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**Longitudinal Examination of Victimization Experiences of Latinos (LEVEL): Extending
the Bias Victimization Study**

**Final Research Report
March 9, 2021**

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INTRODUCTION

National victimization surveys help track crime and victimization beyond those that are identified and reported to the police. Despite the strength of capturing under or unreported crimes, such national surveys have proven to be less effective at identifying victimization among subpopulations within the U.S. who may be missed through traditional sampling methodologies and who are less likely to respond to census-type surveying methodologies due to fears about reporting their identity or concerns about being stigmatized. Although Latinx communities now total over 60.6 million U.S. residents, surpassing the size of all other racial/ethnic minority groups and making up 18% of the U.S. population (Noe-Bustemante et al., 2020), we know relatively little about victimization specifically within the Latinx population. Additionally, we lack important longitudinal data on Latinx population experiences which limits our ability to address important questions about the potential causal mechanisms of association between immigration status, county of origin, and acculturation, and risk of victimization across the U.S. Latinx population.

Large scale surveys that include Latinx communities such as the National Violence Against Women [NVAW] Survey, National Intimate Partner and Sexual Violence Survey [NISVS], National Comorbidity Survey [NCS], National Crime Victimization Survey [NCVS]) are limited in that they generally allow for comparisons between racial/ethnic groups but cannot examine the more nuanced aspects of victimization and culturally centered factors that may play a role in victimization and victimization-related sequelae. However, these studies have shown interpersonal victimization for Latinx community members that range from 30% to 60% depending in part on whether it is focused on partner violence or regardless of perpetrator relationship (NVAW, NISVS). Consistent with these figures, The Sexual Assault Among Latinas

Study (SALAS) found a lifetime prevalence victimization rate of 53.6% for Latinx women across various forms of victimization (Cuevas, Sabina, & Milosshi, 2012). While the research does not show that the rates of victimization are significantly higher than other racial/ethnic groups, they highlight that Latinx populations experience a wide range of victimization.

National victimization surveys also tend to treat Latinx communities as a monolithic group. Latinx populations are diverse with regard to a number of variables including immigrant status (about 33% are foreign-born), language use (30% are not English proficient), Latinx origin (62% have Mexican origin), acculturation (defined as the cultural changes that take place after intercultural contact) and enculturation (retention of culture of origin) level (Noe-Bustemante, 2019). The research on victimization among Latinx communities has largely failed to incorporate these cultural variables. Immigrant status, primary language, acculturation and enculturation all play a role on victimization experiences and outcomes (Cuevas & Sabina, 2010; Sabina et al., 2013; Wright & Benson, 2010). Additionally, acculturative stress, defined as the strains associated with adapting to life in the U.S. such as financial strain, loss of social networks, and discrimination (Caplan, 2007), also have received little attention in their relation to victimization. While some consistency exists regarding cultural effect, the shifting political climate surrounding immigrants and the Latinx community as a whole may lead to a shift in the impact of key cultural variables. For example, while acculturation has shown to have an equally strong or stronger effect on victimization risk and outcomes compared to immigrant status (Cuevas, Sabina, & Bell, 2012; Sabina et al., 2015), given the recently heightened immigration enforcement, it is possible that immigration status might now have a stronger effect on victimization risk (e.g., partner violence victims being unwilling to get help or leave the

relationship) or victimization-related outcomes (e.g., greater anxiety exacerbated by immigration-related concerns).

The lack of longitudinal data on Latinx community victimization experiences is another notable limitation of the current research. Without such information, it is difficult to draw conclusions about the causal relationship between predictors of victimization, negative mental health consequences, and help-seeking outcomes. There is robust evidence that Latinx populations experience the same consequences related to victimization that other groups do including revictimization, negative mental health consequences, posttraumatic symptoms, substance abuse, and suicidality (Basile et al., 2004; Boney-McCoy & Finkelhor, 1995; Briere & Elliott, 2003; Briere & Jordan, 2004; Macmillan, 2001; Norris & Kaniasty, 1994). There is also some evidence that there are symptomatic differences for Latinx populations, particularly in type of degree of certain mental health symptoms (Marshall et al., 2009; Ortega & Rosenheck, 2000). A limitation of a substantial portion of the current research is that it is cross-sectional, limiting our ability to make causal inferences about the victimization – mental health connection. Given the evidence suggesting the reciprocity between victimization and psychological distress (i.e., psychological distress as a consequence and risk factor for revictimization (Becker-Blease & Freyd, 2005; Breitenbecher, 2001; Cuevas et al., 2010), longitudinal data is critical to disentangle the nature of this relationship. Longitudinal victimization data also allows for the evaluation of pre-cursors to changes in victimization and outcomes (Cuevas et al., 2010; Finkelhor et al., 2007a) as well and mediating and moderating factors. For example, longitudinal data focused on child victimization has evaluated risk factors for revictimization (Cuevas et al., 2010; Turner et al., 2010), posttraumatic sequelae of polyvictimization (Finkelhor et al., 2007b).

While national level survey data contributes to our understanding of victimization among Latinx populations, there are many methodological and practical trade-offs that make community-based surveys, particularly across different communities, appealing as a method or technique of answering important scientific questions. For one, community-based surveys, especially those conducted in cooperation with local community agencies, have the opportunity to recruit harder to reach and transient and potentially more vulnerable individuals within those communities such as a greater proportion of undocumented immigrants, migrant workers, and LGBTQ Latinx populations (Bonevski et al., 2014). Second, the recruitment through community-based agencies likely helps to develop trust between the researchers and the participants, possibly helping improve participation and retention across longitudinal research. Third, with the advent of cell phones and the diminishing number of households with land-line phones, national phone-based surveys have become prohibitively expensive and saddled with methodological concerns surrounding response rates, sampling bias, and representativeness of the targeted populous (Force, 2010). Finally, community-based surveys facilitate the collection of qualitative data through in-depth interviews to better understand the mechanisms through which cultural factors might impact victimization risk, reporting, and negative mental health outcomes.

This study fills gaps in our knowledge about victimization among Latinx communities with a specific focus on variation in victimization experiences among Latinx populations with various immigration statuses, English language proficiency and levels of acculturation/enculturation. Additionally, this study provides one of the few longitudinal examination of victimization with Latinx adults, an important step forward during at a time when there is heightened concern about victimization, help-seeking, and reporting among this

community. Leveraging data from the study “Understanding and Measuring Bias Victimization against Latinos” funded by the National Institute of Justice (2016-V3-GX-0001) that collected data on victimization among Latinx adults in three U.S. sites to understand the nature and prevalence of bias motivated victimization, this study provides a second wave of victimization data from the original survey population and supplements the data collection with qualitative interviews with Latinx crime victims in order to better understand the role that cultural factors play in victimization risk, negative mental health consequences, help-seeking, and crime reporting. A large community-based sample of Latinx adults was drawn in Boston, Massachusetts, San Diego, California and Galveston, Texas. Respondents from the original study completed a second questionnaire one year after their original contact to determine changes in victimization, help-seeking and reporting, and psychosocial responses to victimization.

This study answers the research questions outlined below. Answering these questions will contribute to scholarship and inform policymaking around Latinx victimization in important ways, capitalizing on longitudinal data on victimization of Latinx adults and qualitative data to supplement survey findings, helping elucidate how cultural factors play a role in victimization and help-seeking.

Key Quantitative Research Questions

1. What are the revictimization patterns across the two waves for the various forms of victimization and overall total victimization?
2. What factors are associated with victimization of Latino individuals across a range of violent and non-violent crimes? Specifically, how does immigration status, language proficiency, acculturation, and enculturation impact the likelihood that a Latino/a is victimized or revictimized?
3. What factors are associated with negative mental health consequences? Specifically, how does immigration status, language proficiency, acculturation, and enculturation impact negative health outcomes for those Latinos who are victims of crime?

4. What factors are associated with help-seeking and reporting of victimization to criminal justice agencies? Specifically, how does immigration status, language proficiency, acculturation, and enculturation impact help-seeking and reporting for those Latinos who are victims of crime?

Key Qualitative Research Question

1. How does immigration status, language proficiency, acculturation, and enculturation affect negative mental health outcomes, help-seeking, and reporting for Latino/a crime victims?
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DESIGN AND METHODS

Recruitment

Study participants were derived from the existing sample within the “Understanding and Measuring Bias Victimization against Latinos” study (Cuevas et al., 2019), which consisted of residents from three areas of the United States: the greater San Diego metro area, Southern Texas (Galveston and Houston) and metro-Boston. These areas contained Latinx populations from various countries of origin as well as immigration experiences. Participants were originally recruited through a number of community-based organizations and Latinx-oriented events in the community such as festivals. Once participants had been given the original survey, they were asked if they would be willing to participate in a follow up survey a year after their initial participation. In addition to consenting to a second survey, participants were asked if they would be willing to partake in an in-depth, in-person interview.

Once participants consented to partake in the follow up survey and/or in-depth interview, they were given a locator form to complete which provided the research team with contact information across various communication methods, including cell phones, app-based and social media platforms (such as Facebook and WhatsApp) as well as physical mailing address and email address. Participants were then contacted approximately once every three months (via

email or text message) in their preferred language (English or Spanish) to ensure their contact information remained up to date. Participants responding to these contact checks were given a small remuneration for their time (\$5 gift card)

Survey Administration

Participants who consented to take the second survey were sent an electronic version of the survey using a Qualtrics software link to either their cell phone number or to their email address. Each participant had a personalized link that was designed to exclusively retain their unique identifying number from their first survey to the second survey. Once presented with the survey, participants were asked to review the IRB approved consent form and complete the survey in their preferred language (English or Spanish). Due to the onset of the Covid-19 pandemic, planned in-person recruitment efforts could not be done. All recruitment for the second wave of the survey was conducted remotely.

Individuals completed all the measures on the survey that were applicable to them. Victimization experiences were measured using the *Bias Victimization Questionnaire for Latinos (BVQ-L)* (Cuevas & Farrell, 2016), which evaluates rates of bias victimization experiences and the *Lifetime Trauma and Victimization History (LTVH)* (Widom, Dutton, Czaja, & DuMont, 2010) to capture any experiences of victimization that were not bias motivated. The *Help-seeking Questionnaire* (Sabina, Cuevas, & Schally, 2012) allowed respondents to disclose their level of informal and formal help-seeking behavior resulting from the victimization experience they felt was most severe. To ascertain the level that cultural factors impacted participants, the *Brief Acculturation Rating Scale for Mexican-Americans (Brief-ARSMA-II)* for acculturation and enculturation as well as the *Social, Attitudinal, Familial and Environmental (SAFE) Stress Scale* for acculturative stress were utilized. For language proficiency, an adapted version of the

Language Experience and Proficiency Questionnaire (LEAP-Q) (Marian, Blumenfeld, & Kaushanskaya, 2007) was adopted. Four subscales from the *Trauma Symptom Inventory -2 (TSI-2)* (Breire, 2011), depression, anxiety, anger, and dissociation, were used to measure the mental health symptoms of respondents. Upon completion of the survey, participants were sent a \$30 gift card either by mail or electronically.

Participants

Of the original 910 participants in the first survey administration 674 agreed to participate in the second survey. A final sample of 323 participants was retained (123 from Boston, 115 from San Diego and 85 from Houston), resulting in an overall 35.5% retention rate (with 47.9% of those who agreed to participate in follow-up responding to the wave 2 survey). The average time between wave 1 and wave 2 completion was almost 18.0 months. Delay in completion was in part due to the onset of the Covid-19 pandemic and the fact that we could not implement in-person recruitment efforts. The average age of respondents was 36.8 years, ranging from 19-91. The majority of the sample was women (59.9%) and those who were immigrants to the US (60%). Detailed demographics are presented in Table 1 below. There were a number of significant differences between wave 2 participant and those lost to follow-up. Those lost to follow up were more likely to be male, US born, and have higher education and income levels. Additionally, the San Diego site had a significant lower retention rate versus the other two recruitment sites.

Table 1: Participant Demographics (N=323)

	Mean	SD	Range
	N	%	
<i>Gender</i>			
Male	127	39.4	
Female	193	59.9	
Non-gender conforming	1	0.3	
<i>Race</i>			
Indigenous	27	9.51	
White	121	42.61	
Black	11	3.87	
Mixed/Multiracial	71	25.00	
Other	54	19.01	
<i>Immigrant Status</i>			
Non-immigrant	127	39.44	
Immigrant	195	60.56	
<i>Education</i>			
Less than high school	41	13.67	
High school /GED	84	28.00	
Some college/trade school	81	27.00	
2-year degree	9	3.00	
4-year degree	57	19.00	
Some graduate school	7	2.33	
Graduate degree	21	7.00	
<i>Income</i>			
Less than \$9,999	57	19.13	
\$10,000-\$19,999	46	15.44	
\$20,000- \$29,999	52	17.45	
\$30,000- \$39,999	31	10.40	
\$40,000- \$49,999	38	12.75	
\$50,000- \$59,999	21	7.05	
\$60,000 - \$69,999	13	4.36	
\$70,000- \$79,999	14	4.70	
\$80,000 or more	26	8.72	
<i>City</i>			
Boston	123	38.08	
Houston	115	35.60	
San Diego	85	26.32	
<i>Documentation Status</i>			
Documented	240	80.81	
Undocumented	57	19.19	

Qualitative Interviews

In-depth, semi-structured interviews were conducted across each of the three sites where survey administration took place. The qualitative interviews were intended to help us understand the context of victimization among Latinx community members. To participate in the interviews, participants had to consent to an interview in the first survey administration and have also experienced at least one victimization (bias or non-bias). Of the original 504 participants who agreed to the qualitative interview (not all participants who agreed to participate in wave 2 agreed to the in-depth qualitative interview), 342 participants had experienced either a bias or non-bias victimization and were therefore eligible for the in-depth interview. An initial outreach email was sent to eligible participants requesting confirmation that they would still be willing to be interviewed, detailing the interview process and that a team member would contact them to schedule an interview. All interviews were conducted at neutral locations such as university conference rooms, community centers and libraries where private rooms could be reserved so participants could speak freely and comfortably about their experiences. Each interview was conducted in the participants preferred language (English or Spanish) and all interviews were semi-structured to allow for open ended questions and discussion. Participants were asked to consent to the interview as well as to be audio recorded. The interviews lasted between 30 minutes and 2 hours in length. Participants were given a \$40 remuneration for their time. In total 53 interviews were completed (Boston [18], San Diego [20] and Houston [15]).

Analytic Strategy

Quantitative analysis:

Initial descriptive information was reported for the study sample, including household income, education, employment status, relationship status, race, and immigration status. Other

stable demographics were carried over from wave 1 (e.g., sex, age). In addition, parental education level and household income categories were converted to z-scores and combined to establish an estimate of relative socioeconomic level (SES). The remaining analyses was based on the project goals and are as follows:

Question 1: Cross sectional frequencies were used to calculate lifetime and past year victimization rates across both waves of data. Additionally, revictimization rates were calculated using both waves of data.

Question 2: Logistic regression analyses were conducted to evaluate the role of cultural factors on victimization and revictimization patterns. Independent variables included participant age, gender, socioeconomic status, language proficiency, immigrant status, acculturation, enculturation, acculturative stress, and mental health variables in determining revictimization across victimization categories.

Question 3: Ordinary least squares (OLS) regression analyses were conducted to evaluate the role of cultural factors and victimization on mental health variables. Independent variables included participant age, gender, socioeconomic status, language proficiency, immigrant status, acculturation, enculturation, acculturative stress, and mental health at wave 1 as a way of controlling for baseline mental health.

Question 4: Regression analyses were conducted to evaluate the role of prior year victimization and cultural factors on help-seeking and disclosure behaviors. Independent variables included participant age, gender, socioeconomic status, language proficiency, immigrant status, acculturation, enculturation, acculturative stress, and mental health variables.

Qualitative analysis:

Interviews with victims were transcribed and interview text was uploaded into QSR-NVivo12, a qualitative data analysis software package for coding, sorting, and analysis. Interviews conducted in Spanish were first transcribed and translated to English prior to coding. Using a grounded, content analysis approach, interview transcripts were coded in a systematic, iterative fashion. In the first phase of analysis interview transcripts were open coded, allowing patterns to emerge from the interview text. Codes assign summative attributes to a segment of text allowing similar summations to be grouped and examined together. Preliminary codes were generated based on the interview guide and areas of exploration identified through preliminary analysis of the wave one data. Additional codes were developed inductively by identifying reoccurring topics, areas of transition, and similarities and differences in text. Because code identification requires judgments by researchers, efforts were taken to ensure the transparency and consistency of those judgments. To ensure a stable coding structure, a set of preliminary interviews were independently coded by two trained coders. Inter-coder reliability tests were conducted throughout the first phase of coding to ensure reliability across coders. Throughout the coding process the investigators developed coding memos to explore the meaning, dimensions and variation among primary codes.

In the second phase, an axial or hierarchical coding structure was developed to organize codes into themes that represent various components of the research questions and are informed by existing scholarly literature. In this phase, the analysis filters and focuses the relevant features of the narrative data for theme generation and theory building. Additional coders were trained and assisted with coding during this phase. Investigators used axial coding to explore the relationships between codes, develop connections between emerging thematic codes and their subcodes and specify the properties and dimensions of thematic codes. Thematic codes were

tested within the data to identify negative cases and refine the boundaries of the thematic codes. Axial coding was a critical step in identifying causal conditions, context, intervening conditions and consequences of the victimization process. Analysis of thematic coding was conducted across three levels. Themes about the victimization experience, immigration status, language proficiency, acculturation and enculturation, identity, and coping were analyzed within each of the three study areas to ensure consistency of emerging themes. Thematic memos were written to elaborate the components of emerging codes and compare the operation of themes within and across areas to explore how victimization is experienced among a sub-sample of Latino victims in different contexts.

QUANTITATIVE RESULTS

Question 1: The overall past year victimization rate for the sample was 51.4%, which was a notable increase from the wave 1 past year victimization rate of 30.8%. In looking at the breakdown of victimization across the various categories, this figure was primarily driven by bias victimization which increased from a past year rate of 25.6% to 45.0%. It should be noted that those lost to follow-up had significantly lower rates of any past year, witnessed, and bias victimization. Table 2 presents the victimization rates across the different victimization categories across both waves of data.

Table 2: Past Year Victimization Rates Across Wave 1 and Wave 2

	Wave 1 Rates (full sample) (N=910)	Wave 1 Rates (subsample who completed wave 2) (n=323)	Wave 2 Rates (full sample) (N=323)
Victimization type	% (n)	% (n)	% (n)
Any victimization	30.8 (273)	34.4 (111)	51.4 (165)
Physical assault	4.4 (40)	4.0 (13)	3.4 (11)
Sexual assault	2.2 (20)	3.1 (10)	2.8 (9)
Threats	4.3 (39)	4.0 (13)	10.5 (34)

Witnessed violence	3.1 (28)	3.7 (12)	7.1 (23)
Stalking	3.1 (28)	3.7 (12)	3.1 (10)
Bias victimization	25.6 (228)	29.4 (95)	43.0 (145)

When looking at revictimization patterns, we broke participants into four groups. Those that had no past year victimization at either wave were in the “non-victims” group, those that had no past year wave 1 victimization but had a victimization at wave 2 were in the “new victimization” group, those with past year victimization at wave 1 but none at wave 2 were the “non-revictimized” group, and those that had past year victimization across both waves were the “revictimized” group. Across these groups, 38.9% were non-victims, 26.8% were new victims, 9.7% non-revictimized, and 24.6% were revictimized.

In more closely examining revictimization, at the bivariate level, those who were victimized at wave 1 were 76% more likely to be victimized at wave 2 ($RR = 1.76, p = .05$). This result is consistent with most victimization research. However, it should be noted that new victims are a strong driver of the increase in the overall victimization rate. Additionally, threats and bias victimization are the primary drivers of the increase in victimization rates from the prior year.

Question 2: Logistic regression models were run to examine the role of cultural factors on wave 2 victimization. Only the models for any victimization and bias victimization were significant. Therefore, the models for physical victimization, sexual assault, threatened violence, witnessed violence, and stalking are omitted. Table 3 presents detailed results of those regression models.

Table 3: Logistic Regression predicting victimization outcomes ($N=323$)

Variable	Dependent Variables	
	Any victimization	Bias victimization
Wave 1 victimization (past year)	3.57*** [2.04,6.25]	4.12*** [2.38,7.13]
Age	1.00 [0.98,1.02]	1.00 [0.99,1.03]
SES	1.08 [0.77,1.51]	1.11 [0.79,1.55]
Male	0.54* [0.31,0.94]	0.53* [0.30,0.93]
Immigrant status	0.42* [0.20,0.86]	0.64 [0.31,1.31]
Latino orientation	0.95 [0.63,1.41]	0.93 [0.62,1.39]
Anglo orientation	1.25 [0.78,2.02]	1.09 [0.67,1.76]
Boston	1.21 [0.63,2.33]	1.23 [0.64,2.35]
San Diego	0.75 [0.37,1.51]	0.68 [0.33,1.38]
Spanish Language Score	0.95 [0.81,1.11]	0.93 [0.80,1.09]
English Language Score	1.00 [0.84,1.21]	1.04 [0.87,1.26]
Perception of accent	1.12* [1.01,1.25]	1.10 [0.99,1.21]
<i>N</i>	293	294
pseudo R^2	0.12***	0.12***

Exponentiated coefficients; 95% confidence intervals in brackets

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

For any victimization at wave 2, wave 1 victimization was associated with a 257% increase in the odds of experiencing wave 2 victimization ($OR = 3.57, p < .001$) as was self-perceived accent ($OR = 1.12, p = .03$). In contrast being male was associated with a decrease in

the odds of experiencing victimization at wave 2 ($OR = 0.54, p = .03$). These results are consistent for bias victimization with wave 1 victimization being associated with a 312% increase in the odds of experiencing bias victimization at wave 2 ($OR = 4.12, p < .001$) and males being associated with a decrease in the odds of experiencing victimization at wave 2 ($OR = 0.53, p = .03$). The lack of significant for the models looking at the other forms of victimization may be in part due to the low rate of past year victimization in those categories or the limited statistical power of the models as a result of the sample size. The only significant cultural factor was the association between being an immigrant and any victimization, providing little support for the impact of cultural factors.

Question 3: Linear regression analyses were conducted to evaluate the role of victimization and cultural factors on mental health outcomes, while controlling for victimization and mental health at wave 1. Overall, depression and anger seem to have a different pattern of results than anxiety and dissociation. For both depression and anger, wave 2 victimization ($\beta = .10, p = .03, \beta = .11, p = .04$ respectively) and Anglo orientation ($\beta = .13, p = .02, \beta = .14, p = .03$ respectively) were significantly associated with an increased level of those symptoms. These variables were not significant in the models for anxiety and dissociation. Across all the regression models, acculturative stress (SAFE) and wave 1 respective symptoms were significant in wave 2 mental health symptoms. Detailed results are presented in Table 4. Together the results suggest that acculturation (Anglo orientation) and acculturative stress are prominent in contributing to subsequent increase in mental health symptoms, supporting prior research suggesting the deleterious impact of these factors on health outcomes.

Table 4: Linear Regression Predicting Mental Health Outcomes

Variables	Dependent variables							
	Anxiety		Depression		Anger		Dissociation	
	β	B	β	B	β	B	β	B
Wave 2 py victimization	0.09	1.85 [-0.02,3.72]	0.10* [-0.02,3.72]	1.97 [0.22,3.72]	0.11* [0.13,3.45]	1.79 [-1.85,1.82]	0.04 [-0.07,0.06]	0.82 [-1.15,2.80]
Wave 1 py victimization	-0.00	-0.09 [-2.14,1.97]	-0.00 [-2.01,1.88]	-0.07 [-0.08,0.04]	-0.00 [-0.02,1.03]	-0.01 [-0.99,0.95]	-0.01 [-1.20,2.13]	-0.20 [-2.36,1.96]
Age	-0.04	-0.03 [-0.10,0.04]	-0.03 [-0.08,0.04]	-0.02 [-0.08,0.04]	-0.01 [-0.02,1.03]	-0.01 [-0.99,0.95]	-0.02 [-0.56,1.77]	-0.01 [-0.08,0.06]
SES	0.05	0.54 [-0.56,1.65]	0.00 [-0.56,1.65]	0.00 [-1.02,1.03]	-0.00 [-0.99,0.95]	-0.02 [-0.56,1.77]	0.05 [-0.07,0.06]	0.60 [-1.46,1.46]
Male	-0.06	-1.25 [-3.05,0.54]	-0.05 [-2.59,0.77]	-0.91 [-3.01,1.19]	0.03 [-0.53,1.51]	0.46 [-0.85,1.07]	-0.07 [-1.20,2.13]	-1.46 [-3.36,0.44]
Immigrant	-0.08	-1.67 [-3.91,0.57]	-0.05 [-3.01,1.19]	-0.91 [-3.01,1.19]	-0.03 [-2.56,1.42]	-0.57 [-0.85,1.07]	-0.09 [-1.20,2.13]	-1.77 [-4.15,0.60]
Latino orientation	0.01	0.11 [-0.96,1.19]	0.05 [-0.96,1.19]	0.49 [-0.53,1.51]	0.01 [-0.53,1.51]	0.11 [-0.85,1.07]	0.04 [-0.85,1.07]	0.37 [-0.77,1.51]
Anglo orientation	0.06	0.58 [-0.59,1.74]	0.13* [-0.59,1.74]	1.32 [0.22,2.42]	0.14* [0.22,2.42]	1.19 [0.14,2.24]	0.09 [0.14,2.24]	0.92 [-0.33,2.16]
SAFE score	0.24***	0.11 [0.06,0.16]	0.14** [0.06,0.16]	0.06 [0.02,0.11]	0.14* [0.02,0.11]	0.05 [0.01,0.10]	0.21*** [0.01,0.10]	0.10 [0.05,0.15]
W1 Anxiety	0.50***	0.51 [0.41,0.61]						
W1 Depression			0.60*** [0.49,0.68]	0.59 [0.49,0.68]				
W1 Anger					0.55*** [0.40,0.60]	0.50 [0.40,0.60]		
W1 Dissociation							0.51*** [0.42,0.64]	0.53 [0.42,0.64]
N		264		266		251		264
R ²		0.52		0.56		0.48		0.46

95% confidence intervals in brackets

Question 4: Due to the limited sample size for those who were victimized and therefore asked about help-seeking, multivariate analyses could not be conducted. However, descriptive statistics show that victimization related to bias events were overwhelmingly identified as the most severe event and thus asked about help-seeking. Detailed breakdown is in Table 5.

Table 5: Most Severe Victimization Identified (N=165)

Variable	N	%
Physical assault b/c race	2	1.2
Threatened because of b/c race	4	2.5
Attempted unwanted sexual activity b/c race	2	1.3
Actual unwanted sexual activity b/c race	1	0.6
Racial slurs b/c race	18	11.3
Threatening language b/c race	25	15.6
Property damage b/c race	2	1.3
Different treatment at work b/c race	22	13.8
Different treatment by police b/c race	8	5.0
Different treatment by business b/c race	22	13.8
Denied promotions or work benefits b/c race	14	8.8
Stalking	6	3.8
Physical harm	3	1.9
Threatened with weapon	2	1.3
Threatened face-to-face	8	5.0
Assaulted with weapon	1	0.6
Unwanted sexual activity	2	1.3
Unwanted physical touching	1	0.6
Afraid to leave work	3	1.9
Refused pay	1	0.6
Property stolen	1	0.6
Family/Friend murdered	3	1.9
Witnesses murder	1	0.6
Family/Friend commit suicide	4	2.5
Witnessed physical harm	4	2.5

Additionally, and consistent with prior research, participants overwhelmingly sought out informal help from family and friends (96.2%) in comparison to using formal resources (15.7%). When broken down by type of help-seeking, only 15.1% of victims used both resources. Table 6 presents the breakdown of help-seeking behavior.

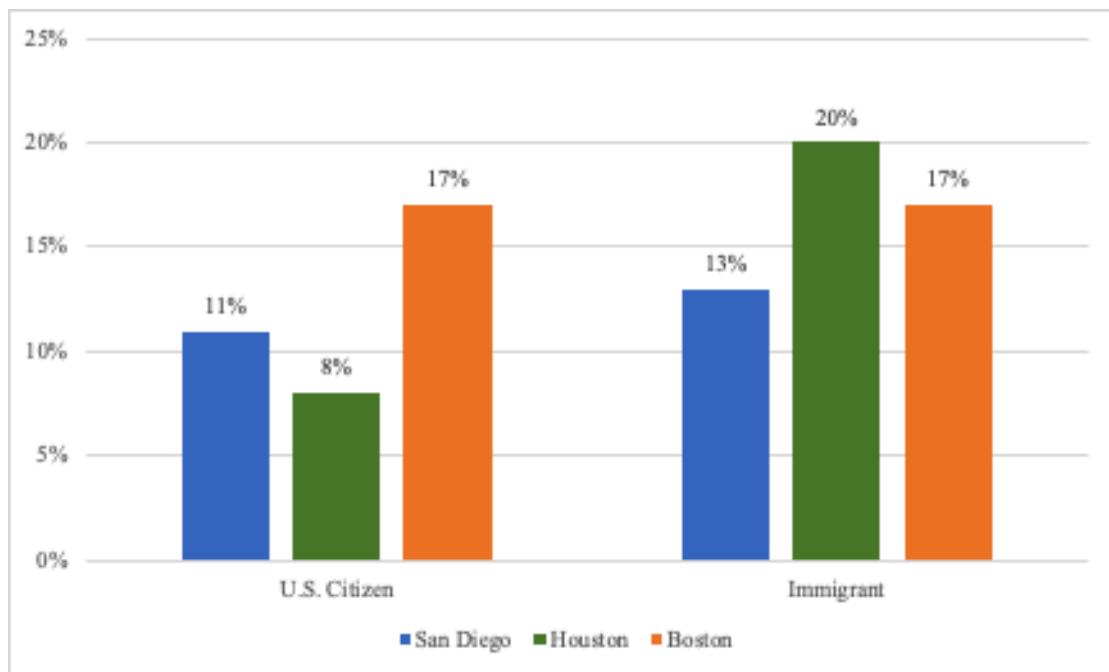
Table 5: Help-Seeking Rates (N=159)

<i>Help Seeking Form</i>	<i>n</i>	<i>%</i>
Any help-seeking	154	96.9
Any formal help-seeking	25	15.7
Any informal help-seeking	153	96.2
No help-seeking	5	3.1
Only formal help-seeking	1	0.6
Only informal help-seeking	129	81.1
Both	24	15.1

QUALITATIVE RESULTS

The qualitative findings demonstrated various important themes that participants identified as being central, both regarding their victimization experiences as well as their identity as Latinx individuals. These themes were found through the implementation of a coding structure which included 35 parent codes and 45 child codes. These were applied across the 53 interview respondents who indicated being victimized (bias or non-bias victimization) in the wave 1 survey. The primary themes related to the research question with the most coding included identity, help-seeking and discrimination. These codes were able to illuminate the ways in which the mechanisms of identity intersect with participants experiences with victimization, discrimination, as well as their perceived risk of victimization. Particularly evident across the interviews were the ways various facets of identity impacts how individuals discuss their victimization experiences and informs their response to victimization. Fully 94% of interviewees discussed identity in some capacity in their interview. Figure 1 presents the percent density of coverage of coding related to identity across the three sites based on the participants immigrant status. Generally, immigrants were more likely to discuss their identities throughout the interviews, for example of the immigrant respondents in Houston, on average 20% of the coding coverage was related to discussions about identity.

Figure 1: Average Proportion of Interview Coverage with Identity Themes by Site and Status



Due to the numerous ways that identity was expressed through the interviews, multiple child codes were created to capture the different themes within identity. One such code was identity alignment, which referred to the ways a participant might feel conflict in their identity, meaning if they do not feel Latinx enough, feel removed from their Latinx identity or feel like they have to choose between identities. An example of identity conflict theme was described by a respondent when asked about her Latinx versus American identity as “that caused a little bit of conflict in me because I think that this country doesn’t actually have a name. When people say, ‘American,’ I say, ‘We’re all American, from Canada to Chile.’ I feel American because we all are, but if you ask me whether I feel from the United States or a part of this culture, no, I feel totally foreign. I feel out of place.” (Respondent, Male, Houston). This notion of being ‘othered’ and not belonging had implications both for how participants would seek help, in addition to the impact on their mental health. Standing out or being identified as Latinx was also discussed as a

risk factor for experiencing discrimination. One participant described such an experience with an airline, where she felt she was being targeted as an immigrant by airline staff and made to pay fees in front of other passengers who were not held to the same standard, saying “I mean, you know, that like and in front of everyone, I feel like, you know, embarrassed, you know um so that’s one instance that I remember it like using openly, like, you know the word, you know, this is discrimination. Like this is not acceptable at all” (Respondent 2, Female, Boston).

Interview participants also commonly described having negative encounters due to their identity as Latinx individuals, but also because of their language. For many Spanish speaking participants, an inability to speak English made them feel particularly vulnerable or unable to address what they believed to be discriminatory and victimizing behavior. One woman recounted one experience, "I think I was pregnant with [son], a long time ago. It was more like stalking because there was a guy following me, suddenly, I moved from one aisle to another, and I got really nervous. He said things I didn't understand, obviously, because I didn't speak as much English as I do now. It was very stressful and uncomfortable. I went to my car, and I felt like I was being chased. Then, I arrived home and I felt that the cars were following me. It was terrible." (Respondent 3, Female, Houston). Many participants echoed these types of interactions, including having racial slurs used against them in public due to being perceived as being Latinx or for speaking Spanish. Another trend within the discrimination code was the relationship to work, wherein many participants felt like they had experienced bias-motivated comments while at their place of employment. One participant recounted a discrimination encounter by a woman who verbally accosted her at work, “she is American, and every time she went to McDonald’s, and I took her order, she said, “Go back to your country, wetback.” Like that, very rude.” (Respondent 4, Female, Houston). Respondents discussed experiencing

discrimination in a variety of contexts which impacted their willingness to engage with formal authorities and trust those outside their community.

Fear among the Latinx community has impacted the ways participants engage in the public, both when seeking help after a criminal incident but also how they operate in their daily lives. Many participants disclosed in their interviews an unwillingness to engage in activities such as driving or accessing public services for fear of encountering immigration enforcement. As Latinx populations feel their identity puts them at risk, coping mechanisms such as avoidance behaviors and increased reliance on familial and community support structures became a prevalent theme coded across interviews. This fear can have serious implications for personal and community safety, if people believe that they are isolated and will be attacked based on their identity. While interview respondents experiencing discrimination or other forms of victimization were reluctant to engage with formal services, particularly law enforcement, they described help-seeking through family, their community or through their church. One young immigrant when asked about seeking help responded “definitely the first resource I would use is my friends. Because one of my close friends, she’s a Muslim woman and she’s definitely, I know she’s very aware of these issues that arise from victimization, I definitely think she would be my main resource.” (Respondent 5, Male, Boston).

Reliance on informal social networks was also discussed as a result of a high level of distrust towards formal systems, and while this was especially evident for immigrants, U.S. citizens were also weary of seeking assistance from the police. This fear extended beyond direct experiences and was informed by vicarious experiences of friends, family and social media. One respondent explained this perspective when asked about the treatment of the Latinx community by police as “...I think the whites get more treated more better than the Latino and the black

community, you know, they don't give them a chance. They, the ...police officer don't give them a chance to talk. They just want to start and aim and arrest or hurt them, you know, kick them in the face. You know cause the Facebook, they show the videos of law enforcement doing bad things to the Mexican community, the black community, you know, how do, how do they want us to respect and feel safe, you know, you can't even call them" (Respondent 6, Female, San Diego). These findings highlight the intersection of Latinx identity and the actual or perceived risk of being victimized.

CONCLUSIONS AND IMPLICATIONS

This study is one of the few that has examined victimization among Latino adults using longitudinal data that incorporates cultural factors and uses mixed methodology that allows for a more in-depth understanding of the interplay between culture and victimization as well as factors associated with a willingness to seek out services and support following victimization experiences.

One of the most notable quantitative results is the significant increase in past year victimization across the two waves of data. This increase is primarily driven by the increase in bias victimization. As we have noted in previous work, the exclusion of bias victimization from general victimization surveys is potentially inflating victimization rates as they "absorb" the bias victimization impact. Explicitly measuring bias victimization gives a clearer picture of the breakdown of victimization experiences across the Latino community. While prior victimization was a risk factor for wave 2 victimization, the rate increase is also notable driven by those experiencing new victimizations at wave 2. This result speaks to the unique circumstances of bias victimization during the period of this research. Potential explanations for this effect are a combination of heightened risk for the community while also seeing behavioral changes among

many Latinos as a result of increased bias victimization. For example, our qualitative data shows that individuals recognize risks associated with the Latinx identity and engage in various strategies to minimize their risk or exposure to potential bias motivated perpetrations. As a result, while past victimization was a risk factor, those who newly experienced victimization made up more than a quarter of the sample (and a greater proportion of those revictimized), suggesting that those already victimized may have made efforts to avoid what they view as potentially risk environments. Additionally, the last six months of data collection took place during the Covid-19 pandemic, which saw significant changes in behavior and community exposure. As such, we are unsure as how this may have impacted the overall community risk to victimization, particularly bias experiences.

Consistent with prior work, victimization and Anglo orientation were associated with mental health outcomes. However, these results were not consistent across all forms of symptoms. Other than past mental health symptoms, the most robust finding was the impact of acculturative stress. Preliminary analyses from wave 1 data suggest that acculturative stress may serve as a mediator between victimization experiences (particularly bias victimizations) and negative mental health outcomes. The consistency and robustness of that result speak to a stressful, collective experience for this community, and potentially a mechanism that explains some of the negative health outcomes that exist Latinx victims of violence.

A strength of this study is that the qualitative data informs and supplements much of what we are seeing in our quantitative results. One key theme is the degree to which participants connect their identity to their negative experiences. Participants discussed how their ethnicity is a factor in both how they perceived negative experiences and transgression, as well as how it drove behavioral changes as a result of feeling threatened in the community. Avoidance was a key

coping mechanism that steered them away from accessing supports and made them particularly unwilling to engage in formal service resources. As we have seen in our previous work (Cuevas et al., 2019; Sabina et al., 2012), and further supported by the qualitative findings, friends, family, and other informal resources will continue to be their primary source of support for members of the Latinx community when impacted by victimization experiences.

A key limitation of this study was the retention rate of the original study sample. This drop off in participants occurred at a number of points, including their willingness to be re-interviewed, loss of updated contact information, and limited recruitment in part due to the onset of the Covid-19 pandemic. This is consistent with prior research highlighting the difficulty in retaining and recruiting people of color generally, and the Latinx community specifically (Pfeffer et al., 2018). This results in limiting some of the analyses that can be conducted with this data and hinders to some degree the generalizability of the results to the broader Latinx population.

A key policy implication is the importance of finding ways to decrease the anti-immigrant sentiment that is present among communities. The increase in victimization rates clearly shows that has not happened over the past two years, in contrast, our data suggest it continues to worsen. As the public discourse has increasingly emboldened the legitimacy of hate groups that have previously operated in the shadows of society, we find that Latinx communities seek safety from victimization through avoidance of public engagement. The harms of such avoidance strategies are profound and antithetical to notions of a free and open democracy. Dedication to ending discrimination and public acknowledgement of the divisions created by anti-Latinx discourse are critical to creating inclusive and safe communities.

Another key policy implication is the need to grow and fund community-based agencies that serve this population. Corresponding to our findings about fear and the necessity to avoid

situations where one might be victimized due to the Latinx identity, Latinx victims are quite unlikely to turn to formal resources such as the courts or the police. While we noted this as a crucial policy issue based on the first wave of data we collected, that data we have, including what we found from qualitative interviews, highlights that these are the mechanisms that can help people get connected to formal support services. The Latinx community seems to be running out of resources they are willing to trust and as a result they are withdrawing from society in a way that will further limit their access to victim-centered services. This marginalization can have compounding effects, including worsened health, and diminishing quality of life and growth opportunities. This is particularly troublesome given how the Covid-19 pandemic has amplified these challenges for this community. Finally, education and cultural-centered training is key for those who work with this community. An awareness of the unique challenges for this community during this time is crucial in being able to provide access and support that is effective and can help victims of violence begin to move to a phase of recovery and healing.

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