

HELP-SEEKING BEHAVIOR FOR INTIMATE PARTNER VIOLENCE AMONG RACIAL MINORITY WOMEN IN CANADA

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Introduction. Intimate partner violence (IPV) is experienced by women of all ethnoracial backgrounds. Despite the serious adverse impacts of IPV on women's lives, many abused women do not seek help. The main objective of this paper was to determine whether a woman's racial minority status was a significant predictor of help-seeking for IPV after controlling for other factors associated with help-seeking.

Methods. Data from a national Canadian, cross-sectional, telephone survey were used. Help-seeking variables included disclosure of IPV, reporting IPV to police, the use of social services subsequent to IPV, and barriers to social service use.

Results. In the bivariate analyses, rates of disclosure and reporting to police were similar for racial minority and white women, however, racial minority women, compared to white women, were significantly less likely to use social services. After adjustment for age, marital status, household income, number of young children at home, immigration status, household language, and severity of IPV, racial minority status was not a significant predictor of help-seeking in the multivariate analysis.

Discussion. Our findings suggest that further investigation is necessary to understand what aspects of membership in a racial minority group or systemic factors may be contributing to inequalities in accessing help for IPV.

Intimate partner violence (IPV) against women is abuse perpetrated by husbands, boyfriends, dates, or other intimates. It is experienced by women of all ethnoracial backgrounds (Heise, Ellsberg, & Gottemoeller, 1999) and is associated with an increased risk of several major health and social problems (Campbell, 2002; Coker, Smith, Bethea, King, & McKeown, 2000; Heise, 1993; Stark, Flitcraft, & Frazier, 1979; Tjaden & Thoennes, 2000). Extensive international research attests to variations in help-seeking behavior by race

and ethnic background (American College of Physicians, 2004; Bhugra, Harding, & Lippett, 2004; Quan et al., 2006). Studies from the United States have shown that racial minority women who experience IPV are less likely to seek help compared with White women (Kaukinen, 2004; West, Kantor, & Jasinski, 1998). Reports suggest that, in Canada, racial minority and immigrant women also underutilize health and social services for IPV as compared with White women (MacLeod et al., 1993; Smith, 2004). This paper uses data from a national survey to compare rates of help-seeking for IPV between racial minority and White women in Canada, and to explore the role of racial minority status as a determinant of help-seeking for IPV.

Despite the serious adverse impacts of IPV on women's lives, many abused women do not seek

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help (Henning & Klesges, 2002). Help-seeking for IPV may include disclosure or talking to family, friends, or others about the situation; seeking medical care; reporting to police; and/or using social services such as counselors or women's shelters (Fugate, Landis, Rordan, Naureckas, & Engel, 2005; Henning & Klesges, 2002; Kaukinen, 2002). Even though disclosure may occur in response to direct questioning, as may be the case in screening by health care professionals, it is still considered to be a voluntary act and often represents a first step in a woman's acknowledgement that her relationship is abusive. Theories of help-seeking for IPV highlight the importance of informal (e.g., from family and friends) rather than formal agencies (Kaukinen, 2002; Kershner & Anderson, 2002). Informal help has been described as a major source of assistance to abused women, as well as a pathway to more formal types of help from health, criminal justice, and social service systems (Kaukinen, 2002).

Some factors identified as influencing women's decisions to disclose and/or seek help are the severity and frequency of her abuse; fear of reprisal; economic circumstances; shame; availability and accessibility of help; and the impact on her children (Coker et al., 2000; Kaukinen, 2002; Yoshioka, Gilbert, El-Bassel, & Baig-Amin, 2003). Using criminal justice records, Henning and Klesges (2002) identified race as well as severity of abuse, age, socioeconomic status, marital relationship, and the presence of young children in the household as predictors of the use of counseling and support services. Women who were African American, severely abused, older, of higher socioeconomic status, married (vs. with a boyfriend) and with young children at home were all more likely to seek help than their counterparts.

Many scholars, such as Malley-Morrison and Hines (2007), view ethnicity or racial minority status as a proxy for a wide range of factors that contribute to women's experience of and response to IPV. This often includes perceived racial discrimination or perceptions of differential or unequal treatment on the basis of ethnic or racial characteristics (Landrine, Klonoff, Corral, Fernandez, & Roesch, 2006). There is extensive literature documenting ethnic and racial variation in the use of health and social services (American College of Physicians, 2004; Smedley, Stith, & Nelson, 2003; Bhugra et al., 2004). Even after adjusting for variables such as age, gender, level of education and severity of disease, disparities in access based on race, immigrant status and income remain significant (American College of Physicians, 2004; Lasser, 2006; Brondolo et al., 2003). Several studies showed that, compared with White women, racial minority that group members are more likely to experience systemic barriers to health care and to report racial discrimination as a barrier to service use (American College of Physicians, 2004; Bhugra et al., 2004; Smedley et al., 2003). A Canadian study found that almost 1 in 5 study par-

ticipants reported experiencing racism in the health care system (Ali, Massaquoi, & Brown, 2003).

This paper builds on our earlier work using national survey data examining rates of help-seeking for IPV among recent and non-recent immigrant women in Canada (Hyman, Forte, Du Mont, Romans, & Cohen, 2006a) and in the general Canadian population (Du Mont, Forte, Cohen, Hyman, & Romans, 2005). In this paper, we aim to shed light on the prevalence of help-seeking for IPV among racial minority and White women in Canada, to explore barriers to help-seeking, and to determine whether racial minority women are less likely to seek help for IPV, as compared with White women, in Canada. We hypothesized, based on the literature reviewed, that rates of help-seeking would be lower among women who belonged to racial minority groups as compared with women who did not belong to racial minority groups.

Methods

After receiving ethics approval from the Sunnybrook and Women's College Hospital Ethics Review Committee, we undertook an analysis of the 1999 General Social Survey (GSS)—a national, cross-sectional, voluntary telephone survey conducted by Statistics Canada since 1985. In 1999 and 2004, the GSS focused on violence and victimization (Johnson & Bunge, 2001). The GSS is well suited to look at help-seeking strategies because it gathers detailed information on disclosure, reporting to police, use of social services, and perceived barriers to service use.

The target population of the GSS was men and women aged ≥ 15 years living in private households in the 10 Canadian provinces. The sample was selected using random digit dialing (Norris & Paton, 1991). After a household was successfully contacted, 1 eligible individual within the household was randomly selected to be interviewed. Interviews were conducted from February to December 1999 and were administered in English or French. The overall response rate for the survey was 81.3%.

The study population for the present study consisted of women reporting physical and/or sexual violence by a current or ex-partner in the 5 years before the date of the GSS survey and for whom information on racial minority status was available in the GSS survey.

Physical and sexual forms of IPV were measured using a modified version of the Conflicts Tactics Scale (Straus, Hamby, Boney-McCoy, & Sugarman, 1996). Physical violence was assessed by asking respondents whether a current or ex-partner threatened to hit, threw something, pushed, grabbed or shoved, slapped, kicked, bit or hit, hit with something that could have hurt you beat up, choked or used or threatened to use a knife or gun (9 items). Sexual violence was assessed by asking respondents, "Has your partner (or

ex-partner) forced you into any unwanted sexual activity by threatening you, holding you down, or hurting you in some way?" (1 item). Participants who answered yes to any of these items were identified as having experienced physical/sexual violence (a dichotomous variable).

Among the 25,876 respondents in the 1999 GSS, 14,269 were women. Data on racial minority status was available for 13,640 women. Within this subset, 8,871 had a current or ex-partner with whom they had contact within the previous 5 years. Of these, 899 reported experiencing physical and/or sexual IPV and were questioned about help-seeking. A total of 63 respondents were dropped from the analysis because they were Aboriginal. This final sample included 836 cases, of which 67 (8.0%) were racial minority women and 775 (92.0%) were not.

Independent variable

The main independent variable was racial minority status. Respondents were defined using the visible minority status variable derived by Statistics Canada. Visible minorities are defined by Canada's Employment Equity Act as "persons, other than Aboriginal peoples, who are non-White in race or non-white in colour" (Department of Justice Canada, 1995). The term is widely used in Canada to collect and analyze data on ethnicity and race. Respondents were asked, "Canadians come from many cultural or racial backgrounds. I'm going to read a list. Are you. . . ." Respondents were permitted to identify single or multiple cultural or ethnic backgrounds. Respondents who identified a single origin of White or Aboriginal, or a multiple origin of White and Latin American or White and Arab–West Asian, were categorized as not belonging to a racial minority group. Respondents who identified as Chinese, South Asian, Black, Filipino, Southeast Asian, Japanese, or Korean were categorized as belonging to a racial minority group.

Control variables

Other independent variables were included as control variables. These included age; marital status (married/common law; divorced/separated/widowed, single); highest level of education completed (more than high school vs. high school graduate or less); annual household income (\$0–\$29,999 vs. \geq \$30,000); number of children aged 0–14 years living in the household (0 vs. \geq 1); immigration status (not an immigrant, recent immigrant [$<$ 10 years in Canada], non-recent immigrant [\geq 10 years in Canada]); household language (English/French only vs. other); severity of physical and/or sexual violence, defined as the frequency of incidents of physical and/or sexual violence experienced in the past 5 years (1 vs. $>$ 1 incident); and fear that their life was in danger because of a partner or ex-partner's violent behavior (yes vs. no).

Dependent variable

The main outcome of interest in the study was help-seeking behavior. This encompassed disclosure of IPV, reporting of IPV to police and the use of social services subsequent to IPV.

Disclosure of IPV. Respondents who reported physical and/or sexual IPV in the previous 5 years were asked if they had ever talked to anyone about the violence, including family members; friends or neighbors; co-workers; doctors or nurses; lawyers; ministers; priests; clergy; or another spiritual advisor. Respondents were able to choose all that applied. To avoid small cell numbers, disclosure categories were collapsed into disclosure to family/friends and disclosure to other.

Reporting IPV to Police. This variable was derived from 2 questions asked of respondents who reported physical and/or sexual IPV in the previous 5 years. The first was, "Did the police ever find out about the violence?" (yes vs. no). The second was, "How did they learn about it? Was it from you or some other way?" (respondent vs. some other way). If the respondent answered herself or both herself and some other way, responses were coded as having reported IPV to police.

Use of Social Services Subsequent to IPV. Women who reported experiencing physical and/or sexual violence were asked if, during the past 5 years, they contacted or used any services for help because of IPV. Social services included crisis centers or crisis lines; counselors or psychologists; community or family centers; shelters or transition houses, women's centers; and police-based or court-based victim services. Respondents were asked to indicate all that applied. Owing to the small numbers of women using specific social services, categories were collapsed into "any social service."

Barriers to Social Services Use. Information on barriers to social service use subsequent to IPV was also obtained. Respondents who reported no social service use were asked why they did not use services and to indicate from a checklist all reasons that applied. Reasons included the following: did not know of any services; none available; waiting list; too minor, shame/embarrassment; would not be believed; offender prevented me; distance; fear of losing financial support; fear of losing children; did not want relationship to end; did not want/need help; and other. No further information was available about the "other" category.

Statistical analysis

The public use Microdata file of the GSS with all identifying information removed was used for data analysis. We first compared racial minority women and White women on sociodemographic variables and

the severity of IPV. To compare rates of help-seeking for IPV between racial minority and White women, bivariate analyses were used. Four categories of help-seeking behavior were examined: disclosure to family/friends; disclosure to others; reporting to police; and social service use. All analyses were conducted using the χ^2 test and weighted to the Canadian population according to Statistics Canada's guidelines (Statistics Canada, 2000b). Reasons for not using social services were also examined.

To explore the role of racial minority status as a determinant of help-seeking for IPV after controlling for other factors associated with help-seeking, we conducted a weighted multivariate logistic regression analysis. Independent variables included in the multivariate model were based on theoretical relevance. All variables were examined for multicollinearity using Pearson correlations coefficients. The Hosmer–Lemeshow χ^2 test on an unweighted model was used to assess the model's fit. The *c*-statistic, equivalent to the area under a receiver-operator curve, was used to examine the discrimination ability of the logistic regression model. The value of the *c*-statistic ranges from 0 to 1 and approaches 1 for a model with higher predictive accuracy.

For most variables, the proportion of missing values was <1% and the missing records were omitted. How-

ever, for household income the proportion of missing data was 16%. To retain our sample size in the multivariate model, household income was recategorized into 3 subgroups: <\$30,000; ≥\$30,000; and missing data.

Analyses were conducted using Stata, Version 7.0. In the bivariate analysis, *p*-values were used to determine whether racial minority status was associated with different categories of help-seeking and in the multivariate analysis to identify significant predictors of help-seeking. A *p*-value of .05 was considered statistically significant. All tests of significance were 2 tailed.

Results

Racial minority and White women reporting physical and/or sexual violence were similar in terms of most sociodemographics (Table 1). The only differences we found were that racial minority women were more likely than White women to be recent immigrants, to have a household language other than English or French and to have young children at home. We found no differences between groups in marital status, education, or income. We also found no difference between racial minority and White women in the frequency of incidents of physical and/or sexual violence

Table 1. Demographic and Health Characteristics of Women Reporting Physical/Sexual Violence by Racial Minority Status in the 1999 GSS

Characteristic	Racial Minority, <i>n</i> (%)	White, <i>n</i> (%)	<i>p</i>
Total and percent of population	67 (8.0)	775 (92.0)	
Mean age [SD]	35.9 ± 1.9	36.0 ± 0.5	.67
Marital status			
Married/common-law	42 (62.0)	410 (53.4)	.36
Divorced/separated/widowed	— (17.6)*	201 (26.1)	
Single	— (20.4)*	158 (20.5)	
Education			
More than high school	36 (53.5)	352 (46.3)	.35
High school graduate or less	31 (46.5)	409 (53.7)	
Annual household income			
\$0–\$29,999	17 (35.4)*	251 (38.1)	.74
≥\$30,000	31 (64.6)	409 (61.9)	
Children in household aged 0–14 years			
0	21 (31.7)*	369 (47.8)	.03
≥1	46 (68.3)	402 (52.2)	
Immigrant status			
Not an immigrant	— (15.7)*	698 (90.8)	<.0001
Recent (<10 years)	21 (30.6)*	— (0.6)†	
Not recent (≥10 years)	36 (53.7)	66 (8.6)	
Household language			
English/French only	36 (54.1)	738 (96.3)	<.0001
Other	31 (45.9)	29 (3.7)*	
Number of incidents of physical/sexual IPV			
1 incident	21 (32.8)*	254 (33.7)	.92
>1 incident	44 (67.2)	500 (66.3)	
Feared life was in danger	23 (34.3)*	295 (38.9)	.54

Note: *n*'s for variables do not always add up to 67 (racial minority) and 775 (White) because of missing data.

* Coefficient of variation is high.

† Coefficient of variation is very high.

— Numbers suppressed owing to small sample size.

Table 2. Help-Seeking Behavior of Women Reporting Physical/Sexual Violence by Racial Minority Status in the 1999 GSS

Help-Seeking Behavior	Racial Minority, <i>n</i> (%)	White, <i>n</i> (%)	<i>p</i>
Disclosed to family/friends	50 (77.3)	612 (80.5)	.61
Disclosed to other*	32 (49.8)	412 (54.6)	.53
Disclosed to anyone	52 (80.1)	638 (83.9)	.52
Reported IPV to police	24 (36.2) [‡]	213 (28.3)	.25
Used any social service [†]	23 (35.3) [‡]	390 (51.4)	.03

* Includes co-worker, doctor or nurse, lawyer, minister, priest or cleric.

[†] Includes crisis centers or crisis lines, counselors or psychologists, community or family centers, shelters or transition houses, women's centers, and police- or court-based victim services.

[‡] Coefficient of variation is high.

experienced in the past 5 years or the proportion of women reporting fear that their life was in danger.

Table 2 shows that racial minority women who experienced abuse were less likely than White women to disclose IPV to family, friends or neighbors, or others; however, these differences in rates of disclosure were not statistically significant. Rates of reporting IPV to police were higher among racial minority women (36.2%) as compared with White women (28.3%), but, again, these differences were not statistically significant. Racial minority women were significantly less likely to use social services as compared with White women (35.3% vs. 51.4%).

Reasons for not using social services were examined for racial minority and White women and were found to be similar (data not shown). The major reason why racial minority and White women did not seek help was because they did not want/need help (43.6% and 49.8%, respectively). This was followed by "too minor" (21.6% and 20.1%) and "did not know of any help" (9.2% and 5.8%, respectively). The proportion of women stating "other reasons" was higher for racial minority women (26.1%) compared with White women (19.1%), but this difference was not significant.

To determine whether racial minority status was a significant predictor of help-seeking for IPV, weighted multivariate logistic regression analyses were conducted (Table 3). Model fit was acceptable as assessed by the Hosmer–Lemeshow χ^2 test ($\chi^2 = 10.12$; $p = .26$) and the *c*-statistic (0.76).

After adjustment, the odds of help-seeking was not significantly lower for racial minority compared to White women (odds ratio [OR], 0.58; 95% confidence interval [CI], 0.26–1.29). The strongest predictor of help-seeking was the severity of IPV, as measured by number of incidents and fear. Women who experienced >1 incident of physical/sexual violence and women who feared their lives were in danger were significantly more likely to seek help than their counterparts. Other independent predictors of help-seeking for IPV were age and income. Older women and women with lower incomes were significantly more likely to seek help than younger women and women with higher incomes. Although the sample size was small, similar results were obtained with social ser-

vices use as the dependent variable (data not presented).

Discussion

The majority of women who reported IPV disclosed to informal sources of support; smaller proportions of women reported IPV to the police and used social

Table 3. Multivariate Logistic Regression Analysis of Factors Associated With Any Help-Seeking Among Canadian Women Reporting Physical/Sexual Violence in the 1999 GSS

Factor	Any Help-Seeking Odds Ratio (95% confidence interval; <i>n</i> = 784)
Racial minority status	
White	1.00
Racial minority	1.12 (0.38–3.29)
Age	1.02 (1.00,1.04)*
Marital status	
Married/common-law	1.00
Divorced/separated/widowed	1.55 (0.95–2.54)
Single	1.07 (0.63–1.82)
Education	
More than high school	1.00
High school graduate or less	0.78 (0.53–1.14)
Household income	
≥\$30,000	1.00
<\$30,000	2.20 (1.41–3.46)**
Missing data	0.79 (0.42–1.48)
Children 0–14 years in household	
0	1.00
≥1	1.16 (0.78–1.73)
Household language	
English and/or French only	1.00
Other	0.70 (0.30–1.64)
Immigrant status (years)	
Recent (<10 years)	1.00
Not recent (≥10 years)	0.69 (0.16–2.93)
Born in Canada	0.66 (0.15–2.92)
Number incidents physical/sexual violence	
1 incident	1.00
>1 incident	1.79 (1.18–2.71)*
Feared life was in danger	
No	1.00
Yes	3.97 (2.59–6.09)**

* $p < .01$.

** $p < .001$.

services. Rates of disclosure and help-seeking among White women in Canada closely approximated those of women in the general population (Du Mont et al., 2005). We hypothesized based on the literature and previous qualitative reports that rates of help-seeking for IPV would be lower among racial minority women compared with their White counterparts. Findings from the bivariate analyses suggested that the overall rates of disclosure and reporting to police were similar for racial minority and White women, but racial minority women were significantly less likely to use social services. The reasons for not using social services were similar in both groups and to those reported by women in the general population (Du Mont et al., 2005).

In her review of the literature, Bent-Goodley (2007) also found that women of color were less likely to use mental health or health professionals for IPV. Multiple barriers to formal help for IPV for racial minority women have been well documented, including stereotyping and labeling, lack of cultural competence, financial and language barriers, and discriminatory treatment (Bui, 2003; Lipsky, Caetano, Field, Larkin, 2006; Malley-Morrison & Hines, 2007; Raj & Silverman, 2002).

When we examined whether racial minority status was a determinant of help-seeking behavior, we found that it was not. Severity of abuse, income, and age were stronger predictors of help-seeking. Some of these findings are consistent with previous literature. For example, it is well established that severity of IPV (Coker et al., 2000) and older age (Henning & Klesges, 2002) are significant predictors of disclosure and help-seeking. Our finding that lower income women were more likely to seek help for IPV than higher income women differs from other studies conducted in the United States. This may be because in Canada many social services are free of charge and poorer women who experience IPV may already be familiar with and/or have accessed other types of social services.

Our finding that racial minority status was not a predictor help-seeking for IPV challenges previous literature describing service underutilization among racial minorities owing to systemic and other barriers to care. However, this finding also underscores the importance of examining heterogeneity within racial minority women, taking into consideration that this group includes women of various ethnic, racial, linguistic, and social structural backgrounds and histories of oppression, all factors that may influence their willingness and ability to seek help for IPV (West, 2005). For example, research suggests that not all ethnoracial groups perceive racial discrimination equally or with the same intensity (Brondolo et al., 2005; Dion & Kawakami, 1996; Krieger, Smith, Naishadham, Hartman, & Barbeau, 2005).

Some study limitations must be noted. First, given the sensitive nature of IPV, not all abused women acknowledge or define their experiences with their partners as abusive in population surveys. This may be particularly true for certain immigrant and racial minority communities (Krishnan, Hilbert, & Van Leeuwen, 1997; Loue & Faust, 1998; Yoshihama, 1999), where factors such as fear of reprisal, concern for privacy, protecting the offender, perception of the incident as minor, or traditional values emphasizing close family ties and harmony; may discourage disclosure and lead to underutilization of help. We suspect that the observed differences in the rates of social service use would have been more pronounced between racial minority and White women had women who could have participated in languages other than English and French been included.

Second, by using the GSS for our analyses, we could not examine other factors associated with help-seeking for IPV among racial minority and/or immigrant women identified in the literature (e.g., fear of deportation, fear of jeopardizing applications for citizenship, lack of knowledge of services, lack of language-specific services or resources, familism and patriarchal belief systems; Hyman, Forte, Du Mont, Romans, & Cohen, 2006b; Malley-Morrison & Hines, 2007; Raj & Silverman, 2002). Other research suggests that there may be ethnocultural differences in coping strategies for IPV. For example, compared with Whites, African-American women were significantly more likely to report using prayer as a coping strategy and less likely to use help from mental health counselors (El-Khoury et al., 2004).

Finally, small sample sizes influenced the analyses and interpretation of data. Some of the table entries had high and very high coefficients of variation. Although Statistics Canada does not prevent the release of data with high coefficients of variation, in accordance with statistical guidelines, these percentages must be flagged.

Conclusion

This study was the first in Canada to examine help-seeking for IPV among racial minority women using a large, population-based, representative sample. The majority of women who experienced IPV (both racial minority and White) disclosed to informal sources of support only. Smaller proportions of women in both groups reported IPV to the police and/or used social services. The underutilization of formal help by both racial minority and White women suggests the need to change women's perceptions of formal help for IPV and to reduce barriers to help-seeking, particularly among racial minority women, who were less likely to use social services in the bivariate analysis. It also

highlights the importance of assisting informal sources of support to provide instrumental and emotional help.

Our finding that racial minority status was not significantly associated with lower rates of help-seeking for IPV requires further investigation because it has frequently been assumed that racial minority women experience greater barriers to help-seeking than White women. However, it also supports the growing scholarship of research aimed at disentangling the constructs of race and ethnicity (Malley-Morrison & Hines, 2007). Future research is necessary to understand racial minority women's preferences for disclosure (e.g., to whom) and for types of help needed (e.g., mainstream vs. community-specific social services), considering the heterogeneity that exists within this group. Future research should also examine the help-seeking behaviors of Aboriginal women in Canada.

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