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Familism, Sexual Abuse, and Domestic Violence Among Immigrant Mexican Women

Affilia: Journal of Women and Social Work
28(4) 379-390
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DOI: 10.1177/0886109913503265
aff.sagepub.com


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Abstract

Immigrant Mexican women (IMW) experience domestic violence (DV) as adults, yet little is known about childhood sexual abuse (CSA) experiences and possible linkages between childhood and adult abuses. A qualitative exploratory study was conducted using in-depth interviews and grounded theory to examine DV among nine IMW residing in a southwestern city. *Experience of childhood sexual abuse, domestic violence, and the role of familism on reporting and disclosing* were categories that emerged in the data. Findings indicated seven of the nine participants had experienced CSA. Social workers in practice can utilize findings toward a better understanding of how to serve IMW.

Keywords

childhood sexual abuse, domestic violence, *familism*, immigrant Mexican women

Childhood sexual abuse (CSA) has received extensive research investigation, yet little is known about past CSA experiences among immigrant Mexican women (IMW) and the impact these experiences have on adult relationships. In addition, although information is available on the correlation between domestic violence (DV) and CSA among the general population, limited information is available among IMW. The Latino population is the largest and fastest-growing minority group in the United States (United States Census Bureau, 2010). In 2010, an estimated 50.5 million Latinos (including legally immigrated and undocumented individuals) were currently living in the United States. Nearly 32 million of these identified as Mexican. Among Mexican individuals in the United States, 63% identified as U.S.-native-born individuals, whereas 37% identified as foreign-born (United States Census Bureau, 2010). Given the growing size of the Mexican immigrant population in the United States, social workers must be cognizant of the uniqueness of this culture to practice effectively and respectfully. Thus, in this article, we examine one subgroup of the Latino population, IMW.

Data were derived as part of a larger study examining DV among IMW (Marrs Fuchsel, Murphy, & Dufresne, 2012). The purpose of the present study was to examine the relation between CSA and DV, as

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well as the influence of the cultural value of familism (i.e., highly integrated families with supportive extended family members and a belief of responsibility to the family first before individual needs; Ulibarri, Ulloa, & Camacho, 2009). One aim of the study is to fill a gap in the literature among one subgroup of the Latino population, *IMW*. Findings have the potential to provide targets of intervention and prevention for future work with *IMW* who have past experiences of CSA and who are currently in DV-related relationships. In the following sections, we review the literature, describe the study design and key findings, and discuss the implications for social workers.

Familism Among Women of Latino Descent

Familism as a Cultural Construct. Researchers examining Latino populations define familism as a cultural construct encompassing responsibility and a sense of duty toward family members (Updegraff, McHale, & Whiteman, 2005). Nuclear and extended family relations among this population show high unity, social support, and interdependence, and Latinos generally place importance on family characteristics and values (Gaines et al., 1997; Marsiglia, Miles, Dustman, & Sills, 2002; Resnick, 2000). According to Guilamo-Ramos, Bouris, Jaccard, Lesesne, and Ballan (2009), *familismo* is a multidimensional construct encompassing several dimensions, including support among family members, strong ties between family members, behavior and attitude perceptions of the family, and family honor and obligation toward the family.

A large proportion of the Latino population in the United States experiences poverty and low-income stressors, which might influence strong family networks (Umaña-Taylor, Updegraff, & Gonzales-Backen, 2011). The role of familism may serve as a support or a stressor among low-income Latino families. For example, Umaña-Taylor, Updegraff, and Gonzales-Backen (2011) examined the experiences of low-income Mexican descent adolescent mothers' ($N = 207$) stressors (e.g., financial hardship and discrimination) and psychosocial functioning within a cultural framework. Findings indicated that adolescent mothers who had experienced financial hardships described more depressive symptoms and familism served as a type of support when mothers experienced low levels of discrimination. The role of familism served as a source of strength among low-income adolescent mothers who experienced discrimination.

Few studies address the role of familism and *IMW*'s behavior in DV-prone relationships among *IMW* who have previously experienced CSA (Lira, Koss, & Russo, 1999; Marrs Fuchsel et al., 2012; Ulibarri et al., 2009; Vidales, 2010). An understanding how dimensions of familism contribute to reporting or disclosing behavior (e.g., DV, CSA) offers a deeper understanding of *IMW*'s lived experiences with this phenomena. Low and Organista (2000) reported on familism as a source of strength and support to Latina victims of previous sexual assault. On the other hand, familism may serve as a deterrent to reporting, because of women's allegiance to the family first. The dimensions of familism might influence *IMW*'s behavior in their ability to disclose or report acts of violence (Low & Organista, 2000; Marrs Fuchsel et al., 2012; Ulibarri et al., 2009; Vidales, 2010).

Familism and Disclosing and Reporting CSA. Dimensions of familism, including support among family members and strong ties between family members, likely contribute to Latina women's experiences with CSA (Ulibarri et al., 2009). For example, familism could serve as a barrier if the perpetrator is a father or brother. In these cases, the victim may feel reluctant to disclose to keep family unity among respected family members (Ulibarri et al., 2009) or because of shame and fear of the perpetrator. In addition, familism is part of the Latino community, not just immediate family members (Guilamo-Ramos, Bouris, Jaccard, Lesesne, & Ballan, 2009; Vidales, 2010). It is likely that the perpetrator and the victim are well acquainted with members of the community. Victims may feel reluctant to report types of abuse because they do not want to disrupt family cohesion in the community.

In general, Latina women have lower rates of disclosure (Ahrens, Isas, Rios-Mandel, & Lopez, 2010; Low & Organista, 2000; Marrs Fuchsel et al., 2012). Thus, the cultural influence of familism may contribute to IMW's ability to report or not report incidences of CSA. In one of few investigations of cultural influences that affect Latinas' ability to disclose incidences of sexual assault and DV, Ahrens, Isas, Rios-Mandel, and Lopez (2010) conducted focus groups with Spanish-speaking Latina women with and without previous exposure to violence. In line with theoretical expectations regarding the sociocultural influence of familism for this population, several participants had difficulties disclosing because they did not want to disrupt family harmony. Alternatively, several participants who were mothers indicated that speaking to children about sexual abuse and not allowing daughters to have sleepovers might have prevented a future sexual abuse incident (Ahrens et al., 2010). In another study, Ullman and Filipas (2005) examined race/ethnicity and CSA among 461 women college students. Latina students experienced negative social reactions (i.e., persons reacted with embarrassment/disgust) when attempting to disclose. Although these findings are useful for understanding Latina's general experiences, research that specifically examines CSA and DV among IMW is limited. Further investigation is needed among IMW.

CSA and DV

In the general population of women, evidence suggests that past CSA experiences are risk factors for future DV incidences in relationships (Daigneault, Hébert, & McDuff, 2009; Hattery, 2009; Krebs, Brieding, Browne, & Warner, 2011; Watson & Halford, 2010). Among Norwegian women, women who experienced familial incest in childhood were 25% more likely to experience DV with multiple partners (Karin Bø Vatnar & Bjørkly, 2008). Furthermore, findings from structured interviews among White and African American women indicated that women who experienced types of CSA (i.e., incest, premature sexual encounters, and childhood prostitution) were at higher risk of experiencing DV in current relationships (Hattery, 2009). Although information on the correlation between past CSA and current DV in adult relationships is available among the general population, limited information is available regarding specifically IMW.

Available literature on IMW and DV (but not CSA) has a focus on IMW's experiences with regard to legal status (i.e., documented versus undocumented), types of support systems available to IMW, barriers IMW encounter as they access services (e.g., inability to speak the language or fear of deportation), and how familism likely contribute to IMW's experiences with DV (Edelson, Hokoda, & Ramos-Lira, 2007; Hancock, 2007; Kasturirangan, Krishnan, & Riger, 2004; Perilla, 1999; Vidales, 2010). Studies in the review of the literature examine the cultural construct of familism, the cultural influence of familism among Latina women's experiences with disclosing incidences of CSA, and the correlation between CSA and DV in current relationships. Next, we review the design of the study.

Method

The data from this study were a part of a larger study that examined DV among IMW (Marrs Fuchsel et al., 2012). The purpose of the current study was to examine the relation between CSA and DV as well as the role of the cultural value of familism.

Study Design

Grounded theory began as a quantitative method to develop hypotheses, theories, or theoretical models from findings of studies. Resulting theoretical models are tested in future studies to examine the validity of the proposed hypotheses generated from the data (Glaser & Strauss, 1967). Within the last

30 years, grounded theory has evolved to include qualitative analysis of findings (e.g., the examination of themes or categories that are found throughout the data; Glaser, 2001). In this study, we examined themes or categories that were related to CSA and DV in past or current relationships. Guided by grounded theory, we conducted collection and analysis for this study.

Participants and Sampling Procedures

Following approval by the university's Institutional Review Board (IRB), we used purposeful sampling (i.e., specific criteria the researcher uses to recruit participants) as the primary sampling method for the study. The participants were nine Mexican-born women ($M_{\text{age}} = 43$ years, standard deviation [SD] = 9 years; age range = 34–60 years) who had immigrated to a large metropolitan area in the southwestern United States. See Table 1 for additional demographic and study-related information about participants. Legal status was not a criterion for inclusion because this might have deterred participation. Women were currently in an intimate-partner relationship (i.e., dating, married, or cohabiting) and were involved in a DV relationship in the past (e.g., dating during adolescence) or presently.

Participants were part of a 10-week, psychoeducational, agency-based, closed support group for women. Each week, the women discussed facilitator-chosen topics related to women's issues (e.g., DV, parenting, substance use, finances). We introduced the research project at the beginning of the DV session and described the criteria for participation (i.e., women who had experienced DV in the past or present, were 18 years or older, and were Spanish-speaking). After meeting with potential participants after the DV session or speaking with them on the phone, we scheduled specific dates and times to conduct individual interviews with the first author. The first author conducted all individual interviews (approximately 2.5 hr each) at the agency in which the support group was located, and participants received \$45 each for their participation.

In the process of grounded theory data collection, the researcher codes and sorts the data after each interview, using the constant comparative analysis (i.e., a method of analyzing the data line-by-line and comparing data lines to other data lines to find categories and themes). The researcher selects participants to next interview based on the type of information the researcher is finding in the data to develop new categories and themes that might be relevant to an emergent hypothesis, theory, or idea (i.e., theoretical sampling; Glaser, 2001). In the present study, an important difference from traditional grounded theory data collection was necessary, due to IRB restrictions. Whereas traditional grounded theory procedures would call for theoretical sampling to recruit participants, we employed criterion sampling for reasons of safety and confidentiality. Specifically, we were approved to conduct interviews at only one point in time with each participant for her own safety.

Criterion sampling involves selecting participants who meet some type of specific criteria that is of importance to the study (e.g., 18 years or older, experienced DV in the past or present, legal status; Glaser, 2001). After each interview, having sorted and coded the data, we were able to expand on the meaning of CSA by asking modified questions to each subsequent participant. By using this method, we were able to discern and articulate theoretical relations between the categories, a method used in grounded theory to develop hypotheses and theoretical models. For example, after analyzing the first and second interviews, we incorporated the cultural construct of familism into the questions.

Instrument: Structured Interview Guide

We composed a semistructured interview with specific questions related to DV to guide the interview. Independent community members and experts on DV who identified as part of the Mexican culture and spoke Spanish back-translated the interview guide. The following were some of the questions asked: *Have you heard of the term domestic violence? Can you describe your childhood?*

Table 1. Demographics and Childhood Sexual Abuse Experiences of Participants.

Pseudonym	Age	State of Mexican birth	No. of children	Years in U.S.		Legal status	Age of first CSA incident	Type of CSA experience and duration
				No. of children	(percentage of life)			
Ana	35	Distrito Federal, D.F.	3	21 (.60)		Work permit, residency applicant	Child (exact age is unknown)	Sexual contact by boy one time
Graciela	42	Chihuahua	2	11 (.26)		Resident, green card	7 years old	Sexual interaction (i.e., exhibitionism) one time
Joana	41	Jalisco	3	20 (.49)		U.S. citizen	Young adult (exact age is unknown)	Marital rape by first husband after she was severely physically beaten
Margarita	55	Michoacán	3	18 (.33) ^a		No documents	10 years old	Sexual contact by older aunt who was 18 years old. Raped during date at the age of 17 after she was physically assaulted. ^a Note (Current husband molested her daughter)
Maria	47	Puebla	4	17 (.36)		No documents	No CSA	No CSA
Marta	38	Estado de México	3	8 (.21)		No documents	8 years old	Older cousin attempted to have sexual contact with Marta. Marta fought him off
Paloma	34	Sinaloa	2	5 (.15)		No documents	8 years old	Incest by older brother who was 8 years older for a period of 5–8 years. Sexual contact by neighbor one time. Sexual interaction (i.e., exhibitionism) one time. Inappropriate sexual language by priest one time
Perla	60	Zacatecas	6	30 (.50)		U.S. citizen	Child (exact age is unknown)	Sexual contact by teacher in grammar school one time. Sexual contact by priest in grammar school one time. Raped during a date (age 16)
Sylvia	38	Jalisco	2	15 (.39)		No documents	No CSA	No CSA

Note. CSA = childhood sexual abuse; U.S. = United States.

^aMargarita has spent the 18 years residing some in the United States, some in Mexico.

Did anyone ever hurt you during your childhood? Such as hit you, yell at you or touch you in places that you did not like? If so, can you describe your experience? As noted, although traditional grounded theory incorporates questions or concepts derived from participants, we were permitted to only interview participants at one point in time. For that reason, we constructed additional questions (i.e., *Have you heard of the term familism?*) derived from the early interviews for use in later interviews, to advance our understanding of the relation between CSA and DV.

Data Collection and Analysis

We reviewed and analyzed a total of 288 pages of verbatim transcribed interviews and 100 pages of typed memos and journal entries. A native Spanish speaker from Peru, the first author conducted all interviews in Spanish, as the participants were native Spanish speakers and were most comfortable speaking in their native language. Because the interviewer spoke Peruvian Spanish and the participants spoke Mexican Spanish, we invested efforts to ensure dialectical and regional differences would not alter the meaning of interview responses. Specifically, the interview guide was back-translated by Mexican Spanish speakers, and the interviewer posed clarifying questions during the interviews in cases when the interviewer could not understand a Mexican word. A Mexican Spanish bilingual research assistant transcribed the audio-taped interviews.

As researchers read the transcribed interviews in Spanish, the process of open coding began. During the process, similar categories emerged that could be theoretically linked to other categories. Bilingual researchers assisted by native speakers from Mexico then translated the transcribed interviews and relevant categories into English. We sorted the data using constant comparative analyses. From the nine interviews, extensive field notes, memoing, and a brief examination of the literature, a total of 231 categories emerged from the data. Examples of the categories included types of DV, childhood trauma, coping strategies, and types of support. Finally, we sorted these categories into properties (e.g., experience of CSA, DV, and the role of familism on reporting and disclosing), which were collapsed into main and subcategories.

Researcher Bias and Methods to Check for Validity

The first author's professional experience as a clinical social worker with victims of DV may have biased data analysis. Thus, we implemented journaling, peer debriefing, and memoing throughout the study to minimize bias. We used feedback as one method to check for validity, conversing with peers, professors, community members, and DV experts to understand IMW's experiences of CSA and DV within their own culture. In addition, the author solicited feedback as often as needed from native Spanish speakers from Mexico and from people who were not familiar with DV. Receiving information from various sources assisted in minimizing threats to validity (Maxwell, 1996).

Obtaining *rich data* (i.e., data that are detailed enough to provide a concrete picture of what is going on) was the second method we used to check validity (Maxwell, 1996). We obtained rich data by having the interviews transcribed verbatim, which generated patterns and themes rather than simply taking notes of the transcripts. We maintained an audit trail that consisted of transcribed interviews, dictated documents, memos, field notes, and a journal, which were part of the process to ensure for credibility and validity of the study. Because of the various methods used to ensure minimally biased, multi-informant sources, we have confidence in the validity of the findings.

Findings

Researchers using the original method of grounded theory do not use direct quotes from data, but integrate data and offer interpretation to the reader (Glaser, 2001; Glaser & Strauss, 1967). The

following themes emerged from findings: (a) experience of CSA; (b) experience of DV in current relationships, and (c) the role of familism with disclosing and reporting CSA and DV. We assigned pseudonyms (i.e., Ana, Graciela, Joana, Margarita, Maria, Marta, Paloma, Perla, and Sylvia) to nine participating IMW who had experienced some type of CSA (see Table 1). All participants had children ($M = 3.1$, $SD = 1.3$; range = 2–6) and participants' ages ranged between 34–60 years ($M = 43.3$, $SD = 9$). Participants were born in different Mexican states, including Distrito Federal (D.F.), Sinaloa, and Jalisco. Most of the participants had lived in the United States for more than 5 years ($M = 16.1$, $SD = 7.5$; range of years = 5–30), and five (56%) reported having no legal documents to reside in the United States. All of the participants reported having experienced some type of DV incident in the past or presently with intimate partners. Seven of the nine participants (78%) in this sample experienced some type of CSA; Maria and Sylvia were the only two participants who did not experience CSA. Many of participants' experiences included severe CSA, such as familial incest, date rape, marital rape, and exhibitionism (i.e., exposure of genital areas to persons without their consent; American Psychiatric Association, 2000).

Experience With CSA

We did not specifically ask the participants to define CSA; rather, participants discussed their experiences with CSA. The duration and severity of these experiences among the participants varied from a one-time CSA incident to long periods of CSA, lasting more than 5 years. In addition, Joana, Margarita, and Perla experienced rape. The onset age of CSA ranged from 7 to 17 years of age. The age and gender of the perpetrator also ranged from boys to adult men to a young adult woman. In the following section, we describe types of CSA experiences among IMW.

One-Time CSA Experiences With Boys or Men. As adolescents, Marta and Ana experienced harassment by boys: Ana was groped by a boy and Marta's male cousin tried to touch her intimately; however, she fought him off and ran away. Graciela and Paloma experienced exhibitionism when they were young girls by older men, and Perla and Paloma experienced CSA by a Catholic priest during their childhood years. Perla was fondled (i.e., the priest touched her inappropriately on certain body parts) as a child at a Catholic Church during the sacrament of confession, and a priest asked Paloma to tell him about her sexual experiences during the sacrament of confession.

Prolonged Periods of CSA Experiences With Family Members. Paloma experienced incest (e.g., forced and coerced sexual intercourse) by an older brother (i.e., 8 years older) for approximately 8 years between the ages of 8 and 16. Margarita experienced CSA by an older aunt (i.e., 18 years of age) at the age of 10: She reported that the older aunt touched her inappropriately on specific body parts for a period of one night (e.g., approximately 8 hr).

One-Time Rape Experiences. Three of the nine participants experienced rape in dating or marital relationships. Perla and Margarita experienced forced rape during their latter teenage years before they entered into a romantic relationship with the same perpetrator. Joana experienced marital rape in young adulthood.

Experiences With DV in Current Relationships

Perla and Margarita experienced DV during the dating and courting phase, although they were not aware of it. The women had not identified verbal abuse, isolation from family members, and occasional physical abuse as DV. For most of them, DV began immediately upon entering the relationship. In the beginning, the acts of physical DV were slaps across the face and verbal abuse, including

severe yelling (e.g., name-calling). Throughout the relationship, the participants identified and experienced severe types of DV (i.e., physical abuse, husbands being unfaithful, women being locked in a room with no way out, verbal abuse, threatening statements about children, marital rape, and in some cases, incidences that might have led to death). As participants progressed through adolescence, young adulthood, and into adulthood, they developed mental health concerns that may have been influenced by experiences with CSA and current DV in relationships.

Experiences With Disclosing Information and Familism

CSA. All participants who experienced some type of CSA described feeling confused, scared, ashamed, embarrassed, and alone during and after incidences of CSA. Participants discussed the challenges with disclosing information to family members or friends. Paloma described that she attempted to tell her parents what was happening, only to be told that she was lying. Perla and Joana were told by their perpetrators not to say anything (e.g., date rape), because it was a secret. Margarita, the participant who experienced CSA for one night by the older aunt, reported that she could not tell anyone that this had happened because of fear and threats she received by her perpetrator. As a result, these participants did not disclose any information, and this influenced how they were able to cope after incidences of CSA, perhaps negatively contributing to developing self-esteem and how they viewed present relationships. In addition, none of the participants described support from family members, particularly because they were afraid or ashamed to disclose information. The participants were not specifically asked about the impact of familism and whether or not familism served as a protective or risk factor when attempting to disclose CSA experiences.

DV. A dimension of familism (e.g., support from family members) was present throughout this study; however, most extended family members were not supportive when the women asked for assistance after a violent DV-related episode that culminated in separation or divorce. That is, the women described their family as being very important in their lives; yet, all of them had difficulty disclosing information about DV to their immediate family members because they felt embarrassed, unsupported, and as if they had failed in their committed relationships. The role and cultural value of familism requires further investigation with regard to DV incidences—*dimensions of familism* (e.g., family support, family honor, and feeling obligated toward one's family; Guilamo-Ramos et al., 2009) may be risk factors for IMW who need assistance.

Discussion

The purpose of this study was to examine the relation between CSA and DV among IMW and the role of familism with disclosing DV and CSA. We were interested in examining the process of how CSA is related to IMW's experiences with DV in current relationships and disclosure experiences to examine potential targets of intervention and prevention for future work with IMW.

Linking Previous CSA and Later DV

All of the participants experienced some type of DV incident in present or past relationships and 78% of the participants had experienced some type of CSA. Findings in this study supported previous studies suggesting women who experience CSA are at a greater risk of experiencing DV in adult romantic relationships (Daigneault et al., 2009; Hattery, 2009; Karin Bø Vatnar & Bjørkly, 2008; Krebs et al., 2011; Watson & Halford, 2010). This is an important finding among this subgroup of the Latino population because it is similar to other groups of women. Across cultures and other groups of women in the general population, CSA is a risk factor for future DV-related incidences

among adult relationships. Further research is needed to examine the relation between and CSA and DV and how prevention and intervention targeting IMW in community-based agencies is important for social workers to practice effectively with this growing population.

Experiences With Reporting and Disclosing CSA and DV

Similar to other descriptions of experiences with attempting to disclose CSA (Ahrens et al., 2010; Lira et al., 1999; Ullman & Filipas, 2005), the participants in this study outlined challenges (i.e., fear, shame, embarrassment, threats from perpetrators, and negative reactions from family members) with disclosing information to adult caregivers (i.e., parents, grandmothers, aunts) and reporting. This finding supports the assertion that underreporting may be a serious problem for Latina women (e.g., Lira et al., 1999). In this study, one participant (i.e., Paloma, who experienced familial incest for approximately 8 years by an older brother) had a negative experience with disclosing, consistent with previous studies that indicate lower rates among Latina women wishing to disclose CSA (Ahrens et al., 2010).

The Role of Familism With Disclosure of CSA and DV

Women's inability to report or disclose DV incidences or previous CSA is strongly linked to perpetrator threats and manipulation toward victims (Edelson et al., 2007; Kasturirangan et al., 2004; Perilla, 1999; Vidales, 2010). Although not directly asked about the impact of familism on IMW's experiences with disclosing CSA, dimensions of familism are likely to have influenced participants' decisions to report. Six of the participants disclosed previous CSA for the first time during the interview. The participants might have not previously disclosed or reported because they did not want to disrupt the family unity, and they might have felt like it was shameful to the family. Low and Organista (2000) described the role of familism as one of support to Latina victims who have experienced sexual assault; however, victims may be reluctant to disclose because of women feeling loyalty to family unity as opposed to individual needs.

The role of familism is an important area of investigation among IMW experiencing DV and IMW attempting to disclose DV incidences. Similar to IMW's experiences when attempting to disclose CSA, the participants' extended family members were not supportive when the women asked for assistance after a DV incident. Participants described their family as being very important in their lives, yet all of them had difficulty disclosing information about DV to their immediate family members. In recent years, authors have begun to explore the concept of familism as an important cultural aspect in the experiences of IMW and DV (Brabeck & Guzmán, 2009; Klevens et al., 2007; Vidales, 2010). Brabeck and Guzmán (2009) examined women's help-seeking behaviors within a sociocultural context and concluded that participants with higher levels of familism sought out informal help more frequently than those with lower levels. In our study, participants wanted to reach out for help and report incidences of DV and CSA to informal support systems (i.e., the family), but felt embarrassed, afraid, and ashamed to do so. Further investigation is necessary regarding the role of familism in relation to IMW's experiences with disclosing DV and CSA.

Currently, investigators are building on preliminary results from the current study to develop a 12-week empowerment group intervention tool for IMW with a psychoeducation and therapeutic, culturally sensitive curriculum to explore healthy relationships and the role of familism in experiences of past CSA or present DV. The curriculum may serve as a model for CSA and DV intervention for IMW with specific strategies for social workers within a 12-week empowerment group. With increased research and cultural awareness, perhaps cultural dynamics (e.g., familism and IMW) can be extended for use among other groups of women or other subgroups of Latina women.

One important consideration is the number of participants' legal status (i.e., five of the nine participants reported not having the proper documents to reside in the United States legally) in relation to experiences with reporting. The participants did not discuss how legal status impacted their ability to report, but they discussed their feelings of not being able to report. Legal status and whether or not that contributes to a women's decision to disclose incidents of CSA and DV are important because of the implications reporting ability may have on IMW.

Limitations and Implications for Practice

Strengths and Limitations. This exploratory study offers an increased understanding of the relation between CSA and DV and IMW's experiences with disclosing and reporting. The qualitative method used in this study provided an interpretation on the role of familism with CSA and current DV experiences in adult relationships, as reported by IMW. The relatively novel examination of IMW's experiences, in particular, and the process of how CSA is a risk factor for future DV incidences begin to fill a gap in the literature regarding a clearer understanding of the relation between CSA and DV among this growing U.S. population.

Despite these strengths, there were several limitations in the present study, especially pertaining to researcher bias. The first author's previous knowledge about DV and her ability to provide direct services to the immigrant Mexican community in a clinical social work practice setting may have influenced her understanding of the unique experiences of this group of women and could limit the scope of the study. In addition, the nature of qualitative study, restrictions placed on the type of sampling, and the small sample size implies that findings cannot be generalized to the larger population and necessitate further research in this area. Although the experiences of these women were likely to be common among groups of CSA and DV victims, further evidence is needed regarding the experiences of especially IMW's experiences with CSA and how CSA impacts IMW's experiences with DV in current relationships. The age of participants was also another limitation: The majority of the participants were older (e.g., older than 35), as opposed to younger, women. Additional research is needed on younger IMW's experiences with CSA and DV incidences, especially because their differing level of acculturation might influence their ability to report incidences of CSA. IMW who are younger and who are more acculturated might be more comfortable with reporting incidences of CSA and DV because they are familiar with the laws of the state; however, familism may play a role in the ability to report because of IMW's allegiance to family members regardless of age or number of years living in the United States. Understanding a cultural value such as familism in relationship dynamics and IMW's experiences with reporting and disclosing incidences of CSA, social workers may gain a better understanding of the specific interventions needed among this growing population.

Implications for Social Work Practice

In direct practice settings, findings have implications for social workers and mental health professionals who want to understand how CSA might be a risk factor for future DV incidences among IMW. Social workers must consider the impact of CSA incidences on women's self-esteem and mental health as they are addressing current relationships and, in particular, DV incidences in current relationships. IMW who experienced CSA and current DV might develop mental health problems (i.e., anxiety, depression, and eating disorders) as a result of multiple types of trauma. Social workers should include CSA assessment questions in DV-related intervention efforts targeting IMW. Professional treatment (i.e., individual or group therapy) should be available to discuss CSA among IMW and the impact on current relationships and their overall health to begin the healing process. Social workers must engage in dialogue with experts in the community who understand dimensions of familism to work more effectively with IMW and the broader population.

By doing so, preventative efforts against CSA and DV can be better implemented within cultural considerations.

Acknowledgment

The author would like to acknowledge external reviewers, for helpful comments on previous versions of the article.

Declaration of Conflicting Interests

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

Funding

The author received no financial support for the research, authorship, and/or publication of this article.

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