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Abstract

Asian and Latino Americans are two of the fastest growing populations in the United States, but have been underrepresented in literature on intimate partner violence (IPV), especially in relation to mental health care. This study used the National Latino and Asian American Study to examine differences in use of mental health services between Asian and Latino victims of IPV. The results show that Asian victims used mental health services less than Latinos, controlling for education, English proficiency, family values, the type of IPV, and perceived mental health status, and that help seeking of those victims was affected by various individual and social factors.

Keywords

intimate partner violence, mental health, service use

Introduction

Intimate partner violence (IPV) is a serious social problem. Approximately one quarter of women of all ages report being physically assaulted in their lifetime by a husband, boyfriend, or ex-partner (Tjaden & Thoennes, 2000). IPV has enduring negative consequences for victims, including mental health sequelae associated with IPV. Depression and posttraumatic stress disorder (PTSD) are the most prevalent mental health consequences of IPV (Bargai, Ben-Shakhar, & Shalev, 2007; Campbell, 2002). As a result, IPV victims use both physical and mental health care services more often (Saltzman, Green, Marks, & Thacker, 2000) and spend more on health care than nonvictims (e.g., US$1,775 more annually; Wisner, Gilmer, Saltzman, & Zink, 1999). A variety of promising public

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health efforts have been initiated in response to IPV, including prevention-oriented public health approaches, adequate medical care for victims, and IPV training programs for health care practitioners (Saltzman et al., 2000; Waalen, Goodwin, Spitz, Petersen, & Saltzman, 2000). While a substantial body of literature has examined relations between IPV and medical care for victims, research has been limited when it comes to dealing with health care among IPV victims from racial minorities. Asian and Latino Americans are two of the fastest growing populations in the United States (U.S. Department of Commerce, Bureau of the Census, 2009), but have been underrepresented in IPV literature, especially in relation to mental health care. The dearth of research on mental health service use among IPV victims from racial minorities may present challenges for mental health systems in many communities that serve the increasing number of racial minority patients. Understanding racial differences in the use of mental health services among IPV victims will help practitioners in mental health and social services to adequately address individual victims' unique needs. This study examines differences in the use of mental health services and the predictors of service use between Asian and Latino victims of IPV.

Literature Review

Literature indicates that IPV victims actively seek help from various resources, including IPV shelters, police, and social services (Cho & Wilke, 2005; Hutchison & Hirschel, 1998). Asian Americans, however, seem to cope with IPV differently than Latino Americans and other racial and ethnic groups. First of all, the patterns of help-seeking seem to differ across race and ethnicity. Literature suggests that, overall, IPV victims tend to utilize informal sources of help, such as family members and friends, more than formal sources of help, such as health practitioners and shelters (Coker, Derrick, Lumpkin, Aldrich, & Oldendick, 2000). Help-seeking behaviors of IPV victims may vary depending on their varying needs, resources, and cultures. Asian victims, however, seem to utilize more informal, and fewer formal, sources of help than Latino victims. For instance, Yoshioka and colleagues (Yoshioka, Gilbert, El-Bassel, & Baig-Amin, 2003) interviewed 62 female IPV victims and found that 90% of Asian victims disclosed their IPV experiences to friends, while 74% of Latino and 44% of African American victims did so. In addition, only 25% of Asian victims discussed the incident with the police or a lawyer, compared with 48% of Latino and 33% of African American victims. Relying heavily on informal help may increase the danger to Asian victims because they are likely to delay seeking formal help until the severity of IPV goes beyond their coping capacity (Hutchison & Hirschel, 1998). Given that early intervention into IPV seems to be more effective than later interventions (Saltzman et al., 2000), the delay in seeking help by victims imposes a great challenge for service providers, who strive to address victims' needs in a timely manner. Since these results are based on relatively small community samples, future research needs to use a bigger sample to examine the differences in help seeking between Asian and Latino victims of IPV.

In addition to racial/ethnic differences, there may also be gender differences in help seeking among IPV victims. Research results are not conclusive on whether males are

victimized by IPV as much as females. While many studies have reported a much higher proportion of victimization among females than males (Catalano, 2008; Saunders, 1988; Tjaden & Thoennes, 2000), other research results have suggested gender symmetry in IPV (Archer, 2000; Straus & Gelles, 1986). Aside from differences in IPV victimization, male victims seem to be less likely to seek help from mental health professionals than females. Literature suggests that, in general, males use fewer mental health services than females (Kessler et al., 1999; Wang et al., 2005). This may be due to traditional gender values, which make men perceive having mental health problems as shameful and discourage them from seeking help (Kessler, Brown, & Broman, 1981). Another factor may be a decreased ability in men (compared with women) to identify feelings of distress as mental health problems (Williams et al., 1995). There is no study to date that has used national representative data to examine gender differences in the use of mental health services among IPV victims.

Separate from gender differences in service use, Asian and Latino victims may use the services less than other race groups. Besides IPV, Asian and Latino Americans in the general population seem to show the lowest use of mental health services. Young (1998) used a community sample to find that less than one fifth of Asian Americans with mental disorders used mental health services. National data collected in the 1980s showed that Asians were less likely to disclose mental health problems and to use mental health services than whites (Zhang, Snowden, & Sue, 1998). In recent national data collected in 2002, researchers found that 9% of Asians and 10% of Latino Americans used mental health services, compared to 18% of the general population (Abe-Kim et al., 2007; Alegría et al., 2007). This may be because Asians and Latino Americans have fewer mental health problems than other racial and ethnic groups. However, the same data did not support this assumption, showing that 34% of Asian Americans with mental health problems used mental health services, which was smaller than Latino Americans (39%) and the general population (41%) with mental health problems (Abe-Kim et al., 2007; Alegría et al., 2007). Asians' low utilization of mental health services may be due to their conceptions of mental health. Asian Americans tend not to consider negative feelings and emotional difficulties as mental disorders, and therefore do not seek professional help unless they have dangerous or disruptive behavioral problems (Leong & Lau, 2001; Moon & Tashima, 1982; Tung, 1985). To the author's knowledge, however, no studies have sampled a large number of Asian and Latino victims of IPV to examine differences in their use of mental health services, leaving the question unanswered.

The reasons for IPV victims' low utilization of services have been the subject of investigation. Literature has identified various barriers to IPV victims' help seeking, including fear of retaliation by the perpetrator (Wolf, Ly, Hobart, & Kernic, 2003), limited access to services due to economic constraints (Pinn & Chunko, 1997), and distrust of the service system due to previous negative experiences (Brice-Baker, 1994). In addition, racial minorities, such as Asian and Latino victims of IPV, may face unique barriers to service utilization. Sociocultural factors seem to affect the willingness and ability of IPV victims to seek help. They may not report IPV incidents because of strong family values among the Asian and Latino communities, which discourages IPV victims from seeking outside help (Lee, 2002; Rimonte, 1989). They may not seek help for fear of deportation, if they

are undocumented or dependent on their husbands for legal residency in the United States (Bauer, Rodriguez, Szkupinski-Quiroga, & Flores-Ortiz, 2000; Dutton, Orloff, & Hass, 2000). They may lack knowledge of the services available in the community (Ingram, 2007; Krishnan, Baig-Amin, Gilbert, El-Bassel, & Waters, 1998). Linguistic limitations are one of the most frequently reported barriers to the use of health care (Bauer et al., 2000; Murdaugh, Hunt, Sowell, & Santana, 2004). Culturally insensitive services may also be a contributing factor (Leong & Lau, 2001; Sue & Sue, 1999). While culturally sensitive services have been found to be effective in serving IPV victims from immigrant families (Goodman, Dutton, Vankos, & Weinfurt, 2005; Sokoloff & Dupont, 2005), many services have been developed for white, and often for African American, victims and are not relevant to Asian and Latino victims' life experiences. They are, therefore, ill-prepared to serve these minority clients (Sumter, 2006). While the barriers described above seem to be faced by both Asian and Latino victims, how those barriers impact the victims' use of services may differ between the two groups. For instance, fear of deportation may not affect the use of services for Asian victims as much as for Latino victims, while language barriers may affect both of them. Studies based on community samples reported some similarities and differences between Asian and Latino victims with respect to factors affecting use of services, but there is no study, to the authors' knowledge, that has used national representative data to examine those factors within these two groups.

Studies of the experiences of IPV victims have shed invaluable light on the nature, extent, and consequences of IPV among Asian and Latino Americans, but information on their use of mental health services is scarce. Most studies used small community- or clinic-based samples, limiting our understanding. One of the few studies that used recent national data found that IPV victims across all race groups used more mental health services than nonvictims (Cho, 2008). However, relatively little attention has been given to differences in help-seeking—and particularly in the use of mental health services—between Asian and Latino victims. Service providers may think the needs of Asian and Latino victims are homogenous overall, assuming that both groups are recent immigrants, linguistically incompetent, and residing in their own racial enclaves. This is not always true and may lead to inadequate services (Cho, 2009).

This study seeks to fill this gap by using a nationally representative sample to examine the differences between Asian and Latino victims, in their use of mental health services. This study has two major research hypotheses. First, it is hypothesized that Asian American victims will use mental health services less than Latino Americans, when controlling for demographic and sociocultural factors. It is also hypothesized that the effect of demographic and sociocultural factors on the use of mental health services will be different between Asian and Latino victims.

Method

Study Sample

This study used the National Latino and Asian American Study (NLAAS), which collected nationally representative data from Latino and Asian Americans in the U.S., aged 18 or

older, regarding the prevalence of mental disorders and their treatment patterns (Alegria, Takeuchi, et al., 2004; Pennell et al., 2004). The NLAAS was conducted between 2002 and 2003, and included assessments based on the diagnostic criteria of the American Psychiatric Association, as reported in the *Diagnostic and Statistical Manual-IV* (*DSM-IV*; American Psychiatric Association, 1994), as well as IPV experiences, use of mental health services, and immigration-related and sociocultural information (Alegria, Takeuchi, et al., 2004). Bilingual interviewers conducted face-to-face or telephone interviews with all participants. Patients were provided with a US$50 to US$150 incentive. Intimate partner violence (IPV) was measured by asking respondents how often the partner/spouse had perpetrated IPV against respondents over the course of their relationship. After cases with missing values for this study's variables were deleted, a total of 346 IPV victims were identified for use in this study, including 182 Latino and 164 Asian Americans.

Variables

Sociodemographic variables included age, race, gender, education, financial security, and employment. Age was the respondent's age. Race consisted of two categories: Asians and Latinos. Asians included Vietnamese, Filipino, Chinese, and all other Asians; Latinos consisted of Cubans, Puerto Ricans, Mexicans, and all other Latinos. Gender had two values: male and female. Education was measured by asking respondents' years of education and was dichotomously recoded for this study: "0 to 12 years" and "13 years and over." Financial security was assessed by asking, "In general, would you say you have more money than you need, just enough for your needs, or not enough to meet your needs?" Respondents who answered having either "more than you need" or "just enough for your needs" were coded as being "financially secure," and others were coded "financially not secure." Employment was measured by three categories in the original survey question: employed, unemployed, not in the labor force. We recoded the values dichotomously: "employed" remained as "employed," but "unemployed" and "not in labor market" became "unemployed."

The type of IPV, measured by the adapted subscales of the Conflict Tactics Scale (Straus, 1979), consisted of two categories: minor and severe IPV. Minor IPV included such behaviors as pushing, grabbing or shoving; throwing something; and slapping, hitting or spanking. Severe IPV included such behaviors as kicking, biting or hitting with a fist; beating up; choking, burning or scalding; and threatening with a knife or gun. Those who experienced only minor IPV were coded as minor IPV, while those who experienced severe IPV, with or without minor IPV, were coded as severe IPV. Respondents who reported either minor or severe IPV were coded as having experienced IPV; others were coded as not having experienced IPV.

Immigration-related and sociocultural variables included birthplace, English proficiency, and family values. Birthplace consisted of two categories: U.S.-born and foreign-born. English proficiency was measured by asking, "How well do you speak English?" The original four responses were reduced to two categories: "excellent/good" and "fair/poor." Measurement of family values was obtained through the sum of ten questions that asked respondents' opinions on statements regarding family pride and cohesion (Alegria,

Vila, et al., 2004). Representative items included "We really do trust and confide in each other," and "Family members feel loyal to the family." Responses were rated on a Likert-type scale, ranging from (1) *strongly agree* to (4) *strongly disagree*. The responses were reverse coded so that higher scores would represent higher levels of family values.

The use of mental health services was measured by asking respondents if they had seen any mental health professionals for problems with their emotions, nerves, or the use of alcohol or drugs in the past 12 months. Those who answered as having seen at least one professional were coded as "having used mental health services" and others as "having not used." Included in the list of mental health professionals are psychiatrists; general practitioners; medical doctors; psychologists; social workers; counselors; other mental health professionals such as psychotherapists, nurses, or occupational therapists; religious or spiritual advisors, such as ministers or priests; and other healers, such as herbalists or chiropractors. Perceived mental health status was measured using the question "How would you rate your overall mental health?" The original five responses were reduced to two categories: "excellent/very good/good" and "fair/poor."

Analysis

The NLAAS data collection used a multistage area probability sample design, which requires researchers to compute unbiased estimates of population statistics and relationships by using weights and complex survey sample design measures (Heeringa et al., 2004). We conducted all analyses with SPSS version 13.0 using the Taylor series linearization method, which was developed to estimate variances from complex sample data sets (Rust, 1985). Descriptive statistics were obtained first to examine differences between Asian and Latino victims in demographics, immigrant-related and sociocultural characteristics, IPV experiences, and mental health. Weighted estimates are reported, along with unweighted sample sizes and associated p values.

Logistic regression analysis assessed the effect of race on the use of mental health services among IPV victims. All other variables were included as control variables. Interaction effects were examined by including product terms of race and other variables, as suggested by Jaccard and Turrisi (2003). Another interaction term for the type of IPV and perceived mental health status was also included to see if the type of IPV would moderate the relationship between perceived mental health status and the use of mental health services. Complex-design-adjusted 95% confidence intervals were reported, along with population-weighted estimates. Finally, a separate logistic regression analysis was conducted with the same variables, but excluding medical doctors and nurses from mental health services, to see how the results would differ from when they were included in the analysis.

Results

Table 1 presents the sample characteristics. The population-weighted percentages of gender show that males and females were almost evenly included in the sample ($p = .499$). Approximately three quarters of respondents were employed; about 70% thought they

Table 1. Sample Characteristics

	Asian		Latino		
	N[a]	%[b]	*N*	%	*p* value[c]
Gender					.499
Male	82	51.1	77	47.9	
Female	82	48.9	105	52.1	
Employment					.816
Employed	125	76.4	134	75.1	
Unemployed	39	23.6	48	24.9	
Financial Security					.874
Secure	119	68.2	122	69.2	
Unsecure	45	31.8	60	30.8	
Education					<.001
0~12 years	38	21.1	112	66.3	
13 years or more	126	78.9	70	33.7	
Birthplace					.044
U.S.-born	42	26.6	88	48.4	
Foreign-born	122	73.4	94	51.6	
English proficiency					.069
Excellent/good	115	71.4	110	58.0	
Fair/poor	49	28.6	72	42.0	
Use of service					.006
Yes	12	5.3	30	14.6	
No	152	94.7	152	85.4	
IPV experience					.001
Minor IPV	134	82.4	119	66.5	
Severe IPV	30	17.6	63	33.5	
Perceived mental health					.995
Excellent/good	147	91.5	165	91.6	
Fair/poor	17	8.5	17	8.4	
	Mean	*SE*	Mean	*SE*	
Age	41.55	1.40	36.59	.84	
Family values	3.63	.03	3.52	.04	

a. Unweighted sample size.
b. Weighted percentage.
c. *p* value associated with Chi-Square tests.

were financially secure. There were surprisingly big differences in education between the two groups. More than three fourths of Asians (78.9%) had more than 13 years of education, whereas only a third of Latinos did. About one quarter of Asians and half of Latinos were born in the U.S. English proficiency was higher for Asians than Latinos,

Table 2. Factors Affecting Use of Mental Health Services

		95% Confidence interval		
	Odds ratio	Lower	Upper	*p* value
Asian vs. Latino	.408	.171	.975	.044
Age	.987	.952	1.023	.468
Female vs. Male	2.612	1.269	5.378	.010
0-12 vs. 13 or more years of education	.882	.257	3.024	.838
Employed vs. Unemployed	.704	.278	1.785	.452
Financially secure vs. Unsecure	1.712	.750	3.910	.196
U.S.-born vs. Foreign-born	1.782	.660	4.811	.248
Excellent vs. Poor English proficiency	1.473	.445	4.878	.518
Family values	.923	.429	1.988	.835
Severe vs. Minor IPV	1.990	.802	4.935	.134
Excellent vs. Poor mental health	.127	.033	.486	.003

but the difference was not statistically significant ($p = .069$). Asians used mental health services less than Latinos (5.3% vs. 14.6%). More Latinos (33.5%) experienced severe IPV than Asians (17.6%, $p = .001$). Perceived mental health status was almost identical for both groups; more than 90% of respondents perceived themselves as having excellent or good mental health ($p = .995$). Asian victims were older than Latino victims. Asians showed slightly higher family values than Latinos.

Table 2 shows the results of the logistic regression analysis of factors affecting the use of mental health services among IPV victims. First, none of the interaction terms for race and other variables was statistically significant. As a result, the study hypothesis that expected racial differences in factors affecting the use of mental health services was not supported. Neither was there significant interaction between the type of IPV and perceived mental health status. However, race affected the use of mental health services; Asian victims' odds of mental health service use were lower than Latinos (OR = .408), when controlling for demographic and sociocultural variables. As a result, another study hypothesis that expected there would be less use of mental health services among Asian victims than Latinos was supported. Of all other variables, gender and perceived mental health status were significant predictors of the use of mental health services. Females were more likely to use services than males (OR = 2.612). As expected, victims who perceived their mental health as excellent or good were less likely to use services than those with poor mental health status (OR = .127).

Another logistic regression analysis, in which only mental health professionals were included—medical doctors and nurses were excluded from service providers —yielded similar results to the analysis where they were included (data not shown). Asian victims were less likely to use mental health services than Latinos, and females and those with poor perceived mental health status were more likely to use mental health services.

Discussion

Our findings indicate that cultural differences between Asian and Latino victims exist in their sociodemographic characteristics, the type of IPV experienced, and the use of mental health services. Education and the type of IPV are significantly different between the two groups. Higher educational attainment for Asian victims and lower educational attainment for Latino victims are similar to both the whole NLAAS sample ($N = 4,649$) and the general U.S. population (U.S. Department of Commerce, Bureau of the Census, 2009). Thus, IPV seems to occur regardless of race and educational attainment. However, the nature of IPV seems to be different across race. The percentage of Latino victims who suffer severe IPV is almost two times that of Asian victims. While this result may imply that Latino perpetrators use severe IPV more than Asians, this result should be viewed in the individual, interpersonal, and social contexts. There may be different patterns of reporting IPV between Asian and Latino victims. Asian victims may minimize the scope of severe IPV when they report incidents to protect perpetrators from social and legal ramifications. Latino victims, in turn, may be more active in reporting severe IPV to seek better protection. Socioeconomic and cultural factors may influence IPV in the Latino population, so that minor IPV escalates quickly to severe IPV. We cannot explore these possibilities with the current data. Future research is needed to examine which factors affect the type of IPV and how the effects of those factors are different across race. In a similar context, it is surprising that as many men were found to experience IPV as women. Gender differences in the prevalence and nature of IPV has been a consistent controversy in the IPV literature; the research results are still inconclusive (Cho, 2008; Martin, 1997). Future research needs to investigate individual, interpersonal, and social factors that may interact with gender to produce the complicated picture of IPV.

Another difference between Asian and Latino victims is mental health service use. It is not surprising that both Asian and Latino victims showed low levels of service use (5%-15%), given that most of them (92%) perceived their mental health as good or excellent. However, Asian victims seem to use the service less than Latinos, even when controlling for perceived mental health status, education, English proficiency, family values, and the type of IPV. Asian victims may prefer to rely on informal help from family members and friends over formal services (Yoshioka et al., 2003). Asian victims may not consider mental health sequelae associated with IPV to be as serious as Latinos do, which would lead to lower utilization of services (Leong & Lau, 2001). Asian victims may use different coping strategies (e.g., using willpower and avoiding morbid thoughts) than Latinos use for dealing with mental health concerns (Leong & Lau, 2001). Since help-seeking behaviors often reflect varying needs of victims, not seeking help is not

necessarily considered a problem—as long as victims meet their needs in their own ways. Some victims, however, may not be able to use services due to barriers. Socioeconomic limitations, traditional family values, and linguistic limitations have frequently been suggested as barriers to needed services for victims from ethnic minorities (e.g., Bauer et al., 2000; Lee, 2002; Murdaugh et al., 2004). Our findings, however, dispute those claims. None of those factors affected victims' use of mental health services. Interpersonal and other social factors that were not included in this study may play a greater role than individual ones in affecting the use of a service. Victims may be influenced by their prior experiences with service providers. An abundance of mainstream services and a lack of culturally sensitive services may be another barrier to services for racial minority victims. Even the number of service providers available in the racial communities may be lower than in other communities that consist mostly of Whites. Therefore, future research is needed to better understand victims' help-seeking behaviors and to identify barriers in individual, interpersonal, and sociocultural contexts (Liang, Goodman, Tummala-Narra, & Weintraub, 2005).

Another factor that affected victims' use of mental health services was gender. Female victims were more likely to use services than males. Lower utilization of mental health services among men is consistent with most previous research (Kessler et al., 1999; Wang et al., 2005). Men with traditional gender values may consider seeking mental health services as exposing their weakness, which has been related to stigmatization and, therefore, discouraged for men (Kessler et al., 1981). Men may not consider mental health concerns as seriously as women, who have greater abilities than men to identify their feelings of distress as being mental health problems (Williams et al., 1995). It is unlikely, however, that men's low use of the services resulted only from their low recognition of mental health problems, because men were shown to use services less than women even when controlling for perceived mental health status. Another possible explanation is that there may be gender differences between male and female victims in the mental health consequences of IPV, which may lead to fewer male victims using mental health services than female victims using them. However, research results are not consistent regarding gender differences in mental health consequences among IPV victims (Fergusson, Horwood, & Ridder, 2005; Huang & Gunn, 2001; Williams & Frieze, 2005). Mental health consequences of IPV are likely to vary depending on the various contexts of IPV, including the severity of incidents, physical injuries inflicted, and the nature of IPV (e.g., patriarchal violence based on power and control, violent reactions as self defense, mutual violence; Johnson & Ferraro, 2000). Race and ethnicity seem to add another dimension to the relationship between IPV and mental health consequences (Próspero & Kim, 2009). Therefore, future research is needed that includes detailed information on those factors to examine how gender interacts with them to affect service use among IPV victims.

It is not surprising that victims with poor perceived mental health status were more likely to use mental health services. However, there may be relations between perceived mental health status and type of IPV; severe types of IPV might affect perceived mental health status, leaving victims more likely to utilize mental health services. But the study results did not support this possibility. The interaction term between perceived mental

health status and the type of IPV was not statistically significant. The type of IPV may be just one of many measures of the severity of IPV, which might vary depending on other contexts, such as injuries inflicted and the nature of IPV as described earlier (Johnson & Ferraro, 2000). As with gender differences in service use, future research needs to include detailed information on the nature of IPV to disentangle potential complicated relationships among these variables.

Our findings revealed that factors affecting the use of mental health services did not vary between Asian and Latino victims; regardless of race, females and those with poor perceived mental health status were more likely to use mental health services. Asian and Latino victims may have more commonalities than differences as immigrants, so that patterns of their service use and associated factors are likely to resemble each other. Moreover, both Asians and Latinos share some common cultural contexts. They maintain collectivist worldviews in contrast to individualistic ones held in the U.S. (Lee & Hadeed, 2009). They place strong family and community values over individual preferences (Brabeck & Guzman, 2008; Lee, 2007). Comparisons of their service use with nonimmigrants, including Whites and African Americans, are needed to test this possibility. Another potential explanation for there being no racial/ethnic differences in factors affecting service use is that help-seeking behaviors of IPV victims are likely to vary depending on their varying needs. Accordingly, various individual and interpersonal contexts, which were not measured in this study, may affect victims' service use. In-depth, qualitative research is clearly needed to better understand the complicated relations among race/ethnicity, IPV, demographic factors, and mental health service use.

This study had limitations. The number of IPV victims included in the analysis was relatively small for some subgroups (e.g., 12 service users among 164 Asians), weakening individual factors' predictive accuracy. Although sampling weights were applied to all analyses for better estimation, the analytic power may be limited by the sample size. As a result, some estimates of the odds ratios seem to be unstable, requiring a larger sample to be used in future research. Another limitation is that the study findings regarding the association between IPV experience and the use of services are not causal, but rather correlational. The temporal order between IPV experience and service use could not be determined from the study data. Accordingly, it was unknown whether respondents had used mental health services after experiencing IPV, or if they experienced IPV after having used mental health services for non-IPV-related symptoms. Longitudinal research needs to be conducted, to measure accurate relationships between IPV and service use.

Conclusions

The results of this study demonstrate that there are racial differences in the use of mental health services among IPV victims. Asian victims' low utilization of mental health services is alarming, given the dire consequences of IPV on victims' mental health (Bargai et al., 2007; Campbell, 2002) and the critical importance of early intervention in protecting victims (Saltzman et al., 2000). Previous research has suggested that individual factors, such as strong family values, language barriers, and immigration status, contribute to low use of

services among IPV victims from racial/ethnic minorities (Lee, 2002; Murdaugh et al., 2004). The results of this study dispute those findings, suggesting that other interpersonal and social barriers may be greater factors. Therefore, outreach efforts are needed to increase access to mental health services, especially for racial and ethnic minorities. Included in those efforts are promoting community awareness of mental health sequelae associated with IPV, developing effective screening programs to identify IPV victims among mental health patients, addressing mental health concerns among IPV victims who are racial/ethnic minorities, making quality mental health services affordable for low-income victims, developing and supporting culturally sensitive services for racial and ethnic minorities, and expanding mental health resources for minority communities.

Mental health practitioners need to be aware that victims from racial/ethnic minorities may not clearly express their mental health concerns, due to previous negative experiences with culturally insensitive service providers. Every immigrant victim comes from unique circumstances and has unique needs. No assumption should be made that would stereotype immigrant victims as lacking English proficiency, sticking to male dominant values, and being passive in seeking help. The study results show that victims of different racial and ethnic groups use mental health services in different ways. It is necessary for practitioners to develop practice guidelines that help them to understand the basic characteristics of different cultural and racial/ethnic groups and to better meet their needs. These include listening to their complete stories, providing emotional support and community resource information, and validating their rights to be safe (Hamberger, Ambuel, & Guse, 2007).

Victims of all races should be able to access culturally sensitive mental health services that meet their needs. It can be a challenge for service providers and practitioners in a busy service environment to develop and implement culturally sensitive services for IPV victims. However, this study provides information from a nationally representative sample about racial and ethnic differences in the use of mental health services, and how sociodemographic factors affect victims' use of services. Mental health services will be more effective in meeting the needs of IPV victims who are racial and ethnic minorities when programs and services are developed that reflect these racial/ethnic differences in use of service.

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Bio

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