25 thru 34=2)  (35 thru 44=3)  (45 thru 54=4)  (55
  thru 64=5)  (65 thru 97=6)  (ELSE=sysmis)  INTO  Agegrp .
VARIABLE LABELS Agegrp 'Age Group'.
EXECUTE .
val label Agegrp 1'18 to 24' 2 '25 to 34' 3 '35 to 44' 4 '45 to 54' 5 '55 to 64' 6 '65+' 99'R'

*age weight.
compute weight2=1.
if (Agegrp eq 1) weight2=2.071.
if (Agegrp eq 2) weight2=1.690.
if (Agegrp eq 3) weight2=1.092.
if (Agegrp eq 4) weight2=0.684.
if (Agegrp eq 5) weight2=0.477.
if (Agegrp eq 6) weight2=0.523.

compute weight3=(weight1*weight2).
compute weight4=(weight3*0.750188).
recode weight4 (0=1).

*household income weight.
RECODE
  d6
  (18 thru 19=sysmis)  (ELSE=copy)  INTO  d6new .
EXECUTE .

weight by weight4.
compute weight8=1.
if (d6new eq 1) weight8=0.324.
if (d6new eq 2) weight8=0.482.
if (d6new eq 3) weight8=0.765.
if (d6new eq 4) weight8=1.362.
if (d6new eq 5) weight8=1.486.
if (d6new eq 6) weight8=1.983.
if (d6new eq 7) weight8=2.611.
if (d6new eq 8) weight8=3.377.
if (d6new eq 9) weight8=3.152.

compute weight9=(weight4*weight8).
compute weight10=(weight9*1.000500).
recode weight10 (0=1).
```

Table 4: Partial SPSS Program for Assigning Weights *(continued)*

```
*Weight by FIRST RAKING WEIGHT.

weight by weight10.

*age weight 2nd round (weighted by Raking1-nadults/age/income).
compute weight11=1.
if (Agegrp eq 1) weight11=1.060.
if (Agegrp eq 2) weight11=1.062.
if (Agegrp eq 3) weight11=0.882.
if (Agegrp eq 4) weight11=0.902.
if (Agegrp eq 5) weight11=1.029.
if (Agegrp eq 6) weight11=1.247.

compute weight12=(weight10*weight11).
weight by weight12.
recode weight12 (0=1).
freq d6new Agegrp.
```

Precision of Sample Estimates

The objective of the sampling procedures used on this study was to produce a random sample of the target population. A random sample shares the same properties and characteristics of the total population from which it is drawn, subject to a certain level of sampling error. This means that with a properly drawn sample we can make statements about the properties and characteristics of the total population within certain specified limits of certainty and sampling variability.

The confidence interval for sample estimates of population proportions, using simple random sampling without replacement, is calculated by the following formula:

$$p \pm z_{\alpha/2} \cdot SE(p) = p \pm z_{\alpha/2} \cdot \sqrt{\frac{(p \cdot q)}{(n-1)}}$$

Where:

SE(p) = the standard error of the sample estimate for a proportion

p = some proportion of the sample displaying a certain characteristic or attribute

q = (1 - p)

n = the size of the sample

$z_{\alpha/2}$ = (1-α/2)-th percentile of the standard normal distribution (1.96 for 95% CI)

The sample sizes for the surveys are large enough to permit estimates for sub-samples of particular interest. Table 5, on the next page, presents the expected size of the sampling error for specified sample sizes of 12,000 and less, at different response distributions on a categorical variable. As the table shows, larger samples produce smaller expected sampling variances, but there is a constantly declining marginal utility of variance reduction per sample size increase.

TABLE 5: Expected Sampling Error (Plus or Minus) At the 95% Confidence Level (Simple Random Sample)

Size of Sample or Sub-Sample	Percentage of the Sample or Sub-Sample Giving A Certain Response or Displaying a Certain Characteristic for Percentages Near:				
	10 or 90	**20 or 80**	**30 or 70**	**40 or 60**	**50**
12,000	0.5	0.7	0.8	0.9	0.9
6,000	0.8	1.0	1.2	1.2	1.3
4,500	0.9	1.2	1.3	1.4	1.5
4,000	0.9	1.2	1.4	1.5	1.5
3,000	1.1	1.4	1.6	1.8	1.8
2,000	1.3	1.8	2.0	2.1	2.2
1,500	1.5	2.0	2.3	2.5	2.5
1,300	1.6	2.2	2.5	2.7	2.7
1,200	1.7	2.3	2.6	2.8	2.8
1,100	1.8	2.4	2.7	2.9	3.0
1,000	1.9	2.5	2.8	3.0	3.1
900	2.0	2.6	3.0	3.2	3.3
800	2.1	2.8	3.2	3.4	3.5
700	2.2	3.0	3.4	3.6	3.7
600	2.4	3.2	3.7	3.9	4.0
500	2.6	3.5	4.0	4.3	4.4
400	2.9	3.9	4.5	4.8	4.9
300	3.4	4.5	5.2	5.6	5.7
200	4.2	5.6	6.4	6.8	6.9
150	4.8	6.4	7.4	7.9	8.0
100	5.9	7.9	9.0	9.7	9.8
75	6.8	9.1	10.4	11.2	11.4
50	8.4	11.2	12.8	13.7	14.0

NOTE: Entries are expressed as percentage points (+ or -)

Estimating Statistical Significance

The estimates of sampling precision presented in the previous section yield confidence bands around the sample estimates, within which the true population value should lie. This type of sampling estimate is appropriate when the goal of the research is to estimate a population distribution parameter. However, the purpose of some surveys is to provide a comparison of population parameters estimated from independent samples (e.g. annual tracking surveys) or between subsets of the same sample. In such instances, the question is not simply whether or not there is any difference in the sample statistics that estimate the population parameter, but rather is the difference between the sample estimates statistically significant (i.e., beyond the expected limits of sampling error for both sample estimates).

To test whether or not a difference between two sample proportions is statistically significant, a rather simple calculation can be made. The maximum expected sampling error (i.e., confidence interval in the previous formula) of the first sample is designated ***s1*** and the maximum expected sampling error of the second sample is ***s2***. The sampling error of the difference between these estimates is ***sd*** and is calculated as:

$$\mathrm{sd} = \sqrt{(s1^2 + s2^2)}$$

Any difference between observed proportions that exceeds ***sd*** is a statistically significant difference at the specified confidence interval. Note that this technique is mathematically equivalent to generating standardized tests of the difference between proportions.

An illustration of the pooled sampling error between sub-samples for various sizes is presented in Table 6. This table can be used to determine the size of the difference in proportions between drivers and non-drivers or other sub-samples that would be statistically significant.

TABLE 6. Pooled Sampling Error Expressed as Percentages for Given Sample Sizes (Assuming P=Q)																	
Sample Size																	
4000	14.1	10.0	7.1	5.9	5.1	4.7	4.3	4.0	3.8	3.6	3.5	3.0	2.7	2.5	2.4	2.3	2.2
3500	14.1	10.0	7.1	5.9	5.2	4.7	4.3	4.1	3.8	3.7	3.5	3.0	2.7	2.6	2.4	2.3	
3000	14.1	10.0	7.2	5.9	5.2	4.7	4.4	4.1	3.9	3.7	3.6	3.1	2,8	2.7	2.5		
2500	14.1	10.0	7.2	6.0	5.3	4.8	4.5	4.2	4.0	3.8	3.7	3.2	2.9	2.8			
2000	14.2	10.1	7.3	6.1	5.4	4.9	4.6	4.3	4.1	3.9	3.8	3.3	3.1				
1500	14.2	10.2	7.4	6.2	5.5	5.1	4.7	4.5	4.3	4.1	4.0	3.6					
1000	14.3	10.3	7.6	6.5	5.8	5.4	5.1	4.8	4.7	4.5	4.4						
900	14.4	10.4	7.7	6.5	5.9	5.5	5.2	4.9	4.8	4.6							
800	14.4	10.4	7.8	6.6	6.0	5.6	5.3	5.1	4.9								
700	14.5	10.5	7.9	6.8	6.1	5.7	5.5	5.2									
600	14.6	10.6	8.0	6.9	6.3	5.9	5.7										
500	14.7	10.8	8.2	7.2	6.6	6.2											
400	14.8	11.0	8.5	7.5	6.9												
300	15.1	11.4	9.0	8.0													
200	15.6	12.1	9.8														
100	17.1	13.9															
50	19.8																
	50	100	200	300	400	500	600	700	800	900	1000	1500	2000	2500	3000	3500	4000
Sample Size																	

Appendix A: Full Disposition Report

		Totals
Interview (Category 1)		
Complete	1.000	2000
Screen-outs	1.100	7119
Partial	1.200	220
Eligible, non-interview (Category 2)		
Refusal and breakoff	2.100	217
Refusal	2.110	5943
Respondent never available	2.210	113
Answering machine household-no message left	2.221	1723
Physically or mentally unable/incompetent	2.320	751
Household-level language problem	2.331	744
Unknown eligibility, non-interview (Category 3)		
Always busy	3.120	336
No answer	3.130	6481
Call blocking	3.150	23
Technical phone problems	3.160	12
No screener completed	3.210	4004
Not eligible (Category 4)		
Fax/data line	4.200	3697
Non-working/disconnect	4.300	31501
Temporarily out of service	4.330	301
Cell phone	4.420	52
Business, government office, other organizations	4.510	4214
Other	4.900	98
Total phone numbers used		69549
Completes and Screen-Outs (1.0/1.1)	I	9119
Partial Interviews (1.2)	P	220
Refusal and break off (2.1)	R	6160
Non Contact (2.2)	NC	1836
Other (2.3)	O	1495
Unknown household (3.1)	UH	6852
Unknown other (3.2, 3.9)	UO	4004
Not Eligible (4.0)	NE	39863
e = Estimated proportion of cases of unknown eligibility that are eligible.	(I+P+R+NC+O)/((I+P+R+NC+O)+NE)	0.321

Response Rate 1	I/(I+P) + (R+NC+O) + (UH+UO)	0.307
Response Rate 2	(I+P)/(I+P) + (R+NC+O) + (UH+UO)	0.315
Response Rate 3	I/((I+P) + (R+NC+O) + e(UH+UO))	0.409
Response Rate 4	(I+P)/((I+P) + (R+NC+O) + e(UH+UO))	0.419
Cooperation Rate 1	I/(I+P)+R+O)	0.537
Cooperation Rate 2	(I+P)/((I+P)+R+O))	0.550
Cooperation Rate 3	I/((I+P)+R))	0.588
Cooperation Rate 4	(I+P)/((I+P)+R))	0.603
Refusal Rate 1	R/((I+P)+(R+NC+O) + UH + UO))	0.208
Refusal Rate 2	R/((I+P)+(R+NC+O) + e(UH + UO))	0.276
Refusal Rate 3	R/((I+P)+(R+NC+O))	0.327
Contact Rate 1	(I+P)+R+O / (I+P)+R+O+NC+ (UH + UO)	0.572
Contact Rate 2	(I+P)+R+O / (I+P)+R+O+NC + e(UH+UO)	0.762
Contact Rate 3	(I+P)+R+O / (I+P)+R+O+NC	0.902

Appendix A: AAPOR STANDARD DEFINITIONS FOR RESPONSE RATES,

COOPERATION RATES AND REFUSAL RATES

Response Rate 1 (RR1), or the minimum response rate, is the number of complete interviews divided by the number of interviews (complete plus partial) plus the number of non-interviews (refusal and break-off plus non-contacts plus others) plus all cases of unknown eligibility (unknown if housing unit, plus unknown, other).

Response Rate 2 (RR2) counts partial interviews as respondents.

Response Rate 3 (RR3) estimates what proportion of cases of unknown eligibility is actually eligible. In estimating e, one must be guided by the best available scientific information on what share eligible cases make up among the unknown cases and one must not select a proportion in order to boost the response rate. The basis for the estimate must be explicitly stated and detailed. It may consist of separate estimates (Estimate 1, Estimate 2) for the sub-components of unknowns (3.10 and 3.20) and/or a range of estimators based of differing procedures. In each case, the basis of all estimates must be indicated.

Response Rate 4 (RR4) allocates cases of unknown eligibility as in RR3, but also includes partial interviews as respondents as in RR2.

Response Rate 5 (RR5) is either a special case of RR3 in that it assumes that e=0 (i.e. that there are no eligible cases among the cases of unknown eligibility) or the rare case in which there are no cases of unknown eligibility.

Response Rate 6 (RR6) makes that same assumption and also includes partial interviews as respondents. RR5 and RR6 are only appropriate when it is valid to assume that none of the unknown cases are eligible ones, or when there are no unknown cases. RR6 represents the maximum response rate.

Cooperation Rates

A cooperation rate is the proportion of all cases interviewed of all eligible units ever contacted. There are both household-level and respondent-level cooperation rates. The rates here are household-level rates. They are based on contact with households, including respondents, rather than contacts with respondents only. Respondent-level cooperation rates could also be calculated using only contacts with and refusals from known respondents.

Cooperation Rate 1 (COOP1), or the minimum cooperation rate, is the number of complete interviews divided by the number of interviews (complete plus partial) plus the number of non-interviews that involve the identification of and contact with an eligible respondent (refusal and break-off plus other).

Cooperation Rate 2 (COOP2) counts partial interviews as respondents.

Cooperation Rate 3 (COOP3) defines those unable to do an interview as also incapable of cooperating and they are excluded from the base.

Cooperation Rate 4 (COOP4) does the same as Cooperation Rate 3, but includes partials as interviews.

Refusal Rates

A refusal rate is the proportion of all cases in which a housing unit or respondent refuses to do an interview, or breaks-off an interview of all potentially eligible cases.

Refusal Rate 1 (REF1) is the number of refusals divided by the interviews (complete and partial) plus the non-respondents (refusals, non-contacts, and others) plus the cases of unknown eligibility.

Refusal Rate 2 (REF2) includes estimated eligible cases among the unknown cases similar to Response Rate 3 (RR3) and Response Rate 4 (RR4) above.

Refusal Rate 3 is analogous to Response Rate 5 (RR5) and Response Rate 6 (RR6) above. As in those cases the elimination of the unknowns from the equation must be fully justified by the actual situation. Non-contact and other rates can be calculated in a manner similar to refusal rates. Refusal, non-contact, and other rates will sum to equal the non-response rate.

Contact Rates

A contact rate measures the proportion of all cases in which some responsible member of the housing unit was reached by the survey.

Contact Rate 1 (CON1) assumes that all cases of indeterminate eligibility are actually eligible.

Contact Rate 2 (CON2) includes in the base only the estimated eligible cases among the undetermined cases.

Contact Rate 3 (CON3) includes in the base only known eligible cases.

Source: "Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys 2004" by The American Association for Public Opinion Research. pp. 28-32.

Appendix B: 2008 Sexual Assault Among Latinas Survey (SALAS)

Abt SRBI
275 7th Avenue; Suite 2700
NEW YORK, NEW YORK 10001

STUDY NUMBER 4213
May 29, 2008
Final

Northeastern University Sexual Assault Among Latinas (SALAS) Survey

INTRODUCTION
Hello, my name is _____from Abt SRBI, a national research organization. We are calling for the Northeastern University to conduct a survey with Latino Women about past personal experiences
S1. In order to select the right person to interview, could you please tell me how many Latino women over the age of 18 live in this household?

_____	Number of 18+ Latinas; Range 0 - 10; 10 = 10+	
0	(VOL) None	Thank & end [S/O No Latinas]
98	(VOL) Don't Know	Thank & end [Soft Refusal]
99	(VOL) Refused	Thank & end [Soft Refusal]

S2. IF S1 = 1 read "May I please speak to her?"
If S1 >1 read "In order to select just one person to interview, may I please speak to the Latina woman who had the most recent/next birthday?

1	Designated Respondent on line	S3B
2	Someone else	GO TO INTRO 1
3	SCHEDULE CALLBACK	
4	Refused	Thank and end [Soft Refusal]

INTRO 1
Hello, my name is [Interviewer name] and I'm calling from Abt SRBI, a national research company, on behalf of Northeastern University. We are conducting a study with Latino women about past personal experiences.

S3. First I need to confirm that you are a Latino woman and 18 years or older. Is that correct?

1	Yes	[GO TO S3B]
2	No	

S3A. May I speak to a Latino woman in the household who is 18 or older?

1	Someone else	GO TO INTRO1
2	SCHEDULE CALLBACK	
3	No Latina over the age of 18	Thank & end [S/O No Latinas]
4	Refused	Thank & end [Soft Refusal]

[Qualified Level 1]

S3B. Would you prefer to conduct this survey in English or Spanish?

1	English	CONTINUE
2	Spanish	(Spanish speakers toggle to Spanish version Non-Spanish speakers SCHEDULE CALLBACK)
3	Don't Know	CONTINUE
4	Refused	CONTINUE

INTRO 2:

We are conducting a federally funded research study that involves interviewing 2,000 Latino women across the country to find out about victimization, specifically sexual victimization experiences and their responses to it to better understand the kinds of problems that Latino women face and how to plan for their needs.

First I will tell you about the study and you may ask questions, then you can tell me if you want to participate or not. You do not have to participate if you do not want to. Even if you begin the study, you may quit at any time with no penalty to you. You do not have to answer every question. If you choose to participate, we will send you a check for $10 as a token of our appreciation.

The interview will take approximately 15 to 30 minutes to complete. Questions include demographics, victimization history, help-seeking efforts, mental health status, and religious behavior and beliefs. The interview is completely confidential: your name will not be linked to the answers that you provide. The study is covered under the U.S. Department of Justice confidentiality statue and regulation, where the information is immune from legal process. The data you provide will be used strictly for research purposes and the researchers cannot be forced to disclose information that may identify you.

There is no direct benefit from participation. While any risk from participation is unlikely, some questions deal with sensitive topics and might be upsetting. If you want information on support services, you can call 1-800-799-7233. I will also ask you about this at the end of the survey and refer you to services should you be distressed. If you would like to confirm this study, you can get information on the Internet at www.carloscuevasphd.com

We have contact information on the researchers and the committee who approved the research study. Would you like that information now?

1	Yes	[PROVIDE PI AND IRB CONTACT INFORMATION]
2	No	[CONTINUE]

[Qualified Level 2]

S4. Do you have any questions concerning the study or your consent?

1	Yes	[ANSWER QUESTIONS OR REFER TO STUDY INVESTIGATORS]
2	No	[CONTINUE]

S5. Have you fully understood the consent process?

1 Yes
2 No [CLARIFY CONSENT OR REFER TO STUDY INVESTIGATORS]

S6. Would you be willing to participate in the study?

1 Yes [Continue]
2 No [Thank & end, soft refusal]

S7. It is best to answer these questions while you are alone and comfortable. Is now a good time to continue?

1 Yes [Continue]
2 No [Schedule an appointment]

Remember, if at any point you do not want to continue the survey please let me know and I will stop. If circumstances change during the course of our call and you would like me to call back, just say “OK, you're welcome” and I will call you back on another day.

[Section Timing 1]

STATE OF SOCIAL ISSUES

Q1. Deleted

Q2 First, I'd like to ask you how much certain things are a problem in American society today. Please tell me on a scale of 1 to 5 with 1 being not at all a problem, 3 being a moderate problem and 5 being a very big problem in American society. How much is [ITEM] a problem in American society on a scale from 1 to 5?.

ROTATE

Items	Not at all	A little bit	Moderate	Quite a bit	Very Big	Don't Know	Ref
a. Discrimination towards Latinos	1	2	3	4	5	8	9
b. Discrimination towards women.	1	2	3	4	5	8	9
c. Violent crime.	1	2	3	4	5	8	9
d. Domestic violence.	1	2	3	4	5	8	9
e. Sexual assault.	1	2	3	4	5	8	9
f. Sexual harassment.	1	2	3	4	5	8	9

Q3 Now I'd like to ask you the same question, but I want you to think of how much it is a problem in the Latino community specifically. (Please tell me on a scale of 1 to 5 with 1 being not at all a problem, 3 being moderate problem and 5 being a very big problem in the Latino community). How much is [ITEM] a problem in the LATINO COMMUNITY on a scale from 1 to 5?

ROTATE

Items	Not at all	A little bit	Moderate	Quite a bit	Very Big	Don't Know	Ref
a. Discrimination towards women.	1	2	3	4	5	8	9
b. Violent crime.	1	2	3	4	5	8	9
c. Domestic violence.	1	2	3	4	5	8	9
d. Sexual assault.	1	2	3	4	5	8	9
e. Sexual harassment.	1	2	3	4	5	8	9

[Section Timing 2]

Demographics 1

Now I need to ask you a few general questions about your background.

D1. What country were you born in?

1 United States Skip to D2
2 Mexico
3 Puerto Rico
4 Cuba
5 Dominican Republic
6 El Salvador
7 Honduras
8 Guatemala
9 Other (specify) _____
18 (VOL) DK
19 (VOL) Refused

D1a. How old were you when you came to the U.S.?

_____ Enter Age; Range 1 (1 = 1 or less) to 97 = 97+; 98= Don't know; 99= Refused

Skip to D3

D2. What is your ethnic background (Read if necessary, mark all that apply)?

1 Mexican
2 Puerto Rican
3 Cuban
4 Dominican
5 Salvadorian
6 Honduran
7 Guatemalan
8 Other (specify)_____
18 (VOL) DK
19 (VOL) Refused

D3. What language are you most comfortable speaking?

1 Spanish
2 English
3 Local dialect from country of origin (specify)_____
4 Other (specify)_____
8 (VOL) DK
9 (VOL) Refused

[Qualified Level 3]

Acculturation (Brief Acculturation Rating Scale for Mexican-Americans- II)

Q5. Ok, now I am going to read a list of statements that deal with Anglo and Latino languages and cultures. Please indicate how the statement describes you, using a scale of 1 to 5 where 1 means it doesn't describe you at all, 3, the halfway point, means it moderately describes you and 5 meaning it almost always describes you.

So for the first statement [Item] would you give that a 1, 2, 3, 4, or 5? (Read descriptions if necessary)

[NOTE: (VOL) Don't know = 8; (VOL) Refused = 9]

Items	Not at all	Very little	Moderate	Very often	Almost always
a. I speak Spanish.	1	2	3	4	5
b. I speak English.	1	2	3	4	5
c. I enjoy speaking Spanish.	1	2	3	4	5
d. I associate with Anglos.	1	2	3	4	5
e. I enjoy English language movies.	1	2	3	4	5
f. I enjoy Spanish language TV.	1	2	3	4	5
g. I enjoy Spanish language movies.	1	2	3	4	5
h. I enjoy reading books in Spanish.	1	2	3	4	5
i. I write letters in English.	1	2	3	4	5
j. My thinking is done in the English language.	1	2	3	4	5
k. My thinking is done in the Spanish language.	1	2	3	4	5
l. My friends are of Anglo origin.	1	2	3	4	5

[Section Timing 3]

Lifetime Victimization History (LTVH) - Personal

Now I am going to ask you some questions about negative experiences that may have happened in your past. Before we begin, I want to remind you that your answers are completely confidential. If there is a particular question that you don't want to answer, that's O.K. But it is important that you be as honest as you can, so that the researchers can get a better idea of the kinds of things that Latino women sometimes experience so they can be helped. Remember, if at any point you do not want to continue the survey please let me know and I will discontinue. If circumstances change during the course of our call and you would like me to call back, just say "OK, you're welcome" and I'll call you back on another day.

L1. Have you ever been *stalked* by anyone? For example, has anyone ever followed or spied on you?

1 Yes
2 No
8 (VOL) DK
9 (VOL) Refused

L2. Have you ever been *shot at, stabbed, struck, kicked, beaten, punched, slapped around, or otherwise physically harmed*?

1 Yes
2 No
8 (VOL) DK
9 (VOL) Refused

L3. Have you ever been *threatened with any kind of a weapon*, like a knife, gun, baseball bat, frying pan, scissors, stick, rock or bottle?

1 Yes
2 No
8 (VOL) DK
9 (VOL) Refused

L4. Has anyone ever *threatened* you in a face-to-face confrontation?

1 Yes
2 No
8 (VOL) DK
9 (VOL) Refused

L5. Have you ever been *actually assaulted with any kind of a weapon*, like a knife, gun, baseball bat, frying pan, scissors, stick, rock, or bottle?

1 Yes
2 No
8 (VOL) DK
9 (VOL) Refused

L6. When you were a child--that is, when you were in elementary or middle school, before about age 12--were you ever *struck, kicked, beaten, punched, slapped around, spanked hard enough to leave a mark, or otherwise physically harmed*?

1 Yes
2 No
8 (VOL) DK
9 (VOL) Refused

L7. Deleted.

L8. Has anyone--male or female--ever forced or coerced you to engage in unwanted sexual activity? By unwanted sexual activity, I mean vaginal, oral, or anal intercourse, or has anyone inserted an object or their fingers in your anus or vagina?

1 Yes
2 No
8 (VOL) DK
9 (VOL) Refused

L9. Other than what we just talked about, did anyone, male or female ever *attempt to--but not actually*--force you to engage in unwanted sexual activity?

1 Yes
2 No
8 (VOL) DK
9 (VOL) Refused

L10. Other than what we just talked about, has anyone ever *actually* touched private parts of your body or made you touch theirs against your wishes?

1 Yes
2 No
8 (VOL) DK
9 (VOL) Refused

L11. Have you ever been kidnapped or held captive?

1 Yes
2 No
8 (VOL) DK
9 (VOL) Refused

If answers for L1 to L11 are all "no" (=2), "DK" (=8), or "refused" (=9), skip to L13, else continue with incident Follow-up Loop - 1

INCIDENT FOLLOW UP LOOP - 1

Thank you for answering these questions. I want to make sure that I have this right. You said that you have had the following experiences [READ ALL WITH "YES" ANSWERS]

L1 Someone has stalked you.
L2 You have been shot at, stabbed, struck, kicked, beaten, punched, slapped around, or otherwise physically harmed.
L3 You have been threatened with a weapon, like a knife, gun, baseball bat, frying pan, scissors, stick, rock or bottle.
L4 Someone has threatened you in a face-to-face confrontation.
L5 You have been assaulted with a weapon, like a knife, gun, baseball bat, frying pan, scissors, stick, rock, or bottle.
L6 When you were a child -you were struck, kicked, beaten, punched, slapped around, spanked hard enough to leave a mark or otherwise physically harmed.
L8 Someone has forced or coerced you to engage in unwanted sexual activity?
L9 Someone has attempted to--but not actually-- force you to engage in unwanted sexual activity?
L10 Someone has touched private parts of your body or made you touch theirs against your wishes?
L11 Someone kidnapped you.

I'd like to ask you a few questions about [this incident/these incidents].

Ask LF1 if Incident = L1 - L10, else skip to LF1a

If Loop# >1 and is a new incident, Read: "Ok, now I'd like to discuss another incident."

If 2nd Loop for same type incident (LF11=2, not same incident), Read: "Ok, I'd like to talk about when someone else [incident]

LF1 (INTRO).
DO NOT READ IF: 2nd Loop for same type incident (LF11=2, not same incident):

"You said that [Incident]."

ASK LF1a1 if Loop#>1; else skip to LF1

LF1a1. Is this part of (the/any of the) incident/incidents we've already discussed?

1	Yes	
2	No	SKIP TO LF1
8	(VOL) DK	SKIP TO LF1
9	(VOL) Refused	SKIP TO LF1

LF1a2 Which incident(s) was that/were they? (MARK ALL)

CATI: List All confirmed incidents
18 (VOL) DK

19 (VOL) DK

READ FOR ALL:
(LF1) How old were you when this first happened?

_____RECORD AGE; Range 1; 1 = 1 or less to 97; 98 = DK; 99 = Refused

Skip to Instructions before LF2

LF1a (INTRO).
DO NOT READ IF: 2nd Loop for same type incident (LF11=2, not same incident):
"You said that [Incident]."

ASK LF1b1 if Loop#>1; else skip to LF1

LF1b1. Is this part of (the/any of the) incident/incidents we've already discussed?

1	Yes	
2	No	SKIP TO LF1a
8	(VOL) DK	SKIP TO LF1a
9	(VOL) Refused	SKIP TO LF1a

LF1b2. Which incident(s) was that/were they? (MARK ALL)

CATI: List All confirmed incidents
18 (VOL) DK
19 (VOL) DK

READ FOR ALL:
(LF1a) How old were you when it happened? (If happened more than once, say first happened)

_____RECORD AGE; Range 1; 1 = 1 or less to 97; 98 = DK; 99 = Refused

If LF1 or LF1a = 98 (DK) ask LF2, else skip to LF3

LF2 Were you …?

1	11 or younger
2	between 12-17
3	or 18+
8	(VOL) Don't know
9	(VOL) Refused

LF3. Who did this to you? MULTI RESPONSE (DO NOT READ)

1	Current spouse
2	An ex-spouse
3	Father
4	Mother
5	Sibling (brother, sister, half-sibling, step-sibling)
6	A roommate
7	A boyfriend or girlfriend (romantic)
8	An ex-boyfriend or ex-girlfriend
9	A relative (aunt, uncle, cousin, etc.)

10 Someone else you knew (acquaintance, friend; coworker)
11 A stranger
12 Someone else (specify)
18 (VOL) Not sure
19 (VOL) Refused

Ask LF3a if Incident = L11 (Kidnapped), else skip to LF4

LF3a. How long were you held or not allowed to leave?

1 Gave answer in hours; Range: 1 - 23; 1= 1 hour or less
2 Gave answer in days; Range: 1 - 29
3 Gave answer in weeks; Range 1 -3
4 Gave answer in months; Range: 1 - 11
5 Gave answer in years; Range: 1 - 10; 10 = 10+
8 (VOL) Don't know
9 (VOL) Refused

LF4. Were you in danger of death or serious physical injury?

1 Yes
2 No
8 (VOL) DK
9 (VOL) Refused

LF5. Did you feel intense fear, helplessness or horror?

1 Yes
2 No
8 (VOL) DK
9 (VOL) Refused

IF Incident = L1(Stalked) skip to LF7; If Incident = L11 (Kidnapped) skip to LF9; else ask LF6

LF6. How many times did this person do this to you? (Your best guess is fine)

_____ RECORD # of TIMES; Range: 1 to 200; 200 = 200+; 998 = DK; 999= Refused

IF LF6 NE 1, ASK LF7; ELSE SKIP TO LF9

LF7. How old were you the last time this person did this to you?

_____RECORD AGE; Range 1; 1 = 1 or less to 97; 98 = DK; 99 = Refused

If LF7 = 98 (DK) ask LF8, else skip to LF9

LF8. Were you …?

1 11 or younger
2 between 12-17
3 or 18+
8 (VOL) DK
9 (VOL) Refused

LF9. Did this happen while you were living in the United States?

1 Yes
2 No
8 (VOL) DK
9 (VOL) Refused

If 2nd time through loop for same type of [Incident], skip to next incident or next section

LF10. Has anyone ELSE ever [Incident]?

1 Yes
2 No [continue to next incident, or skip to Instructions before L12]
8 (VOL) DK [continue to next incident, or skip to Instructions before L12]
9 (VOL) Refused [continue to next incident, or skip to Instructions before L12]

LF11. Is this part of the same incident we've already talked about?

1 Yes [continue to next incident or skip to Instructions before L12]
2 No [start follow up loop for 2nd time incident occurred]
8 (VOL) DK [continue to next incident, or skip to Instructions before L12]
9 (VOL) Refused [continue to next incident, or skip to Instructions before L12]

Continue loop for all incidents when all loops are complete continue survey with L12.

[Section Timing 4]

L12. Have you ever been in any OTHER situation in which you were in danger of death or serious physical injury, or in which you felt intense fear, helplessness or horror?

1 Yes
2 No [Skip to L13]
8 (VOL) DK [Skip to L13]
9 (VOL) Refused [Skip to L13]

L12a. What Happened?

1 _____Record verbatim
8 (VOL) DK
9 (VOL) Refused

L12b. How old were you when this happened?

_____RECORD AGE; Range 1; 1 = 1 or less to 97; 98 = DK; 99 = Refused

If L12b = 98 (DK) ask L12c, else skip to L12d

L12c. Were you …?

1 11 or younger
2 between 12-17
3 or 18+
8 (VOL) Don't Know
9 (VOL) Refused

L12d. Who did this to you? (DO NOT READ)

1 Current spouse
2 An ex-spouse
3 Father
4 Mother
5 Sibling (brother, sister, half-sibling, step-sibling)
6 A roommate
7 A boyfriend or girlfriend (romantic)
8 A relative (aunt, uncle, cousin, etc.)
9 Someone else you knew (acquaintance, friend; coworker)
10 A stranger
11 Someone else (specify)
18 (VOL) Not sure
19 (VOL) Refused

L12e. Did this happen while you were living in the United States?

1 Yes
2 No
8 (VOL) DK
9 (VOL) Refused

If 2nd time through L12 series, skip to next section

L12f. Was there any OTHER situation in which you were in danger of death or serious physical injury, or in which you felt intense fear, helplessness or horror?

1 Yes [Go to L12a to start loop for OTHER incident]
2 No
8 (VOL) DK
9 (VOL) Refused

Lifetime Victimization History (LTVH) - Non-Personal

L13. Now I am going to ask you a few questions about negative experiences that you may have SEEN OR WITNESSED, by this we mean that you saw it in real life (so, not on TV or the movies). Remember, if at any point you do not want to continue the survey please let me know and I will discontinue. If circumstances change during the course of our call and you would like me to call back, just say "Ok, you're welcome" and I will do so.
Have you ever seen or been present when someone was murdered or seriously injured?

1 Yes
2 No
8 (VOL) DK
9 (VOL) Refused

L14. Have you ever seen or been present when *another person* was shot at, stabbed, struck, kicked, beaten, slapped around, or otherwise physically harmed?

1 Yes
2 No
8 (VOL) DK
9 (VOL) Refused

L15. Have you ever seen or been present when another person was raped, sexually attacked, or made to engage in unwanted sexual activity? By unwanted sexual activity, we mean vaginal, oral, or anal intercourse; insertion of an object or fingers in the anus or vagina; having private parts of their body touched or being made to touch other's private parts against their wishes?

1 Yes
2 No
8 (VOL) DK
9 (VOL) Refused

L16. Have you ever *lived in a war zone?* (For example, lived in an area with guerilla warfare).

1 Yes
2 No
8 (VOL) DK
9 (VOL) Refused

If answers for L13 to L16 are all "no" (=2), "DK" (=8), or "refused" (=9), skip to INSTRUCTIONS before H1, else continue

Ok, I want to make sure that I have this right. You said that you have had the following experience(s) [READ ALL WITH "YES" ANSWERS]

L13. You have seen someone murdered or seriously injured.
L14. You have seen someone shot at, stabbed, struck, kicked, beaten, punched, slapped around, or otherwise physically harmed.
L15. You have seen another person raped or sexually attacked.
L16. You have lived in a war zone.

INCIDENT FOLLOW UP LOOP - 2

I'd like to ask you a few questions about [this incident/these incidents].

LF12. You said that [Incident]. How old were you when this happened? (If more than 1 say first happened)

_____RECORD AGE; Range 1; 1 = 1 or less to 97; 98 = DK; 99 = Refused

If LF12 = 98 (DK) ask LF13, else skip to LF14

LF13. Were you …?
1 11 or younger
2 between 12-17
3 or 18+
8 (VOL) Don't Know
9 (VOL) Refused

LF14. How many times have you [ITEM - NOTE: Read-in do not include "You have"]?

_____RECORD NUMBER OF TIMES 1 to 200; 200 = 200+; 998 = DK; 999= Refused

IF Loop is on L16 ask LF15, else skip to instructions after LF15.

LF15. IF LF14 = 1 READ: "How long did you live in a war zone?"; IF LF14 > 1 READ: "What was the longest time you live in a war zone?" (Your best estimate is fine.)

1 Gave answer in days; Range: 1 - 29
2 Gave answer in weeks; Range 1 -3
3 Gave answer in months; Range: 1 - 11
4 Gave answer in years; Range: 1 - 10; 10 = 10+
8 (VOL) Don't know
9 (VOL) Refused

Continue to next incident or next section if no more incidents

[Section Timing 6]

ASK H1 if ANY L1 to L12 = YES, else skip to H27

Help-seeking

H1. When incidents like these happen, sometimes women get help or advice from a friend, sometimes they call an agency or counselor, and sometimes they contact a medical center or the police. On the other hand, sometimes they decide it is best not to contact anyone. I am going to describe some of these possibilities, and I would like you to tell me if you did any of these things as a result of one incident in particular. These questions refer to the help you might have sought after this experience.

If only 1 incident mentioned in L1 to L12 skip to H1a, else continue

Earlier, you'd mentioned that you have had the following experiences

[List experiences L1 to L12]

Of these experiences, which one would you say was the MOST SEVERE incident that occurred in the United States and has upset you THE MOST.

1	PUNCH SELECTED INCIDENT [List experiences L1 to L12]	
18	(VOL) Don't know/All equal	
19	(VOL) Refused (Skip to H27)	

If Don't know/All equal, auto punch one incident in the following order: L8, L10, L9, L5, L2, L6, L3, L11, L1, L4. Prompt Interviewer to read "OK, let's talk about the time when [incident selected]; If R refuses at this point then Interviewer needs to be able to punch refuse and skip to H27

H1a. Was this incident reported to the police?

1	Yes	
2	No	SKIP TO H7
8	(VOL) Not sure	SKIP TO H8
9	(VOL) Refused	SKIP TO H8

H2. Who reported this incident to the police? (DO NOT READ)

1 You
2 Assailant/him/her
3 Friend/neighbor
4 In-laws
5 Your family/spouse/children/relatives/boyfriend/partner
6 Doctor/nurse/other health professional
7 Minister/clergy/priest/rabbi
8 Social worker/counselor/other mental health professional
9 Teacher/Principal/other school staff
10 Boss/employer/co-worker
11 Stranger/bystander
12 Police/security guard/security dept.
17 Other
18 (VOL) Not sure
19 (VOL) Refused

H3. How soon after the incident was the report made? Was it...

1 Within 24 hours
2 Within a week
3 Within a month
4 Within 6 months
5 Within a year
6 Over a year
8 (VOL) Not sure
9 (VOL) Refused

H4. What did the police do in response? Did they...(READ, PAUSE AFTER EACH PUNCH FOR A YES/NO ANSWER) MULTIPLE RESPONSE

1 See you in person to take a report
2 Arrest him/her or take him/her into custody
3 Refer you to court or prosecutor's office
4 Refer you to services, such as victim assistance, medical clinic, legal aide, or a women's shelter
5 Give you advice on how to protect yourself
6 Take you somewhere (SPECIFY)_____
7 Nothing
18 (VOL) Not sure
19 (VOL) Refused

H5. How satisfied were you with the way the police handled the case? Were you…

1 Very satisfied
2 Satisfied
3 Dissatisfied
4 Very dissatisfied
8 (VOL) Not sure
9 (VOL) Refused

H6. Is there anything else the police should have done to help you? DO NOT READ. MULTIPLE RESPONSE

1 No/nothing
2 Charge/arrest him,her/commuted him,her/kept locked up
3 Give warning to him/her
4 Respond more quickly
5 Refer/take me to services/shelter
6 Be more supportive/positive/provide moral support
7 Take complaint more seriously/believed me/not laughed at me
8 Take report/followed thru with investigation/question him
9 Protect me/provide surveillance/tell how to protect myself
10 Make him/her leave/keep him/her away
11 Follow thru with court/pretrial/restraining order
12 Enforce protection order
18 Other (SPECIFY)_____
28 (VOL) Not sure
29 (VOL) Refused

Skip to H8

H7. Is there a reason why you didn't report this incident to the police? DO NOT READ. MULTIPLE RESPONSE

1 I DID REPORT IT TO THE POLICE (return to H2)
2 Didn't think about it
3 Language Barrier
4 Fear of immigration authorities (i.e., INS)
5 It was my fault
6 Might loose financial support
7 Wouldn't be believed
8 Didn't think police could do anything
9 Fear of offender/afraid he/she would get even/scared
10 Too minor/not a police matter/not serious enough/not a crime
11 Shame/embarrassment/thought it was my fault
12 Didn't want anyone to know/no one knows/keep it private
13 Didn't want involvement with police/courts/
14 Didn't want him/her arrested or jailed/deported/hurt/stressed out
15 Distance/moved to another state or country/moved away
16 Handled it myself/got revenge/family handled it
17 Was my spouse/didn't want relationship to end/children's sake
18 Was a police officer/justice officer
19 Too young/a child
20 Wouldn't turn in family member/friend/was my Dad
21 One time incident/last incident/he stopped
22 Military handled it
23 Reported to someone else (Lawyer, hospital, employer)
24 Afraid children would be taken from me/would lose kids
25 Afraid he/she would lose his/her job
26 Afraid I would lose my job
27 Afraid we would lose our housing
28 Afraid he/she would harm my children, other family members or pets
40 Other (SPECIFY)_____
48 (VOL) Not sure
49 (VOL) Refused

H8. Did you get a restraining order against the person as a result of this incident?

1	Yes	
2	No	SKIP TO H10
8	(VOL) Not sure	SKIP TO H10
9	(VOL) Refused	SKIP TO H10

H9. To your knowledge, did he/she ever violate this restraining order?

1	Yes
2	No
8	(VOL) Not sure
9	(VOL) Refused

H10. Were criminal charges ever filed against him/her as a result of this incident?

1	Yes	
2	No	SKIP TO Instructions before H12
8	(VOL) Not sure	SKIP TO Instructions before H12
9	(VOL) Refused	SKIP TO Instructions before H12

H11. What happened with these charges? Was he/she convicted, pled guilty, acquitted or were the charges dropped?

1	Convicted	
2	Pled guilty	
3	Acquitted	SKIP TO Instructions before H12
4	Charges dropped	SKIP TO Instructions before H12
5	Other (SPECIFY)	SKIP TO Instructions before H12
8	(VOL) Not sure	SKIP TO Instructions before H12
9	(VOL) Refused	SKIP TO Instructions before H12

H11a. Did this conviction result in his/her being sentenced to jail/prison or getting probation? (MARK ALL)

1	Jail/Prison	
2	Probation	
3	Neither	SKIP TO Instructions before H12
8	(VOL) Not sure	SKIP TO Instructions before H12
9	(VOL) Refused	SKIP TO Instructions before H12

Ask H11b if H11a = 1

H11b. How long was he/she sentenced to jail/prison?

_____(months) _____ (years) (VOL) Not sure=98 (VOL) Refused=99

Ask H11c if H11a = 2

H11c. How long was he/she sentenced to probation?

_____(months) _____ (years) (VOL) Not sure=98 (VOL) Refused=99

IF H8=1 OR H10=1, ASK QH12, else skip to instructions before H12b.

H12. How satisfied were you with the way you were treated during the court process? Were you...

1 Very satisfied
2 Satisfied
3 Dissatisfied
4 Very dissatisfied
5 (VOL) Not sure
6 (VOL) Refused

H12a. Is there anything else the court system should have done to help you?

1 Yes (Record verbatim)
2 No
8 (VOL) Not sure
9 (VOL) Refused

Skip to H13

Ask H12b IF H8=2 (no) AND H10=2 (no), else skip to H13

H12b. Is there a reason why you didn't go to court after this incident happened? DO NOT READ. MULTIPLE RESPONSE

2 Didn't think about it
3 Language Barrier
4 Fear of immigration authorities (i.e., INS)
5 It was my fault
6 Might loose financial support
7 Wouldn't be believed
9 Fear of offender/afraid he/she would get even/scared
11 Shame/embarrassment/thought it was my fault
12 Didn't want anyone to know/no one knows/keep it private
13 Didn't want involvement with police/courts/
14 Didn't want him/her arrested or jailed/deported/hurt/stressed out
15 Distance/moved to another state or country/moved away
16 Handled it myself/got revenge/family handled it
17 Was my spouse/didn't want relationship to end/children's sake
18 Was a police officer/justice officer
19 Too young/a child
20 Wouldn't turn in family member/friend/was my Dad
21 One time incident/last incident/he stopped
22 Military handled it
24 Afraid children would be taken from me/would lose kids
25 Afraid he/she would lose his/her job
26 Afraid I would lose my job
27 Afraid we would lose our housing
28 Afraid he/she would harm my children, other family members or pets
29 Too minor/not a court matter/not serious enough/not a crime
30 Didn't think courts would do anything
40 Other (SPECIFY)_____
48 (VOL) Not sure
49 (VOL) Refused

H13. Were you physically injured as a result of the incident ([Incident])?

1	Yes	
2	No	Skip to H19
8	(VOL)Not sure	Skip to H19
9	(VOL) Refused	Skip to H19

H14. What kind of injury was it? Was it…… (MULTI RESPONSE)

1	Small bruise, scrape, or cut
2	Large bruise, major cut, or black eye
3	Sprain, broken bone, or broken teeth
4	Injury inside your body
5	Knocked out or hit unconscious, or
6	Something else _____(specify)
8	(VOL) Don't Know
9	(VOL) Refused

H15. Did you contact or visit a doctor, medical center, or hospital after this incident?

1	Yes	
2	No	Skip to H18
8	(VOL) Not sure	Skip to H19
9	(VOL) Refused	Skip to H19

H16. What medical services did you seek? **(Do not read, PROBE IF NECESSARY, Mark all that apply.)**

1	Called medical center
2	Visited a medical center
3	Visited my doctor
4	Visited the emergency room
5	Was hospitalized
6	Other specify
8	(VOL) Don't Know
9	(VOL) Refused

H17. How helpful was calling/using/visiting the [from H16]? (repeat for each punch selected @ H16) Was it…?

1	Very helpful
2	Somewhat helpful
3	Neither helpful nor unhelpful
4	Somewhat unhelpful
5	Very unhelpful
8	(VOL) DK
9	(VOL) Refused

H17a. Is there anything else the providers of medical service should have done to help you?.

1	Yes (Record verbatim)
2	No
8	(VOL) Not sure
9	(VOL) Refused

SKIP TO H19

H18. Why didn't you contact a doctor or medical center, what were your reasons? **(Do not read, Mark all that apply.)**

1 I didn't think of it
2 No telephone to call them
3 Language barrier
4 Fear or immigration authorities
5 Worried about confidentiality
6 Shame, embarrassment
7 Wanted to keep incident private
8 Partner prevented me
9 Fear or further abuse
10 Fear of losing financial support
11 Fear or losing children
12 Didn't want relationship to end
13 Didn't want/need help
14 I was not hurt or injured enough
15 No transportation
16 No child care
17 Can't afford medical care
18 Lack of insurance
19 Afraid they might report it to the police
20 The last time I tried contacting a doctor or medical center, they were not helpful.
21 Other (SPECIFY)
22 (VOL) Don't know
23 (VOL) Refused

H19. Did you contact a social service agency, counselor, or crises center regarding the incident ([Incident])?

1	Yes	
2	No	Skip to H22
8	(VOL) Not sure	Skip to H23
9	(VOL) Refused	Skip to H23

H20. What agency(ies) or counselors did you contact for advice or help? **MARK ALL THAT APPLY, DO NOT READ LIST**.

1 Shelter
2 Crisis line
3 Abuse/ trauma counseling
4 Domestic violence counseling
5 Other counseling/ therapist
6 Legal services
7 Mental health center/community clinic
8 Child Protective Services
9 Anything else?_____(specify)

18 (VOL) Don't Know
19 (VOL) Refused

H21. How helpful was using the [from H20]? (repeat for each punch selected @ H20) Was it…?

1 Very helpful
2 Somewhat helpful
3 Neither helpful nor unhelpful
4 Somewhat unhelpful
5 Very unhelpful
8 (VOL) Don't Know
9 (VOL) Refused

H21a. Is there anything else these social service agencies should have done to help you?.

1 Yes (Record verbatim)
2 No
8 (VOL) Not sure
9 (VOL) Refused

SKIP TO QUESTION H23

H22. Why didn't you contact an agency or counselor for help with this incident?

1 I didn't think of it
2 Don't know of any agencies
3 No agency available in my area
4 The last time I tried contacting an agency, they were not helpful.
5 Can't afford an agency
6 Afraid they might report it to the police
7 There is no agency for people like me
8 No telephone to call them
9 Fear or immigration authorities
10 Language barrier
11 Worried about confidentiality
12 Shame, embarrassment
13 Wanted to keep incident private
14 It was my fault
15 Wouldn't be believed
16 Too minor
17 Partner prevented me
18 Fear or further abuse
19 Fear of losing financial support
20 Fear or losing children
21 Didn't want relationship to end
22 It wouldn't help
23 Didn't want/need help
24 Didn't think they could do anything
25 Already in contact with an agency
26 No transportation to an agency
27 No child care

28 Other _____Specify
38 (VOL) Don't Know
39 (VOL) Refused

H23. Aside from people already mentioned, did you ever talk to anyone about the incident; for example, a family member, friend, or priest?

1 Yes
2 No Skip to H26
8 (VOL) Don't know Skip to H27
9 (VOL) Refused Skip to H27

H24 Who did you talk to about this incident? (**MARK ALL THAT APPLY, DO NOT READ LIST)**

1 Attorney, legal aide, lawyer
2 Parents/Mother/Father
3 Sibling/Brother/Sister
4 Children/Grandchildren
5 Other Family member (aunt, uncle, grandparent, etc.)
6 Friend, neighbor, roommate
7 Other Health or mental health professional
8 Minister/clergy/priest/rabbi
9 Husband/boyfriend/fiancé/partner
10 Co-worker, boss, employer
11 Teach/Faculty member
12 School/University counselor/staff
13 Other (SPECIFY) _____
18 (VOL) Don't know
19 (VOL) Refused

H25. How helpful was it to talk to [from H24]? (repeat for each punch selected @ H24). Was it…

1 Very helpful
2 Somewhat helpful
3 Neither helpful nor harmful
4 Somewhat unhelpful
5 Not at all helpful
8 (VOL) Don't Know
9 (VOL) Refused

H25a. Is there anything else this person/these people should have done to help you?.

1 Yes (Record verbatim)
2 No
8 (VOL) Not sure
9 (VOL) Refused

Skip to H27

H26. Why didn't you talk to someone or contact someone else about the incident? (DO NOT READ, MULTIPLE RESPONSE

1 I didn't think of it
2 No telephone to call them
3 Language barrier
4 Fear or immigration authorities
5 Worried about confidentiality
6 Shame, embarrassment
7 Wanted to keep incident private
8 It was my fault
9 Wouldn't be believed
10 Too minor
11 Partner prevented me
12 Fear or further abuse
13 Fear of losing financial support
14 Fear or losing children
15 Didn't want relationship to end
16 It wouldn't help
17 Didn't want/need help
18 Other (specify) ____
28 (VOL) Don't Know
29 (VOL) Refused

[Section Timing 7]

H27 If any of the negative events we asked you about in this survey ever happened in the future, how likely would you do the following, would you say very likely, somewhat likely, neither likely or unlikely, somewhat unlikely or very unlikely that you would…..

[NOTE: (VOL) Don't know = 8; (VOL) Refused = 9]

Items	VL	SL	Neither	SUL	VUL
a. Report the incident to the police.	**1**	**2**	**3**	**4**	**5**
b. Press charges/take them to court	**1**	**2**	**3**	**4**	**5**
c. Get medical help, if you were seriously injured.	**1**	**2**	**3**	**4**	**5**
d. Get help from a social service agency, counselor, or crisis center	**1**	**2**	**3**	**4**	**5**
e. Talk to a friend, family member, or priest.	**1**	**2**	**3**	**4**	**5**

ASK R1 if ANY L1 to L12 = YES, else skip to T1

Fetzer Religiosity Scale

Now we are going to change the topic a bit and talk about your religious and spiritual practices.

R1. To what extent do you consider yourself a religious person? Would you say you are…..

1 Very religious
2 Moderately religious
3 Slightly religious
4 Not at all religious
8 (VOL) DK
9 (VOL) Refused

R2. To what extent do you consider yourself a spiritual person? Would you say you are…..

1 Very spiritual
2 Moderately spiritual
3 Slightly spiritual
4 Not at all spiritual
8 (VOL) DK
9 (VOL) Refused

R3. Do you attend religious services or other activities in a place of worship?

1 Yes
2 No (Skip to question R8)
8 (VOL) DK (Skip to question R8)
9 (VOL) Refused(Skip to question R8)

R4. If you were ill, how much would the people in your congregation help you out? Would you say….

1 A great deal
2 Some
3 A little
4 None
8 (VOL) DK
9 (VOL) Refused

R5. If you had a problem or were faced with a difficult situation, how much comfort would the people in your congregation be willing to give you? Would you say….

1 A great deal
2 Some
3 A little
4 None
8 (VOL) DK
9 (VOL) Refused

R6 How often do the people in your congregation make too many demands on you? Would you say….

1 Very often
2 Fairly often
3 Once in a while
4 Never
8 (VOL) DK
9 (VOL) Refused

R7.. How often are the people in your congregation critical of you and the things you do? Would you say….

1 Very often
2 Fairly often
3 Once in a while
4 Never
8 (VOL) DK
9 (VOL) Refused

I'd like for you to think about how you try to understand and deal with major problems in your life. To what extent is each of the following involved in the way you cope:

R8. I think about how my life is part of a larger spiritual force. Would you say……

1 A great deal
2 Quite a bit
3 Somewhat
4 Not at all
8 (VOL) DK
9 (VOL) Refused

R9. I work together with God as partners. (Would you say……)

1 A great deal
2 Quite a bit
3 Somewhat
4 Not at all
8 (VOL) DK
9 (VOL) Refused

R10. I look to God for strength, support, guidance. (Would you say……)

1 A great deal
2 Quite a bit
3 Somewhat
4 Not at all
8 (VOL) DK
9 (VOL) Refused

R11. I feel that God is punishing me for my sins or lack of spirituality. Would you say……

1 A great deal
2 Quite a bit
3 Somewhat
4 Not at all
8 (VOL) DK
9 (VOL) Refused

R12. I wonder whether God has abandoned me.

1 A great deal
2 Quite a bit
3 Somewhat
4 Not at all
8 (VOL) DK
9 (VOL) Refused

R13. I try to make sense of the situation and decide what to do without relying on God. (Would you say……)

1 A great deal
2 Quite a bit
3 Somewhat
4 Not at all
8 (VOL) DK
9 (VOL) Refused

R14. I believe in a God who watches over me. Would you say……

1 Strongly agree
2 Agree
3 Disagree
4 Strongly disagree
8 (VOL) DK
9 (VOL) Refused

[Section Timing 8]

BEM Sex Role Inventory- Short Form

SR1. OK, I am now going to read you a list of terms that might describe you. Please indicate how the term describes you, using a scale of 1 to 5 where 1 means Never or almost never true, 3, the halfway point, means occasionally true and 5 meaning it is always or almost always true.

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[Section Timing 9]

Trauma Symptom Inventory

T1. OK, thank you for providing this information. Next we will talk about how you've been feeling recently. I'm going to read a word or statement and you tell me how often you have experienced that feeling in the LAST SIX MONTHS. Please tell me on a scale from 1 to 4 where 1 means you have NEVER felt that way in the past six months and 4 means you have often felt like that in the past six months.

So the first one is [Item]. (On a scale from 1 meaning never to 4 meaning often in the past six months have you felt that way, would you say 1, 2, 3, or 4 on that scale?)

[VOL Don't know = 8; VOL Refused = 9]

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[Section Timing 10]

ASK PT1 if ANY L1 to L12 = YES, else skip to D4

PTSD Checklist (PCL)

PT1. Now I am now going to read to you a list of problems and complaints that people sometimes have in response to stressful life experiences. Please consider the statement carefully, then tell me how much you have been bothered by that problem in the PAST MONTH on a scale of 1 to 5; where 1 represents not at all, 3 represents moderately and 5 represents extremely.

So the first statement is [Statement]. On a scale from 1 meaning not at all to 5 meaning extremely, how much have you been bothered with this problem or complaint in the past month, would you give it a 1, 2, 3, 4 or 5 on the scale?

[NOTE: (VOL) Don't know = 8; (VOL) Refused = 9]

	Not at all	A little bit	Moderately	Quite a bit	Extremely
	1	**2**	**3**	**4**	**5**
a. Repeated disturbing memories, thoughts, or images of a stressful experience from the past?					
b. Repeated, disturbing dreams of a stressful experience from the past?	**1**	**2**	**3**	**4**	**5**
c. Suddenly acting or feeling as if a stressful experience from the past were happening again (as if you were reliving it)?	**1**	**2**	**3**	**4**	**5**
d. Feeling very upset when something reminded you of a stressful experience from the past?	**1**	**2**	**3**	**4**	**5**
e. Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience from the past?	**1**	**2**	**3**	**4**	**5**
f. Avoiding thinking about or talking about a stressful experience from the past or avoiding having feelings related to it?	**1**	**2**	**3**	**4**	**5**

g. Avoiding activities or situations because they reminded you of a stressful experience from the past?	**1**	**2**	**3**	**4**	**5**
h. Trouble remembering important parts of a stressful experience from the past?	**1**	**2**	**3**	**4**	**5**
i. Loss of interest in activities that you used to enjoy?	**1**	**2**	**3**	**4**	**5**
j. Feeling distant or cut off from other people?	**1**	**2**	**3**	**4**	**5**
k. Feeling emotionally numb or being unable to have loving feelings for those close to you?	**1**	**2**	**3**	**4**	**5**
l. Feeling as if your future will be cut short?	**1**	**2**	**3**	**4**	**5**
m. Trouble falling or staying asleep?	**1**	**2**	**3**	**4**	**5**
n. Feeling irritable or having angry outbursts?	**1**	**2**	**3**	**4**	**5**
o. Having difficulty concentrating?	**1**	**2**	**3**	**4**	**5**
p. Being "super-alert" or watchful or on guard?	**1**	**2**	**3**	**4**	**5**
q. Feeling jumpy or easily startled?	**1**	**2**	**3**	**4**	**5**

[Section Timing 11]

Demographics 2

Finally, I have just a few more questions for statistical purposes only.

D4. How old are you? _____

_____ Enter Age; Range 18 to 97; 97 = 97+; 98= Don't know; 99= Refused)

D5. What is your highest level of education?

1 Less than high school
2 High school graduate/GED or equivalent
3 Some college / trade school
4 Two-year college graduate (e.g., community college)
5 Four-year college graduate
6 Some graduate school
7 Graduate degree
8 (VOL) Don't Know
9 (VOL) Refused

D6. What was your yearly household income in 2007 before taxes? (Make your best guess.)

1 Under $9,999
2 $10,000 to $19,999
3 $20,000 to $29,999
4 $30,000 to $39,999
5 $40,000 to $49,999
6 $50,000 to $59,999
7 $60,000 to $69,999
8 $70,000 to $79,999
9 $80,000 or more
18 (VOL) DK
19 (VOL) Refused

D7. Are you currently employed full-time, part-time, in the military, unemployed and looking for work, unemployed and NOT looking for work, retired, a student, a homemaker, receiving public assistance or something else? MULTI RECORD

1 Employed full-time,
2 Employed part-time,
3 In the military
4 Unemployed and looking for work,
5 Unemployed and not looking for work
6 Retired and not working,
7 A student,
8 A homemaker or
9 Receiving public assistance
10 Something else?
18 (VOL) Not sure
19 (VOL) Refused

D8. What is your sexual orientation? Do you consider yourself to be:

1 Heterosexual (attracted to men),
2 Homosexual (attracted to women), or
3 Bi-sexual (attracted to both men and women)
8 (VOL) DK
9 (VOL) Refused

D9. What is your relationship status? Are you…..

1 Single (never married),
2 Living with someone in a committed relationship,
3 Married.
4 Divorced, or
5 Widowed
6 (VOL) Other/something else
8 (VOL) DK
9 (VOL) Refused

D10. How many children do you have?

_____ Enter # of Children; Range 0 - 10; 10 = 10+; 18 = DK; 19 = Refused

D11. Who do you live with (DO NOT READ; mark all that apply):

1 No one/Live alone
2 Spouse
3 Boyfriend/Girlfriend
4 Roommate(s)/friend(s)
5 Son(s)
6 Daughter(s)
7 Stepson(s)
8 Stepdaughter(s)
9 Father/Stepfather
10 Mother/Stepmother
11 Grandparent(s)
12 Brother(s)/Sister(s)
13 Other Relative
14 Other
18 (VOL) DK
19 (VOL) Refused

ASK D12 IF D1 NE 1 (born in US), else skip to E1

D12. Are you a US citizen?

1 Yes Skip to E1
2 No
8 (VOL) Not sure Skip to E1
9 (VOL) Refused Skip to E1

2. Do you have Permanent U.S. residency (green card)

1	Yes	Skip to E1
2	No	
8	(VOL) Not sure	Skip to E1
9	(VOL) Refused	Skip to E1

3. A current visa

1	Yes	Skip to E1
2	No	
8	(VOL) Not sure	Skip to E1
9	(VOL) Refused	Skip to E1

4. Refugee/asylum status

1	Yes	Skip to E1
2	No	
8	(VOL) Not sure	Skip to E1
9	(VOL) Refused	Skip to E1

5. Application or waiting for one of the above status (which one)_____

1	Yes	
2	No	Skip to E1
8	(VOL) Not sure	Skip to E1
9	(VOL) Refused	Skip to E1

6. Which status?

1	Permanent U.S. residency (green card)
2	Visa
3	Refugee/asylum status
8	(VOL) Don't know
9	(VOL) Refused

Ending Phone Script

E1 Thank you for your participation. What you've told us is very important, and it will help us help other Latino women. I have a few more questions about the survey itself.

Were any of the survey questions emotionally upsetting to you?

1 Yes/ Not sure
2 No [SKIP TO E4]
8 (VOL) Don't know
9 (VOL) Refused

E2. Before we finish, I want to make sure that you are feeling okay. Are you still feeling emotionally upset, or are you okay now?

1 Still upset
2 Feeling okay [SKIP TO E4]
8 (VOL) Don't know
9 (VOL) Refused

E3. If you would like to talk to someone about how you are feeling, I can refer you to the state support hotline? Would you like me to give you that information?

1 Yes [PROVIDE PARTICIPANT 1-800 # FOR THEIR STATE]
2 No
8 (VOL)Don't know
9 (VOL) Refused

E3a. Would it be OK if someone from our study calls you back to ask you how you are feeling at a later time?

1 Yes [Complete Counselor Form, fax to PD]
2 No
8 (VOL) Don't know
9 (VOL) Refused

E4. If we continued research on these issues, would it be ok to contact you in the future?

1 Yes
2 No
8 Don't Know
9 Refused

E5. OK. Now I just need to get a name and address to send you the $10 check. It will be kept confidential and only be used to send you this check.

1 Gave name and address
2 Refused [Skip to Closing]

E5A What is the first and last name, so we can write it on the check?
E5B. What is the address (record house number and street)?
E5C. Apartment #?
E5D. City?
E5E. State?

E5F. Zip?

You should receive your check with the next 4 weeks. If you do not receive it you can call us at 1-800-659-5432.

Closing: Again, thank you for your help. What you've told us is very important, and it will help improve the lives of Latino Women. If you have any questions about this study later on you can call us toll-free at 1-800-772-9287.

E6. Interview conducted in:

1 English
2 Spanish