

# KEY FINDINGS

FROM 'SEXUAL VIOLENCE VICTIMIZATION  
AND ASSOCIATIONS WITH HEALTH IN  
A COMMUNITY SAMPLE OF HISPANIC WOMEN'



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# KEY FINDINGS

## FROM 'SEXUAL VIOLENCE VICTIMIZATION AND ASSOCIATIONS WITH HEALTH IN A COMMUNITY SAMPLE OF HISPANIC WOMEN'

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### RESEARCH TRANSLATION BY NSVRC

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**R**esearch consistently finds that sexual violence is connected to a host of negative health, economic, and other outcomes among survivors. We also know from research that women of color experience sexual violence at a much higher rate than white women (Black et al., 2011; Tjaden & Thoennes, 2000). Yet, the contexts surrounding the victimization of Latin@ and other ethnic/racial groups are relatively understudied.

This research translation summarizes key findings from "Sexual Violence Victimization and Associations with Health in a Community Sample of Hispanic Women" by K. C. Basile, S. G. Smith, M. L. Walters, D. N. Fowler, K. Hawk, and M. E. Hamburger. Findings from this study build upon our understanding of the impacts of sexual violence on Latin@<sup>1</sup> women and can inform our sexual violence prevention and response strategies.

### METHODS

Researchers conducted a random sample to identify addresses of potential participants from urban neighborhoods in a southwestern city. Interviewers then visited those households

### ADDITIONAL RESOURCES

This study is part of a larger series to better understand the context surrounding sexual violence against women of color. Another article will be available at a future date highlighting the results from a study of sexual violence against African-American women.

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<sup>1</sup> NSVRC uses the "@" symbol to represent the feminine and masculine versions of words and to promote gender inclusion.



to recruit participants. Participants were told the study was about “women’s health and well-being.” Informed consent was obtained with interested participants in a safe, comfortable, and private location.

During the informed-consent process, participants were informed that the study was about sexual violence.

Eligible participants were English-speaking, Hispanic females older than 18. Initially, 581 Hispanic women were screened for the study, but 254 were not eligible to participate because they did not speak English. A total of 142 Hispanic women were interviewed.

The majority (95%) of participants identified as Mexican (which included Mexican, Mexican-American, Mexicana, or Chicana). Forty percent of participants were married and 37% had never been married. Nearly 68% of participants had completed high school or more; most had low household incomes, with 42.7% of participants earning less than \$15,000 per year.

Interviews occurred from May to July 2010, in person, most often in participants’ homes, and lasted between 20 minutes and 2 hours. The interview instrument was pilot-tested for cultural relevance and accessibility. During the interview, the interviewer read the questions out loud to participants and recorded their responses.

## MEASURES

All participants were asked about their lifetime experiences with physical, mental, and reproductive health, rape, and sexual coercion.

The study did not include experiences of unwanted sexual contact, non-penetrative child sexual abuse experiences or many other forms of sexual harassment.

Participants who disclosed rape or sexual coercion were also asked about sexually transmitted diseases, including HIV, injuries, and pregnancy. Participants also were asked about the nature and consequences of their first unwanted sexual experiences and about perpetrator characteristics.

They also were asked about their needs and receipt of services following rape or sexual coercion. Rape was defined as “completed or attempted sex after a perpetrator used physical force or threats of physical harm, gave the victim<sup>2</sup> drugs or alcohol, or when the sex occurred when the victim was passed out, asleep, drunk, or high (and unable to provide consent to sex)” (Basile et al., 2015, p. 6).

Sexual coercion was defined as a “completed sex act after a perpetrator did any of the following: told lies, made false promises about the future, or threatened to end a relationship or spread rumors; wore down a victim by repeatedly asking for sex; or used his or her influence or

## MENTAL HEALTH

PTSD Symptoms include: Nightmares, avoidance, feeling on guard or easily startled, feeling numb or distant.

Many participants experienced depression, which included the following indicators: they felt sad, down, hopeless for two weeks or more and experienced little interest or pleasure in doing things for two weeks or more.

authority to make the victim engage in unwanted sex” (Basile et al., 2015, p.6).

Participant responses to questions about whether they had experienced rape or sexual coercion were analyzed using a yes/no scale.

## FINDINGS

### Lifetime experiences of rape/sexual coercion

Of all the women surveyed, 34.8% (49 women) had experienced rape, sexual coercion, or both at some point in their lives. Further, 31.2% of participants reported experiencing rape; 22.7% reported sexual coercion; and 19% of all participants experienced rape and sexual coercion in their lifetime.

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<sup>2</sup> Throughout this document, the terms “victim” and “survivor” are used interchangeably to be inclusive of the various ways people who have experienced sexual violence may identify. NSVRC recognizes and supports the use of person-first terminology that honors and respects the whole person, which is also reflected in this document. Finally, NSVRC acknowledges that individuals should ultimately choose the language that is used to describe their experiences and therefore, supports advocacy approaches that are person-centered and that use the terminology preferred by individuals they serve.

## Mental health

Researchers found a significant relationship between lifetime experiences with rape and/or sexual coercion, Post-Traumatic Stress Disorder (PTSD), and depression.

- **PTSD:** Approximately 39% of participants experienced at least one symptom of PTSD in their lifetime. Further, of the women who reported PTSD, 57.4% were victims of rape and/or sexual coercion.
- **Depression:** Thirty-five percent of participants experienced depression. Of the women who reported depression, 54% also were victims of rape and/or sexual coercion.
- **Suicide:** Further, 8.5% of participants considered suicide in their lifetime and, among them, 58.3% attempted suicide.

## FIRST UNWANTED SEXUAL EXPERIENCE

Approximately 29% of participants (41 women) experienced rape or sexual coercion as their first unwanted sexual experience (this does not include other forms of sexual violence such as unwanted sexual contact, non-penetrative child sexual abuse, voyeurism or exhibitionism). Of those, 73.2% of participants were under the age of 18.

**Perpetrator characteristics:** All of the perpetrators were male. The majority was of Hispanic descent. Further, 92.7% of perpetrators were known. Family members were the perpetrators of rape and/or sexual coercion against victims 12 and younger 100% of the time.

For victims between the ages of 13 and 17, 38.5% of perpetrators were family members,

30.8% were intimate partners, and 23.1% were friends or acquaintances. Intimate partners were cited 63.6% of the time as the perpetrators of sexual assault against women between the ages of 18 and 29.

## Consequences of first unwanted sexual experience resulting in rape or sexual coercion

- **Physical injury:** Among women whose first unwanted sexual experience resulted in rape or sexual coercion, 22% experienced physical injuries, including cuts and being knocked unconscious.
- **Medical and reproductive health care:** Further, 17.1% of women reported needing medical care, 57.1% of whom actually received those services. Only one person received a forensic exam. Two women (4.9%) contracted a sexually transmitted infection (not HIV). Three women (12%) became pregnant as a result of the rape or sexual coercion (all women gave birth and kept their babies).
- **Law enforcement:** Police were notified 15% of the time.
- **Mental health:** Mental health services were needed among 22% of participants and 33% of women actually received such services.
- **Housing:** Additionally, 29% of participants stayed with family or friends following the incident, and 12.2% relocated. Further, 29% of participants expressed feeling “unsafe in their neighborhood” following sexual violence.
- **Employment:** Twelve percent of participants missed time at work due to the rape and/or sexual coercion.



- **Additional service needs:** Between 2 and 12% of participants were in need of additional services in the community, such as housing and victim advocacy.

## FUTURE RESEARCH NEEDS

While this study is an important beginning to understanding sexual violence in the Latin@ population, there are limitations typical of any study, which can open the door to future research:

- **Generalizability:** One of the main limitations is that this study cannot be generalized. Given that the study had a small sample size of English-speaking Hispanic women who lived in a southwestern city, the findings cannot necessarily be applied to all Latin@ women. The majority (95%) of the sample identified as Mexican, which makes sense given the geographical location of the study.

Future research is needed to better understand how non-English speaking Latin@s across generations, countries of origin, and immigration

statuses experience sexual violence and what can be done to prevent it.

Future research on Latin@ communities can incorporate culturally relevant research methods, such as storytelling and other qualitative research, as well as, including or partnering with Latin@ community members in the research process. Additionally, future research is needed in the language preferred by participants so that more voices can be heard.

- **Spectrum of sexual violence:** This study's focus was specifically on rape and sexual coercion experiences. Future research is needed to examine the full spectrum of sexual violence, including sexual harassment, non-contact child sexual abuse, and others.

Additionally, examining sexual violence in a wide range of settings can help further our prevention and response efforts. For example, many Latin@ women who work in agricultural and meat-packing plants experience workplace sexual harassment; future research on these settings can help strengthen prevention and response efforts.

- **Layered traumas:** When asked if they had experienced specific forms of sexual violence, participants could indicate “yes” or “no,” which did not reveal information on the possibility of participants enduring multiple incidents of violence. By allowing for more open-ended responses, future research can shed light on how many times individuals experience different types of harm and the layered impacts of trauma.

- **Long-term impacts:** The study focused on consequences of sexual violence in the recent past. While this helps to inform our short-term responses in the realms of physical and mental health, employment, advocacy, and other areas,



future research can help illustrate the full nature of trauma and its long-term consequences across the lifespan.

- **Barriers to services:** The current research highlights how Hispanic women did not receive social service support after their experiences of sexual violence. Additional research is needed to better understand the barriers that obstruct Latin@ women's access to services.

## APPLICATION

The findings from this study can inform culturally relevant sexual violence response and prevention approaches with Latin@ communities.

The study reaffirms that sexual violence disproportionately impacts younger people and is committed by someone a victim knows, making early intervention and prevention vital.

## Prevention

- **Child sexual abuse prevention:** The study found that among women who had experienced rape or sexual coercion, 73% were first victimized before age 18. This illustrates the importance of culturally informed prevention across the social ecology, beginning early in the family and larger community. Community members can play a tremendous role in helping to keep children safe. Teachers, faith community leaders, neighbors, parents, caregivers, and other community members can work together to protect children from sexual abuse; it is critical that they have the tools to identify and effectively respond to child sexual abuse.

- **Relationship-based sexual violence prevention:** This study shows that among women who were first raped or sexually coerced



between the ages of 18-29 years old, 63% were victimized by an intimate partner. This stresses the importance of talking explicitly about sexual violence in intimate partner violence prevention efforts, in culturally informed ways. This can include infusing healthy relationship curricula with both domestic and sexual violence prevention content in a way that achieves more parity and equips communities with positive messages about healthy sexuality, respect, equality, and safety in all relationships.

• **Culturally relevant prevention:** Popular education is a possible sexual violence prevention strategy to consider when working with Latin@ (and other) communities (Wiggins, Hughes, Rodrigues, Potter, & Rios-Camps, 2014).

This approach is rooted in social justice and community mobilization. Popular education organizers partner with community members, facilitate the sharing of their lived experiences, and engage in dialog to formulate community-driven strategies and action steps. Popular education has informed community organizing with Latin@ and other communities in the U.S. and internationally, and has been used in at least one state to help shift sexual violence prevention from a risk-reduction to a primary-prevention approach.

For more information about popular education as a sexual violence prevention strategy, visit <http://tinyurl.com/oq7focz>.

## Intervention

• **Collaborations across systems:** Findings from this study underscore the need for a holistic and multifaceted approach to advocacy and counseling, given that participants experienced a range of negative impacts following sexual violence. These impacts included struggles

with physical, reproductive, and mental health, employment, housing, and others. Culturally informed collaborations among trained, skilled providers across systems are of vital importance.

• **Culturally relevant approaches to trauma:** PTSD symptoms, depression, anxiety, and suicide were found to be significantly connected to sexual trauma. It is important to understand that mental health struggles such as PTSD and depression are not necessarily experienced or described in the same way across cultures.

Victim service providers can adopt a trauma-informed approach, one that understands the role trauma plays at individual, organizational, and larger systemic levels. Central to this approach is an understanding of the similarities and differences across cultures and individuals' experiences with violence and trauma.

• **Addressing barriers to services:** Few study participants expressed a need for services or for notifying police following sexual victimization. This finding is important for victim service providers to explore and understand. This finding could relate to factors that affect help-seeking, such as sex and sexual violence being a taboo topic among Latin@ communities and other cultures. Other barriers could include the perception that community-based services may be punitive or culturally unresponsive. Latin@ community members may prefer more informal, culturally tied sources of support. Fear of deportation or bringing negative light to the Latin@ community cannot be overlooked as potential barriers. Other cultural norms at play such as religion/spirituality and a culture of shame associated with sexual violence may also hinder some victims from seeking services.

In addition, the women interviewed may not have identified their experiences as "rape or sexual

coercion.” One of the strengths of the study was that the survey included behaviorally specific questions to identify rape and sexual coercion. Therefore, participants might have disclosed that they had experienced one of the behaviors/acts without labeling it as a crime or identifying as a victim in need of services.

The fact that so few participants experienced physical injuries may also connect to their perception of whether or not what they experienced was truly “violent” or a reportable crime.

## CONCLUSION

This study contributes to our understanding of sexual violence against Latin@ women and ways in which our organizations can respond in more culturally relevant ways. This study reminds us to ask the questions: Who are we seeing? Who are we not seeing? How can our services support people across cultures? How can we address barriers that get in the way of people getting the help they need?

The findings also underscore our field’s need for more culturally relevant sexual violence prevention strategies at all levels of the social ecology. The study reminds us to ask the questions: Who is our audience? Who are the natural leaders in the community? How can we facilitate a process that ensures the people we are trying to reach have a voice in shaping goals and strategies?

Finally, our intervention and prevention efforts hinge on our organizations’ commitment to cultural relevance. Organizational cultural relevance is multifaceted. It depends on many layers, such as the following (which are not exhaustive):



- investment from leadership and the front lines
- strategic planning and a sustainable infrastructure
- ongoing training and professional development for staff
- an environment that affirms and sustains a bilingual and bicultural workforce
- programs and services that are informed by and reflective of the realities of culturally diverse communities
- meaningful partnerships and collaborations with culturally specific service providers and community leaders

For more information on this and other topics, contact us at [resources@nsvrc.org](mailto:resources@nsvrc.org).

## RESOURCES

The following resources may assist you in your work with Latin@ populations:

• **Hombres Unidos: Engaging Latino Migrant Men in Sexual and Intimate Partner Violence Prevention** <http://www.wcsap.org/engaging-latino-migrant-men-violence-prevention-webinar>

• **National Latin@ Network**  
<http://www.nationallatinonetwork.org/118-english/resource-library>

• **Preventing Sexual Violence in Latin@ Communities: A National Needs Assessment**  
<http://www.nsvrc.org/publications/nsvrc-publications-assessments/preventing-sexual-violence-latin-communities-national>

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## REFERENCES

- Basile, K. C., Smith, S. G., Walters, M. L., Fowler, D. N., Hawk, K., & Hamburger, M. E. (2015). Sexual violence victimization and associations with health in a community sample of Hispanic women, *Journal of Ethnic & Cultural Diversity in Social Work*, 24, 1-17. doi:10.1080/15313204.2014.964441
- Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., ... & Stephens, M. R. (2011). *The National Intimate Partner and Sexual Violence Survey: 2010 summary report*. Retrieved from the Centers for Disease Control and Prevention: [http://www.cdc.gov/violenceprevention/pdf/nisvs\\_report2010-a.pdf](http://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf)
- Wiggins, N., Hughes, A., Rodrigues, A., Potter, C., & Rios-Camps, T. (2014). La palabra es salud (The word is health): Combining mixed methods and CBPR to understand the comparative effectiveness of popular and conventional education. *Journal of Mixed Methods Research*, 8, 278-298. doi:10.1177/1558689813510785
- Tjaden, P., & Thoennes, N. (2000). *Full report of the prevalence, incidence, and consequences of violence against women*. Retrieved from the National Criminal Justice Reference Service: <https://www.ncjrs.gov/pdffiles1/nij/183781.pdf>

