MAKING SPACE FOR CRITICAL RACE THEORY WITHIN THERAPEUTIC SETTINGS: UNDERSTANDING THE SIGNIFICANCE OF RACE IN SERVING RACIAL AND ETHNIC WOMEN MINORITIES

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MAKING SPACE FOR CRITICAL RACE THEORY WITHIN THERAPEUTIC SETTINGS: UNDERSTANDING THE SIGNIFICANCE OF RACE IN SERVING RACIAL AND ETHNIC WOMEN MINORITIES

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Abstract

The U.S. is transforming into a multi-racial and multi-ethnic society in which factors such as race and ethnicity are important variables to consider in professional practice and service provision to racial and ethnic minority populations. This multi-racial and multi-ethnic transformation presents many challenges for professional social work and counseling practitioners providing services to racial and ethnic minority groups. This study examines Social Work's current Cultural Competency Model, proposing the need to integrate a model such as Critical Race Theory which promotes "racial competency" among practitioners serving racial and ethnic minority women domestic violence survivors. The research study surveys 175 practitioners providing services in four Midwest regions. Variables such as race, racial attitudes, ethnic identity, knowledge of domestic violence and understanding of Critical Race Theory are examined. Implications for social work practice and education are discussed.

Chapter One: Introduction

A Transforming Racially and Ethnically Diverse Society

Racial and ethnic minority populations are the fasting growing populations in the United States. In 2010, the U.S. Census reported the total U.S. population for the Latino population at an estimate of 16.3%, African American at 12.6%, Asians at 4.8% and Native Americans at .9%. The 2010 U.S. Census reported that these racial groups referred to as the "minority" population combined exceeded 100 million, thus representing about one third of the entire population (U.S. Census, 2011). Between 2000 and 2010 the report indicated the minority population increased from 86.9 million to approximately 111.9 million. The 2010 U.S. Census examined four U.S. regions: the West, South, Northeast and Midwest. Reports demonstrated significant growth in minority populations every region. More significant increases, however, occurred in the South and West. The minority population in the West grew by 47% and 40% in the South (U.S. Census, 2011). Projections for 2056 indicate that the Latino population will rapidly increase by 21%, Asians by 22%, and African Americans by 12% (Horst, Mendez, Culver-Turner, Amanor-Boadu, Minner, Cook, Stith & McCollum, 2012; Querimit & Conner, 2003; Vincent & Velkoff, 2010). Therefore, racial and ethnic minority populations will comprise approximately 50% of the entire U.S. population by the late 2050s (Ida, 2007).

The growth in racial and ethnic minority populations has highlighted the need to focus on experiences and services such as domestic violence related issues impacting women of racial and ethnic groups. Research on the psychological, emotional and social

impacts domestic violence has on women from minority racial and ethnic populations is sparse judging from the professional literature in this area. These women are more likely to suffer from mental health disorders, attempt suicide, and report higher rates of depression. They are also more likely to experience domestic violence and abuse (Bryant-Davis, Chung & Tillman, 2009; Kasturirangan, Krishnan & Riger, 2004; Women of Color, 2006). The high-risk status of racial and ethnic minority women reveals a pressing need for accessibility to effective and quality health services and psychotherapeutic interventions. Understanding the specific needs of this high-risk population of women is vital for the development of quality services and interventions specific to racial and ethnic minority women exposed to domestic violence. Such an understanding is useful to the social work profession. There is also a need for the profession to develop racially inclusive models for addressing health concerns, treatment, well-being and service provision among minority racial and ethnic populations. To develop a comprehensive understanding of the experiences of racial and ethnic minority populations, it is imperative for social work to develop a framework outlining a clear and concise definition of key concepts such as race, ethnicity and culture. In the 2008 edition of the Encyclopedia of Social Work, there is no entry defining or recognizing the concept of race (Coleman, 2011). Current social work practice, research and education fail to conceptualize a concrete understanding of race and ethnicity which is acknowledged throughout the profession. When discussing concepts such as race, ethnicity and/or culture the profession also lacks a clear distinction among the terms, often utilizing "culture" as an umbrella term synonymously with race and ethnicity. The social work profession continues to demonstrate inconsistent approaches to race such as: using the

term “race” without producing an exact definition, explicit rejection of the concept of race, substituting race for ethnicity and using lay definitions based on assumptions (Coleman, 2011).

Social Work’s need for a Racial & Ethnic Inclusive Framework:

The rapid growth of diverse racial and ethnic minority populations within the U.S. creates challenges for the social work profession. To fully examine and address the implications of a transforming racial and ethnic society, it is essential for social work to address racial and ethnic minority concerns directly relating to the profession. Demographically, the social work profession is predominately composed of White professionals. Approximately 88% of social workers are White; comparatively the racial and ethnic minority composition of the social work profession has remained relatively constant. Among professional social work members of the NASW, approximately 5% are African American social workers, 3% Hispanics, 2% Asians and .5% Native Americans (NASW, 2001). Although these statistics do not represent the racial and ethnic demographics of all members of the social work profession, they do demonstrate an urgent need for the social work profession to become more inclusive of racial and ethnic minority social work professionals, who will offer valuable contributions and perspectives to the field.

The development of practical and quality services, interventions, research and education addressing the needs of racial and ethnic minorities is another challenge for the social work profession. The recent growth and transformation of racial and ethnic minority demographics demands that the social worker becomes better equipped to provide services in these marginalized communities. As a result, the 2008 Educational

Policy and Accreditation Standards (EPAS) implemented the requirement for the social work profession to develop effective approaches conceptualizing racial and ethnic diversities, beneficial to practice, research and education (Oriz & Jani, 2010). This conceptual approach should address "a broad social context that includes institutional/structural arrangements, recognize the intersection of multiple identities, and integrate an explicit social justice orientation" (Oriz & Jani, 175, 2010).

An improved theoretical framework could recognize and value the intersectionality of race, culture, ethnicity, gender and sexuality in order to examine and deconstruct social, economic and political injustice experience by marginalized populations. There is a need for social workers to critically examine the perplexity of race and analyze the "mechanisms of oppression," continually to directly impact racial and ethnic minorities (Sisneros, Stakeman, Joyner & Schmitz, 2008). Implementation of an inclusive framework would offer social work professionals knowledge, appreciation and awareness that could assist in better serving individuals of diverse racial, ethnic and cultural identities. Social workers could become better prepared to critically examine systems of oppression and privilege marginalized communities face. Social work professionals can also gain a greater understanding of race and the significant impact of race on lived experiences, daily interactions and the ability to cope and resist. It is the profession's responsibility to develop tools and education promoting advocacy and recognition addressing the much needed action challenging social, political and economic injustices. Critical Race Theory is a dynamic approach that could be integrated into the social work profession. Critical Race Theory provides an approach exploring the conceptualization and significance of factors such as race, ethnicity, culture, gender and

social, economic and institutional inequalities experienced by racial and ethnic minorities.

My research identifies the essential need for the social work profession to incorporate a racially and ethnically inclusive framework which promotes a clear conceptualization of race, ethnicity and culture. It is important for social work professionals to acknowledge the significance of factors such as race, ethnicity and culture in social work practice, research and education, in order to produce effective and quality service provision among racial and ethnic minority populations. This research further explores a sample of practitioner's racial competency, while promoting the possibility to incorporate a more racially inclusive theoretical framework such as Critical Race Theory (CRT). Critical Race Theory offers a clear conceptualization of race, ethnicity and culture, while also highlighting the significance and functionality of such terms. Critical Race Theory is a valuable tool for equipping social work professionals to adequately serve racial and ethnic minority communities in the U.S.

Chapter Two: The Literature Review

Domestic Violence and Racial and Ethnic Minority Women

As defined by the American Medical Association domestic violence involves "the physical, sexual, and/or psychological abuse to an individual perpetrated by a current or former intimate partner" (Rodriquez, Bauer, McLoughlin & Grumbach, 1999). Scholars and domestic violence experts expanded the definition of domestic violence to be more inclusive, describing it as past or present violence occurring between former or current partners, intimate partners, relatives or household members (Sugg, Thompson, Thompson, Maiuro & Rivara, 1999). In this context, intimate partners may include individuals who have dated or are currently dating, individuals who have cohabitated in the past, or individuals presently in cohabitation. According to the United States Department of Justice, domestic violence encompasses the "physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person…includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone" (2011). Physical, sexual, emotional, economic and psychological abuses are five of the vital components important in understanding domestic violence. The definition of domestic violence remains fluid, controversial, and shifting. It is, however, vital to recognize the aforementioned forms of abuse when defining and identifying cases of domestic violence. Although the Domestic Abuse Intervention Project (2011) noted physical, sexual, emotional, economic and psychological abuse components of domestic violence against women within heterosexual relationships, it is imperative to recognize that domestic violence is prevalent in all forms of relationships and impacts individuals of all

sexualities, ages, races, ethnicities, sexual orientations, genders, religions, socioeconomic statuses and spiritualties. This recognition is important in developing more inclusive therapeutic models for diverse populations.

While domestic violence scholars and experts have developed an inclusive definition and conceptualization of domestic violence, it is valuable for social work practitioners and other health care professions to be aware of how such framing of domestic violence can become problematic for women of racial and ethnic minority groups. A holistic definition of domestic violence must incorporate sociocultural and sociohistorical contexts unique to experiences of racial and ethnic minority women. Research suggests sociocultural experiences of racial and ethnic minority women impacts how domestic violence is perceived, defined and understood (Garfield, 2001; Sokoloff & Dupont, 2005; Yoshihama, 1999). For instance, women of Japanese descent viewed the act of dousing a woman in water a more severe act of violence than physical acts of pushing, slapping and grabbing (Sokoloff & Dupont, 2005). In Chinese communities domestic violence was perceived as an "acceptable" or "appropriate" act or consequence for women participating in extramarital affairs, demonstrating a lack of emotional control and suggesting masculine gender roles or characteristics (Yick & Agbayani-Siewert 1997; Weil & Lee, 2004). African American women were also less likely to view acts of physical aggression as less severe, when compared to acts of racism (Garfield, 2001). These specific findings indicate the significance of examining the sociocultural and sociohistorical contexts, valuable to understand the framing of domestic violence among racial and ethnic minority communities.

Over the past few decades, domestic violence has attracted much greater attention

and awareness as a social problem, largely as a result of feminist scholarship and advocacy (Kasturirangan, Krishnan & Riger, 2004). Racial and ethnic minority women, however, are often excluded from domestic violence discourse and research. Many researchers and practitioners working in the field of domestic violence fail to fully incorporate the personal narratives and experiences of racial and ethnic minority women survivors of domestic violence into their therapeutic approaches. This lack of incorporation extends to research regarding domestic violence, which continues to ignore or overlook racial and ethnic differences in domestic violence experiences by excluding narratives of minority women of various racial and ethnic identities (Jones, 2008; Kasturirangan & Williams, 2003; Vidales, 2010). Ultimately, there continues to be inadequate therapeutic services, interventions and assessments targeting racial and ethnic minority women who experience domestic violence.

Although the prevalence of domestic violence is visible among women of all racial and ethnic populations, racial and ethnic minority women's experiences often differ from the experiences of white women. Minority racial and ethnic women experience higher rates of poverty, discrimination, and social sigma, in addition to the more universal experiences of domestic violence survivors, which include: low self-esteem, posttraumatic stress disorder (PTSD), depression, anxiety, substance abuse, and suicidal ideation and attempts (Bryant-Davis, Chung & Tillman, 2009). These women commonly mistrust agencies providing services for survivors of domestic violence. Racial and ethnic minority women also tend to have less awareness and accessibility to resources and services.

Domestic violence and its effects among racial and ethnic minority women is

compounded by historical experiences of societal trauma such as racism and sexism. Societal trauma is defined as "interpersonal and systemic emotional, verbal, and physical assaults by those with power and privilege against members of marginalized groups…acts, intentional or nonintentional, are often met by society with silence, invisibility, and victim-blaming" (Bryant-Davis, Chung & Tillman, 2009). Scholars have identified several unique commonalities which exist for minority racial and ethnic women experiencing domestic violence: **1.** strong personal identification based on familial structure, cultural identity and patriarchy; **2.** religious beliefs that can enforce victimization and legitimize abusive behaviors; **3.** fear of isolation; **4.** loyalty to immediate and extended family as well as loyalty to racial/ethnic communities and culture; **5**. guarded trust and reluctance to discuss "private matters;" **6.** distrust of law enforcement, which has been historically perceived as sexist and racially and culturally biased; **7.** Distrust in shelter and intervention resources, which are often not culturally competent (Administration for Children and Families, 2001). Recognition and awareness of historical and societal experiences racial and ethnic minority women populations endure is valuable to understand the contemporary obstacles and struggles racial and ethnic minority women survivors of domestic violence undergo. Awareness of these commonalities prepares social work professionals with racial and cultural knowledge to better assess, detect and intervene in issues of domestic violence among racial and ethnic minority communities.

The Reality of Domestic Violence for Racial and Ethnic Minority Women

Domestic violence is a social issue impacting women regardless of racial and ethnic identity. Therefore, it is important to understand the complexity of domestic violence among racial and ethnic minority populations, specifically centering on women belonging to Black/African American, Native American, Asian and Latina communities. The purpose of this study is to uncover practitioners' understanding of race, culture, and ethnicity in relation to working with racial and ethnic minority women domestic violence survivors. It is also important for this research to demonstrate how the framework of Critical Race Theory can be used to improve social work practice, education and research addressing domestic violence issues among racial and ethnic minority women. This review will examine the multiple racial, social, historical, political and economic linkages and distinctions shaping the experiences of domestic violence among these distinct racial and ethnic minority groups. While systems and ideologies of patriarchy present various challenges for all racial and ethnic minority women, it is necessary to examine the distinct politics, representations and forms patriarchy creates for different communities of racial and ethnic minority women experiencing domestic violence. Exploration of these racial communities provides an analysis demonstrating the "unique" lived experiences of domestic violence survivors and its direct connection to a patriarchal society. Ultimately, Critical Race Theory offers a dynamic framework for understanding the lived experiences of racial and ethnic minorities, particularly women survivors of domestic violence.

African American women experience domestic violence at very alarming rates. According to Bryant-Davis et al. (2009) African American couples reported significantly

higher rates of sexual aggression within their relationships compared to White couples. There remains a lack of scholarly research regarding issues of domestic violence and its impact on African American women. Black feminist scholars such as Davis (2000) and Collins (2002) continue to be prominent figures highlighting the emergent need to develop research which addresses and explores the narratives and issues of domestic violence among African American women. African American women experience domestic violence at a rate 35% higher than white women, while also having a rate 2.5 times higher when compared to women of other non-white populations (Feminist Majority Foundation's Choice, 2011). Reports indicate approximately 30% of African American women will experience an act of domestic violence, such as stalking, sexual and/or physical abuse by a partner (USDOJ OJP, 2000). African American women also experience a greater risk of being murdered by their partners in such domestic partnerships (Lee, Thompson & Mechanic, 2002). Despite these startling realities, African American women are less likely than white women to utilize domestic violence intervention services, resources and shelters due to issues of accessibility, affordability and quality of domestic violence services and resources.

According to Neville et al.'s (2004) study, African American female college students who have experienced domestic violence are likely to report lower levels of self-esteem, as a result of self-blaming compared to women of other racial and ethnic identities. Studies indicate African American women exposed to domestic violence are also at a greater risk of developing PTSD (Bryant-Davis, Chung & Tillman, 2009). In particular, Hood and Carter (2008) suggest that African American women survivors of abuse (domestic, childhood and/or sexual) experienced more severe symptoms of PTSD.

Research pertaining to African American women survivors of domestic violence indicates "…a relationship between trauma and PTSD but that PTSD medicated the relationship between trauma and physical health symptoms" (Bryant-Davis, Chung & Tillman, 2009, 334). African American women exposed to domestic violence also report significant rates of depression. Substance abuse also impacts African America women who have experienced domestic violence. Research reveals that African American women survivors of domestic violence reports high rates regarding the usage of alcohol, marijuana and crack cocaine (Bryant-Davis, Chung & Tillman, 2009).

Suicidal ideation significantly impacts African American women exposed to domestic violence as well. Of the few studies conducted about Black women and abuse, most hone in on sexual violence. Historically, domestic abuse, specifically sexual violence in the form of rape, has been a specific tool of domination, disempowerment and oppression among racial and ethnic minority women, particularly African American women. Acts of sexual violence, explicitly rape, functions as a way to oppress and strip survivors of their will to resist, making them submissive and passive to the will of the perpetrator (Collins, 2002). Very limited research exists regarding suicidal ideation among African American women experiencing domestic violence. One of the few extant studies conducted among 335 African American women reported the women exposed to sexual abuse, one facet of domestic violence, were more likely to experience PTSD, which contributed to higher attempts of suicide (Thompson, Kaslow & Kingree, 2000). Another study indicated sexually abused African American women's suicide attempts increased when factors such as low-income, depression, psychological distress, feelings of hopelessness and substance abuse were involved compared to African American

women who did not experience abuse (Kaslow, Thompson, Brooks & Twomey, 2000). Research has also identified several other mental health conditions which more seriously impact African American women survivors of domestic violence. One study indicated sexually abused African American women were likely to report significant rates of stress and dissociation (Temple et al., 2007). A second study concluded sexually abused African American women experienced severe symptoms of panic disorder (Bryant-Davis, Chung & Tillman, 2009). African American women experiencing a history of sexual abuse are more likely to become vulnerable to risky sexual behaviors including unprotected sex, multiple partners, and increased exposure to infections such as HIV and AIDS. Approximately 40% of sexually abused African American women have contracted HIV (Bryant-Davis, Chung & Tillman, 2009). While this area of abuse needs further exploration by scholars and sexual violence advocates, domestic violence targeting African American women remains largely understudied. Consequently, racially-specific interventions for these women remain scarce. One of the major purposes of my research is to highlight the importance of engaging critical race theory, intersectionality, and black feminist theory in confronting the reality of domestic violence in the lives of racial and ethnic minority women.

Encounters and experiences of domestic violence differ for Native American women within distinct tribes, communities and nations. Many scholars identify domestic violence as a relatively new phenomena occurring in Native American communities. The rise of domestic violence has been attributed to several factors such as the increased use of alcohol among Native American men, adoption of Christian religious beliefs and assimilation to dominant European beliefs and values (USDOJ, 1999). According to the

National Violence Against Women Survey (2000), Native American women reported higher rates of domestic violence compared to women of other racial and ethnic populations; 37.5% of Native American women are victimized by domestic violence (CDC, 2004).

The most prevalent mental health problems Native American women survivors of domestic violence experience are substance abuse, depression and suicide. Substance abuse among the Native American population has become a serious concern. Many researchers have studied this issue of substance abuse and alcohol dependency among Native Americans. These studies argue that exposure to traumatic life events contributes to dependency on substances and/or alcohol. Native American women domestic violence survivors are more vulnerable to substance and/or alcohol dependency compared to Native American women who do not experience domestic violence (Bohn, 2003; Fairchild, Fairchild & Stoner, 1998; Jones, 2008; Mitka, 2002). Research also indicates very high rates of depression and suicide among Native American populations (Johnson & Cameron, 2001). One factor which may contribute to severity of depression is PTSD. For Native American women domestic violence has become the most significant indicator for PTSD (Bryant-Davis, Chung & Tillman, 2009). Native American women also continue to experience very high rates of sexual violence, which Simoni, Sehgal & Walters (2004) reported significantly correlates to the increased rates of HIV amongst Native American women.

According to the Asian & Pacific Islander Institute on Domestic Violence national U.S. survey (2009) approximately 40-60% of Asian American women reported exposure to domestic violence at some points in their lives. A study conducted by Project

AWARE's (Asian Women Advocating Respect & Empowerment), showed an estimated 81% of the Asian women surveyed in the U.S. experienced some form of domestic violence within the time frame of one year (Yoshihama & Dabby, 2009). Although this study may not be representative of the actual rate of Asian women experiencing domestic violence in the U.S., the study does suggest the pervasiveness of domestic violence within this group of women. When distinguishing among subgroups within the Asian population, women of particular Asian ethnicities experience higher rates of domestic violence. Studies unveil that Korean, Cambodian, Chinese and Vietnamese women in the U.S. experience high rates of domestic violence. According to a survey conducted by Tjaden & Thoennes (2000), 60% of Korean women interviewed experienced domestic violence. The Asian Task Force Against Domestic Violence in Boston concluded approximately 47% of Cambodian women participants were exposed to domestic violence (Asian Pacifica Islander Institute on Domestic Violence, 2002). Another study conducted in Boston among Vietnamese women revealed an estimate of 47% of Vietnamese women reporting being in a partnership where domestic violence occurred. Domestic violence among Asian American women correlates with substance abuse, suicide and depression similarly to women of other racial and ethnic groups. Asian Americans, however, are more likely to experience severe mental health symptoms associated from feelings of helplessness, embarrassment and shame, resulting from overwhelming cultural expectations and pressure (Luo, 2000). Some Asian American cultures place a high value on a "virgin woman," thus devaluing and labeling women who do not fulfill such expectations as unworthy. These cultural expectations may situate Asian American women in subordinate positions creating feelings of powerlessness.

In 2000, the National Violence Against Women Survey (NVAWS) reported approximately 23% of Latina women indicated being victimized within intimate partnerships. The study also concluded Latina women were more likely to experience rape by their partners within these violent relationships (USDOJ, 2000). Another study released in 2000 unveiled that the extent and severity of domestic violence increased significantly for Latina women who immigrated to the U.S. (Dutton, Orloff & Hass, 2000). When distinguishing among Latina subgroups, statistics indicate domestic violence is significantly lower for Cuban women who are pregnant while rates are highest for Puerto Rican who are pregnant (Torres, Campbell, Ryan, King, Price, Stallings, Fuchs & Laude, 2000). Cultural/Ethnic differentiation among Latina subgroups is important for practitioners, advocates, and scholars to note as they strive to better serve Latina survivors of domestic violence.

Similar to African American, Native American and Asian American women exposed to domestic violence, Latina Women also report high rates of PTSD, depression and substance and/or alcohol abuse. Although limited research exists on the relationship between Latina women experiencing domestic violence and the associated mental health conditions, that research does demonstrate Latina women experiencing the highest rates of PTSD when compared to all other racial and ethnic populations of women. Latina women survivors of domestic violence also frequently struggle with severe eating disorders and headaches (Bryant-Davis, Chung & Tillman, 2009).

It is vital for practitioners to recognize and understand the specific mental conditions which may directly impact the mental health of Latina women experiencing domestic violence. For instance, “ataques de nervios,” has been identified as a cultural

condition occurring solely among Latina women. “Ataques de nervios” is usually associated with the exposure to stressful events such as domestic violence. Symptoms include “uncontrollable shouting, crying, trembling, palpitations, and aggressiveness” (Bryant-Davis, Chung & Tillman, 340, 2009). Although *“*ataques de nervios*”* significantly impacts Latina women, Puerto Rican women experience higher rates of the mental condition. Women diagnosed with *“*ataques de nervios” are also likely to suffer from anxiety disorders, PTSD and dissociative disorders. Latina women survivors of domestic violence also may suffer from “susto,” a mental condition contributing to intense fear. Those within Latino/a communities hold the belief that once the individual develops “susto,” one’s soul exits the body, contributing to one’s experiencing severe unhappiness and feelings of illness (Bryant-Davis, Chung & Tillman, 2009). Latina women survivors of domestic violence may experience these symptoms months or years after the violence has occurred.

The exploration of historical, racial and cultural differences among Black/African American, Native American, Asian and Latina women is essential to further understand the marginalized location racial and ethnic women survivors of domestic violence experience. Recognition and awareness of the historical, racial and cultural distinctions related to domestic violence for women of racial and ethnic minority populations provides social work professionals with a thorough understanding to better comprehend current dynamics of societal trauma, racial oppression and mistrust further complicating racial and ethnic minority women experiencing domestic violence.

Understanding Societal Trauma, Racial Oppression & Mistrust

There are numerous factors vital for practitioners to acknowledge and understand

when providing services to racial and ethnic minority women exposed to and/or experiencing trauma associated with domestic violence. Exposure to societal trauma, specifically racial oppression, continues to affect racial and ethnic minority women experiencing domestic violence. Societal trauma may also impact the coping abilities of these women. Societal trauma may involve physical or verbal "oppressive" interactions with the privileged/dominant population. In particular, racial and ethnic minority women experiencing domestic violence are more likely to encounter experiences involving victim-blaming behaviors from health care professionals. Social and health care professionals also tend to display less sympathetic attitudes, minimize the experience of abuse and provide fewer positive comments toward racial and ethnic minority women survivors of domestic violence, in comparison to white women survivors of domestic violence (Hamberger, Ambuel & Guse, 2007; Hamberger, Ambuel, Marbella & Donze, 1998). Such encounters and experiences are influenced by racial and ethnic stereotypes that objectify, oppress and devalue the roles, bodies and experiences of racial minority populations; for instance, the controlling image of the "strong Black woman" complicates the encounters and interactions between Black/African American women and health care professionals. The perception and stereotype of the "strong Black woman" produces social and health care professionals who are more likely to view Black/African American women as possessing the ability to "…sustain anything, has no fear, and can easily protect herself" (Bent-Goodley, 2004). Controlled images and stereotypes of racial and ethnic minorities further complicate interactions, behaviors and attitudes related to issues of domestic violence. From structural and institutional standpoints, educational, employment, healthcare, and judicial systems continue to construct "oppressive realities,"

which racial and ethnic minority women challenge and experience in their daily lives. (Bryant-Davis, Chung & Tillman, 2009). Consequently, it is critical for practitioners to acknowledge and concretely comprehend how racial and ethnic minority women experiences with racial oppression and discrimination can be very traumatic, thus contributing to one's mental health and ability to recover and cope with the traumatic experience of domestic violence. It is also important to further understand the racial and cultural barriers which minority racial and ethnic women have to confront and challenge not only from the "dominant" culture, but within one's own racial group. Within this context racial and cultural barriers involve negative stereotypes and attitudes or beliefs which contribute to the devaluation, oppression, inequality and objectification of racial minority women. Negative stereotypes and attitudes and behaviors help to maintain social and institutional structures which discredit, blame, trivialize and question racial and ethnic minority women's experiences and narratives of domestic violence.

For instance, the controlled image of the strong Black women continues to shape experiences of African American women survivors of domestic violence. Much of the research among African American domestic violence survivors fails to critically examine the linkages between domestic violence and the existing gender ideologies and norms constructing Black femininity and Black masculinity (Collins, 2002). African American women have historically been viewed through the controlling image of the "strong Black woman," which symbolizes independence, strength and the ability to overcome challenging obstacles in life (Beauboeuf-LaFontant, 2007; Beauboeuf-LaFontant, 2009; Collins, 2005; Wallace, 1990). Traditionally, African American women have also been depicted as the central figures in the structure of the Black family life. It is valuable to

recognize and understand the "unique" socio-historical and socio-cultural contexts which shape and influence specific gender roles among African American women and men.

An in-depth examination of the "Black Experience," which embodied hundreds of years of enslavement, oppression and inequality is valuable to clearly understand the complexity of gender and racial dynamics and the issue of domestic violence among the Black community. The "Black experience" encompasses several historical periods: post-slavery which introduced distinct social and economic conditions for Blacks; Industrial Revolution, replacing collectivistic values and beliefs of the Black community, later forcing the underpinnings of a capitalistic, individualist culture; and Civil Rights and Feminist Movements, which socially, politically, and economically advanced women and men in the Black community in distinct ways (Abrams, 2010; Collins, 2000; Wallace, 1990). These specific historical events define the "Black Experience" and continue to profoundly construct gender roles, responsibilities, norms and expectations of the Black community.

African American women have occupied and functioned in multiple roles and positions within the Black family, such as: laborers, providing financially for their families; protectors, nurturers, organizers, caretakers of the home, support systems (Abrams, 2010; Trask, 2006; Wallace, 1979). The traditional roles, positions and expectations of Black/African American women have constructed this image of the "Strong Black Woman (SBW)" (Beauboeuf-LaFontant, 2007; Beauboeuf-LaFontant, 2009; Woods-Giscombe, 2010). The controlling image of the SBW presents many complexities and challenges for African American women experiencing domestic violence. The perceived depiction of the SBW shapes how Black/African American

women will experience law enforcement services, judicial systems and social services.

The race of the male perpetrator also adds to the complexity of problems for black women experiencing domestic violence. Not only is the woman burdened by the stereotypes assigned to them by the dominant culture, but also by intra-racial stereotypes and stigmas. Bryant-Davis, Chung and Tillman (2009) notes African American women are less likely to report incidents of domestic violence to social support networks and external agencies, as a result of historical "oppressive realities," elicited from educational, social, and judicial institutional structures, continuing to unjustly serve African American men. Consequently, African American women survivors of domestic violence become hesitant to report violence due to feeling pressured and obligated to protect African American men from historically unfair and unjust institutional systems. Further examination of the interlocking system of race, gender and class oppression is valuable to understand contemporary experiences and interactions among Black/African American women and men. Exploring the historical objectification, exploitation and domination of Black/African American women and men provides a holistic analysis important to an understanding of current social positions of individual members of this group. Further analysis is also pertinent in understanding current domestic violence encounters and interactions involving law enforcement, judicial systems and social service professionals. Historical experiences of discrimination, inequality, and mistreatment, contributes to the complexity of domestic violence particularly for Black/African American women survivors.

Culturally, religion has also played a very important role in the African American community. African American women comprise approximately 70% of black Christian

congregations, indicating the importance of the church and religion in their lives and communities (Women of Color, 2006). Women committed to their religious beliefs are more likely to live life by following religious doctrines such as Christian ideologies, which create a space in which women fulfill the role of wife and nurturer of the children and home. Women may become placed in a subordinate position in which one may feel less powerful, which can make it more difficult for a woman to report or escape a relationship in which she experiences domestic violence.

There are various racial and cultural barriers which contribute to the complexity of domestic violence and the under reporting of domestic violence among Native American women. One major factor impacting Native American women's struggle with domestic violence is location. Many Native American women reside on reservations, limiting accessibility to services, assistance, and opportunities to seek help. Research suggests that women residing on reservations are less likely to have access to outside communication, transportation, education, employment, child care, and domestic violence resources (Jones, 2008). Having limited access to external resources such as hospitals, clinics and other service providers contributes to the lack of confidentiality, having fewer healthcare alternatives, a narrower range of services and inadequate screenings and assessment for domestic violence survivors. These women are also more likely to experience poverty, along with failing to develop fluent English speaking skills (Women of Color, 2006). Fully comprehending the racial and cultural barriers Native American women survivors of domestic violence encounter helps social work professionals to develop accessible resources and services for Native American women, such as cultivating social work professionals familiar with Native American dialect, in

order to establish effective communication, exploration and assessment of issues of domestic violence within the Native American communities is essential to social work practice.

A history of oppressive traumas, such as genocide, and unequal policies and treatment continue to create racial and societal barriers for Native American women facing domestic violence. Studies suggest colonialism, subjugation and racial oppression contributes to disproportional rates of domestic violence among Native American communities (Jones, 2008; Mitka, 2002). Many Native American women do not report domestic violence as a result of being fearful of unjust policies and actions by local and state governmental agencies. Experiences of racism, forcible expulsion from tribal lands and removal of children from homes, adds to Native American women sense of distrust of practitioners and professionals providing services to domestic violence survivors (Jones, 2008). Abused Native American women are often fearful of having their child/children removed or losing legal rights if they report violence (Bryant-Davis, Chung & Tillman, 2009). The fear of governmental and policing agencies and institutions is similar to that of African Americans, although rooted in differing historical legacies and contemporary circumstances.

There are also cultural norms, practices and customs which Native American women ascribe to depending on one's tribe, clan, nation, and community. Native American women in domestic violent relationships may develop a fear of being sanctioned from one's tribe or nation, if one decides to seek help or leave a domestic violent partnership.

Religion and spirituality are also important factors in Native American

communities. They may become significant factors influencing women's behaviors, attitudes and actions regarding the domestic violence relationship. Religion and spirituality can serve as components of coercion which forces the woman to remain in the domestic violent partnership. Native American communities place a high value on developing community cohesion, which serves as a vital role strengthening religious and spiritual connections among Native American people. The community symbolizes a sacred space for members to feel highly connected, safe and a sense of strong attachment (McBride, 2003). Religious and spiritual beliefs construct rigid roles, values, morals and behaviors of Native American communities, while also serving as forums promoting a sense of community among members. Native American women survivors of domestic violence, however, are challenged with the fear of obstructing such community cohesion and autonomy, if deciding to report experiences of domestic violence to external agencies or individuals outside of the tribal community.

Women of Asian descent encounter distinct racial and cultural barriers resulting from particular Asian cultural norms, values, beliefs and religion. The majority of Asian American communities are likely to instill values and virtues regarding respect, authority, perseverance, honor, self-blame and acceptance of suffering (Women of Color, 2006; Yoshioka & Dang, 2000; Weil & Lee, 2004). These are important values and traits which define an individual's self-worth and identity. Therefore, communities' assigning high values to these virtues and traits adds to the complexity of domestic violence for women of Asian descent. Asian cultures place high value and worth on the family structure, in which the needs and interests of the family is highly regarded and placed before the individual family member's needs (Yick, 1999; Weil & Lee, 2004). Any internal or

external factor such as divorce and specifically domestic violence brings shame and dishonor to the family structure. To avoid shame, guilt and stigmatization of the Asian family seeking external help from community agencies and services is strongly discouraged. Domestic violence is viewed as a private matter; therefore Asian women who report or speak out about domestic violence are often chastised in Asian communities (Ganatra, 2001). As a result, women of Asian descent experiencing domestic violence are more likely to remain in domestic violent relationships to preserve the family structure and worth. The family structure also situates the male in a position of authority, value and respect, placing the woman in a submissive, subordinate and obedient position (Xu, Campbell & Zhu, 2001). Positionality and male privilege further complicates matters for Asian women encountering domestic violence.

Language barriers are another cultural challenge for women of Asian descent, encountering domestic violence. Many Asian women experience difficulty speaking and understanding fluent English (Ganatra, 2001). The ability to speak and understand fluent English is essential to seeking external help and education from community agencies, domestic violence services and law enforcement. Although limited English speaking abilities represents one obstacle impacting whether Asian women report domestic violence to law enforcement, historical community distrust of law enforcement represents another obstacle for Asian women encountering domestic violence. This distrust toward law enforcement emerges from historical experiences with insensitive, discriminative government officials and police officers (Ganatra, 2001; Weil & Lee, 2004).

Economic barriers and immigration status add to the complexity of domestic violence for Asian women. Asian women survivors of domestic violence were more

likely to be underemployed or unemployed, limiting their access to social mobility. Many Asian women arrive in the U.S. with limited financial resources or education, therefore becoming entirely dependent on their husbands. Immigration status interconnects with economic barriers Asian women face. Immigration status determines authorization to work in the U.S. Asian women within domestic violence partnerships who do not possess legal immigration documentation fear the threat of being deported back to their country (Ganatra, 2001; Weil & Lee, 2004). As a result of such fear, many Asian women continue to endure domestic violence. Additional factors such as non-supportive families and social systems, limited knowledge of domestic violence and cultural stereotypes complicate the issue of domestic violence for women of Asian descent.

Distinct roles, beliefs, and values among Latino/a communities also impact the intricacy of domestic violence for Latina women survivors. Many Latino communities place women within restrictive gender roles, which may hinder the ability to leave domestic violent relationships. Catholicism is a strong force defining traditional roles of Latina women and men; it plays a key factor in the construction of values and beliefs within Latino communities. “Marianismo” and “machismo” are two terms deriving from Catholicism, both describing the traditional gender roles, treatment and behavior of women and men in Latino/a communities (Canino & Canino, 1993). “Marianismo” centers on the Catholic worship of the Virgin Mary. The Virgin Mary represents a key figure influencing the roles and behaviors of Latina women. For many Latina women the Virgin Mary symbolizes a spiritual power, enforcing behaviors of servility and modesty, characteristics Latina women should possess (Zavella, 2008). Latina women are expected to fulfill qualities and characteristics similar to the Virgin Mary. Qualities such as being

emotional, docile, whimsical, compliant, unassertive and vulnerable are encouraged among Latina women (Women of Color, 2006). Latina women should also have a strong moral commitment to their religion, while proving ultimate dedication to their family structure by placing the family before the well-being of self (Kasturirangan & Williams, 2003). As a result, Latina women are often restricted to two distinct roles, fulfilling the responsibilities of a wife and nurturer. Women who do not fulfill these roles are likely to become condemned by the community. For example, Latina women regardless of marital status are all deemed socially deviant within many Latino cultures (Wilson, 2005). Latina women are also encouraged to depend financially, emotionally and socially on men, allowing men to fulfill the roles of the decision maker and provider. Conversely, the "machismo" encourages hyper masculine qualities and "traditional" gender roles for Latino men. Latino cultural beliefs and values situate men in roles of dictator and authoritarian possessing power and responsibility over women, their homes and families. An in-depth examination of Latino/a culture and family structure is vital to further understand the traditional gender roles connected to dynamics of domestic violence impacting Latina women. Core beliefs and values of Latino/a culture are established on ideas of familism, which continues to situate Latino women in clearly defined submissive and subordinate gender roles (Kasturirangan & Williams, 2003; Vidales, 2010).

From a societal standpoint, Latina women are likely to be depicted by mainstream or "dominant" culture as "passionate, teasing, hypersexual, and flirtatious" women (Bryant-Davis, Chung & Tillman, 2009, p. 342). These stereotypical representations and assumptions from dominant culture contribute to an accepting "culture of rape," and impact the behaviors and attitudes of abused Latina women. Latina women are less likely

to show sympathy towards women experiencing domestic violence, particularly sexual violence (Bryant-Davis, Chung & Tillman, 2009). Stereotypical perceptions held by society may contribute to the reluctance of Latina women to report domestic violence. Latina women who are depicted or portrayed by dominant culture as hypersexual beings and as possessing limited control over their bodies may fear becoming ostracized or doubted by police, therapists, family and friends. Aside from cultural objectification, Latina women also encounter other cultural barriers impacting their experience of domestic violence. Language and financial barriers along with issues of immigration complicates the scope of domestic violence for Latina women (Kasturirangan & Williams, 2003; Sokoloff & Dupont, 2000; Vidales, 2010). Latina women experience difficulty with accessing domestic violence services and interventions due to the inability to communicate in fluent English. Language barriers, along with understanding cultural laws and policies, may also become a challenge for Latina women survivors of domestic violence. There continue to be restrictive laws impacting Latina women unjustly. Many Latina women lack the comprehension or awareness of policies which protect survivors of domestic violence. Lack of income is another barrier for Latino women survivors of domestic violence (Mejivar & Salcido, 2002; Wilson, 2004). Traditional gender roles encouraging Latina women to become financially, physically and emotionally dependent on men create a culture of women lacking education and employment, which makes it very difficult for Latina women to escape a relationship of domestic violence. For instance, when examining factors such as education and socioeconomic status among distinct Latino/a populations, research demonstrates Hispanics and Cubans have higher educational attainment and higher socioeconomic statuses compared to Puerto Ricans and

Mexicans (Blendon et al., 2007). Blendon et al. (2007) reports one in four Cubans do not possess a high school diploma compared to two in four Mexicans. Immigration policies and regulations also contribute to Latina women's experiences of domestic violence. For some Latina women, immigration status becomes another barrier complicating the issue of domestic violence. Latina women may experience feelings of fearfulness at the threat of being deported back to their country of origin, therefore making the decision to remain in domestic violent relationships (Ingram, 2007; Kasturirangan & Williams, 2003).

Social Work and a Domestic Violence Agenda

The focus of this research is to highlight and address the need for the social work profession to develop an in-depth intersectional analysis of domestic violence among racial and ethnic minority women survivors. Literature indicates domestic violence is a pervasive social problem impacting all individuals regardless of race, ethnicity, class, gender, religion and sexual orientation; however, the social work profession has given minimal attention to the experiences of domestic violence among racial and ethnic minorities (Bryant-Davis, Chung, & Tillman, 2009; Kasturirangan, Krishnan & Riger, 2004; Sumter, 2006). Scholars and practitioners must examine the linkages between domestic violence, racial and ethnic minorities, gender, class and sexual oppressions in order to effectively intervene with and eliminate issues of domestic violence. Further analyses incorporating an extensive understanding of race are valuable to social work researchers and practitioners in developing effective and quality services and interventions to racial and ethnic minority women survivors of domestic violence. Additional research will prepare social work professionals with the "intersectional" skills, knowledge and education to better assess, detect and respond to issues of domestic

violence among racial and ethnic minority women populations. An analysis exploring the linkages among domestic violence, race, gender, class and sexuality is also valuable toward the development of strategies of empowerment and uplift for a group of marginalized women severely traumatized by the act of domestic violence, along with having to face and experience societal and institutional "oppressive realities." As Collins (2000) suggests "race becomes the distinguishing feature determining the type of objectification women will encounter" (p. 198). Collins highlights the significance of exploring the lived social experience of race and its distinguishing consequences for domestic violence women survivors belonging to distinct racial and ethnic minority groups. A holistic examination of race and the multiple interlocking dynamics of gender, class, age and ethnicity further create a conversation addressing difference and "otherness," which situates racial and ethnic minority women survivors of domestic violence in "unique" locations. These "unique" locations are constructed in comparison to the experiences of the privileged white racial group, which situates racial and ethnic minority women lived experiences of domestic violence as "unusual," or "counter-normative." More importantly, locating racial and ethnic minority women's lived experiences is valuable to examine the politics and representation of domestic violence against racial and ethnic minority women (Shoos, 2003). An in-depth analysis addressing the social problem of domestic violence among racial and ethnic minority populations allows social work professionals to advance cultural, racial and ethnic knowledge, while examining gender dynamics, further strengthening social work practice, education and research.

"Cultural" Standards of the Social Work Profession

Historically, the social work profession has always been a field valuing social justice, social change and equality. Social work continues to be a profession focused on addressing the needs of marginalized and underserved populations. The social work mission states, "The social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty" (NASW, 2001). More recently, the social work profession has developed a mission focusing on the need to integrate social work education, practice and research valuing cultural and racial diversity. The social work mission also highlights the importance of examining the social, political and economic inequalities marginalized populations face. The profession's current concentration on constructing a racially and culturally inclusive initiative resulted from the significant increase in racial and ethnic minority demographics in the U.S. To address current needs the National Association of Social Workers (NASW) published the "Standards for Cultural Competence in Social Work Practice," while the Council of Social Work Education published its "Educational Policy and Accreditation Standards" (Sisneros. Stakeman, Joyner & Schmitz, 2008).While both publications outline approaches to improve the cultural competency of social work professionals, both lack an in-depth, precise theoretical framework incorporating the components of race, ethnicity and oppression. This lack highlights the need for the profession to develop a racially inclusive framework addressing social workers' understanding and sensitivity towards marginalized and vulnerable communities faced with societal and racial experiences such as oppression, discrimination and inequality, in order to effectively address inequalities

experienced by racial and ethnic minorities.

To effectively provide services and best practices to differing cultural, racial and ethnic populations, the National Association of Social Workers (NASW) has developed several standards of cultural competency vital for the social work profession. The NASW standards of cultural competency are reflected primarily in two distinct publications: "Cultural Competence in the Social Work Profession," and "NASW Code of Ethics." Both highlight the importance of cultural competency among social work professionals (NASW, 2001). NASW concentrates on the importance for the social work profession to develop practitioners, educators and researchers, competent to provide education, service, and professional practice, and produce research beneficial for individuals who differ culturally and racially. NASW identifies ten standards essential for producing a framework that better serves individuals belonging to differing cultural and racial background or identities: ethics and values, self-awareness, cultural knowledge, cultural skills, service delivery, empowerment and advocacy, diverse workforce, professional education, language diversity, and cultural leadership (NASW, 2001).

It is important to note that these standards are vital in the development of constructing a profession that justly and fairly serves individuals of differing cultural and racial identities. This research, however, will focus on three of the ten standards identified in social work's current Cultural Competency Model: self-awareness, cultural knowledge and cultural skills. These three concepts presently constitute social work's Cultural Competency Model. NASW provides a description of each standard/concept, highlighting its specific role within the social work profession.

Standard 1: Self-Awareness. According to the NASW (2001), "Social Workers shall seek to develop an understanding of their own personal, cultural values and beliefs as one way of appreciating the importance of multicultural identities in the lives of people" (p. 14). For social work professionals the process of self-awareness involves self-exploration of one's cultural identities, biases, values and assumptions, which impacts the social worker's technique of practice, ways of research and interaction and engagement with diverse clients. The process of self-awareness constructs a space allowing social workers to recognize and celebrate cultural differences of their clients. The development of personal cultural self-awareness, in addition to the recognition and celebration of cultural diversities of individuals produces social workers who value and accept client's diversities. This recognition and acceptance creates social work professionals who are more likely to recognize and deconstruct Eurocentric, monolithic perspectives, approaches and values, which prove counterproductive for individuals of minority racial, cultural and ethnic populations. The process of self-awareness also involves the social worker's ability to recognize one's skills, education and training capacities impacting the interaction, engagement and provision of services among individuals of minority racial and cultural identities. Fundamentally, self-awareness is a vital component for the development of the social work profession, which focuses on eliminating inequalities, biases, stereotypes and discrimination that many racial and ethnic minorities' populations experience.

Standard 2: Cultural Knowledge. "Social workers shall have and continue to develop specialized knowledge and understanding about the history, traditions, values, family systems, and artistic expressions of major client groups served" (NASW, 2001, p.

18). The production of knowledge is key aspect in the development of cultural competency among social workers. The Cultural Competency Model proves to be a changing framework, therefore it is vital for social workers to sustain knowledge on current and new ideologies, models and practices. Taking advantage of educational and training opportunities focused primarily on serving marginalized and underserved populations will enhance social workers' knowledge of cultural and racial groups. The NASW (2001) identifies several areas important for the development of social work knowledge. These areas of knowledge include: the understanding of the impact of culture on behavior, attitudes and beliefs; help-seeking behaviors of diverse individuals; role of language and communicative styles; impacts of social policies; accessibility of resources; and, impact of social workers' personal values on the "helper-client" relationship. Social workers must develop "specialized knowledge" pertaining to the "cultural client" along with gaining "specialized knowledge" of the social, cultural and political systems, which clients interact.

Standard 3: Cultural Skills. "Social workers shall use appropriate methodological approaches, skills, and techniques that reflect the workers' understanding of the role of culture in the helping process" (NASW, 2001). According to NASW (2001), social workers should obtain the cultural skills in order to fulfill several roles including: working with individuals of diverse cultural identities; establishing educational routes to learn about cultural populations; encouraging cultural discussions among clients; effectively responding to biased cultural assumptions; developing effective interviewing techniques among "cultural clients;" conducting comprehensive cultural assessments; integrating cultural knowledge into therapeutic interventions; evaluating applicability of

Cultural Competency Model; and demonstrating advocacy and empowerment with clients. These set of cultural skills proposed by NASW encourage social work professionals to develop a comprehensive understanding of the "cultural client" in order to adequately serve diverse cultural, racial and ethnic populations.

The Conceptual Framework of the Cultural Competency Model

The social work profession utilizes the conceptual framework of the Cultural Competency Model to enhance education, professional practice and research. The concept of cultural competency evolved around the notion of "cultural diversity," defined as "the differences between people based on a shared ideology and valued set of beliefs, norms, customs, and meanings evidenced in a way of life" (Wells, 2000).

According to the NASW (2001), cultural competency involves a process where social work researchers, practitioners and agencies encourage respectful and beneficial interaction among all individuals regardless of culture, race, ethnicity, language, socioeconomic status and religion. Essentially, it is vital for social workers to recognize such distinctions; more importantly they should affirm and value these individual differences. Gallegos (1982), defined cultural competency as "…procedures and activities to be used in acquiring culturally relevant insights into the problems of minority clients and the means of applying such insights to the development of intervention strategies that are culturally appropriate for these clients" (NASW, 2001, p. 12).

Cultural competency encompasses a set of congruent values and beliefs beneficial to the understanding and recognition of diverse cultural populations. Fundamentally, cultural competency involves the development and integration of "cultural" knowledge of the individual's "cultural" differences and behaviors into social work education, practice

and research. The social work profession has identified several elements significant for the development of cultural competency among social work practitioners, researchers, educators and agencies. In order to develop cultural competency one should value diversity, possess the ability to conduct culturally-informed assessments, remain conscious of the dynamics regarding interactions of cultures, institutionalize cultural knowledge, and develop programs, services & education reflecting the understanding of cultural diversity (NASW, 2001).

The Cultural Competency Model provides practitioners with a "culturally sensitive" framework from which social work professionals examine cultural attitudes, values and beliefs, gain knowledge about client's cultural heritage, along with developing skills to effectively provide therapeutic interventions to diverse cultural populations (Arredondo, Toporek, Brown, Jones, Locke, Sanchez & Stadler, 1996). The Cultural Competency Model provides a space for social work professionals to examine their personal cultural values, attitudes and beliefs. This space also allows social work professionals to gain awareness, appreciation and acceptance of clients' cultural heritages, values and beliefs. Although the Cultural Competency Model outlines significant aspects meaningful when serving cultural populations, much critique centers on challenging and confronting its unintentional depiction of a color-blind society. The Cultural Competency Model emphasizes the extreme need for social work professions to develop "cultural" knowledge, skills and awareness to fairly and fully serve diverse populations. This model, however, fails to acknowledge and address issues examining the "racial client." Consequently, the Cultural Competency Model lacks the recognition and discussion of race and ethnicity essential in the conversation about service provision

among marginalized and underserved populations. Imperative to the discussion of race and service provision among marginalized communities and populations is the obligation to explore and address experiences of oppression, inequality, discrimination and social and "racial realities" minority populations are more likely to experience in their daily lives. Therefore, without the integration of a theoretical framework or approach incorporating components of race and ethnicity, practitioners cannot fully acknowledge the oppression, inequalities, discrimination and "racial realities" experienced by cultural, racial and ethnic minority populations. Abrams and Moio (2009) suggests practitioners lacking an understanding and awareness of race and its implications fail to recognize the multiple forms of oppression racial and ethnic minorities experience, instead practitioners are more likely to form an "equality of oppressions" perspective.

Examining the Cultural Competency Model

The Cultural Competency Model incorporates a process concentrating on providing awareness, knowledge and skill among social work professional for the purpose of becoming better equipped to offer effective services to diverse cultural populations. Although cultural competency models may slightly differ across disciplines and professions, there are three distinct components of competencies identified within all cultural competency models: cultural awareness, cultural knowledge and cultural skills. Sodowsky, Taffe, Gutkin and Wise (1994) show that cultural awareness, cultural knowledge and cultural skills are meaningful components of cultural competency, overlapping and interconnected.

Cultural Awareness. The Cultural Competency Model integrates three vital components significant in the cultural development and comprehension among social

work professionals working with diverse populations. The first component, cultural awareness, focuses on the professional consciously exploring personal biases, stereotypes, prejudices, assumptions, and constructs about racial or ethnic marginalized populations who are culturally different from the self of the professional (Campinha-Bacote, 2009). For social work professionals, the conscious evaluation of cultural awareness involves self-examinations focusing on the exploration of questions such as: "Am I aware of any biases, stereotypes, prejudices or assumptions that I have toward African Americans, Native Americans, Asian Americans or Latino populations?"

While it is valuable to explore the consciousness of social work professionals' cultural awareness, it is equally important to discuss professionals' unconsciousness regarding biases, stereotypes, prejudices and assumptions toward cultural and racial populations and communities. Unconscious assumptions may involve personal constructions regarding about cultural, racial and ethnic minority groups pertaining to the distinctive and varying dialect and language among marginalized communities. There is a tendency for social work professionals to develop bias, prejudices and assumptions toward marginalized racial and populations. White professionals are more likely to develop biases, stereotypes and assumptions pertaining to the differing dialect and language of racial and ethnic minorities, as happen to the African American community, resulting in prejudice and discrimination against this group. Biases and assumptions regarding racial and cultural dialect contributes to professional misinterpretation which associates differing dialect to racial and ethnic individuals lack of education or knowledge. Sociolinguists have identified several distinct dialects among African American communities within African American English (AAE). The African American

English (AAE) dialect consists of varying dialects of "Black Speech" such as: Black English, Ebonics, Black Vernacular English (BEV) and African American Vernacular English (AAVE) (Campinha-Bacote, 2009). Therefore, it is necessary for social work professionals to develop not only cultural but also "racial" knowledge pertaining to racial and cultural dialect, language, speech and verbal cues to avoid developing biased assumptions conscious or unconscious toward marginalized groups using dialect differing from "Standard American English."

Aside from recognizing biases, stereotypes and assumptions pertaining to a differing cultural group, social work professionals must also explore their own cultural heritage, experiences, values and beliefs. Developing an understanding of one's cultural heritage, values and beliefs is essential for the professional to skillful identify differential sources of discomfort that may affect interactions with individuals of another cultural, racial or ethnic identity. The professional further develops the ability to become consciously aware of personal feelings, emotions and behaviors elicited toward differing marginalized communities.

Cultural Knowledge. The second component of the Cultural Competency Model is cultural knowledge. Cultural knowledge involves the process of obtaining cultural education and information pertaining to diverse cultural populations (Campinha-Bacote, 2009). Education focusing on a specific cultural group's family structures, norms, values, beliefs, customs and perspectives constructs the cultural knowledge of the social work professional. In order for the professional to produce a complete understanding of cultural knowledge, one explores personal cultural identity, norms, customs and heritage. This exploration of the cultural self creates a professional that understands the impact

cultural knowledge has on psychological processes, interaction and engagement with others, deconstruction of stereotypes and biased attitudes toward differing cultural and racial groups.

A social work professional's acknowledgement and acceptance of cultural self-identity, along with recognizing and accepting cultural identities of racial and ethnic minority populations will more likely develop the ability to effectively evaluate bias in interventions, assessments, instruments and methodologies utilized among diverse racial minority populations (Toporek, Brown, Jones, Locke, Sanchez & Stadler, 1996).

Cultural Skill. The final component of the Cultural Competency Model highlights the professional's ability to effectively provide service to, engage with and communicate with diverse cultural populations. Developing the skill to connect and interact with marginalized clients is instrumental in providing quality care and treatment among racial and ethnic minority populations. A practitioner demonstrating the ability to effectively engage in communicative cues, verbal or non-verbal, and clearly establish an understanding of the client's perspectives has demonstrated the cultural skill to effectively communicate and engage with clients. A culturally skilled social work professional also demonstrates the ability to retain valuable cultural information about the client, key to extensive assessment of the client's life, presenting issue and coping mechanisms (Campinha-Bacote, 2009). To become a culturally skilled social work professional requires one to actively pursue additional resources such as educational advancement material, consultative alternatives and specialized training to further expand competencies and skills.

Advancing cultural education and awareness allows the professional to become

skillful in selecting the appropriate intervention, technique and/or methodology best for the cultural client. Toporek, Brown, Jones, Locke, Sanchez & Stadler, (1996) assert that a culturally skilled professional utilizes "traditional" assessments, instruments and intervention. It is essential for the social work professional to have the ability and expertise to modify or adapt tools to fit the cultural client. The Cultural Competency Model continues to dominate social work's education, practice and research, addressing and recognizing the need to advance and enhance the education, skills, practice and research committed to serving marginalized and underserved populations. The Cultural Competency Model's confined lens and analysis of cultural factors contributes to multiple shortcomings and critiques imperative to address in the discussion of service provision among cultural, racial and ethnic minority populations.

Continue to Foster Stereotypes. This next section will address the shortcomings of the Cultural Competency Model. The Cultural Competency Model is a conceptual framework suggesting the importance of developing cultural knowledge. This often contributes to the cultivation of stereotypes of cultural identities among individuals of racial and ethnic minority populations.

No single theoretical or conceptual framework provides social work professionals with the most accurate or "best" cultural knowledge that applies to all cultural, racial or ethnic populations, due to the heterogeneity of cultural, racial and ethnic communities. The Cultural Competency Model focuses on the professional obtaining the appropriate cultural knowledge of distinct racial and cultural populations. This production of cultural knowledge is often accumulated from academic fields such as anthropology or sociology, which continue to encourage stereotypes and assumptions of cultural, racial and ethnic

groups (Patterson, 2004). There is a tendency for social work education to focus on teaching professionals "expected" cultural behaviors, attitudes, norms and values of specific cultural and racial populations. Because the Cultural Competency Model leads to the professional making assumptions about all individuals identifying with a specific cultural, racial or ethnic community, the heterogeneity within these communities, as expressed by individual members of the community, is not acknowledged. The Cultural Competency Model tends to highlight and educate social work professionals on the "unique" cultural characteristics of racial and ethnic minorities. For instance, the Cultural Competency Model teaches "unique" cultural characteristics ascribed Native American communities. The "unique" cultural characteristics focus on Native Americans communicative skills depicting Native Americans as "passively nonverbal" communicators, who do not possess the ability to actively engage in therapeutic dialogue (Cardemil & Battle, 2003; Jackson & Samuels, 2011; Patterson, 2004; Sue, 1990). This kind of cultural knowledge contributes to racial stereotyping. The social work professional develops expectations or assumptions that all Native Americans are passive communicators. Professionals then become more susceptible to perceive Native American clients' silence as attributable to lack of education or inability to actively engage in the therapeutic process. Social workers are continuing to learn cultures through phases referred to as the four F's "*fairs, food, festivals and folktales,"* which does not provide the professional with a holistic understanding of race, power, privilege and oppression (Sisneros, Stakeman, Joyner & Schmitz, 2008).

A shortcoming of the Cultural Competency Model is the model's tendency to conceptualize culture synonymously with race and ethnicity. Failing to distinguish

culture from race and ethnicity in the Cultural Competency Model creates a space where the term "culture" begins to serve as an umbrella term constituting race and ethnicity as indistinguishable. This creates a space that does not fully value or recognize the distinctiveness among culture, race and ethnicity. This lack of recognition further complicates matters for professionals providing services among differing racial and ethnic minorities. Professionals who do not demonstrate a clear understanding of the discreteness of these terms become more prone to develop and uphold cultural and racial biases and stereotypes pertaining to marginalized racial communities. Practitioners become more likely to automatically identity patients of a specific ethnicity or racial identity to a specific set of cultural beliefs and behaviors (Kleinman & Benson, 2006; Sisneros, Stakeman, Joyner & Schmitz, 2008).

Assuming homogeneity within "same" racial and ethnic groups. Failure to construct a space examining the distinctiveness of culture, race and ethnicity promotes a false homogeneity among racial and ethnic minority populations. The Cultural Competency Model categorizes racial and ethnic individuals into distinct cultural classifications primarily based on one's skin tone. These cultural classifications also rely on the sharing of similar values, traditions and beliefs. Ultimately, there are four cultural groups frequently recognized in the Cultural Competency Model: American Americans/Blacks, Native Americans, Asian Americans, and Latinos/Hispanics. By exclusively recognizing these four racial groups as the center of cultural analysis within the Cultural Competency Model, it yields exclusionary classifications negating the acknowledgement of differing racial and ethnic minority identities and communities. Ethnic subgroups such as Nigerian, Ibo, Ethiopian, Haitian, Chinese, Japanese, Korean,

Mexican, Cuban, Puerto Rican and many others are often absent within cultural competency's construction and analysis of cultural groups. As a result, skin tone becomes the most essential characteristic identifying one's assignment or classification to one of the four cultural groups. White skin tone becomes the physical descriptor used to assign racial and ethnic minorities to distinct classifications of race. The Cultural Competency Model creates an analysis omitting individuals of "whiteness" from racial and ethnic analysis, thus promoting an "otherness" to identities among racial and ethnic minority populations. This kind of analysis primarily focuses on framing Whites as the implied superior group or race, which then becomes the focus of comparison. "Whiteness" then becomes highly essential in identifying differences among racial and ethnic minorities, for the purpose of cultural classifications.

Additional Critiques. Although the Cultural Competency Model is a conceptual framework that fails to address and acknowledge the significance of race and ethnicity in service provision to marginalized, underserved populations, it offers a useful framework and starting point recognizing the importance of awareness pertaining to individual's identities. There is a need for research to examine how social work professionals are integrating and applying conceptual components of the Cultural Competency Model within social work practice, research, education and training. There are several questions necessary to explore the effectiveness of the Cultural Competency Model such as: "What are the key educational components of the Cultural Competency Model, and how does this knowledge get disseminated in social work training, research and practice?; "What are the direct outcomes among social work professionals utilizing the Cultural Competency Model with diverse cultural and racial minority populations?; "Does the

Cultural Competency Model hinder the interaction between the client and practitioner, as a result of cultural assumptions and teachings?; and "Is it possible for social work professionals to develop "specific" cultural "skills" from the Cultural Competency Model to become "cultural skilled" experts?

Critical Race Theory: Historical Development

Critical Race Theory (CRT) developed in the 1960's, during the Civil Rights and Anti-Racist student movements, organizations and boycotts, and progressed throughout the 1980's. Further recognition and advancement of CRT flourished during the late 1980's. During this time critical race scholars and activists organized a national conference on Critical Race Theory, presenting instrumental CRT research, studies and publications (Powers, 2007). The focus of CRT research and publications emphasized several important components: recognizing racism as endemic to social life; the need to deconstruct and confront historical and social analyses of race; and, the inclusion, recognition and legitimacy of racial and ethnic minorities lived experiences and narratives (Coello, Casanas & Rocco, 2004). CRT has become described as a "*hybrid"* theory, incorporating material from a wide range of fields such as sociology, humanities and education. Largely, CRT remains rooted in the study of law evolving from legal scholarship and education. Initially, CRT provided a lens exploring the idea "law cannot be neutral and objective." Also, the incorporation and "…recognition of voices from standpoint and race consciousness," are valuable in the transformation and deconstruction of racial, social and institutional inequalities (Abrams & Moio, 2009, p. 250). CRT constructs a linkage examining the role of law in "propagating and maintaining racism" (Hatch, 2007). CRT encourages an in-depth investigation and evaluation of contemporary

agendas promoting racial, social, legal and institutional equality. CRT highlights the importance of such contemporary agendas to explore dynamics of power between racial groups, focusing on the intersectionality of historical, social, economic and racial contexts beyond the traditional discourses of race and civil rights (Coello, Casanas & Rocco, 2004). CRT provides a space to analyze and explore race, racism and fundamental elements essential to understand historical and contemporary social experiences, social and legal institutions and systems. CRT has presented a theoretical framework to challenge issues ranging from educational desegregation, affirmative action, equality within institutions of higher education, racial discrimination, power relations, social/political/economic inequality among other controversial race related issues. CRT has become a widely accepted and applied theoretical framework utilized in various fields of study ranging from women's and gender studies, educational studies, history, sociology, economics, cultural and ethnic studies, and political science. Currently, CRT has emerged and shaped several fields of study such as Latino/a critical studies, critical queer studies, critical race feminism and critical white studies (Trevino, Harris & Wallace, 2008).

Examining Critical Race Theory

As defined by Taylor (1998), Critical Race Theory is a *"*form of oppositional scholarship, CRT challenges the experiences of whites as the normative standard and grounds its conceptual framework in the distinctive experiences of people of color" (p.122). CRT is viewed as both a theoretical framework and interpretive model as well as a tool of social justice. CRT is also described as a tool useful in a critique of racial reform, while also recognizing CRT's effective approach of incorporating mixed

strategies (i.e. interest convergence), research methodology (i.e. counter-narratives) and conceptual understandings to address racial and structural inequalities of power and privileged (Closson, 2010; Cole & Maisuria, 2007). CRT "challenges liberalist claims of objectivity, neutrality, and color blindness…and argues that these principles actually normalize and perpetuate racism by ignoring the structural inequalities that permeate social institutions" (Abrams & Moio, 2009, p. 250). CRT is a valuable framework creating a space promoting an in-depth racial analysis examining possibilities of deconstruction and transformation of past and current social, economic and institutional inequalities racial and ethnic minority's experience. CRT places race in the center of analysis recognizing "race is the scaffolding that structures American society" (Abrams & Moio, 2009, p. 250). CRT's standpoint and positioning of race constructs a space challenging the notion of a "color-blind" society, indicating "color blindness is superior to race consciousness" (Abrams & Moio, 2009, p. 250). CRT acknowledges race as a social construction, essential in maintaining the racial hierarchy, which situates racial and ethnic minorities into confined and restrictive locations. CRT transitions from the simplistic Black-White ideology and Essentialism of race, by recognizing and examining the lived experiences and "racial realities" of individuals belonging to racial and ethnic minority groups (Closson, 2010; Trevino, Harris & Wallace, 2008).

CRT also produces a platform that can be utilized by social work practitioners, researchers and educators as a way to become cognizant of racial inequalities, oppressions and racial relations in the U.S. CRT is both an operational and theoretical framework. Ultimately, CRT offers a framework which: identifies and includes the discourse of the pervasiveness and reality of racism; exposes and deconstructs color-blind

and race-neutral ideology, policies and practice; legitimizes and recognizes the experiences and narratives of racial and ethnic minorities; critically examines civil rights laws and liberalism; and provides tools to transform and challenge racial inequalities (Stovall, 2005). These functions are imperative in acknowledging and understanding the integral roles of race within systems of inequality. CRT further provides the social work profession with a theoretical framework which allows a space for professionals to deeply engage in discourses of race, inequality, privilege, power and oppression. CRT also provides social work professionals with strategies and tools to deconstruct and challenge processes, systems, policies and ideologies contributing to divergent experiences of marginalized communities. CRT strongly proposes the need for collaboration, activism and community participation amongst theorists, researchers and practitioners, in order to effectively engage and deconstruct current race and racist ideologies.

Conceptualizing Race, Ethnicity and Culture

Critical Race Theory provides a valuable theoretical approach highlighting the significance of conceptualizing and understanding race, ethnicity and culture. CRT presents material important for social work professionals to develop a clear distinction among the concepts of race, ethnicity and culture. Conceptualizing race continues to be a challenge for many social work professionals, due to its fairly recent emergence and establishment as a concept and its historical and institutional connection with racism. The concept of race remains a truly complex and multifaceted idea, which meaning has changed nationally and historically. It would be very difficult to limit the meaning of race to one single, concrete definition, due to its constant transformation throughout history. Critical race scholars suggest a clear conceptualization of race recognizes that race

remains a product of human creation, which racial meanings and associations are constructed by social interactions and institutions (Higginbotham and Andersen, 2012). Omi and Winant's (1994) "racial formation" is a concept referring to the sociohistorical construction of race. Racial formation acknowledges the historical processes and social organizations through which racial categories are produced. Racial formation highlights the significance and function hegemony has in the social construction and organization of race. Racial formation also examines the concept and significance of race in relationship to forms of inequality, oppression and differences, along with exploring the perplexity of racial identity and racial categories.

Inherently, race functions as a social phenomenon rooted in social interactions and definitions situated within a social order structured along the lines of inequality (Higginbotham and Andersen, 2012; Ladson-Billings & Tate, 1995). According to Omi and Winant (1994)

"Race is a concept which signifies and symbolizes social conflicts and interests by referring to different types of human bodies; the concept of race invokes biologically based human characteristics (i.e. phenotypes), selection of these particular human features for purposes of racial signification is always and necessarily a social and historical process" (p. 55).

Omi and Winant's conceptualization of race provides a key definition for understanding that race is socially constructed. Associations and meanings of race are consistently transformed by political, social, economic and historical processes. Omi and Winant (1994) highlight the integral role societal institutions and political systems such as the government, federal legal system, criminal justice system and educational systems;

have in shaping our understanding of race. These political and institutional systems serves as powerful agencies which define race and designates which individuals can be classified and belong to distinct racial groups. Race as a social construction suggests the concept of race developing from historical and social institutions and practices through which racial and ethnic minority groups (races) have experienced exploitation, inequality and oppression. Recognizing race as socially constructed posits the classification, associations and meanings of race as the product of human conception. The emergence of human racial classification has resulted in the formation of economic, social, institutional and political privileges and advantages which racial and ethnic minorities groups do not experience.

It is essential to understand race has been utilized as a tool to group or classify individuals on the basis of perceived biological or physical differences to signify racial superiority and inferiority among individuals, hence recognizing the construction of "races" produced from a system of dominance. According to Higginbotham and Andersen (2012) the key concepts in this conceptualization of race incorporate perception, belief and social treatment, thus factors such as biological differences are not core concepts. Hence, race is understood and learned through socialization and interactions in which specific characteristics, perceptions and assumptions are ascribed to distinct racial and ethnic populations. Race does not serve as a fixed or objective variable. Nor can race be understood as a mere illusion or ideological construct, due to its continual fundamental and functioning role in institutional, political, social and economic systems. Defining race as an ideological construct alone denies the "racial" experiences and realities of racial and ethnic minorities, resulting from a racialized society

Still, race is often associated strictly with biological and physiological features such as skin tone, hair texture, eye color or skin complexion. Historically, scientific research relied on such biological and physiological distinctions to construct racial classification among humans. During the 16th century scientists attempted to link biological differences among racial and ethnic groups such as skin tone, bone structures and brain sizes, in order to develop claims of moral, social and intellectual inferiority of racial and ethnic minority populations (Caliendo & Mcllwain, 2011). Although such racial claims were never validated by scientific research, these claims became socially accepted. Conversely, scientific research indicated there is no such existence of a "race gene," along with demonstrating there is not much genetic variation among human beings. Even so, race continues to be defined on a biological perspective. Much scientific research on race indicates there is only one race, the human race, however historical attempts to categorize race have contributed to current discrepancies and failures to understand race. In fact, geneticist Richard Lewontin's 1996 research study concluded that any two distinct racial groups share approximately 99 percent of genetic similarities, therefore discrediting the biological claim of race and illustrating the physical and biological similarities among racial groups (Higginbotham and Andersen, 2012). Definitions that conceptualize race as solely biological or physiological characteristics and traits fail to explore issues addressing racial and structural inequality. For instance, the fifth edition of The Social Work Dictionary defines race as "the major subdivisions of the human species whose distinguishing characteristics are genetically transmitted," while the majority of social work's generalist social work texts indicate "…race refers to physical characteristics, with special attention to skin color and facial features"

(Coleman, 2011, p. 92). The biological conceptualization of race fails to acknowledge the "racial realities," or real life experiences racial and ethnic minorities are most likely to encounter. The biological stance of race further ignores the fact that race functions as a way of "comprehending, explaining, and acting in the world," which "…race is identified and signified on the one hand, and the institutional and organizational forms in which it is routinized and standardized…" (Omi and Winant, 1994, p. 60). Hence, the importance of recognizing the true definition of race does not rely on biological features, yet the historical, social and institutional treatment of racial and ethnic minorities remains significant in the understanding of race.

Ethnicity, similar to race, has been conceptualized by identifying biological and physiological characteristics among individuals. Cardemil and Battle (2003), however, suggest a complete definition of ethnicity incorporates the "…historical cultural patterns and collective identities shared by groups from specific geographic regions of the world" (p. 279). Ethnicity "represents a peoplehood based on common physical appearance, language…homeland, and on norms, traditions, values, and history that make up the content of culture" (Ashton, 2010, p. 130). Other shared identities such as religion, nationality, music, art and customs serve as elements defining ethnicity. Often there is a shared sense of group unity, fulfillment and belonging which members' experience (Higginbotham and Andersen, 2012).

Race and ethnicity continue to function as mechanisms used to explain and organize social differences, while also maintaining social order among racial and ethnic populations. Race and ethnicity are socially constructed, primarily by members of the dominant racial group as tools to further protect social, economic, and political interests.

Historical conceptualizations of these terms have become accepted as common knowledge, impacting multiple aspects of racial and ethnic minorities' social interactions, opportunities and experiences (Ortiz & Jani, 2010). Fundamentally, race and ethnicity are social constructs, sharing several commonalities; however the construction of such terms continues to promote separation and stratification among distinct racial and ethnic populations.

Six Principles of Critical Race Theory

CRT identifies six major principles essential for social work professionals to understand. The six principles of CRT are: endemic racism, race as a social construction, differential racialization, interest convergence/materialist determinism, racial narratives and intersectionality (Abrams & Moio, 2009). Presently, we navigate in a society constructed by race relations. Race operates on systematic and institutional levels. Endemic racism examines the prevalence of race and its impact on all individuals regardless of one's race and ethnicity. As Closson (2010) suggests, racism becomes a disease infecting all, both Whites holding privilege and racial and ethnic minority groups experiencing internalized and institutional racism. Therefore, the assumption that one exists in a color-blind, society maintains existing structures of race. Scholars of CRT argue that racial oppression and social and economic inequality is rooted within our institutions, social systems, traditions and practice. As a result of these existing social structures, racial and ethnic minorities are more likely to experience various unjust and discriminative experiences throughout their lives. As Bell suggests ideologies of racial oppression remain embedded in the "psychology, economy, society and culture of the modern world" (Closson, 2010, p. 268). Understanding the cumulative impact endemic

racism has at the micro and macro levels for racial and ethnic minority communities is imperative knowledge for social work professionals. CRT establishes a framework demonstrating the importance for social work professionals to acknowledge and critically examine racially oppressive traditions, values and beliefs impacting thought processes, behaviors and actions. It is also necessary for social work professionals to examine racially oppressive systems.

The second principle of CRT acknowledges and establishes race as a social construction. Differential racialization is the third principle of CRT. Differential racialization uses a racialized lens to examine the processes by which the dominant racial group constructs and assigns specific expectations, behaviors, language, norms and meanings to racial and ethnic minority populations. Racial constructions enforced and accepted by the dominant racial group ultimately serve as a tool for placing racial and ethnic minorities in the category of "otherness" (Abrams & Moio, 2009; Collins, 2002: Collins, 2005; Hooks, 1992). It is important to note that racializations of racial and ethnic minority populations are not static. Racial constructs and meanings are fluid and constantly reworked depending on the historical, economic and social context and the appropriation, needs and agenda of the dominant racial group. For example, the racializations of Asian Americans have shifted over time. During the late 19th century, Asian Americans were racialized as an "unfavorable" group, primarily resulting out of fear and concern from the dominant white group that Asians would possibly consume the labor markets, due to their role in inexpensive labor and work. This opposition and concern resulted in the Chinese Exclusion Act of 1882, excluding Asians from U.S. citizenship (Abrams & Moio, 2009). Today, racializations of Asian American

communities has transformed into a more positive light, becoming more accepting of this group. For instance, Japanese and Chinese groups have become "racialized" as the "model minorities."

CRT's principle of interest convergence/materialist determinism explores the privilege, power and social location of the dominant white racial group. CRT uses race as a lens to examine the functionality and consequences systems of power and privilege constructs for racial and ethnic minority populations. CRT recognizes how components such as power, access, status and normality function as manifestations of privilege, and, suggests the importance of using such knowledge to re-construct systems of power and privilege (Coello, Casanas & Rocco, 2004). Interest convergence/materialist determinism recognizes racism as a tool providing the dominant white racial group with "material and psychic" advantages in society which racial and ethnic minorities do not experience (Closson, 2010). The principle of interest convergence/materialist determinism establishes the reality that social change can only occur if the dominant racial group develops interests converging with oppressed racial and ethnic minority populations (Dixson & Rousseau, 2005). Interest convergence acknowledges the reality of racial oppression and inequality, while also promoting an agenda focusing on eliminating racial injustices. Interest convergence demonstrates that without the recognition of systems of privilege, existing racial inequalities and the acceptance of racial and ethnic minorities, it will be difficult to obtain a space of social justice and equality.

The next principle of CRT highlights the importance of creating a space inclusive of racial and ethnic minority narratives and voices. CRT encourages forms of expression

such as storytelling and narratives among racial and ethnic minorities, due to the usefulness of these techniques to convey lived experiences of racial and ethnic minorities and to also counteract and challenge current narratives fostered and supported by the dominant, white, hegemonic culture (Trevino, Harris & Wallace, 2008). History often excludes narratives and histories of marginalized groups. Incorporating racial narratives emphasizes the significance of constructing a platform empowering racial and ethnic minorities to share and narrate their perspectives, knowledge and experiences of oppression, survival and inequality. Racial narratives are meaningful to "challenge liberalist claims of neutrality, color blindness and universal truths" (Abrams & Moio, 2009, p. 251). Racial narratives also challenge the normativity and universality of the "white experience," as the imperious standard, functioning as a mechanism controlling, shaping and regulating behaviors, thoughts and presentation of racial and ethnic minority populations (Stovall, 2005). The expression of storytelling and narratives produces a discourse within the social work profession, which explores metaphors, typologies, concepts and methods, instrumental in gaining a better understanding of the lived experiences and structural and institutional mechanisms racial and ethnic minorities encounter (Trevino, Harris & Wallace, 2008).

Intersectionality constitutes the last principle of CRT. Intersectionality promotes a space for social work professionals to extensively explore the interrelatedness of race, gender, sexuality and class. An in-depth analysis of these concepts better provide social work professionals with a holistic understanding of oppressions, inequalities and injustices. Intersectionality recognizes there are multiple forms of oppression and inequality an individual may experience in society such as racism, sexism, ageism,

classism and ableism, which results from one's social location. Consequently, excluding one's social location and solely focusing on race creates social exclusion in individuals' personal identities are not fully recognized, forcing individuals to have to choose between identities. Examining intersections of race, gender, class, sex and ability promotes an analysis exploring the lived experiences of marginalized individuals represented at the bottom of racial and social hierarchies. Intersectionality investigates the interconnections of these social constructs for the purpose of understanding the dynamics and functions of racial and social hierarchies (Stovall, 2005). Failing to acknowledge individuals' unique social locations and the multiple forms of oppression and experiences resulting from distinct identities and characteristics produces an essentializing of oppression. Abrams and Moio (2009) demonstrate failure to recognize the complexity of multiple identities and multiple forms of oppression leads to a diffusion of information which tends to overlook the social, institutional and systemic significance of race. Therefore, it is important to develop a deeper understating of the interlocking systems of inequality impacting the daily lives of marginalized communities.

In comparison to the Cultural Competency Model, Critical Race Theory promotes an understanding and recognition of the complexity of oppression, while also acknowledging the strategies of resistance racial and ethnic minorities' display. Gaining a deeper understanding and recognition of systems of privilege, inequality and power is essential for comprehending oppression and methods of survival experienced by racial and ethnic minorities. Developing a space exploring an in-depth conversation and literacy of oppression is essential. As Bell (1997) suggests, oppression involves a "pervasive, restricting, and hierarchical" mechanism impacting marginalized populations at the micro

and macro levels. Oppression operates as an interactive mechanism restraining or limiting marginalized individuals' access to opportunities integral to self-development. On a micro level, social work professionals should become critical of held personal attitudes and thoughts (conscious or unconscious) which maintain oppressive structures unjustly impacting individuals of marginalized communities. Being able to recognize how personal social location and privilege impacts personal growth, development and relationship building with the client is an important step in improving the social work profession.

Consciousness Raising

CRT further incorporates the concept of consciousness raising, a tool for producing critical thinkers and advocates in the social work profession. Consciousness raising involves a process of awareness regarding the vulnerabilities and marginalization racial and ethnic minority communities' experience. It promotes an understanding of the direct consequences and impacts oppressive institutional and social systems produce for racial and ethnic minorities. It highlights the ability to critically examine and question personal social location. Racial and cultural heritage are valuable aspects emphasized in the process of critical consciousness (Sisneros, Stakeman, Joyner & Schmitz, 2008). Critical consciousness is instrumental to the development of a social work agenda promoting social action, justice and change.

Deconstructing color-blind ideology

Scholars argue the Cultural Competence Model fosters a color-blind approach which CRT aims to deconstruct. The color-blind approach has been critiqued as a framework which tends to discount the significance and relevancy of race within social

interactions and systemic structures. (Abrams & Moio, 2009; Closson, 2010; Schiele, 2007; Yee, 2005). Similar to the color-blind approach the Cultural Competency Model has been critiqued for neglecting to provide an in-depth conversation demonstrating the significance of race, ethnicity, oppression and inequality. The color-blind approach continues to be associated with four main assumptions: individuals of non-white identities receive privileges based on merit; individuals in society no longer are attentive to race and skin color; social inequity results from cultural deficits of marginalized groups; and, as a result, of the items above, there remains no systematic intervention to address existing inequalities (Forman, 2004).

According to Neville (2000), the color-blind approach elicits a problematic, perplexed philosophy that promotes the thought "race does not matter" as opposed to indicating "race should not matter," in the determination of individual's treatment, freedom, equality and, access to opportunities in life. The ideology of color-blindness "…constitutes an ideological confusion at best, and denial at it very worst" (Williams, 1997). The proposition "race does not matter" encourages a discourse promoting a space contesting the current existence of race, race relations, racial differences and inequality. This discourse of color-blindness overlooks the undeniable fact: race incontestably functions as an indicator determining one's access to education, housing, employment, health and treatment in the U.S. Furthermore, the color-blind approach fails to recognize race as an indicator shaping one's social interactions and daily experiences. Consequently, the color-blind approach fosters a space which contributes to systems of inequality, oppression and discrimination.

Race also serves as a salient factor for racial and ethnic minority populations,

impacting opportunities, experiences and interactions in the U.S. Fully recognizing the significance and function of race, Critical Race Theory opposes the notion of a present color-blind or race-neutral society. As CRT suggests, to live in a color-blind society indicates the choice to exclude the discussion of race. Inherently, the exclusion of race cannot occur without the complete recognition and acknowledgement of race (Abrams & Moio, 2009). The discussion of race in the U.S. fails to explore an in-depth extensive conversation embracing, valuing and fully acknowledging the significance, role and functionality of race. The Cultural Competency Model continues to be distinguished as a framework encompassing color-blind ideology, due to its exclusionary stance on race.

CRT provides a space allowing social work professionals to transition and detach from ideas of "race neutrality" and "color-blindness" toward the development of a racially cognizant sense of race, identity and self. CRT presents a critical focus on race, identity and oppression, while also providing social work professionals with the tools to rearticulate and acknowledge the importance of race, valuable for the process of becoming racially cognizant professionals. Ortiz and Rhoads (2000) suggests white individuals cannot become fully racially cognizant without developing a complete understanding of white privilege and embracing an agenda centering on the deconstruction of whiteness. This process of deconstruction and rearticulation involves an in-depth examination of the significance and meaning of white privilege and white racial identity. Deconstruction promotes an in-depth understanding of the cultural, social, political and economic meanings and advantages of being "white" in the U.S. The process explores the privileges and power associated with "white" skin color and identity. Becoming racially cognizant is pertinent for social workers to develop into effective

social and racial justice advocates, activists, researchers and practitioners serving diverse racial and ethnic minority populations. Without a deeper understanding of personal racial identity, and recognizing how race defines, shapes and structures relations of power, social work professionals will not be equipped to justly serve marginalized racial and ethnic minority populations. As Reason and Evans (2007) concluded, racially cognizant white individuals are more likely to exhibit attitudes, beliefs and behaviors supporting a racial justice agenda compared to white individuals embracing a color-blind approach. Ultimately, racial consciousness contributes to a willingness to challenge and deconstruct social and racial injustices germane with the social work profession, and society at large.

Foreman (2004) proposes a tendency for individuals to construct a logic of racism in which not actively or physically engaging in blatantly racist behaviors indicates freeness from having racist beliefs, attitudes or behaviors toward individuals of diverse racial and ethnic minority identities. One begins to use such logic to justify potential prejudice behaviors towards individuals of racial minority identities. This color-blind approach maintains unjust and discriminatory practices and systems of inequality. Individuals accepting a color-blind ideology are more likely to believe racism is non-existent, thus failing to recognize racial inequalities in our society. This becomes problematic in the discussion involving the deconstruction and transformation of racially oppressive social, economic, political and institutional structures. Fundamentally, a color-blind approach leads to racial apathy, defined by Reason and Evans (2007) as "indifference to inequality and lack of action in the face of racial injustice" (p. 69).

A framework such as the Cultural Competency Model, which avoids a deeper appreciation and advanced understanding of the complexity of race, cannot fully produce

competent social work professionals equipped to provide effective services to racial and ethnic minority populations. CRT's appreciation and in-depth exploration of race incorporates valuable components providing social work professionals with the knowledge and tools to combat and challenge racial inequality on both the micro (personal) and macro (systemic) levels. CRT transitions the social work profession from a lens of color-blindness elicited by the Cultural Competency Model towards a framework through which social work professionals can begin to develop the ability to utilize race as a lens to better understand social interactions and oppressive systems of inequality.

Critical Race Theory offers a lens extensively exploring the intricacy of race and recognizing the concept of intersectionality, for better understanding inequality and oppression. When working with racial and ethnic minority women populations, CRT provides an approach for social work professionals to better understand the multiple oppressions which these women may experience. For instance an African American woman may become exposed to multiple oppressions such as sexism and racism, resulting from one identifying as a woman, an African American, hence an African American woman. As indicated by Pharr (2000), "It is virtually impossible to view one oppression, such as sexism, or homophobia, in isolation because they are all connected: sexism, racism, homophobia, classism, ableism, anti-Semitism, ageism" (p. 53). Hence, the importance of understanding the interconnectedness of oppressions significant to the discussion of power, domination and privilege.

How CRT differs from other studies of race?

CRT has several theoretical commonalities with other frameworks focusing on the study of race; however it is necessary to recognize the commonalities and distinctions among CRT and frameworks such as Black Feminist Theory and Afrocentricism.

Both CRT and Black Feminist Theory provide an analysis in which African American narratives and standpoints serve as the center of analysis when discussing societal, institutional and economic concerns. Both theories demonstrate the importance of recognizing the intersectionalities of race, gender and class. Black Feminist Theory offers a lens inclusive of the dimensions of gender, race, class and sexuality important to explore women's lived experience of oppression and inequality and a white, hegemonic, patriarchally structured society. Black Feminist Theory tends to fully explore the lived experiences, realities and racial narratives of racial and ethnic minority women of Black or African descent. Hamer and Neville (2001) describe one of the main objectives of Black Feminist Theory centers on disrupting and deconstructing "…the heterosexual, gender, and racial ideologies that consistently portray Black women as jezebels, mammies, and sapphires" (p.24). Black feminists demonstrate these controlling images and hegemonic ideologies regarding Black/African American women are central in the discourse of power relations and dynamics, violence against women and continued objectification and exploitation of Black/African American women.

CRT and Afrocentricism both share a space examining the significance of the "African American experience," and recognizing the experience as a "tool" to use in analysis of social policy, institutions and interactions (Closson, 2010). CRT utilizes and expands on concepts outlined in Afrocentricism such as community, inclusion and

collaboration. Afrocentricism, however, is solely constructed from the seven principles of Kwanzaa: unity *(umoja),* self-determination *(kujichagulia),* collective work and responsibility *(ujima),* cooperative economics *(ujima),* purpose *(nia),* creativity *(kuumba)* and faith *(imani),* outlined in Nguzo Saba. The seven principles of Nguzo Saba represent a system of values and beliefs important to Black/African American family life and uplift of Black/African American community and culture (Kwate, N, 2003; Shockley, K, 2008; Thomas, Davidson & McAdoo, 2008). There are three important components valuable in the Afrocentric framework: a connection and sense of spirituality, a collective sense of identity and a lack of emphasis on materialism. Afrocentricism places high value on these three components indicating the significance of these concepts for the construction of "optimal functioning" among individuals of African American descent to experience a sense of oneness with nature, communal phenomenology and spiritual transcendence vital to the Afrocentricism agenda promoting growth and liberation of individuals of African descent (Kwate, 2003). While, the "African American experience" remains a commonality for both Critical Race Theory and Afrocentricism, it is important to explore the seven principles of Kwantaa in order to clearly understand the distinguishes between Critical Race Theory and Afrocentricism.

Racial Justice and Equality.

CRT also explores the concept of understanding "racial justice," fundamental for social work professionals constructing a holistic social justice approach. Much of CRT's framework centers on the commitment to addressing racial justice experienced by racial and ethnic minority populations. CRT serves as a tool for extensively exploring and deconstructing structural and institutional systems functioning as an apparatus of

disenfranchisement, discrimination and dispossession (Trevino, Harris & Wallace, 2008). The social work profession is composed largely of White professionals serving individuals of varying racial and ethnic minority identities (Abrams & Moio, 2009; Ortiz & Jani, 2010; NASW, 2001; Schiele & Hopps, 2009; Sisneros et al., 2008). Therefore, it would be insensible to believe race does not matter, thus having no significant role impacting treatment, opportunities, interactions and services. CRT offers social work professionals, particularly social workers of white racial identities, a space to explore those identities and the privilege of "Whiteness," which are substantial and to develop the ability to understand and construct a racially just agenda. As indicated

"this sense of whiteness is characterized by the continuous and perpetual examination of the role of race in our lives, involves openness to the painful emotions that accompany the realization that privilege and racism are part of our racial identities, and seems to be associated with a greater propensity toward racial justice actions" (Reason & Evans, 2007, p. 73).

This statement locates the importance of race within the realm of understanding, constructing and advocating for a holistic agenda of social justice.

Intersectionality.

Race serves as the subordinate variable meaningful for critical analysis in the theoretical framework of CRT; however, CRT also promotes the importance of understanding the function of intersectionality. Although factors such as race, oppression, inequality, and power are central elements within CRT, CRT also recognizes how multiple identities such as gender, ethnicity, nationality, religion, age, socioeconomic status, sexual orientation and educational attainment are valuable factors essential to

understand one's experiences, behaviors, coping abilities and opportunities in life. Intersectionality promotes the examination of social problems such as domestic violence in a lens exploring the social contexts constructed by intersections of race, gender, class sexuality and oppression (Bogard &1999). Intersectionality recognizes that domestic violence is not a monolithic social problem, acknowledging distinct and different historical, social and cultural contexts and "locations" shaping the nature of domestic violence. Intersectionality offers a perspective to the social work profession important to deconstruct "single-theory explanations," such as the Cultural Competency Model, which assumes one's culture "…creates a person's entire being when other factors must be considered for contextually competence and socially just practice" (Ortiz & Jani, 2010, p. 187).

Therefore, it is important for social work practitioners to acknowledge how racial experiences impact clients' psychological functioning. It is also necessary for social work practitioners to gain a better understanding how racial experiences may contribute to clients'existing issues in life. It is valuable for social work practitioners working with racial and ethnic minority clients who are seeking services regarding housing opportunities, educational attainment, employment or healthcare to recognize potential problems or health concerns which may arise for racial and ethnic minorities, resulting from experiences of racism, oppression and discrimination. These factors are more likely to impact the client's ability to cope or handle the initial issue which the client decided to seek social work intervention and/or service.

Similar to the Cultural Competency Model, the CRT promotes the importance of creating a therapeutic space empowering and capturing the personal narratives of racial

and ethnic minority clients. It is essential for practitioners to develop techniques to identify, acknowledge and understand the lived experiences of racial and ethnic minority clients experiencing unequal or unjust social and institutional structures. In order to effectively engage with racial clients during the therapeutic storytelling process, the social work practitioner should reposition themselves into the learner-teacher role.

The learner-teacher role involves being an active listener, willing to let the client explore and guide therapy in a useful direction. It is important for social work practitioners in the position of the learner-teacher role to become critically aware of the "…nature of the questions they pose, to develop a genuine rapport with clients, to be open to exploration, and to adapt the humility of a learner to facilitate the emergence of these voices" (Ortiz & Jani, 2010, p. 187). Critical Race theory suggests the process itself is a vital component within therapeutic intervention; however, social workers often overlook this process due to social workers' major concern with identifying aims and outcomes of therapy (Abrams & Moio, 2009; Ortiz & Jani, 2010). Understanding this process involves the practitioner developing the ability to fully comprehend and rationalize the future impacts of therapeutic outcomes and the process therapy has on the client. It is essential for the practitioner to understand how the client arrived at specific outcomes and become aware of how outcomes will continue to impact the client's future experiences, decisions and life. The process of storytelling can be a very empowering and therapeutic intervention, helping the client become cognizant of their capacity to overcome obstacles in life, recognize their decision making abilities, and recognize personal growth (Keri, 2002; Trevino et al., 2008; Vaught, 2008). CRT suggests recognition of personal growth and change cannot occur without acknowledging both

past and current behaviors, while also understanding the entire role of the therapeutic process. It is important for social work practitioners to create a space embracing racial and ethnic minority clients' assumptions of etiology, causation, and healing rather than imposing Eurocentric norms and ideologies (Kleinman & Benson, 2006). Racial narratives will serve as the essence of contextually competence practice, which continues to be a missing component in social work practice (Moodley, 2009). Social work practitioners will develop the ability to further explore the multidimensionality of racial minorities lived experience and interactions with social, cultural and institutional structures.

The therapeutic process of storytelling also allows the social work practitioner to deeply examine and identify potential resistive behaviors and/or beliefs racial and ethnic minorities' clients are likely to develop as protective mechanisms, in order to overcome experiences of oppression, inequality and discrimination (Ortiz & Jani, 2010). Social work practitioners who are able to understand, examine and identify racial and ethnic minority clients resistive behaviors are less likely to view the client's behavior as unlawful or pathological (Ortiz & Jani, 2010, p. 185). This process not only allows both the practitioner and client to understand how the client's resistive behavior has promoted personal growth, but it also provides a space for the practitioner to address and transform any resistive behavior which may be destructive for further growth, development and well-being of the client.

It is important for this research to demonstrate the significance of race within social work professional practice, education and research. The U.S. is continuing to transition into a very multi-racial and multi-ethnic society. This racial and ethnic

transformation presents many challenges for traditional social work practice, education and research. More importantly, this multi-racial and multi-ethnic transition indicates high need for social work profession to integrate racial and ethnic inclusive modalities, practices and frameworks. Integrating the framework of Critical Race Theory into social work practice, education and research is valuable for the profession. CRT provides social work professionals with the knowledge and tools to understand, critique, challenge and deconstruct the notion of a post-racial society. CRT provides social work professionals with the skills and knowledge to examine mechanisms of race, personal racial attitudes, ethnic identity and significance of race. The research study examines practitioners' racial attitudes, ethnic identity, and knowledge of domestic violence among racial and ethnic minorities. The study also examines practitioners' understanding and awareness of CRT and the significance and functionality of race.

Chapter Three: Research Design and Methodology

Based on the review of literature the research study explored if practitioners who incorporated elements of an understanding of Critical Race Theory (CRT) within their therapeutic practice were shown to demonstrate a higher sense of ethnic identity, have more accepting and positive attitudes toward racial and ethnic minorities and indicate higher knowledge of domestic violence issues. The research study also examines practitioners' understandings of the significance and functionality of race within therapeutic settings. Several questions guided the research study:

1. What are the levels of awareness of the six aspects of Critical Race Theory in a sample of white and non-white practitioners?
2. What are the correlations between the independent variables: ethnic identity, racial attitudes and knowledge of domestic violence and the six aspects of Critical Race Theory?
3. What are the relative contributions of the independent variables: ethnic identity, racial attitudes and knowledge of domestic violence to the six aspects of Critical Race Theory?

Methods

Population and Sample Selection

The population of interest in this study was professional social work and counseling practitioners working within four "urban" Midwest regions. For the purpose of this research study, "urban" was conceptualized as regions possessing the

characteristics of a city, such as higher population density of racial and ethnic communities.

The study sample was systematically selected from several online directories: Psychology Today, Network Therapy and Therapy Tribe. The researcher used several qualifiers to select practitioners. The qualifiers included practicing in one of the four urban Midwest regions of interest; indicating focal clientele receiving services related to domestic violence; and educational attainment at minimum of a Masters' degree in Social Work or Counseling. Practitioners indicated they provided domestic violence and domestic abuse related services on the online directories were selected. The researcher also contacted social work and counseling practitioners working within domestic violence shelters and agencies in the four focal urban areas. The criteria for social work and counseling practitioners within the agency settings also consisted of educational attainment of minimum a Master's degree in Social Work or counseling and located in one of the desired Midwest regions and domestic violence related work. Approximately eight hundred and forty social work and counseling practitioners (840) were selected and emailed the research study questionnaire. (Appendix A). Three follow-up email communications were sent at three week intervals encouraging practitioners to participate in the research study by completing the brief online questionnaire. Approximately 21% of practitioners completed the questionnaire (n = 175). The majority of participants (n = 166) completed the online questionnaire, while a small group (n = 9) preferred to complete the questionnaire via telephone. The researcher conducted all of the telephone surveys with each practitioner.

Sample Characteristics

Participants consisted of a sample of 175 professional social workers and counseling practitioners (N=175) providing professional services to racial and ethnic adult populations. Special interest was given to social work and counseling practitioners providing services among adult racial and ethnic minority women experiencing trauma associated to domestic violence. Social work participants possessed either a Masters or Doctorate in Social Work and/or were licensed social workers. Counseling professional participants were Licensed Professional Counselors (LPC's) holding a Masters or Doctorate in counseling. All participants were adults ranging from the ages of 21-71 years of age. Practitioners varied across race, ethnicity, gender, age, marital status, educational attainment, specific client population, domestic violence related practice and levels of education, skills and training pertaining to racial and cultural knowledge. The complete range of sample characteristics is shown in Figure 1 [following].

Figure 1.

Sample Characteristics: Frequencies and Percentages (n=175)

	Total (n=175)		White (n= 121)		Non-white (n=54)	
	N	percent	N	percent	N	percent
Client population:						
Asian/Asian American/Chinese/Japanese	1	06%	0	00%	1	02%
Black/African American	29	17%	14	12%	15	28%
Hispanic/Latino/Mexican/Central American	6	03%	2	02%	4	07%
Native American/American Indian	1	06%	1	08%	0	00%
White/not Hispanic	114	65%	92	76%	22	41%
Biracial	3	02%	2	02%	1	02%
Other	1	06%	0	00%	1	02%
Age:						
30 or younger	20	11%	13	11%	7	13%
31-40	49	28%	42	35%	7	13%
41-50	43	25%	26	21%	17	31%
51-60	35	20%	23	19%	12	22%
61-70	18	10%	11	10%	7	13%
71 or older	5	03%	5	04%	0	00%
Education:						
Master's degree	18	10%	15	12%	3	06%
Masters w/Licensure	111	63%	77	64%	34	63%
Doctoral degree	36	21%	26	21%	10	19%
Sex:						
Female	126	72%	87	72%	39	72%
Male	42	24%	32	26%	10	19%
Marital status:						
Single	22	13%	15	12%	7	13%
Married	108	62%	82	68%	26	48%
Divorced	18	10%	7	06%	11	20%
Widowed	1	06%	1	08%	0	00%
Member of unmarried couple	20	11%	14	12%	6	11%
Region reside/practice:						
Chicago	72	41%	51	42%	21	40%
Kansas City	19	11%	15	12%	4	08%
Oklahoma City	16	09%	10	08%	6	11%
Saint Louis	53	30%	38	31%	15	28%

Variables

The dependent variable in the model was the critical race theory variable. One's knowledge and understanding of critical race theory was measured by the Critical Race Theory Measurement (CRTM). The three independent variables in the model were ethnic identity (measured by The Mulitgroup Ethnic Identity Measure MEIM), racial attitudes (measured by the Racial Attitudes Questionnaire) and knowledge of domestic violence (measured by questions addressing domestic violence). The demographic characteristics or variables included sex, age, marital status, educational attainment, race, majority of client population, percent of domestic violence related work and the region of practice.

Measurements

The online questionnaire consisted of five instruments: Critical Race Theory Measurement (CRTM), The Multigroup Ethnic Identity Measure (MEIM), Racial Attitudes Questionnaire, six questions measuring knowledge of domestic violence and a demographic questionnaire. All participants received the same questionnaire.

Critical Race Theory Measurement (CRTM.). The Critical Race Theory Measurement (CRTM) consisted of a 19 item scale measuring the six aspects of Critical Race Theory with a 6 point Likert scale (1= strongly disagree to 6 = strongly agree). Lower scores indicate a higher understanding of the six aspects of CRT, while higher scores indicate a lower understanding of CRT. (Appendix B). There were seven items (items: 5, 10, 12 ,13, 14, 15 and 16) which were reversed scored for reliability purposes. For the purpose of the bivariate and multiple regression analysis the six point Likert scale was collapsed into two categories, disagree and agree. This measure asks the respondents to rate their level of agreement with statements such as: "Race biologically determines one's personalities

and abilities," "Race/ethnicity is the most effective way to categorize people," and "Race exists as a social construct." The six aspects of CRT measured included endemic racism, social construction of race, differential racialization, convergence/determinism, racial narratives and intersectionality (Abrams & Moio, 2009). The CRTM developed by the researcher has not been previously used in research studies. To evaluate the reliability and validity of the CRTM a pilot study was conducted. There were several techniques used to evaluate reliability and validity. To test the reliability of the CRTM inter-rater reliability and internal consistency reliability was evaluated. To evaluate inter-rater reliability faculty members in the departments of Women's and Gender Studies, Social Work, Counseling Psychology and Black Studies assessed each item on the questionnaire relating to Critical Race Theory to evaluate if the item was measuring the appropriate constructs (endemic racism, social construction of race, differential racialization, convergence/determinism, racial narratives and intersectionality). To evaluate internal consistency reliability matrix correlations were conducted to test the internal consistency reliability of each item measuring the six constructs. Techniques such as face validity and construct validity were used to evaluate the validity of the CRTM. To measure face and construct validity specific faculty members with expertise and knowledge of Critical Race Theory assessed each individual item, providing feedback to make sure each item measured the intended construct. (Appendix B).

The Multigroup Ethnic Identity Measure (MEIM). The Multigroup Ethnic Identity Measure consisted of a 12 item scale measuring awareness of ethnic identity. The MEIM measures three aspects of ethnic identity: ethnic affirmation and belonging, ethnic identity achievement and ethnic behaviors. The MEIM consisted of a 4 point Likert scale

(1 = strongly disagree to 4 = strongly agree). For the purpose of bivariate and multiple regression analysis the 4 point Likert scale was collapsed into two categories, disagree and agree. MEIM items instruct the respondents to rate their level of agreement with statements such as: "I have a clear sense of my ethnic background and what it means to me," "I am active in organizations/social groups that include mostly members of my own ethnic group," and "I have a strong sense of belonging to my own ethnic group." Scores range from 12 to 70 with higher scores indicating greater identity awareness and commitment (MEIM; Phinney, 1992). Past studies indicated high internal consistency ranges (.81-.90) and high reliability based on Cronbach's alpha (.89-.76) for the MEIM (Goodwin & Goodwin, 1999; Schmitt, 1996; Worrell, 2000). The construct validity of the MEIM was reported by several research studies (Clark & Watson, 1995; John & Benet-Martinez, 2000; Tabachnick & Fidell, 2001). MEIM's structural validity was confirmed by several studies (Lee, Falbo, Doh & Park, 2001; Ponterotto, Gretchen, Utsey, Stracuzzi & Saya, 2003; Worrell, 2000). (Appendix C).

Racial Attitudes Questionnaire. The Racial Attitudes Questionnaire consisted of a 12 item Likert scale (1 = indicating no agreement at all to 10 = indicating extreme agreement) measuring attitudes toward racial and ethnic minority groups (Esses, Haddock, & Zanna, 1993). Respondents were asked the statement "My attitude toward racial and ethnic groups are:" for which the participants indicated their attitudes regarding hostility, admiration acceptance, contempt, approval, superiority, affection, contempt, rejection, hatred, sympathy and warmth toward racial and ethnic minority populations. (Appendix D). For the purpose of bivariate and multiple regression analyses items were categorized into positive and negative attitudes toward racial and ethnic minority groups.

Past studies indicated high validity and reliability based on the Cronbach's alpha (.90-.70) for the Racial Attitudes Questionnaire (Esses, Haddock, & Zanna, 1993; Hodson & Costello, 2007; Jackson, 1995; Kiu, 2006).

Knowledge of Domestic Violence. To measure participant's knowledge of domestic violence respondents completed six multiple choice questions about domestic violence to test the participants' understanding and awareness about domestic violence. The six questions asked were: "What percentage of women will experience domestic violence (DV) in their lifetime?;" "Are women of all racial and ethnic groups equally vulnerable to violence by an intimate partner?;" "Do poor women experience higher rates of domestic violence compared to women of higher income?;" "Is domestic violence more prominent among women aged 16-24?;" "Which racial group is more likely to report (police) DV?;" and "Is domestic violence higher for women who are married or separated?" The six questions were developed from empirical research studies examining domestic violence. Sources such as the Bureau of Justice Statistics and National Coalition Against Domestic Violence were used to develop the questions measuring competency of domestic violence. Participants' scores were based on the number of correct responses. Higher scores indicated higher levels of competency of domestic violence. (Appendix E). Techniques such as face validity and construct validity were used to evaluate the validity of the Knowledge of Domestic Violence measurement. To measure face and construct validity Women's and Gender Studies faculty members and colleagues with expertise and knowledge of domestic violence assessed each individual item, providing feedback to make sure each item is measuring the intended purpose.

Demographic Questionnaire. The Demographic Questionnaire consisted of eight multiple choice questions in which participants identified their race, majority of client racial population, age, educational attainment, sex, marital status, region which one practices and percent of domestic violence related work. (Appendix E).

Pilot Study

The researcher conducted a pilot study in the summer of 2012 (May-July) in a small Midwest city using ten social work practitioners to evaluate several items regarding the research study and instruments. The researcher evaluated the feasibility of the research study and the reliability and validity of the instruments. The MEIM is one of the most utilized instruments measuring ethnic identity; numerous research studies have shown high construct validity, internal consistency and reliability for the scale (Clark & Watson, 1995; Goodwin & Goodwin, 1999; John & Benet-Martinez, 2000; Ponterotto, Gretchen, Utsey, Stracuzzi & Saya, 2003; Schmitt, 1996; Tabachnick & Fidell, 2001; Worrell, 2000). The purpose of the pilot study was to evaluate the feasibility, reliability and validity of the Critical Race Theory Measurement (CRTM), an instrument developed by the researcher. The pilot study allowed the researcher to further explore ambiguities of instrumentation, rate of responses per item, potential difficult questions and the language and comprehension of questions. Although the pilot study assessed the three measurements (CRTM, MEIM and Racial Attitudes Questionnaire) utilized in the research study, the main goal was to evaluate the validity of the CRTM, a scale which has been used in previous research studies. Past studies have concluded the validity and reliability of the MEIM and Racial Attitudes Questionnaire.

Data Analysis Plan

SPSS data analysis software was used to analyze the primary research. Univariate analysis explored the descriptive statistics of the dependent variable CRT, independent variables: racial attitudes, ethnic identity, and knowledge of domestic violence and demographic variables: age, sex, education, marital status, region of practice and the majority of racial and ethnic client population. Chi-square bivariate analyses and multiple regression analyses were conducted to explore the three research questions: 1. What are the levels of awareness of the six aspects of Critical Race Theory in a sample of non-white and white practitioners?; 2. What are the correlations between the independent variables: ethnic identity, racial attitudes and knowledge of domestic violence and the six aspects of Critical Race Theory?; and 3. Research Question 3: What are the relative contributions of the independent variables: ethnic identity, racial attitudes and knowledge of domestic violence to the six aspects of Critical Race Theory? The chi-square bivariate analysis also examined potential statistically significant correlations among CRT and race (white and non-white practitioners), ethnic identity and race (white and non-white practitioners), and knowledge of domestic violence and race (white and non-white practitioners). The Mann-Whitney U Test, bivariate analysis was used to explore statistically significant correlations between racial attitudes and race (white and non-white practitioners). A correlations matrix was conducted to examine all potential statistically significant correlations among all possible variables (CRT, racial attitudes, ethnic identity, knowledge of DV and demographic variables). Lastly, Multiple Regression Analysis was conducted to examine statistically significant associations between the combinations of the independent variables: racial attitudes, ethnic identity,

knowledge of DV, race, sex and the dependent variable CRT.

This study examined the relationship between practitioners' racial attitudes, ethnic identity, and knowledge of domestic violence and practitioners' understanding of Critical Race Theory. In addition, this research study explored how additional factors such as race and sex affect this relationship.

Chapter Four: Results

Descriptive Information: Critical Race Theory Measures

The descriptive information for the Critical Race Theory Measurement (CRTM) is presented in Appendix B. The CRTM was used to capture each participant's understanding of critical race theory and measured understandings of the significance of race. The CRTM consists of 19 questions exploring six constructs of Critical Race Theory: endemic racism, social construction of race, differential racialization, interest convergence/materialist determinism, racial narratives and intersectionality. Participants were instructed to indicate their level of agreement or disagreement on a six point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree). (Appendix B).

Construct 1: Endemic Racism.

For the first construct of CRT, endemic racism, there were four items used to measure one's understanding of racism. (See Figure 2.1 below).

Figure 2.1 Critical Race Theory: Endemic Racism Descriptive Information (n=175)

	Total (n=175)		White (n= 121)		Non-white (n=54)	
	Agree (%)	Disagree (%)	Agree (%)	Disagree (%)	Agree (%)	Disagree (%)
Endemic racism:						
Item 1 - Fit into culture	22%	78%	19%	81%	18%	82%
Item 2- Think of selves as American	21%	79%	17%	83%	18%	82%
Item 3- Race causes conflict	12%	88%	8%	92%	12%	88%
Item 4 - Racial incidents rare	6%	94%	5%	95%	6%	94%

Note: Range = 1 – 6 (strongly disagree – strongly agree)

Items 1*(Racial/ethnic minorities should try to fit into the dominant culture and adopt the values of the U.S*), 2*(It is important for people to think of themselves as American and not African American, Mexican American or Asian American)*, and 3*(Discussing issues of race causes unnecessary conflict and anger)*, indicated differences among white and non-white practitioners' understanding of endemic racism. White practitioners indicated to have a slightly higher level disagreement of endemic racism. For the last item measuring endemic racism *(Racial incidents are race and isolated in the U.S.);* the majority of white and non-white practitioners indicated similar views. (See Figure 2.1).

Chi-square bivariate analysis indicated no statistically significant differences (at the alpha level of .05) between white and non-white participants understanding of racism (item 1 indicated no significance = X^1 (1) = .032, p = .857; item 2 indicated no significance = X^2 (1) = .024, p = .877, item 3 indicated no significance = X^3 (1) = .467, p = .507 and item 4 indicated no significance = X^4(1) = .046, p = .830 (Refer to Figure 3).

Figure 3. Chi-Square Bivariate Analysis: CRT and Race (White/Non-white groups) (n=175)

	Total (%)	White (%)	Non-white (%)	X^2	p value
Endemic racism:					
Item 1 - Fit into culture	78%	81%	82%	.032	.857
Item 2- Think of selves as American	79%	83%	82%	.024	.877
Item 3- Race causes conflict	88%	92%	88%	.467	.507
Item 4 - Racial incidents rare	94%	95%	94%	.046	.830
Race as a social construct:					
Item 1- Socially constructed	43%	46%	47%	.018	.894
Item 2- Race biological	98%	99%	99%	3.573	.121
Item 3- Race way to categorize	97%	96%	97%	.008	1.000
Item 4- First thing notice is race	60%	57%	56%	.017	.896
Differential racialization:					
Item 1- Otherness	58%	65%	62%	.012	.912
Convergence/Determinism:					
Item 1- Determine success	77%	75%	88%	2.631	.105
Item 2- Work hard, equal chance	64%	65%	58%	.766	.381
Item 3- Same opportunities	21%	20%	27%	.816	.366
Item 4- Determines services	27%	26%	27%	.009	.923
Racial Narratives:					
Item 1- Voice story	2%	8%	97%	.932	.392
Item 2- Exclusion of history	19%	18%	82%	.008	.927
Item 3- Role of listener	5%	5%	94%	.046	1.000
Item 4- Modify interventions	11%	10%	94%	.483	.735
Intersectionality:					
Item 1- Time consuming	97%	98%	94%	1.861	.212
Item 2- Focus on one identity	85%	83%	85%	.001	.974

Findings concluded no statistically significant relationships between white and non-white respondents and understandings of racism.

Construct 2: Race as a social construct.

The second construct measured on the CRTM was the social construction of race. (See Figure 2.2.).

Figure 2.2 Critical Race Theory: Race as a Social Construction Descriptive Information (n=175)

	Total (n=175)		White (n= 121)		Non-white (n=54)	
	Agree (%)	Disagree (%)	Agree (%)	Disagree (%)	Agree (%)	Disagree (%)
Race as a social construct:						
Item 1- Socially constructed	57%	43%	54%	46%	53%	47%
Item 2- Race biological	2%	98%	1%	99%	1%	99%
Item 3- Race way to categorize	3%	97%	4%	96%	3%	97%
Item 4- First thing notice is race	40%	60%	43%	57%	44%	56%

Note: Range = 1 – 6 (strongly disagree – strongly agree)

There were four items *(1. Race exists as a social construct; 2. Race biologically determines one's personalities and abilities; 3. Race/ethnicity is the most effective way to categorize people; 4. When interacting with new individuals the first thing I notice is one's race/ethnicity)* measuring participants understanding race as a social construction. Both white and non-white practitioners indicated similar levels of understanding race as a social construction. (See Figure 2.2).

Chi-square statistical analysis indicated no statistically significant relationships between white and non-whites understanding race as a social construct. Items 1through 4

all indicated no significant relationships at the alpha level of .05 (item 1= X^1 (1) = .018, p = .894; item 2 = X^2 (1) = 3.575, p = .121; item 3= X^3 (1) = .008, p =1.000 and item 4 = X^4 (1) = .017, p = .896). (Refer to Figure 3).

Construct 3: Differential Racialization.

Differential racialization is the third construct measured on the CRTM. (Figure 2.3).

Figure 2.3 Critical Race Theory: Differential Racialization Descriptive Information (n=175)

	Total (n=175)		White (n= 121)		Non-white (n=54)	
	Agree (%)	Disagree (%)	Agree (%)	Disagree (%)	Agree (%)	Disagree (%)
Differential racialization:						
Item 1- Otherness	42%	58%	35%	65%	38%	62%

Note: Range = 1 – 6 (strongly disagree – strongly agree)

The item used to measure participant's understanding of differential racialization was "Otherness results in a group's decision/power to separate or distance themselves from the dominant group." White practitioners indicated a slightly higher level of disagreement compared to non-white practitioners. (Figure 2.3).

Chi-square bivariate analysis indicated no statistically significant relationships between white and non-white participants comprehension of differential racialization, X^1 (1) = .012, p = .912. (See Figure 3).

Construct 4: Interest Convergence/Material Determinism.

The fourth construct measured on the CRTM is interest convergence/material determinism. (Refer to Figure 2.4).

Figure 2.4 Critical Race Theory: Convergence/Determinism Descriptive Information (n=175)

	Total (n=175)		White (n= 121)		Non-white (n=54)	
	Agree (%)	Disagree (%)	Agree (%)	Disagree (%)	Agree (%)	Disagree (%)
Convergence/Determinism:						
Item 1- Determine success	23%	77%	25%	75%	12%	88%
Item 2- Work hard, equal chance	36%	64%	34%	65%	42%	58%
Item 3- Same opportunities	78%	21%	79%	20%	73%	27%
Item 4- Determines services	73%	27%	74%	26%	73%	27%

Note: Range = 1 – 6 (strongly disagree – strongly agree)

This construct measured participants understanding and awareness of concepts such as privileged, power, oppression and racial inequality. The interest convergence/material determinism construct consisted of four items: Race is significant in determining who will become successful and who will not; Regardless of race/ethnicity, individuals who work hard has an equal chance of becoming wealthy and successful; Race/ethnic minorities do not have the same opportunities as White individuals in the U.S and Race/ethnicity determines the type of services and opportunities people receive in the U.S. Non-white practitioners were more likely to indicate disagreement for items 1 and 3; while white practitioners were more likely to indicate higher levels of disagreement for item 2. (See Figure 2.4).

Chi-square statistical analysis concluded no statistically significant relationships

(at an alpha level of .05) between white and non-white respondents and their understanding and awareness of terms such as privilege, power, oppression and inequality. Items 1 through 4 indicated no significance, X^1 (1) = 2.631, p = .105; X^2 (1) = .766, p = .381; X^3(1) = .816, p = .366 and X^4 (1) = .009, p = .923. (Refer to Figure 3).

Construct 5: Racial narratives.

The next construct measured on the CRTM included the importance of incorporating narratives and perspectives from racial and ethnic minority clients within the therapeutic setting. There were four items *(1. A major component of any intervention should be providing a therapeutic space for the client to voice their personal story; 2. History continues to exclude narratives and perspectives from racial and ethnic minorities; 3. I often allow the client time to digress on their concerns, while I take the role of the listener; 4. I often modify or chance interventions to capture and better understand experiences of marginalized clients),* used to measure participants' incorporation of racial narratives into practice. Both white and non-white practitioners shared similar views regarding the understanding of convergence/determinism. (See Figure 2.5).

Figure 2.5 Critical Race Theory: Racial Narrative Descriptive Information (n=175)

	Total (n=175)		White (n= 121)		Non-white (n=54)	
	Agree (%)	Disagree (%)	Agree (%)	Disagree (%)	Agree (%)	Disagree (%)
Racial Narratives:						
Item 1- Voice story	98%	2%	91%	8%	97%	3%
Item 2- Exclusion of history	81%	19%	81%	18%	82%	18%
Item 3- Role of listener	95%	5%	95%	5%	94%	6%
Item 4- Modify interventions	89%	11%	89%	10%	94%	6%

Note: Range = 1 – 6 (strongly disagree – strongly agree)

Chi-square analysis indicated no statistically significant (at an alpha level of .05) relationships between white and non-white respondents inclusion of racial narratives in their therapeutic practices. Items 1 through 4 indicated no significance, X^1 (1) = .932, p = .382; X^2 (1) = .008, p = .927; X^3 (1) = .046, p =1.000 and X^4 (1) = .483, p = .735. (Table 3).

Construct 6: Intersectionality.

The final construct measured on the CRTM was intersectionality. Intersectionality focused on the significance of recognizing and incorporating the multiple social locations of the client (i.e. race, ethnicity, gender, class, sexuality etc.) within therapeutic practice. There were two items *(1. It is time consuming to address clients social locations (i.e. race, ethnicity, sexuality, class, gender) therefore, it is more effective to focus on one; and 2. It is more effective for women of domestic violence to focus and identify the most oppressive personal identity (race, class or gender), in order to determine the best intervention)* measuring the importance of incorporating intersectionality into practice.

White practitioners indicated slightly higher levels of disagreement compared to non-white practitioners (See Figure 2.6).

Figure 2.6 Critical Race Theory: Intersectionality Descriptive Information (n=175)

	Total (n=175)		White (n= 121)		Non-white (n=54)	
	Agree (%)	Disagree (%)	Agree (%)	Disagree (%)	Agree (%)	Disagree (%)
Intersectionality:						
Item 1- Time consuming	3%	97%	2%	98%	6%	94%
Item 2- Focus on one identity	15%	85%	17%	83%	15%	85%

Note: Range = 1 – 6 (strongly disagree – strongly agree)

Chi-square analysis indicated no significance relationships at the alpha level of .05 between white and non-white participants who incorporating an intersectional approach in practice. Item 1 indicated no significant relationships, X^1 (1) = 1.861, p = .212. Item 2 also indicated no significant relationships, X^2 (1) = .001, p =.974. (Figure 3).

Figure 4. Ethnic Identity: Descriptive Information (n=175)

	Total (n=175)		White (n= 121)		Non-white (n=54)			
	Agree (%)	Disagree (%)	Agree (%)	Disagree (%)	Agree (%)	Disagree (%)	Mean	SD
Item 1. Find out ethnic history	74%	25%	74%	26%	79%	21%	3.22	1.242
Item 2. Active in organizations	56%	44%	56%	44%	56%	44%	2.57	1.324
Item 3. Clear sense of ethnic group	80%	20%	78%	22%	85%	15%	3.33	1.234
Item 4. Life affected by ethnic group	45%	55%	41%	59%	59%	41%	2.50	1.368
Item 5. Happy member of ethnic group	86%	14%	85%	13%	85%	15%	3.42	1.219
Item 6. Strong sense of belonging	70%	30%	64%	36%	90%	10%	3.17	1.311
Item 7. Understand membership	88%	12%	88%	12%	88%	12%	3.40	1.028
Item 8. Learn about ethnic group	62%	38%	58%	42%	76%	24%	2.98	1.510
Item 9. A lot of pride	67%	33%	60%	40%	88%	12%	3.17	1.402
Item 10. Participate in culture practices	65%	35%	59%	41%	88%	12%	3.04	1.332
Item 11. Strong attachment	61%	39%	54%	46%	85%	15%	2.98	1.306
Item 12. Feel good about group	80%	20%	77%	23%	91%	9%	3.41	1.209

*Note: *Range 1-4 (Strongly agree-Strongly disagree

Descriptive Information: Ethnic Identity Measures

Figure 4 (above) illustrates the descriptive information for ethnic identity for the sample of practitioners. The researcher examined if race is a significant factor contributing to practitioners' ethnic identity. Higher scores on the MEIM scale indicate higher ethnic identity. The ethnic identity component measured participant's sense of belonging to their ethnic group, active participation in ethnic or cultural customs and knowledge and understanding of their ethnic identity. The ethnic identity measurement consisted of twelve items (Appendix B). Results indicated several differences among white and non-white practitioners ethnic identity. Non-white practitioners indicated higher levels of agreement for items: 6. I have a strong sense of belonging to my own ethnic group; 8. In order to learn more about my ethnic background, I have often talked to other people about my ethnic group; 9. I have a lot of pride in my ethnic group; 10. I participate in cultural practices of my own group, such as special food, music, or customs; 11. I feel a strong attachment towards my own ethnic group; and 12. I feel good about my cultural or ethnic background. Whites, however, indicated higher levels of agreement for items 2. I am active in organizations/social groups that include mostly members of my own ethnic group and 5. I am happy I am a member of the group I belong to. (Figure 4).

Chi-square statistical analysis illustrated significant correlations (at an alpha level of .05) between white and non-white participants for items 6, 8, 9, 10 and 11. Item 6 indicated a statistically significant relationship for strong sense of belonging to one's ethnic group between white and non-white practitioners. There was a statistically significant difference between white (36%) and non-white (10%) participants (X^6 (1) =

8.803, p = .003). Item 8 illustrated a statistically significant relationship between white and non- white participants and communicating with others to learn about one's ethnic background. There was a statistically significant difference between white (42%) and non-white (24%) respondents (X^8 (1) = 3.840, p =.050). There was a significant difference between white (40%) and non-white (12%) participants for item 9 (X^9 (1) = 9.151, p = .002), indicating a statistically significant relationship between pride and white and non-white respondents. Item 10 also illustrated a significant difference between white (41%) and non-white (12%) participants (X^{10} (1) = 10.215, p = .001); demonstrating a statistically significant relationship between participation in culture practices between white and non-white practitioners. Item 11 indicated significant differences between white (46%) and non-white (15%) respondents (X^{11} (1) = 10.577, p = .001); concluding a statistically significant relationship between attachment to one's ethnic group and white and non-white respondents. (Refer to Table 5). Chi-square statistical analysis concluded no statistically significant relationships between white and non-white respondents for items 1, 2, 3, 4, 5, 7 and 12 (item 1 =X^1 (1) = .484, p = .487; item 2 = X^2 (1) = .001, p = .974; item 3 = X^3 (1) = .647, p = .421; item 4 = X^4 (1) = 3.283, p =.070; item 5 = X^5 (1) = .035, p = .785; item 7 = X^7 (1) = .010, p = 1.000 and item 12 = X^{12} (1) = 3.159, p = .075 (See Table 5).

Bivariate analysis indicated a statistically significant relationship between ethnic identity and race (Table 5). Findings indicated one's sense of belonging, decision to communicate with others to learn more about ethnic identity, high pride in ethnic group, participation in cultural practices and strong attachment to ethnic identity was statistically

correlated to race. Non-white practitioners indicated to a higher sense of ethnic identity in comparison to white practitioners (See Figure 4).

Descriptive Information: Racial Attitudes Measures

Figure 5 presents the descriptive statistics and bivariate analysis for the racial attitudes toward racial and ethnic populations between white and non-white practitioners.

Figure 5. Mann-Whitney U Test: Bivariate Analysis: Racial Attitudes and Race (White/Non-white groups) (n=175)

	Total (n=175)		White (n= 121)		Non-white (n=54)		
	Mean	SD	Mean	SD	Mean	SD	p value
Hostility	1.74	1.032	1.72	.924	1.80	1.250	.241
Admiration	6.69	2.186	6.88	2.118	6.26	2.292	.325
Dislike	1.98	1.236	1.98	1.281	1.98	1.141	.294
Acceptance	7.99	2.240	8.10	2.039	7.76	2.642	.906
Superiority	2.25	1.697	2.20	1.641	2.37	1.825	.608
Affection	6.67	2.362	6.80	2.308	6.37	2.475	.820
Contempt	2.07	1.663	1.96	1.463	2.31	2.036	.090
Approval	7.01	2.615	7.07	2.632	6.89	2.587	.564
Hatred	1.49	1.108	1.44	.965	1.61	1.379	.825
Sympathy	7.24	2.322	7.35	2.224	7.00	2.533	.821
Rejection	1.91	1.544	1.91	1.506	1.91	1.640	.993
Warmth	7.38	2.384	7.50	2.313	7.11	2.538	.846

Note: Range 1-10 (1 = no agreement – 10 = extreme agreement)

Each participant was instructed to rate their attitudes toward racial and ethnic populations. The scale ranged from 1-10, with one indicating no agreement with the statement and 10 indicating extreme agreement. The scale consisted of twelve attitudinal variables: hostility, admiration, dislike, acceptance, superiority, affection, contempt, approval, hatred, sympathy, rejection and warmth. Both white and non-white practitioners shared similar attitudes toward racial and ethnic populations. (Refer to Figure 6).

The Mann-Whitney U Test was used to show relationships among racial attitudes toward racial and ethnic populations between white and non-white participants. According to the Mann-Whitney U Test there were no statistically significant correlations (at an alpha level of .05) for racial attitudes between white and non-white respondents (hostility = p =.241; admiration = p = .325; dislike = p = .294; acceptance = p = .906; superiority = p = .608; affection = p = .820; contempt = p = .090; approval = p = .564; hatred = p = .825; sympathy = p = .821; rejection = p = .993; and warmth = p = .846 (Refer to Figure 6).

Descriptive Information: Knowledge of Domestic Violence Measures

The descriptive statistics for the sample's knowledge of domestic violence (DV) between white and non-white participants is presented in Figure 6.

Figure 6. Knowledge of Domestic Violence: Descriptive Information (n=175)

	Total (n=175)	White (n= 121)	Non-white (n=54)
	Responded Correctly (%)	Responded Correctly (%)	Responded Correctly (%)
Item 1. 1 in 4 women will experience DV	79%	79%	79%
Item 2. Women of all racial/ethnic groups vulnerable to DV	33%	36%	24%
Item 3. Women with lower annual income below $25k are at higher risk of DV	62%	62%	62%
Item 4. DV most prominent among women 16-24	42%	43%	38%
Item 5. Black/African American women more likely to report DV	17%	17%	19%
Item 6 DV is higher for divorced and/or separated women	51%	57%	52%

Note: All items indicate correct statements of domestic violence.

To measure participants' knowledge of domestic violence, six questions were developed from previous empirical research findings. The six questions measuring knowledge of domestic violence were: "What percentage of women will experience domestic violence (DV) in their lifetime?;" "Are women of all racial and ethnic groups equally vulnerable to violence by an intimate partner?;" "Do poor women experience higher rates of domestic violence compared to women of higher income?;" "Is domestic violence more prominent among women aged 16-24?;" "Which racial group is more likely to report (police) DV?;" and "Is domestic violence higher for women who are married or separated?" (Appendix D). White practitioners indicated to show a slightly higher level of knowledge pertaining to issues of domestic violence compared to non-white practitioners . (See Figure 6).

Chi-square analysis indicated no statistically significant correlations between the knowledge of domestic violence between white and non-white respondents (item 1 = X^1 (1) = .001, p = .973; item 2 = X^2 (1) = 1.733, p = .188; item 3 = X^3 (1) = .000, p = .992; item 4 = X^4 (1) = .232, p = .630; item 5 = X^5 (1) = .137, p = .711 and item 6 = X^6 (1) = .117, p =.674. The researcher examined the total percent of correct responses for each of the six items measuring competency of domestic violence. The chi-square analysis specifically, indicated no statistically significant differences for the total percent of correct responses between white and non-white practitioners. (See Figure 7).

Figure 7. Chi-Square Bivariate Analysis: Knowledge of Domestic Violence and Race (White/Non-white groups) (n=175)

	Total (%)	White (%)	Non-white (%)	X^2	p value
Item 1. 1 in 4 women will experience DV	79%	79%	79%	.001	.973
Item 2. Women of all racial/ethnic groups vulnerable to DV	33%	36%	24%	1.733	.188
Item 3. Women with lower annual income below $25k are at higher risk of DV	62%	62%	62%	.000	.992
Item 4. DV most prominent among women 16-24	42%	43%	38%	.232	.630
Item 5. Black/African American women more likely to report DV	17%	17%	19%	.137	.711
Item 6 DV is higher for divorced and/or separated women	51%	57%	52%	.177	.674

Associations between Ethnic Identity, Racial Attitudes, Knowledge of Domestic Violence, Race and Sex and Critical Race Theory Measurement.

To examine the direct relationships between the dependent variable CRT and the multiple combinations of the independent variables (ethnic identity, racial attitudes, knowledge of domestic violence, race and sex) multiple regression analysis was conducted. To effectively conduct the multivariate analysis, all six constructs of the CRT variable were transformed into one variable based on the bivariate correlations. Bivariate correlations indicated possible issues of multicollinearity between the variables of CRT, ethnic identity and racial attitudes. CRT constructs showing collinerarity with ethnic identity and/or racial attitudes were omitted from the group variable of CRT. The racial attitudes variables were also grouped into two variables: positive racial attitudes and negative racial attitudes. Bivariate correlations indicated no issues of multicollinearity between positive racial attitudes and negative racial attitudes.

Multiple regression analysis revealed several statistically significant relationships between CRT and the independent variables (ethnic identity, racial attitudes, knowledge of domestic violence, race and sex). (See Figure 8).

Figure 9: Multiple Regression Analysis: Significant Associations between (IV's) Ethnic Identity, Racial Attitudes, Knowledge of Domestic Violence (DV), Race and Sex and Critical Race Theory

Variables:		Beta (β)	t	p value
Model 1:				
DV= CRT				
IV's=	EI	-.01	-.10	.918
	RA(+)	-.21	-2.64	.009**
	RA(-)	.18	2.31	.022*
	Race	-.07	-.78	.436
*The model predicting CRT was statistically significant (F= 3.44, p = .010). The IV's explained 9% of the variance in CRT.				
Model 2:				
DV= CRT				
IV's=	EI	.35	5.24	.000***
	RA(+)	-.36	-5.47	.000***
	RA(-)	.06	.94	.351
*The model predicting CRT was statistically significant (F= 25.42, p = .000). The IV's explained 31% of the variance in CRT.				
Model 3:				
DV= CRT				
IV's=	EI	.20	2.84	.005**
	RA(+)	-.22	-3.32	.001**
	RA(-)	.10	1.68	.095
	DV	.39	5.11	.000***
*The model predicting CRT was statistically significant (F= 28.38, p = .000). The IV's explained 40% of the variance in CRT.				
Model 4:				
DV= CRT				
IV's=	RA(+)	-.21	-2.66	.009**
	RA(-)	.19	2.39	.018*
	Race	-.08	-.96	.337
	Sex	.08	1.00	.318
*The model predicting CRT was statistically significant (F= 3.71, p = .007). The IV's explained 9% of the variance in CRT.				
Model 5:				
DV= CRT				
IV's=	EI	-.03	-.36	.722
	RA(+)	-.21	-2.63	.009**
	RA(-)	.19	2.42	.017*
	Race	-.07	-.85	.398
	Sex	.08	1.05	.296
	DV	-.05	-.64	.523
*The model predicting CRT was statistically significant (F= 2.53, p = .023). The IV's explained 9% of the variance in CRT.				

Note: EI = Ethnic Identity, RA(+) = positive racial attitudes, RA(-) = negative racial attitudes, DV = domestic violence
*= statistically significant at an alpha level of .05
**= statistically significant at an alpha level of .01
***= statistically significant at an alpha level of .001

The multiple regression analysis illustrated on Table 9 shows five significant models. Model 1findings indicated a statistically significant relationship between the CRT variable (dependent variable) and the independent variables: ethnic identity, positive racial attitudes, negative racial attitudes and race. The model predicting CRT demonstrates to be statistically significant (F= 3.44, p= .010), approximately 9% of the variance for CRT is explained by ethnic identity, positive racial attitudes, negative racial attitudes and race. Racial attitudes (positive and negative) indicated to have statistically significant impacts on the model. Model 2 indicated a statistically significant association between CRT and the independent variables: ethnic identity, positive racial attitudes and negative racial attitudes. The model predicting CRT demonstrates to be statistically significant (F= 25.42, p= .000), approximately 31% of the variance for CRT is explained by ethnic identity, positive racial attitudes and negative racial attitudes. Ethnic identity and positive racial attitudes indicated to have statistically significant impacts on the model. Model 3 demonstrated a statistically significant association between CRT and the independent variables: ethnic identity, positive racial attitudes, negative racial attitudes and domestic violence. The model predicting CRT demonstrates to be statistically significant (F= 28.38, p= .000), approximately 40% of the variance for CRT is explained by ethnic identity, positive racial attitudes, negative racial attitudes and domestic violence. Ethnic identity, positive racial attitudes and domestic violence indicated to have statistically significant impacts on the model. Model 4 indicated a statistically significant relationship between CRT and the independent variables: positive racial attitudes, negative racial attitudes, race and sex. The model predicting CRT demonstrates to be statistically significant (F= 3.71, p= .007), approximately 9% of the variance for CRT is

explained by positive racial attitudes, negative racial attitudes, race and sex. Both positive and negative racial attitudes indicated to have statistically significant impacts on the model. Model 5 indicated a statistically significant association between CRT and the independent variables: ethnic identity, positive racial attitudes, negative racial attitudes, race, sex and domestic violence. The model predicting CRT demonstrates to be statistically significant (F= 2.53, p= .023), approximately 9% of the variance for CRT is explained by ethnic identity, positive racial attitudes, negative racial attitudes, race, sex and domestic violence. Positive and negative racial attitudes indicated to have statistically significant impacts on the model. (Figure 9). The multiple regression analysis indicated no statistically significant findings for several multiple regression equations. Findings indicated no statistically significant associations between CRT and independent variables: ethnic identity and race (F =.315, p=.730); CRT and independent variables: ethnic identity, race and sex (F =.468, p=.705); CRT and independent variables: race, sex and domestic violence (F =.440, p=.725); and CRT and independent variables: ethnic identity, race, sex and domestic violence (F =.374, p=.827). (Refer to Figure 9).

Results of Research Questions

Research Question 1: What are the levels of awareness of the six aspects of Critical Race Theory in a sample of non-white and white practitioners?

Chi-square bivariate analysis revealed interesting findings for the levels of awareness of the six aspects of Critical Race Theory (endemic racism, race as a social construction, differential racialization, convergence/determinism, racial narratives and intersectionality) between the sample of white and non-white practitioners. Bivariate

analysis indicated a statistically significant association (at the alpha level of .05) for differential racialization, X=15.619, p =.016. Bivariate analyses concluded no significant correlations for endemic racism (X = .154, p = 1.000); race as a social construction (X = .3.869, p = .694); convergence/determinism (X = 7.372, p = .288); racial narratives (X = 4.336, p= .227); and intersectionality (X = 7.206, p = .302). See Figure 9.

Figure 9. Chi-square Bivariate Analysis: Levels of Awareness of the six aspects of Critical Race Theory between white and non-white practitioners

	Total (%) (Disagreement)	White (%)	Non-white (%)	X^2	p value
Endemic racism:	81%	81%	82%	.154	1.000
Race as a social construct:	43%	45%	37%	3.869	.694
Differential racialization:	55%	68%	52%	15.619	.016*
Convergence/Determinism:	21%	19%	27%	7.372	.288
Racial Narratives:	99%	99%	97%	4.336	.227
Intersectionality:	97%	98%	94%	7.206	.302

*= statistically significant at an alpha level of .05

Research Question 2: What are the correlations between the independent variables: ethnic identity, racial attitudes and knowledge of domestic violence and the six aspects of Critical Race Theory?

Bivariate analysis indicated several statistically significant correlations between the independent variables: ethnic identity, racial attitudes, knowledge or domestic violence and race and the dependent variables of Critical Race Theory: endemic racism, race as a social construction, differential racialization, convergence/determinism, racial

narratives and intersectionality. Bivariate analysis concluded statistically significant correlations between the dependent variables endemic racism and independent variables positive racial attitudes (p =.005) and ethnic identity (p = .034). (Refer to Figure 10).

Figure 10. Correlations between IV's (ethnic identity, racial attitudes and knowledge of domestic violence) and the six aspects of Critical Race Theory (DV)

		RAneg	RApos	EI	DV
Endemic Racism	Pearson Correlation	.136	-.213**	.160*	.091
	Sig. (2-tailed)	.073	.005	.034	.231
Race social construct	Pearson Correlation	-.109	-.102	.042	.154*
	Sig. (2-tailed)	.150	.179	.582	.041
Differential Racialization	Pearson Correlation	.044	-.139	.010	.187*
	Sig. (2-tailed)	.561	.067	.898	.013
Converge/Determinism	Pearson Correlation	-.003	-.021	.185*	.272**
	Sig. (2-tailed)	.967	.782	.014	.000
Racial Narratives	Pearson Correlation	-.218**	-.261**	.388**	.536**
	Sig. (2-tailed)	.004	.000	.000	.000
Intersectionality	Pearson Correlation	-.016	-.339**	.399**	.562**
	Sig. (2-tailed)	.833	.000	.000	.000
	N	175	175	175	175

*Statistically significant at an alpha level of .05

Findings indicated statistically significant correlations for the dependent variable race as a social construct and the independent variable knowledge of domestic violence (p =.041). There was a statistically significant correlation between dependent variable differential racialization and independent variable knowledge of domestic violence (p =.013). Findings indicated statistically significant correlations for convergence/determinism (DV) and (IV's) ethnic identity (p =.014) and knowledge of domestic violence (p =.000). Findings also indicated statistically significant correlations among racial narratives (DV) and (IV's) negative racial attitudes (p =.004); positive

racial attitudes (p =.000); ethnic identity (p =.000); and knowledge of domestic violence (p =.000). (See Figure10). Findings concluded statistically significant correlations among intersectionality (DV) and (IV's) positive racial attitudes (p =.000); ethnic identity (p =.000); and knowledge of domestic violence (p =.000). (Figure 10).

Research Question 3: What are the relative contributions of the independent variables: race, ethnic identity, racial attitudes and knowledge of domestic violence to the six aspects of Critical Race Theory?

Multiple regression analyses yielded several significant findings among the dependent variables: endemic racism, race as a social construction, differential racialization, convergence/determinism, racial narratives and intersectionality and the independent variables: race, ethnic identity, racial attitudes and knowledge of domestic violence. Multiple regression analysis 1 (Figure 11) concluded the statistically significant models.

Figure 11. Multiple Regression Analysis 1: Relative Contributions of the IV's (race, ethnic identity, racial attitudes and knowledge of domestic violence) to the six aspects of Critical Race Theory (DV)

Variables:		Beta (β)	t	p value
Model 1				
DV= Endemic Racism				
IV's=	Race	-.08	-.93	.356
	RA(+)	-.19	-2.40	.018*
	RA(-)	.16	2.07	.040*
	DV	-.13	-1.60	.112
	EI	.14	1.65	.101
*The model predicting endemic racism was statistically significant (F= 3.15, p = .010). The IV's explained 10% of the variance in endemic racism.				
Model 2				
DV= Convergence/Determinism				
IV's=	Race	-.02	-.28	.778
	RA(+)	.19	2.40	.018*
	RA(-)	.17	2.19	.030*
	DV	-.11	-1.39	.168
	EI	-.15	-1.77	.079
*The model predicting endemic racism was statistically significant (F= 2.80, p = .019). The IV's explained 10% of the variance in endemic racism.				

*= statistically significant at an alpha level of .05

The multiple regression analysis illustrated on Figure 11 shows two significant models. Model 1findings indicated a statistically significant relationship between the endemic racism variable (dependent variable) and the independent variables: race, positive racial attitudes, negative racial attitudes, domestic violence and ethnic identity. The model predicting endemic racism demonstrates to be statistically significant (F= 3.15, p= .010), approximately 10% of the variance for endemic racism is explained by race, positive racial attitudes, negative racial attitudes, domestic violence and ethnic identity. Racial attitudes (positive and negative) indicated to have statistically significant impacts on the

model. Model 2 demonstrated a statistically significant relationship between the convergence/determinism variable (dependent variable) and the independent variables: race, positive racial attitudes, negative racial attitudes, domestic violence and ethnic identity. The model predicting convergence/determinism demonstrates to be statistically significant (F= 2.80, p= .019), approximately 10% of the variance for convergence determinism is explained by race, positive racial attitudes, negative racial attitudes, domestic violence and ethnic identity. Racial attitudes (positive and negative) indicated to have statistically significant impacts on the model. (Figure 11). The multiple regression analysis demonstrated several models that were not statistically significant. Findings indicated no statistically significant associations incorporating race as a social construction (dependent variable) and the independent variables: race, positive racial attitudes, negative racial attitudes, domestic violence and ethnic identity (F=.80, p=.549); differential racialization (dependent variable) and the independent variables: race, positive racial attitudes, negative racial attitudes, domestic violence and ethnic identity (F=1.61, p=.162); racial narratives (dependent variable) and the independent variables: race, positive racial attitudes, negative racial attitudes, domestic violence and ethnic identity (F=1.30, p=.265); and intersectionality (dependent variable) and the independent variables: race, positive racial attitudes, negative racial attitudes, domestic violence and ethnic identity (F=.27, p=.927). (Figure 11)

Figure 12 illustrates the statistically significant findings for the multiple regression analysis two models which the variable of race was excluded from the equations. The models examined potential statistically significant findings between the dependent variables: endemic racism, race as a social construction, differential

racialization, convergence/determinism, racial narratives and intersectionality and the independent variables: racial attitudes, knowledge of domestic violence and ethnic identity. Model 1findings indicated a statistically significant relationship between the endemic racism variable (dependent variable) and the independent variables: positive racial attitudes, negative racial attitudes, domestic violence and ethnic identity. The model predicting endemic racism demonstrates to be statistically significant (F= 4.04, p= .004), approximately 7% of the variance for endemic racism is explained by positive racial attitudes, negative racial attitudes, domestic violence and ethnic identity. Racial attitudes (positive and negative) indicated to have statistically significant impacts on the model. Model 2 demonstrated a statistically significant relationship between the convergence/determinism variable (dependent variable) and the independent variables: positive racial attitudes, negative racial attitudes, domestic violence and ethnic identity. The model predicting convergence/determinism demonstrates to be statistically significant (F= 4.45, p= .002), approximately 10% of the variance for convergence/determinism is explained by positive racial attitudes, negative racial attitudes, domestic violence and ethnic identity. Domestic violence indicated to have statistically significant impact on the model. Model 3 demonstrated a statistically significant relationship between the racial narrative variable (dependent variable) and the independent variables: positive racial attitudes, negative racial attitudes, domestic violence and ethnic identity. The model predicting racial narratives demonstrates to be statistically significant (F= 19.93, p= .000), approximately 32% of the variance for racial narratives is explained by positive racial attitudes, negative racial attitudes, domestic violence and ethnic identity. Domestic violence and ethnic identity indicated to have

statistically significant impacts on the model. Model 4demonstrated a statistically significant relationship between intersectionality (dependent variable) and the independent variables: positive racial attitudes, negative racial attitudes, domestic violence and ethnic identity. The model predicting intersectionality demonstrates to be statistically significant (F= 22.94, p= .000), approximately 35% of the variance for intersectionality is explained by positive racial attitudes, negative racial attitudes, domestic violence and ethnic identity. Domestic violence and ethnic identity indicated to have statistically significant impacts on the model. Findings indicated no statistically significant associations between race as a social construction (dependent variable) and independent variables: positive racial attitudes, negative racial attitudes, domestic violence and ethnic identity (F=1.50, p=.206); and differential racialization (dependent variable), and independent variables: positive racial attitudes, negative racial attitudes, domestic violence and ethnic identity (F=2.41, p=.051) (See Figure 12).

Table 12. Multiple Regression Analysis 2: Relative Contributions of the IV's (ethnic identity, racial attitudes and knowledge of domestic violence) to the six aspects of Critical Race Theory (DV)

Variables:		Beta (β)	t	p value
Model 1				
DV= Endemic Racism				
IV's=	RA(+)	-.21	-2.54	.012*
	RA(-)	.16	2.16	.032*
	DV	-.05	-.58	.562
	EI	.16	1.84	.068
*The model predicting endemic racism was statistically significant (F= 4.04, p = .004). The IV's explained 7% of the variance in endemic racism.				
Model 2				
DV= Convergence/Determinism				
IV's=	RA(+)	.14	1.67	.097
	RA(-)	.06	.74	.459
	DV	.31	3.34	.001***
	EI	.17	.86	.392
*The model predicting convergence/determinism was statistically significant (F= 4.45, p = .002). The IV's explained 10% of the variance in convergence/determinism.				
Model 3				
DV= Racial Narratives				
IV's=	RA(+)	-.01	-.19	.846
	RA(-)	-.12	-1.78	.076
	DV	.43	5.36	.000***
	EI	.15	2.09	.038*
*The model predicting racial narratives was statistically significant (F= 19.93 p = .000). The IV's explained 32% of the variance in racial narratives.				
Model 4				
DV= Intersectionality				
IV's=	RA(+)	-.09	-1.34	.183
	RA(-)	.10	1.55	.123
	DV	.46	5.80	.000***
	EI	.16	2.26	.025*
*The model predicting intersectionality was statistically significant (F= 22.94, p = .000). The IV's explained 35% of the variance in intersectionality.				

Note: EI = Ethnic Identity, RA(+) = positive racial attitudes, RA(-) = negative racial attitudes, DV = domestic violence

*= statistically significant at an alpha level of .05

**= statistically significant at an alpha level of .01

***= statistically significant at an alpha level of .001

The final multiple regression analysis model examined statistically significant findings between the dependent variables: endemic racism, race as a social construction, differential racialization, convergence/determinism, racial narratives and intersectionality and the independent variables: ethnic identity and racial attitudes. Race and knowledge of domestic violence were excluded from the model. Model 1shows a statistically significant relationship between endemic racism (dependent variable) and the independent variables: ethnic identity, positive racial attitudes and negative racial attitudes. The model predicting endemic racism demonstrates to be statistically significant ($F= 5.29$, $p= .002$), approximately 9% of the variance for endemic racism is explained by ethnic identity, positive racial attitudes and negative racial attitudes. Both positive and negative racial attitudes indicated to have statistically significant impacts on the model. Model 2 shows a statistically significant relationship between racial narratives (dependent variable) and the independent variables: ethnic identity, positive racial attitudes and negative racial attitudes. The model predicting racial narratives demonstrates to be statistically significant ($F= 14.61$, $p= .000$), approximately 20% of the variance for racial narratives is explained by ethnic identity, positive racial attitudes and negative racial attitudes. Model 3shows a statistically significant relationship between intersectionality (dependent variable) and the independent variables: ethnic identity, positive racial attitudes and negative racial attitudes. The model predicting intersectionality demonstrates to be statistically significant ($F= 16.28$, $p= .000$), approximately 22% of the variance for intersectionality is explained by ethnic identity, positive racial attitudes and negative racial attitudes. Ethnic identity and positive racial attitudes indicated to have statistically significant impacts on the model. (Figure 13).

Findings indicated no statistically significant associations between race as a social construction (dependent variable) and independent variables: ethnic identity, positive racial attitudes and negative racial attitudes (F=1.22, p=.304); differential racialization (dependent variable), and independent variables: ethnic identity, positive racial attitudes and negative racial attitudes (F=1.31, p=.272); and convergence/determinism (dependent variable), and independent variables: ethnic identity, positive racial attitudes and negative racial attitudes (F=2.09, p=.103) (See Figure 13below).

Figure 13. Multiple Regression Analysis 3: Relative Contributions of the IV's (ethnic identity and racial attitudes) to the six aspects of Critical Race Theory (DV)

Variables:		**Beta (β)**	**t**	**p value**
Model 1				
DV= Endemic Racism				
IV's=	EI	.14	1.77	.079
	RA(+)	-.19	-2.52	.013*
	RA(-)	.17	2.27	.025*

*The model predicting endemic racism was statistically significant (F= 5.29, p = .002). The IV's explained 9% of the variance in endemic racism.

Model 2				
DV= Racial Narratives				
IV's=	EI	.32	4.54	.000***
	RA(+)	-.17	-2.38	.019*
	RA(-)	-.16	-2.35	.020*

*The model predicting racial narratives was statistically significant (F= 14.61 p = .000). The IV's explained 20% of the variance in racial narratives.

Model 3				
DV= Intersectionality				
IV's=	EI	.34	4.85	.000***
	RA(+)	-.26	-3.67	.000***
	RA(-)	.05	.71	.479

*The model predicting intersectionality was statistically significant (F= 22.94, p = .000). The IV's explained 35% of the variance in intersectionality.

Note: EI = Ethnic Identity, RA(+) = positive racial attitudes, RA(-) = negative racial attitudes,
*= statistically significant at an alpha level of .05
**= statistically significant at an alpha level of .01
***= statistically significant at an alpha level of .001

Chapter Five: Discussion

Summary of results

The research study consisted of a fairly representative sample. The sample was well distributed across age, education attainment, sex and marital status (Refer to Table 1). The research study produced several interesting results important for discussion. *Critical Race Theory Measures.* Findings yielded a few interesting results among the Critical Race Theory Measures and the variable of race (white and non-white practitioner). The majority of practitioners showed an understanding of the pervasiveness of race and how race continues to operate on social, systemic and institutional structures. The majority of the practitioners were aware that racial incidents occur frequently and are not isolated events in society, recognizing how race plays a significant role in one's daily interactions and relations with one another. The findings demonstrated regardless of race, both white and non-white practitioners both clearly understood how prevalent and pervasive race is in daily life interactions. Although both white and non-white practitioners agreed racial incidents continue to be pervasive events in society, both groups appeared to have a slightly different perspective regarding the social impact of race. Non-white practitioners were more likely to indicate that discussions of race caused unnecessary conflict and anger, compared to white practitioners who were more likely to disagree that discussions of race caused unnecessary conflict and anger. Another interesting finding showed non-white practitioners were more likely to indicate that racial and ethnic minorities (i.e. African American, Mexican American or Asian American) should think of themselves as "American," in comparison to white practitioners who were more likely to disagree. (Refer to Table 2).

Findings also demonstrated practitioners still lack a clear, concrete understanding of race as a social construct. A small percent of the sample population acknowledged race as a social construct. However, the majority of practitioners were able to negate the biological conceptualization and ideologies of race; both white and non-white groups appeared to comprehend that race does not have any biological impact on one's personality and/or abilities. (See Table 2).

Findings suggest a large number of practitioners failed to recognize the role and impact racialization has on racial and ethnic minority populations. Findings showed the majority of practitioners believed otherness resulted in a group's decision and/or power to separate or distance themselves from the dominant group. White practitioners were less likely to agree that otherness resulted from a group's decision and/or power to separate or distance themselves from the dominant group when compared to non-white practitioners. The majority of practitioners demonstrated awareness to the functionality and significance race continues to serve today. A high percent of the sample indicated race *is* significant in determining who will become successful and who will not become successful, while a small percent of practitioners indicated race *is not* a significant factor impacting one's success. The majority of the sample population acknowledged race plays a significant factor in accessibility to opportunities and services. A high percent of the total sample indicated racial and ethnic minorities do not have the same opportunities as whites in the U.S. A large percent of practitioners also indicated that race and ethnicity determines the type of services and opportunities individuals receive (Refer to Table 2). Findings also indicated the majority of practitioners regardless of racial group incorporated the narratives and personal stories of clients within the therapeutic setting. A

large percent of the sample indicated a major component of their interventions focused on providing a space for the client to voice their personal narrative. Practitioners were more likely to indicate that they allowed the client time within the therapeutic process to digress concerns, while the practitioner takes the position of the listener. The majority of practitioners stated they often modify or adapt interventions to best fit experiences of marginalized clients. (See Table 2). Practitioners appeared to be aware of the historical exclusion racial and ethnic minorities experienced within therapeutic settings. Therefore, many of the practitioners indicated creating inclusive therapeutic environments for personal narratives of racial and ethnic minority clients. The majority of practitioners in the study appeared to be more supportive and accepting of racial and ethnic minority clients. A large percent of the practitioners indicated it was important to provide marginalized clients a space to voice their personal narratives. Practitioners also showed awareness to the historically monolithic, Eurocentric domains of therapy. The majority of the practitioners indicated the need to develop or adapt therapeutic interventions and practices to effectively serve racial and ethnic minority clients. The findings also suggest that the majority of practitioners grasped a clear understanding of the concept of intersectionality and its importance in practice. A large percent of the sample of practitioners agreed it is important to extensively explore and assess the client's social locations (i.e. race, ethnicity, nationality, sexuality, gender and socioeconomic status) regardless of clients' presenting problem or issue. The majority of practitioners understood and recognized how effective therapeutic approaches will be if all aspects and dynamics of the clients identity and social location are examined.

Ethnic Identity Measures. Findings indicated significant findings among ethnic identity

and racial identity of practitioner. Overall, non-white practitioners indicated a higher sense of ethnic identity, in comparison to the white practitioners surveyed. Non-white practitioners were more likely to indicate a stronger attachment and feelings of belonging to their ethnic group compared to white practitioners. Non-white practitioners also communicated more often with others to learn more about their ethnic identity and were more likely to participate in cultural practices of their ethnic group. Non-whites also reported higher levels of pride in their ethnic identity and indicated to be happy members belonging to their ethnic group, in comparison to white practitioners.

Racial Attitudes Measures. Findings indicated the majority of practitioners demonstrated lower ratings for racial attitudes of hostility, dislike, superiority, hatred and rejection toward other racial and ethnic populations. Regardless of race, both white and non-white practitioners indicated low attitudes of hostility, dislike, superiority, hatred and rejection toward other racial and ethnic populations. The majority of practitioners showed higher ratings for positive racial attitudes such as: admiration, acceptance, affection, approval and warmth toward other racial and ethnic populations. (Refer to Table 4). To conclude practitioners with higher positive attitudinal ratings are more likely to be supportive and provide services to individuals of racial and ethnic minority populations compared to practitioners with higher negative racial attitudes.

Knowledge of Domestic Violence Measures. Findings suggest a lack of awareness and knowledge of domestic violence issues among the sample of practitioners. Only a small percentage of the sample of practitioners was aware domestic violence is most prominent among women age 16-24 (Bureau of Justice Statistics, 2006; Durose, 2005; Rennison & Welchans, 2000; Symons, 1994). Half of the practitioners incorrectly indicated domestic

violence is most prominent for women aged 24-34. Practitioners demonstrated a lack of understanding regarding the consequences and impact domestic violence has on women of different racial and ethnic minority populations. A low percent of practitioners were aware some racial and ethnic minorities are more vulnerable to incidents of domestic violence than others. A very low percent of practitioners were able to identify Blacks/African Americans women as the racial group more likely to report domestic violence to law enforcement (Bent-Goodley, 2009; Rennison & Welchans, 2000; Watlington & Murphy, 2006). On the other hand, a large percent of practitioners recognized 1 in 4 women will experience domestic violence in their lifetime. The majority of practitioners were also aware domestic violence is higher for women with lower annual income below $25k. Fifty-one percent of practitioners recognized domestic violence is higher for divorced and/or separated women (Bureau of Justice Statistics, 2006; Rennison & Welchans, 2000). Overall, practitioners regardless of race showed knowledge regarding the impact domestic violence has on women on a large scale; however practitioners demonstrated to have little knowledge pertaining to issues of domestic violence among racial and ethnic minority women populations. Such lack of understanding and knowledge can be attributed to the limited domestic violence research and education, exploring and addressing concerns and dynamics of violence among distinct racial and ethnic minority populations. It is also important to note many of the practitioners indicated a small percentage of their caseload was solely committed to domestic violence. Due to the broad range of issues practitioners address, contributes to their lack of knowledge relating to specific issues of domestic violence.

Summary of Research Questions

Research Question 1: *What are the levels of awareness of the six aspects of Critical Race Theory in a sample of non-white and white practitioners?*

Bivariate analysis revealed several findings between white and non-white practitioners and their levels of awareness of the six aspects of Critical Race Theory. Both white and non-white practitioners indicated similar levels of awareness of the concepts of endemic racism, intersectionality and the importance of racial narratives. However, results suggest non-white practitioners were more likely to agree race is a social construction, compared to white practitioners; while white practitioners were more likely to understand the concept of differential racialization. Findings also suggest both white and non-white practitioners have a high awareness to the importance of incorporating client narratives into therapy. Practitioners regardless of race demonstrated high levels of awareness and understanding of the concept of intersectionality and how intersectionality functions when examining the client's issue in therapy.

Research Question 2: *What are the correlations between the independent variables: ethnic identity, racial attitudes and knowledge of domestic violence and the six aspects of Critical Race Theory?*

Findings suggest several significant correlations between the independent variables: ethnic identity, racial attitudes and knowledge of domestic violence and the six aspects of Critical Race Theory. Findings demonstrated significant correlations between endemic racism and independent variables ethnic identity and positive racial attitudes. There was also a significant correlation for race as a social construction and the independent variable domestic violence. The third aspect of Critical Race Theory,

differential racialization was also significantly correlated with domestic violence. Findings showed the aspect of convergence determinism to be significantly correlated to ethnic identity and domestic violence; while racial narratives demonstrated significant correlation with negative racial attitudes, positive racial attitudes, ethnic identity and domestic violence. The final equation indicated significant correlations between intersectionality and the independent variables: positive racial attitudes, ethnic identity and domestic violence.

Research Question 3: *What are the relative contributions of the independent variables: race, ethnic identity, racial attitudes and knowledge of domestic violence to the six aspects of Critical Race Theory?*

The multiple regression analysis suggest a few significant findings between the independent variables: race, ethnic identity, racial attitudes and knowledge of domestic violence and the dependent variables: endemic racism, race as a social construct, differential racialization, convergence/determinism, racial narratives and intersectionality. Findings demonstrated the independent variables: race, racial attitudes, domestic violence and ethnic identity significantly contributed to the equation incorporating endemic racism. Findings also demonstrated the independent variables: race, racial attitudes, domestic violence and ethnic identity significantly contributed to the dependent variables convergence/determininsm.

Limitations of Research Study

There are specific limitations of this research study important to address. First, the research study was conducted among a small sample size of practitioners within four limited urban regions. Although these four regions are fairly diverse cities, it is important

to note the majority of practitioners did not provide services to a large percent of racial and ethnic minorities. The practitioner/client racial and ethnic representation was comprised of mostly individuals identifying as white, indicating a lack of diverse racial and ethnic minority representation. Only one third of the practitioners surveyed identified as non-white. Approximately sixty-five percent of practitioners identified the majority of their client population as white. Due to the limiting racial and ethnic categories for which data was collected, it was also difficult to examine the racial and ethnic subgroups of research participants and the clients served. Another limitation of the study was the use of the Critical Race Theory Measurement scale. The CRTM scale had not been previously utilized in past research studies, therefore the instrumentation has not been validated for use with any specific populations, including social work and counseling practitioners. The six distinct constructs of the CRTM scale have not been validated by research so it cannot be assumed the constructs are effectively measuring its intended purpose. Lastly, the use of self-measures such as the Racial Attitudes Questionnaire and Multigroup Ethnic Identity Measurement (MEIM) are instruments based on the self-reporting of the practitioners. It is important to note self-reporting measures can be affected by external factors such as social desirability and other measurement biases. Practitioners may have responded to the questionnaire statements based on what they perceived to be the best, socially desirable answer. Participants also may experience "acquiescence response style," described as the process in which the participant tends to respond positively to questions regardless of context (Paulhaus, 1991; Razavi, 2001). This is important to recognize especially for the Racial Attitudes Questionnaire and Critical Race Theory Measurement, which are both scales measuring racial attitudes and understanding of race,

which continues to be a sensitive topic to discuss. Therefore, practitioners may express or indicate more positive racial attitudes toward racial and ethnic minorities and display a more accepting understanding of the significance of race to avoid being negatively perceived by researchers.

Implications for Practice

The research study demonstrated the need for social work practice to examine social workers' perceptions, attitudes and experiences of racial and ethnic minorities. There is much need for social work to explore the depth, dynamics and context of racial discussions in which white and non-white practitioners are engaging; for example, exploring if such racial conversations for non-white practitioners occur in spaces in which the non-white practitioner is engaging with only white members of society or if white practitioners are only engaging in conversations of race with members of the same race or ethnic group. For instance, findings demonstrated non-white practitioners were more likely to indicate that discussions of race caused unnecessary conflict and anger compared to white practitioners who were more likely to disagree. It is valuable to know where and how the practitioner is "situated and located" in dialogues of race, because it impacts one's comfort levels with race discussions, how one responds to conversations of race and how one feels about future discussions of race. One's experience and engagement with discussions of race may further impact the practitioner's comfort and decision of incorporating conversations of race within therapeutic practice among racial and ethnic minority populations. For instance, if the practitioner participated in racial discussions which contributed to the practitioner developing feelings of conflict and anger, the practitioner may become more likely to avoid discussions of race within

therapeutic settings; while practitioners encountering less intense dialogues of race may be less likely to avoid future discussions of race.

Findings also demonstrated a need for more in-depth conversations and education involving the processes of acculturation and assimilation, and the impact these processes have on both white and non-white practitioners. For instance, one interesting finding suggest non-white practitioners were more likely to indicate that racial and ethnic minorities (i.e. African American, Mexican American or Asian American) should think of themselves as "American," in comparison to white practitioners who were more likely to disagree with this statement. Therefore, it is beneficial to develop further research examining the conceptualization of what "American" symbolizes and means for both white and non-white practitioners. For instance, if "American," for non-white practitioners symbolizes a status of obtaining social and economic mobility, then this perspective of "American" appears more appealing, in which more racial and ethnic minorities are more likely to assimilate, label or define one's self as "American." The examination of social workers' perceptions, attitudes and experiences of racial and ethnic minorities is valuable to social work practice.

When exploring ethnic identity findings demonstrated non-white practitioners indicated a higher sense and awareness of ethnic identity, in comparison to white practitioners. Non-white practitioners indicated higher levels of attachment, feelings of belonging, pride, participation and happiness toward their ethnic group, in comparison to white practitioners. These findings suggest the need to further explore the concept and sense of ethnic identity among practitioners of diverse racial and ethnic identities. Another limitation is the use of the MEIM measurement which fails to clearly distinguish

between ethnic identity and race. It may be effective to provide participants with a definition or understanding of the concepts of race and ethnicity.

The examination of practitioners' ethnic identity is valuable to understand how practitioner's sense of ethnic identity may impact practitioners' perceptions, attitudes and experiences with racial and ethnic minorities. An examination will produce social work practitioners who are cognizant of their social location of privilege and power. Importantly, practitioners will become informed of how race and ethnicity significantly impacts interactions and engagement with racial and ethnic minority clients within the practice setting.

There is also need for social work practice to develop racially inclusive therapies and practices effective for racial and ethnic minority populations. Social work practice continues to evolve around dominant, Eurocentric theoretical interventions such as psychotherapy, which has proven to effectively benefit members of the dominant white culture (Ortiz & Jani, 2010). Such interventions continue to structure social work practice, promoting a space which racial and ethnic minority clients are forced into "…existing social locations while ignoring the inherent structural inequalities that placed them in that location," as a result, social work practice forces racial and ethnic minority clients to analyze their "character flaws," instead of further understanding the oppressive and unequal structures of society influencing one's life situations (Ortiz & Jani, 2010). Social work practice tends to negate the discourse on race and its significance within therapeutic practice. According to Moodley (2005) the "…intellectual, emotional, and so-called socio-political barriers have limited our understanding of racial influences in therapy and have prevented the articulation of a clear set of theoretically based guidelines

for comprehending race's influences…" on racial and ethnic marginalized clients (p. 320). Research suggests the integral role race and ethnicity functions in further understanding the representations and presentations of psychological conditions for racial and ethnic minorities; however race and ethnicity are two variables often absent within social work therapeutic interventions and practice. Much of social work therapeutic approaches have become critiqued as Eurocentric and monocultural approaches, failing to recognize race as a construct embedded in the human psyche (Moodley, 2005). Promoting a therapeutic space that negates race and ethnicity creates a "disavowal of race." According to Talahite and Moodley (2004) a "disavowal of race" functions by the construction of a "essentialist and physical explanation of the subject…it limits the interpretation and understanding of the self to the epidermal layer; skin deep…and reinforces a place of memory where historical pain, anger and hurt can be re-experienced. Race in the therapy room is then an omniscient presence dislocating and alienating the client, to the point where the pain, anger and hurt lie in wait, for the therapist" (Talahite & Moodley, 213, 2004)

CRT recognizes the importance of racial and ethnic minorities' experiences of racial oppression and inequality and the associated impact such factors has on an individual's emotional, social or psychological state. The approach of CRT's pertaining to one's racial experiences and the impacts it has on one's emotional, social or psychological state, could be very valuable to social work practitioners providing therapeutic services to clients of racial and ethnic minority populations. For instance, it is essential for social work practitioners to include conversations, and recognize the client's personal racial experiences and narratives within the therapeutic process. Such dialogue

provides the practitioner with a deeper understanding of the client's racial experiences, thus helping the practitioner to become better equipped to assess the client's issues, and helping the practitioner to better understand the client's psychological well-being. To illustrate, Latino's experiencing racial exclusion and/or oppression as a result of unjust U.S. policies are more likely to report low self-esteem, increased feelings of fear, and humiliation (Ortiz & Jani, 2010). Fundamentally, social work practitioners incorporating racial discourse, racial empathy and acknowledging "racial realities" of marginalized clients may be more likely to build good rapport and trusting relationships with their clients.

The use of CRT in social work practice can provide practitioners the tools to effectively assess racial and ethnic minority clients' issues. In particular, social work practitioners will be more likely to develop the ability to examine oppressive barriers racial and ethnic minority clients perceive as obstacles preventing them from obtaining services, coping with life's issues or resolving personal problems. Being able to understand potential barriers racial and ethnic minorities experience will better prepare social work practitioners (Ortiz & Jani, 2010). More importantly, the application of CRT to social work practice can offer practitioners the tools to examine *"*…the role of social location and race, the dynamics of culture and the role it plays in explaining the etiology of problems, the course of an illness or distress and plausible mechanisms for healing the experience encountered as a problem" (Ortiz & Jani, 2010, p. 184).

Ultimately, CRT provides social work practitioners with a race competent framework which offers practitioners with the tools and knowledge to effectively serve racial and ethnic minorities. It is also important for practitioners to critically assess and

examine perceptions, attitudes and interactions involving racial and ethnic minorities. Critical awareness of one's perceptions, attitudes and interactions is essential to the field of social work, which is a profession surviving from the ability to fairly and justly serve diverse and marginalized communities. Therefore, it is essential for social work professionals to be critical of perceptions, actions, behaviors and thoughts impacting practice and serve toward racial and ethnic minority populations. It is important for practitioners to identify and challenge negative perceptions, attitudes or assumptions which may impact how practice and ability to interact and engage with clients of diverse racial and ethnic identities.

Implications for Research

The Social Work profession lacks sufficient racial and ethnic minority inclusive research, interventions, models and theoretical approaches critical to improve and develop social work practice, research and education among racial and ethnic minority populations. A 2009 report illustrated the exiguous literature and research regarding racial and ethnic minority populations within the social work profession. The report indicated when navigating Social Work Abstracts, a prominent database produced by the National Association of Social Workers (NASW), there were approximately 1,185 articles related to African Americans, 590 related to Latinos, 496 related to Asians, and 193 related to Native Americans (Jackson & Samuels, 2011). When considering articles concentrating on racial and ethnic minorities beyond these four categories the numerical figures are more likely to be significantly lower. This specific report highlights the need for the social work profession to develop research and scholarship focusing on the needs, perspectives and narratives of marginalized racial and ethnic minority populations

beyond the four constructed and commonly recognized categories of race.

It is imperative for the social work profession to produce effective and quality racially inclusive research, scholarship and policy, which is interconnected to Omi and Winant's concept of "racial projects." Racial projects serves as an "interpretation, representation, or explanation of racial dynamic, and an effort to reorganize and redistribute resources along particular racial lines" (Omi & Winant, 1994, p. 54). Racial projects conceptualize the meaning of race and its functionality and significance in social, political, economic and institutional organizations. It is essential for this research study to bring racial "projects," awareness, acceptance and knowledge to social work theorists and researchers, in the hope of developing future research and practice models focusing on effective and quality approaches that will better serve racial and ethnic minority populations within the therapeutic setting, precisely for racial and ethnic minority women experiencing domestic violence. Therefore, this research study seeks to demonstrate the need to develop racialized methodologies and research exploring racial inequalities and disparities.

Critical Race Theory is a useful methodology promoting race consciousness and racial competency among social work scholars and researchers. Critical Race Theory equip social work researchers with the knowledge to understand the complexity and dynamics of race within research, while also promoting a space for social work researchers to assess, identity and deconstruct potential racial and ethnic biases in one's own research. For instance, it is important for social work researchers to be aware of personal biases and attitudes toward racial and ethnic minorities which impacts research and interactions with research participants. Social work researchers will also be able to

assess their specific social location and positionality of privilege and power and explore how their position impacts their methodology and how their research is conducted. For instance, it is important for researchers to be aware of their privileged location as a researcher in the academy, therefore it is important to explore the power dynamics and privilege the location of "researcher" creates when conducting research within marginalized communities.

This research study demonstrates the need for researchers to develop the ability to explore diverse issues and ground themselves in less privileged or marginalized locations, which provides the researcher with a fresh perspective to analyze and conduct research. Researchers will also be better equipped to investigate and identity the significant role and factor race plays in scholarship and research studies, which is often overlooked. For example, it is important for researchers to be able to examine how race complicates issues such as domestic violence. Being able to identity and explore the multitude of factors race creates for women experiencing domestic violence is essential for holistic, innovative research. The integration of Critical Race Theory will offer social work researchers valuable racial competency and consciousness to developed informed research agendas exploring a range of issues impact racial and ethnic minorities. Such an approach is essential to examining current and past issues impacting racial and ethnic minorities. Critical Race Theory offers social work researchers with a new perspective and lens to examine and develop methodologies and approaches to historical and contemporary issues and experiences of racial and ethnic minorities.

Contribution to the field of Critical Race Theory

This study adds to the scholarly base for Critical Race Theory in several ways.

The goal of my research is to acknowledge Critical Race Theory as a practical, transdisplinary and racially-conscious methodology useful for scholars and researchers conducting scholarly work and research among diverse racial populations. Acknowledging Critical Race Theory as a useful methodology can broaden the scope of research on dynamics of race and racial health inequalities. This research study will encourage future research exploring the institutional, structural and social barriers racial and ethnic minority populations' experience. Future research should closely examine specific health disparities, mental health conditions, risk factors and other racial inequalities impacting specific racial and ethnic minority populations. For example, developing research which examines the prevalence and traumatic experience of domestic violence among Cambodian women survivors of domestic violence will be essential in understanding the distinct experiences of a specific ethnic minority population. Such research is valuable due to the lack of research and literature exploring the issues of domestic violence among ethnic minority populations, specifically the Cambodian community. The development of research exploring the specific health disparities, mental health conditions and risk factors experienced by distinct racial and ethnic populations will ultimately advance racial competency which is valuable to the development of effective practice and quality service for health serving professions providing services to individuals of diverse racial and ethnic backgrounds.

Situating Critical Race Theory within the Social Work profession expands the complex dialogue of race and recognizes its significance for a holistic social justice agenda for practice and activism. Critical Race Theory highlights the significance of incorporating racial justice within a social justice agenda. Racial justice examines the

contemporary dynamics of race; the functionality and significance of race and racial classifications; and explores the complex conceptualization or race. Therefore, integrating CRT's racial justice aspect within the social work profession, a profession embracing a social justice mission, will advance complex dialogues of race among social justice advocates and activists. Social justice advocates and activists will be pressed to address exigent racial disparities and inequalities impacting distinct racial and ethnic minority populations. The Social Work profession is composed of numerous social justice advocates and activists who are key figures for the promotion, advancement and development of a racial justice agenda examining racial inequality, racial competency and race consciousness highlighted in Critical Race Theory. This research study demonstrates the importance of using Critical Race Theory as an approach to enhance practice with racial and ethnic minorities for health serving professions. It also suggest the potential of using CRT as a tool and approach to effectively assess and explore various issues impacting racial and ethnic minority communities such as domestic violence among racial and ethnic minority women. CRT promotes an approach emphasizing the importance of examining the historical, racial, social and institutional systems creating challenges for women of domestic violence. The Social Work profession offers a valuable space for the advanced development of Critical Race Theory research and literature, more importantly, the social work profession also provides a space demonstrating the need to integrate Critical Race Theory into practice and interventions aimed at serving racial and ethnic minority populations.

Contribution to Social Work Education

This research study demonstrated much need for the social work profession to

enhance and develop social work education and curriculum promoting an extensive understanding and conversation of race. Social work education needs to include a holistic conceptualization of race which advances and validates race as a social construct, which the integration of Critical Race Theory provides. Findings demonstrated practitioners lacked a clear understanding of race as a social construction. Although both white and non-white practitioners were able to negate the biological conceptualization of race, both white and non-white practitioners failed to identity race as a social construction. Similarly, findings demonstrated the lack of awareness and understanding of the concept of differential racialization. Practitioners were less likely to recognize and understand the impact racialization has on racial and ethnic minority populations. These findings indicated the lack of awareness practitioners had regarding the social racializing of different racial and ethnic minority populations impacts dynamics of power and privilege and racial and ethnic minorities' experiences in life. Therefore, it is essential to develop social work education which clearly highlights and recognizes how social institutions, interactions, relations and experiences constructing race is valuable to understand the unequal distribution of power and resources among racial and ethnic minority populations. Social, economic and health inequalities continue to result from the construction of the current racialized hierarchy, classification and conceptualization of race. Understanding race as a social construct involves recognizing the real socio-political, socio-historical, socio-economic, institutionalized and legal consequences of race. It involves recognizing the oppressive, discriminative and unfair mechanisms race continues to serve for racial and ethnic minorities. Race persists as an undeniable, salient factor influencing daily interactions and opportunities, specifically for racial and ethnic

minority populations. Integrating a holistic perspective such as Critical Race Theory addresses these concerns and provides social work professionals with the education and knowledge to understand the historical process and harm of racialization.

The research study also demonstrated the need to develop extensive social work curriculum and education exploring the dynamics of systemic racial power and privilege. As findings indicated practitioners lacked a clear awareness and understanding of the dynamics of differential racialization and the impact social racialization creates for racial and ethnic minority groups. Social work education examining the process and dynamics of differential racialization, which involves how the dominant racial group constructs and assigns specific associations, expectations, behaviors and norms ascribed to racial and ethnic minority populations, ultimately serving as a tool situating racial and ethnic minorities in the category of other (Abrams & Moio, 2009; Collins, 2002: Collins, 2005; Hooks, 1992). Placing racial and ethnic minorities in this category of "other," serves as a mechanism which focuses on highlighting the human, social, cultural and racial "differences" among racial and ethnic groups to oppress, manipulate, divide and deceive. As Lorde (1984) suggests the category of the "other" is always constructed in opposition to the "mythical norm." The "mythical norm" is conceptualized as white, male, heterosexual, Christian, young and privileged. The construction of the "mythical norm," recognizes the bestowed privileged and power "whiteness" ascribes to the white dominant group, while stripping racial and ethnic minorities from experiences such privileges and power. This construction of the other and the process of differential racialization need to be acknowledged in social work education to better prepare social work professionals who will understand the pretense of power and privilege allotted to

racial and ethnic minorities. It important to educate social work professionals that otherness does not result from the privilege nor power of racial and ethnic minorities, distinguishing selves from the dominant group, due to their marginalized social locations Such distinction is constructed from the dominant group's power and privilege to construct racial, social and cultural "differences," further used as a tool promoting inequality (Abrams & Moio, 2009; Collins, 2002: Collins, 2005; Hooks, 1992; Lorde, 1984). Promoting an elaborate understanding of the systems of power, privilege and inequality will advance social work education. Social work professionals will be better equipped to understand and recognize the mechanisms which construct racializations of specific racial and ethnic minority populations.

The integration of CRT within the social work profession will provide a theoretical framework promoting a clear conceptualization and understanding of race, ethnicity and culture. Developing a concrete understanding of race, ethnicity and culture is vital to the social work profession, which often omits a significant discussion of race in social work education. CRT promotes an in-depth understanding of race as a social construct, important to challenge and deconstruct social work's current biological stance on race. CRT will provide social work educators and students with the knowledge to recognize the commonalities and distinctions among race, ethnicity and culture, which is imperative to service delivery and provision among racial and ethnic minority populations. Advance knowledge and understanding of CRT will also provide social work professionals with a modern and effective theoretical framework critical for deconstructing current social work paradigms and ideologies which support Eurocentric values, beliefs, practice, knowledge and education. According to Ortiz and Jani (2010)

social work's current Eurocentric paradigm excludes variables such as race and racism, which "by isolating…decontextualizes the social experience of the individuals and groups being studied by assuming a dualism that reflects Euro-American cultural beliefs and individualism," as well as "potentially reify a positivistic, universalist, dominant epistemological stance" (p. 182).

Integrating CRT within the social work profession will offer a critical race analysis. Factors such as race, oppression, inequality and power will become central elements essential to address and understand for the purpose providing effective services to racial and ethnic minority clients. CRT also provides a theoretical framework significant for deconstructing, analyzing and challenging dominant, Eurocentric ideologies by incorporating narratives, standpoints and knowledge of racial and ethnic minority clients. The racial lens of CRT provides the social work profession with a racially inclusive framework applicable and useful to provide services to populations of diverse racial and ethnic minority backgrounds. CRT will provide the social work profession with the education and theoretical knowledge to transform and deconstruct present color-blind ideologies, social structures and institutions continuing to marginalize and oppress racial and ethnic minority populations.

Historically, the social work profession's frameworks such as the Cultural Competency Model tends to focus on providing services to racial and ethnic minority populations within existing oppressive social and institutional structures, thus failing to promote transformation and reconstruction of existing social and institutional structures, instead the traditional social work frameworks only *improves* racial and ethnic minority populations access to existing social and institutional structures (Ortiz & Jani, 2010).

Although, social work education promotes a social justice perspective to analyze oppression, CRT provides a more in depth social justice approach, involving analyzing and transforming mechanisms and structures of oppression, inequality and power. Importantly, CRT recognizes race as a valuable factor to examine racial and ethnic minorities' lived experiences. Race functions as a social marker determining the race-related experiences and risks racial and ethnic minorities will likely encounter in social interactions. A comprehensive understanding of race will help social workers understand how distinct racial and ethnic individuals experience social interactions, health conditions and the environment differently. A greater understanding of the lived experiences of racial and ethnic minorities will assist social workers with developing effective interventions and practices beneficial for these marginalized populations.

CRT equips social work professionals with the apparatus to develop an effective and racially inclusive teaching philosophy essential for social work practitioners and researchers. Research findings demonstrate that educators who lack a comprehensive understanding, acceptance and recognition of racial dynamics are more likely to negatively racialize individuals of "different" racial and ethnic identities, and elicit bias and discriminatory behaviors and attitudes toward racial and ethnic minorities. Such educators also fail to recognize how one's own sense of racial identity influence one's interactions and beliefs regarding students of different racial and ethnic minority identities (Atwater, 2008). It is integral to be aware of how social work professionals' lack of knowledge and education pertaining to the complexity and functionality of race can profoundly impact racial and ethnic minority students. Without a critical analysis and theoretical framework exploring the dynamics of race professionals begin to develop

racial biases, unfair expectations and preferences toward specific racial and ethnic minority groups. Ultimately, Critical Race Theory promotes an extensive understanding, conceptualization and conversation of race, which is highly needed in the social work profession, for the purpose of developing competent social work practitioners, researchers and educators functioning as social agents of change. Critical Race theory offers the field of social work with racial competency and education important for conceptualizing race, advancing the dialogue of race in social work practice and education; essential for self-reflection among social workers, and developing inclusive research which are all important for a holistic social work agenda linking education, practice and research. The integration of CRT transitions the tradition approach of social work which tends to produce skilled social workers who are more likely to use individualistic interventions and practice models rather than approaches which examine and challenges the systemic, institutional mechanisms impacting racial and ethnic minorities' experiences. CRT demonstrates the need for the social work profession to transition from recognizing social inequalities impacting racial and ethnic minorities, and calls for action to deconstruct systemic and institutional inequalities. Social workers should no longer foster paradigms, practices and policies which encourage racial and ethnic minorities to adapt to systems of inequalities. Rather it is essential social workers to develop and implement paradigms, practices and policies challenging present systems of inequality.

Integrating Critical Race Theory within the social work profession is also beneficial for future social policy development. The findings demonstrated much need for education and awareness regarding practitioners' understandings of social concepts such

as differential racialization, domestic violence and the social construction of race, which are terms largely defined and constructed by processes of socialization and social institutions. Providing an in-depth understanding of the significance and functionality of race is valuable for social work policy on the macro level. A comprehensive understanding of race and the complexity of domestic violence will improve social work intervention in communities and organizations. For instance, this research highlights the need to examine the complexity of domestic violence among racial and ethnic minority populations. Exploring the distinct experiences of racial and ethnic minority women survivors of domestic violence will provide practitioners with the education and knowledge to address the macro level issues and disparities racial and ethnic minority women experience. Such education and knowledge is valuable for developing preventative and intervention measures focusing on reducing rates of domestic violence among racial and ethnic minority populations and to development quality services for this population.

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Table 1. Sample Characteristics: Frequencies and Percentages (n=175)

	Total (n=175)		White (n= 121)		Non-white (n=54)	
	N	percent	N	percent	N	percent
Client population:						
Asian/Asian American/Chinese/Japanese	1	6%	0	0%	1	2%
Black/African American	29	17%	14	12%	15	28%
Hispanic/Latino/Mexican/Central American	6	3%	2	2%	4	7%
Native American/American Indian	1	6%	1	8%	0	0%
White/not Hispanic	114	65%	92	76%	22	41%
Biracial	3	2%	2	2%	1	2%
Other	1	6%	0	0%	1	2%
Age:						
30 or younger	20	11%	13	11%	7	13%
31-40	49	28%	42	35%	7	13%
41-50	43	25%	26	21%	17	31%
51-60	35	20%	23	19%	12	22%
61-70	18	10%	11	10%	7	13%
71 or older	5	3%	5	4%	0	0%
Education:						
Master's degree	18	10%	15	12%	3	6%
Masters w/Licensure	111	63%	77	64%	34	63%
Doctoral degree	36	21%	26	21%	10	19%
Sex:						
Female	126	72%	87	72%	39	72%
Male	42	24%	32	26%	10	19%
Marital status:						
Single	22	13%	15	12%	7	13%
Married	108	62%	82	68%	26	48%
Divorced	18	10%	7	6%	11	20%
Widowed	1	6%	1	8%	0	0%
Member of unmarried couple	20	11%	14	12%	6	11%
Region reside/practice:						
Chicago	72	41%	51	42%	21	40%
Kansas City	19	11%	15	12%	4	8%
Oklahoma City	16	9%	10	8%	6	11%
Saint Louis	53	30%	38	31%	15	28%

Table 2. Critical Race Theory: Descriptive Information (n=175)

	Total (n=175)		White (n= 121)		Non-white (n=54)			
	Agree (%)	Disagree (%)	Agree (%)	Disagree (%)	Agree (%)	Disagree (%)	Mean	SD
Endemic racism:								
Item 1 - Fit into culture	22%	78%	19%	81%	18%	82%	2.49	1.481
Item 2- Think of selves as American	21%	79%	17%	83%	18%	82%	2.17	1.599
Item 3- Race causes conflict	12%	88%	8%	92%	12%	88%	1.98	1.579
Item 4 - Racial incidents rare	6%	94%	5%	95%	6%	94%	1.59	1.185
Race as a social construct:								
Item 1- Socially constructed	57%	43%	54%	46%	53%	47%	3.94	1.906
Item 2- Race biological	2%	98%	1%	99%	1%	99%	1.33	.931
Item 3- Race way to categorize	3%	97%	4%	96%	3%	97%	1.65	1.304
Item 4- First thing notice is race	40%	60%	43%	57%	44%	56%	3.19	1.69
Differential racialization:								
Item 1- Otherness	42%	58%	35%	65%	38%	62%	3.49	1.872
Convergence/Determinism:								
Item 1- Determine success	23%	77%	25%	75%	12%	88%	2.36	1.558
Item 2- Work hard, equal chance	36%	64%	34%	65%	42%	58%	3.17	1.783
Item 3- Same opportunities	78%	21%	79%	20%	73%	27%	4.59	1.594
Item 4- Determines services	73%	27%	74%	26%	73%	27%	4.30	1.652
Racial Narratives:								
Item 1- Voice story	98%	2%	91%	8%	97%	3%	5.87	.640
Item 2- Exclusion of history	81%	19%	81%	18%	82%	18%	4.68	1.454
Item 3- Role of listener	95%	5%	95%	5%	94%	6%	5.34	1.015
Item 4- Modify interventions	89%	11%	89%	10%	94%	6%	5.10	1.338
Intersectionality:								
Item 1- Time consuming	3%	97%	2%	98%	6%	94%	1.79	1.507
Item 2- Focus on one identity	15%	85%	17%	83%	15%	85%	2.61	1.927

Note: Range = 1 – 6 (strongly disagree – strongly agree)

Table 3. Chi-Square Bivariate Analysis: CRT and Race (White/Non-white groups) (n=175)

	Total (%)	White (%)	Non-white (%)	X^2	p value
Endemic racism:					
Item 1 - Fit into culture	78%	81%	82%	.032	.857
Item 2- Think of selves as American	79%	83%	82%	.024	.877
Item 3- Race causes conflict	88%	92%	88%	.467	.507
Item 4 - Racial incidents rare	94%	95%	94%	.046	.830
Race as a social construct:					
Item 1- Socially constructed	43%	46%	47%	.018	.894
Item 2- Race biological	98%	99%	99%	3.573	.121
Item 3- Race way to categorize	97%	96%	97%	.008	1.000
Item 4- First thing notice is race	60%	57%	56%	.017	.896
Differential racialization:					
Item 1- Otherness	58%	65%	62%	.012	.912
Convergence/Determinism:					
Item 1- Determine success	77%	75%	88%	2.631	.105
Item 2- Work hard, equal chance	64%	65%	58%	.766	.381
Item 3- Same opportunities	21%	20%	27%	.816	.366
Item 4- Determines services	27%	26%	27%	.009	.923
Racial Narratives:					
Item 1- Voice story	2%	8%	97%	.932	.392
Item 2- Exclusion of history	19%	18%	82%	.008	.927
Item 3- Role of listener	5%	5%	94%	.046	1.000
Item 4- Modify interventions	11%	10%	94%	.483	.735
Intersectionality:					
Item 1- Time consuming	97%	98%	94%	1.861	.212
Item 2- Focus on one identity	85%	83%	85%	.001	.974

Table 4. Ethnic Identity: Descriptive Information (n=175)

	Total (n=175)		White (n= 121)		Non-white (n=54)			
	Agree (%)	Disagree (%)	Agree (%)	Disagree (%)	Agree (%)	Disagree (%)	Mean	SD
Item 1. Find out ethnic history	74%	25%	74%	26%	79%	21%	3.22	1.242
Item 2. Active in organizations	56%	44%	56%	44%	56%	44%	2.57	1.324
Item 3. Clear sense of ethnic group	80%	20%	78%	22%	85%	15%	3.33	1.234
Item 4. Life affected by ethnic group	45%	55%	41%	59%	59%	41%	2.50	1.368
Item 5. Happy member of ethnic group	86%	14%	85%	13%	85%	15%	3.42	1.219
Item 6. Strong sense of belonging	70%	30%	64%	36%	90%	10%	3.17	1.311
Item 7. Understand membership	88%	12%	88%	12%	88%	12%	3.40	1.028
Item 8. Learn about ethnic group	62%	38%	58%	42%	76%	24%	2.98	1.510
Item 9. A lot of pride	67%	33%	60%	40%	88%	12%	3.17	1.402
Item 10. Participate in culture practices	65%	35%	59%	41%	88%	12%	3.04	1.332
Item 11. Strong attachment	61%	39%	54%	46%	85%	15%	2.98	1.306
Item 12. Feel good about group	80%	20%	77%	23%	91%	9%	3.41	1.209

*Note: *Range 1-4 (Strongly agree-Strongly disagree)

Table 5. Chi-Square Bivariate Analysis: Ethnic Identity and Race (White/Non-white groups) (n=175)

	Total (%)	White (%)	Non-white (%)	X^2	p value
Item 1. Find out ethnic history	25%	26%	21%	.484	.487
Item 2. Active in organizations	44%	44%	44%	.001	.974
Item 3. Clear sense of ethnic group	20%	22%	15%	.647	.421
Item 4. Life affected by ethnic group	55%	59%	41%	3.283	.070
Item 5. Happy member of ethic group	14%	13%	15%	.035	.785
Item 6. Strong sense of belonging	30%	36%	10%	8.803	.003**
Item 7. Understand membership	12%	12%	12%	.010	1.000
Item 8. Learn about ethnic group	38%	42%	24%	3.840	.050*
Item 9. A lot of pride	33%	40%	12%	9.151	.002**
Item 10. Participate in culture practices	35%	41%	12%	10.215	.001**
Item 11. Strong attachment	39%	46%	15%	10.577	.001**
Item 12. Feel good about group	20%	23%	9%	3.159	.075

*= statistically significant at an alpha level of .05
**= statistically significant at an alpha level of .01

Table 6. Mann-Whitney U Test: Bivariate Analysis:
Racial Attitudes and Race (White/Non-white groups) (n=175)

	Total (n=175)		White (n= 121)		Non-white (n=54)		
	Mean	SD	Mean	SD	Mean	SD	p value
Hostility	1.74	1.032	1.72	.924	1.80	1.250	.241
Admiration	6.69	2.186	6.88	2.118	6.26	2.292	.325
Dislike	1.98	1.236	1.98	1.281	1.98	1.141	.294
Acceptance	7.99	2.240	8.10	2.039	7.76	2.642	.906
Superiority	2.25	1.697	2.20	1.641	2.37	1.825	.608
Affection	6.67	2.362	6.80	2.308	6.37	2.475	.820
Contempt	2.07	1.663	1.96	1.463	2.31	2.036	.090
Approval	7.01	2.615	7.07	2.632	6.89	2.587	.564
Hatred	1.49	1.108	1.44	.965	1.61	1.379	.825
Sympathy	7.24	2.322	7.35	2.224	7.00	2.533	.821
Rejection	1.91	1.544	1.91	1.506	1.91	1.640	.993
Warmth	7.38	2.384	7.50	2.313	7.11	2.538	.846

Note: Range 1-10 (1 = no agreement – 10 = extreme agreement)

Table 7. Knowledge of Domestic Violence: Descriptive Information (n=175)

	Total (n=175)	White (n= 121)	Non-white (n=54)
	Responded Correctly (%)	Responded Correctly (%)	Responded Correctly (%)
Item 1. 1 in 4 women will experience DV	79%	79%	79%
Item 2. Women of all racial/ethnic groups vulnerable to DV	33%	36%	24%
Item 3. Women with lower annual income below $25k are at higher risk of DV	62%	62%	62%
Item 4. DV most prominent among women 16-24	42%	43%	38%
Item 5. Black/African American women more likely to report DV	17%	17%	19%
Item 6 DV is higher for divorced and/or separated women	51%	57%	52%

Note: All items indicate correct statements of domestic violence.

Table 8. Chi-Square Bivariate Analysis: Knowledge of Domestic Violence and Race (White/Non-white groups) (n=175)

	Total (%)	White (%)	Non-white (%)	X^2	p value
Item 1. 1 in 4 women will experience DV	79%	79%	79%	.001	.973
Item 2. Women of all racial/ethnic groups vulnerable to DV	33%	36%	24%	1.733	.188
Item 3. Women with lower annual income below $25k are at higher risk of DV	62%	62%	62%	.000	.992
Item 4. DV most prominent among women 16-24	42%	43%	38%	.232	.630
Item 5. Black/African American women more likely to report DV	17%	17%	19%	.137	.711
Item 6 DV is higher for divorced and/or separated women	51%	57%	52%	.177	.674

Table 9: Multiple Regression Analysis: Significant Associations between (IV's) Ethnic Identity, Racial Attitudes, Knowledge of Domestic Violence (DV), Race and Sex and Critical Race Theory

Variables:		Beta (β)	t	p value
Model 1				
DV= CRT				
IV's=	EI	-.01	-.10	.918
	RA(+)	-.21	-2.64	.009**
	RA(-)	.18	2.31	.022*
	Race	-.07	-.78	.436
Model 2				
DV= CRT				
IV's=	EI	.35	5.24	.000***
	RA(+)	-.36	-5.47	.000***
	RA(-)	.06	.94	.351
Model 3				
DV= CRT				
IV's=	EI	.20	2.84	.005**
	RA(+)	-.22	-3.32	.001**
	RA(-)	.10	1.68	.095
	DV	.39	5.11	.000***
Model 4				
DV= CRT				
IV's=	RA(+)	-.21	-2.66	.009**
	RA(-)	.19	2.39	.018*
	Race	-.08	-.96	.337
	Sex	.08	1.00	.318
Model 5				
DV= CRT				
IV's=	EI	-.03	-.36	.722
	RA(+)	-.21	-2.63	.009**
	RA(-)	.19	2.42	.017*
	Race	-.07	-.85	.398
	Sex	.08	1.05	.296
	DV	-.05	-.64	.523

Note: EI = Ethnic Identity, RA(+) = positive racial attitudes, RA(-) = negative racial attitudes, DV = domestic violence
*= statistically significant at an alpha level of .05
**= statistically significant at an alpha level of .01
***= statistically significant at an alpha level of .001

Table 10. Chi-square Bivariate Analysis: Levels of Awareness of the six aspects of Critical Race Theory between white and non-white practitioners

	Total (%) (Disagreement)	White (%)	Non-white (%)	X^2	p value
Endemic racism:	81%	81%	82%	.154	1.000
Race as a social construct:	43%	45%	37%	3.869	.694
Differential racialization:	55%	68%	52%	15.619	.016*
Convergence/Determinism:	21%	19%	27%	7.372	.288
Racial Narratives:	99%	99%	97%	4.336	.227
Intersectionality:	97%	98%	94%	7.206	.302

*= statistically significant at an alpha level of .05

Table 11. Correlations between IV's (ethnic identity, racial attitudes and knowledge of domestic violence) and the six aspects of Critical Race Theory (DV)

		RAneg	RApos	EI	DV
Endemic Racism	Pearson Correlation	.136	-.213**	.160*	.091
	Sig. (2-tailed)	.073	.005	.034	.231
Race social construct	Pearson Correlation	-.109	-.102	.042	.154*
	Sig. (2-tailed)	.150	.179	.582	.041
Differential Racialization	Pearson Correlation	.044	-.139	.010	.187*
	Sig. (2-tailed)	.561	.067	.898	.013
Convergence/Determinism	Pearson Correlation	-.003	-.021	.185*	.272**
	Sig. (2-tailed)	.967	.782	.014	.000
Racial Narratives	Pearson Correlation	-.218**	-.261**	.388**	.536**
	Sig. (2-tailed)	.004	.000	.000	.000
Intersectionality	Pearson Correlation	-.016	-.339**	.399**	.562**
	Sig. (2-tailed)	.833	.000	.000	.000
	N	175	175	175	175

**= statistically significant at an alpha level of .01
*= statistically significant at an alpha level of .05

Table 12. Multiple Regression Analysis 1: Relative Contributions of the IV's (race, ethnic identity, racial attitudes and knowledge of domestic violence) to the six aspects of Critical Race Theory (DV)

Variables:		**Beta (β)**	**t**	**p value**
Model 1				
DV= Endemic Racism				
IV's=	Race	-.08	-.93	.356
	RA(+)	-.19	-2.40	.018*
	RA(-)	.16	2.07	.040*
	DV	-.13	-1.60	.112
	EI	.14	1.65	.101
Model 2				
DV= Convergence/Determinism				
IV's=	Race	-.02	-.28	.778
	RA(+)	.19	2.40	.018*
	RA(-)	.17	2.19	.030*
	DV	-.11	-1.39	.168
	EI	-.15	-1.77	.079

*= statistically significant at an alpha level of .05

Table 13. Multiple Regression Analysis 2: Relative Contributions of the IV's (ethnic identity, racial attitudes and knowledge of domestic violence) to the six aspects of Critical Race Theory (DV)

Variables:		**Beta (β)**	**t**	**p value**
Model 1				
DV= Endemic Racism				
IV's=	RA(+)	-.21	-2.54	.012*
	RA(-)	.16	2.16	.032*
	DV	-.05	-.58	.562
	EI	.16	1.84	.068
Model 2				
DV= Convergence/Determinism				
IV's=	RA(+)	.14	1.67	.097
	RA(-)	.06	.74	.459
	DV	.31	3.34	.001***
	EI	.17	.86	.392
Model 3				
DV= Racial Narratives				
IV's=	RA(+)	-.01	-.19	.846
	RA(-)	-.12	-1.78	.076
	DV	.43	5.36	.000***
	EI	.15	2.09	.038*
Model 4				
DV= Intersectionality				
IV's=	RA(+)	-.09	-1.34	.183
	RA(-)	.10	1.55	.123
	DV	.46	5.80	.000***
	EI	.16	2.26	.025*

Note: EI = Ethnic Identity, RA(+) = positive racial attitudes, RA(-) = negative racial attitudes, DV = domestic violence
*= statistically significant at an alpha level of .05
**= statistically significant at an alpha level of .01
***= statistically significant at an alpha level of .001

Table 14. Multiple Regression Analysis 3: Relative Contributions of the IV's (ethnic identity and racial attitudes) to the six aspects of Critical Race Theory (DV)

Variables:		**Beta (β)**	**t**	**p value**
Model 1				
DV= Endemic Racism				
IV's=	EI	.14	1.77	.079
	RA(+)	-.19	-2.52	.013*
	RA(-)	.17	2.27	.025*
Model 2				
DV= Racial Narratives				
IV's=	EI	.32	4.54	.000***
	RA(+)	-.17	-2.38	.019*
	RA(-)	-.16	-2.35	.020*
Model 3				
DV= Intersectionality				
IV's=	EI	.34	4.85	.000***
	RA(+)	-.26	-3.67	.000***
	RA(-)	.05	.71	.479

Note: EI = Ethnic Identity, RA(+) = positive racial attitudes, RA(-) = negative racial attitudes,
*= statistically significant at an alpha level of .05
**= statistically significant at an alpha level of .01
***= statistically significant at an alpha level of .001

Appendix A:

Recruitment Email Letter

Please take 5mins to complete survey!
Your Help is Greatly Appreciated!

Hello,

You are invited to participate in a research study conducted by Erica Campbell, Doctoral student from the University of Missouri-Columbia, School of Social Work. I hope to learn more about the interventions, theoretical models and approaches practitioners are utilizing with diverse women populations of Domestic Violence.

To access the study please click/copy the link provided: (CTRL & click on link)

https://docs.google.com/spreadsheet/viewform?fromEmail=true&formkey=dFNJRHVnWVg5MWJHV2V5QkJTWmU3aGc6MQ

Your knowledge and expertise is very valuable and would be GREATLY APPRECIATED.

If you decide to participate, you should know:

-you would be provided a questionnaire via electronically
-questionnaire takes approximately 5 minutes to complete

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law.

Participants' identities and personal information will be kept confidential by the researcher.

If you have any further questions about the research study, please
feel free to contact me,

Erica Campbell
314-630-8686

If you have questions regarding your rights as a research subject, please contact the IRB (573) 882-9585.
To access the study please click/copy the link provided:

https://docs.google.com/spreadsheet/viewform?fromEmail=true&formkey=dFNJRHVnWVg5MWJHV2V5QkJTWmU3aGc6MQ

PLEASE COMPLETE SURVEY BY NOVEMBER 10TH!
THANKS FOR YOUR TIME!

Appendix B:

Critical Race Theory Measurement (CRTM): General Instructions: Circle the number that indicates the extent to which you agree/disagree with each of the following statements. Please complete all questions honestly. Your identity and responses will be held completely confidential. You answers are vital to the success of this study. Thank you in advance for your help.

	Strongly disagree					Strongly Agree
1. Racial/ethnic minorities should try to fit into the dominant culture & adopt the values of the U.S.	1	2	3	4	5	6
2. It is important for people to think of themselves as American & not African American, Mexican American or Asian American.	1	2	3	4	5	6
3. Discussing issues of race causes unnecessary conflict & anger.	1	2	3	4	5	6
4. Racial incidents are rare & isolated in the U.S.	1	2	3	4	5	6
5. Race exists as a social construct.	1	2	3	4	5	6
6. Race biologically determines one's personalities & abilities.	1	2	3	4	5	6
7. Race/ethnicity is the most effective way to categorize people.	1	2	3	4	5	6
8. When interacting with new individuals/clients the first thing I notice is one's race/ethnicity.	1	2	3	4	5	6
9. "Otherness" results in a group's decision/power to separate or distance themselves from the dominant group.	1	2	3	4	5	6
10. Race is significant in determining who will become successful & who will not.	1	2	3	4	5	6
11. Regardless of race/ethnicity, individuals who work hard has an equal chance of becoming wealthy & successful.	1	2	3	4	5	6
12. Racial/ethnic minorities do not have the same opportunities as White individuals in the U.S.	1	2	3	4	5	6

	Strongly disagree					Strongly Agree
13. Race/ethnicity determines the type of services & opportunities people receive in the U.S	1	2	3	4	5	6
14. A major component of any intervention should be providing a therapeutic space for the client to voice their personal story.	1	2	3	4	5	6
15. History continues to exclude narratives & perspectives from racial/ethnic minorities.	1	2	3	4	5	6
16. I often allow the client time to digress on their concerns, while I take the role of the listener.	1	2	3	4	5	6
17. I often modify or change interventions to capture better & understand experiences of marginalized clients.	1	2	3	4	5	6
18. It is time consuming to address clients social locations (i.e. race, ethnicity, sexuality, class, gender) therefore, it is more effective to focus on one.	1	2	3	4	5	6
19. It is more effective for women of domestic voice to focus & identify the most oppressive personal identity (race, class, gender), in order to determine the best intervention.	1	2	3	4	5	6

Appendix C

Multigroup Ethnic Identity Measurement (MEIM)

	Strongly disagree	Disagree	Agree	Strongly agree
1. I have spent time trying to find out more about my ethnic group, such as its history, traditions, & customs.	1	2	3	4
2. I am active in organizations/social groups that include mostly members of my own ethnic group.	1	2	3	4
3. I have a clear sense of my ethnic background & what it means for me.	1	2	3	4
4. I think a lot about how my life will be affected by my ethnic group membership	1	2	3	4
5. I am happy I am a member of the group I belong to.	1	2	3	4
6. I have a strong sense of belonging to my own ethnic group.	1	2	3	4
7. I understand pretty well what my ethnic group membership means to me.	1	2	3	4
8. In order to learn more about my ethnic background, I have often talked to other people about my ethnic group.	1	2	3	4
9. I have a lot of pride in my ethnic group.	1	2	3	4
10. I participate in cultural practices of my own group, such as special food, music, or customs.	1	2	3	4
11. I feel a strong attachment towards my own ethnic group.	1	2	3	4
12. I feel good about my cultural or ethnic background.	1	2	3	4

13. My father's ethnicity is:

Asian /Asian American/Chinese/Japanese
Black/African American
Hispanic/Latino/Mexican /Central American
Native American/American Indian

14. My mother's ethnicity is:

Asian /Asian American/Chinese/Japanese
Black/African American
Hispanic/Latino/Mexican /Central American
Native American/American Indian

White/not Hispanic
Biracial
Other: Specify _____

White/not Hispanic
Biracial
Other: Specify _____

Appendix D

Racial Attitudes Questionnaire: For each of the items listed below, indicate what your attitudes are toward most racial and ethnic groups.

My attitude toward most racial and ethnic groups are:

1.	A	B	C	D	E	F	G	H	I	J
	No Hostility At All									Extreme Hostility
2.	A	B	C	D	E	F	G	H	I	J
	No Admiration At All									Extreme Admiration
3.	A	B	C	D	E	F	G	H	I	J
	No Dislike At All									Extreme Dislike
4.	A	B	C	D	E	F	G	H	I	J
	No Acceptance At All									Extreme Acceptance
5.	A	B	C	D	E	F	G	H	I	J
	No Superiority At All									Very Superior to Them
6.	A	B	C	D	E	F	G	H	I	J
	No Affection At All									Extreme Affection
7.	A	B	C	D	E	F	G	H	I	J
	No Contempt At All									Extreme Contempt
8.	A	B	C	D	E	F	G	H	I	J
	No Approval At All									Extreme Approval
9.	A	B	C	D	E	F	G	H	I	J
	No Hatred At All									Extreme Hatred
10	A	B	C	D	E	F	G	H	I	J
	No Sympathy At All									Extreme Sympathy
11	A	B	C	D	E	F	G	H	I	J
	No Rejection At all									Extreme Rejection
12	A	B	C	D	E	F	G	H	I	J
	No Warmth Toward Them									Extreme Warmth Toward Them

Appendix E

Knowledge of DV: Directions: Circle the correct response.

1. What percentage of women will experience domestic violence (DV) in their lifetime?
   A. 1 in every 2
   B. 1 in every 4
   C. 1 in every 8

2. Women of all racial/ethnic groups are about equally vulnerable to violence by an intimate partner.
   A. True
   B. False

3. Poor women experience higher rates of DV compared to women of higher income.
   A. True B. False

4. DV is most prominent among women aged?
   A. 16-24
   B. 24-34
   C. 34-44

5. Which racial group is more likely to report (police) DV?
   A. Asians
   B. Blacks
   C. Whites

6. DV is higher for women who are:
   A. Single
   B. Married
   C. Separated
   D. Widowed

Demographic Questionnaire. Complete the following questions.

1. **Your race/ethnicity:**
   Asian /Asian American/Chinese/Japanese
   Black/African American
   Hispanic/Latino/Mexican /Central American
   Native American/American Indian
   White/not Hispanic
   Biracial
   Other: Specify _____

2. **Age:**
   30 or younger
   31-40
   41-50
   51-60
   61-70
   71 or older

3. **Educational Attainment:**
   High School Diploma
   Bachelor's Degree
   Master's Degree
   Master's with Licensure

4. **Sex:**
   Female
   Male

5. **Marital Status:**
   Single
   Married
   Divorced
   Widowed
   Member of Unmarried Couple

6. **Majority of Client Population:**
   Asian/Asian American/Chinese
   Black/African American
   Hispanic/Latino/Mexican
   Native American/American Indian

Doctoral Degree

White/not Hispanic
Biracial
Other: Specify_____

8. What percent of work is in the field of domestic violence? _____

9. Do you utilize specific models of diversity or cultural competence in your practice? YES NO
If YES, specify:

_____

_____

_____

_____

_____

_____

_____

_____

_____

PLEASE PLACE THE COMPLETED QUESTIONNAIRE IN THE SELF ADDRESSED ENVELOP RETURN BY:

_____

THANKS FOR YOUR TIME, IT IS TRULY APPRECIATED!!!

VITA

Erica L Campbell attended the University of Missouri-Columbia, where she has completed her doctoral degree in Social Work. In 2008, Ms. Campbell received her Bachelor's degree in Psychology and later received her Master's in Social Work in 2010.

Ms. Campbell's research agenda focuses on advancing practice and service among racial and ethnic minority populations. Ms. Campbell's research explores the framework of Critical Race Theory proposing the need to integrate the model into practice and service. Critical Race Theory promotes "racial competency" among service practitioner providing services to racial and ethnic populations.