


Community Resource Use Among Abused Immigrant Women: Baseline Data Analysis for a 7-Year Prospective Study

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Abstract

Purpose: To determine the community resources most often used, most needed, and most difficult to use for immigrants. **Design:** A naturalistic study using principles of community-based participatory research. **Method:** A group of 106 abused immigrant women were interviewed in person with the Community Agency Use, Frequency, Helpfulness, and Difficulty form as part of a 7-year prospective study. **Results:** The most frequently noted service needed most was counseling ($n = 34$, 33.0%) followed by legal services ($n = 23$, 22.3%) and social services ($n = 13$, 12.6%). Law enforcement was the most commonly used service ($n = 63$, 59.4%) and the most difficult to receive ($n = 16$, 48.5%). Counseling ($n = 6$, 18.2%) and legal services ($n = 5$, 15.2%) were also reported as difficult. **Discussion:** Law enforcement is often called on to help in partner violence, but immigrant women report difficulty in using this service. **Conclusions:** Abused immigrant women have risk factors for abuse, and they face barriers in accessing the services they need. **Implications for Practice:** It is important for service providers in the community to be aware of the unique challenges of abused immigrant women and to address their needs accordingly.

Keywords

immigrants, intimate partner violence, community resources, women's health, community health, participatory action research

Introduction

The migration of people from one nation to another is not a new phenomenon nor is it localized to specific nations or ethnic groups. In 2005, an estimated 200 million people had lived outside of their country of birth for at least a year (Castles, 2007). Immigrants all over the globe face unique challenges in daily life. There is no lack of information in the literature about barriers to community services and resources for immigrants. Cultural barriers, lack of information, linguistic barriers, and fear affect the way immigrants seek and receive help in the community (Portez, Fernandez-Kelly, & Light, 2012; Raj & Silverman, 2002). Different cultures perceive wellness and distress in different ways (Saint Arnault, 2009). An immigrant woman may not recognize the results of intimate partner violence (IPV) as distress and may not seek help as a result. Women born outside of the United States may not know what services are available in the community or how to access the services. The difficulty is compounded when the individual does not speak English. All of these factors, as well as the current political climate and discrimination that immigrants often face, lead to fear (U.S. Department of Health and Human Services, 2012). When immigrant women fear repercussions of information they

may be asked to disclose when accessing community resources, the women will usually not use the services and continue in need.

IPV is a global problem. A multi-country study performed by the World Health Organization found that the rates of lifetime physical or sexual abuse among women with intimate partners ranged from a low of 15% in Japan City to 71% in Ethiopia province. The majority of cities in the survey reported that 30% to 60% of women experienced IPV in their lifetime (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006).

In the United States, according to the National Intimate Partner and Sexual Violence Survey, 35.6% of women, one woman in three, have been a victim of intimate partner rape, stalking, or violence during their lifetime (Black et al., 2011). Women who immigrate to the United States may experience, for the first time, a country where the majority of women are

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not abused or the immigrant woman may experience a society with more abuse against women than her country of origin. Women are normalized to levels of abuse culturally condoned. Although any abuse is unacceptable, an immigrant woman's use of community resources to deal with the abuse is culturally determined. When culture, language, and fear of the unknown intersect, the immigrant woman who is abused by her intimate partner faces unique challenges in accessing community resources.

Immigrant Women and Community Resource Use

Both immigrant and U.S.-born women who are victims of IPV are more likely to seek out informal resources, such as family members or friends, to deal with the abuse rather than formal service agencies, such as law enforcement. However, immigrant women who are abused are less likely to seek either formal or informal resources (Raj & Silverman, 2002). While informal resources have great value, abuse is a crime and frequently requires the formal resources of the community such as law enforcement, healthcare, and legal services. This is especially important considering the fact that the use of community resources is directly related to the severity of abuse (McFarlane, Soeken, Reel, Parker, & Silva, 1997). Because abuse can happen over a long period of time and, therefore, is a recurrent phenomenon for many women, ensuring access to resources in the community and coordinating those resources is an important part of addressing partner violence (Black et al., 2011).

Although law enforcement is an important resource for abused women, the literature documents that immigrant women who are abused may be less likely to use law enforcement due to documentation status or mistrust (Raj & Silverman, 2002). There is also evidence that immigrant women are empowered by the knowledge that they can use the police or other legal services to take control of the situation (Erez, Adelman, & Gregory, 2009; Ting, 2010). Other resources such as housing, counseling, faith communities, social services, and legal services are important for victims of IPV.

Health and social services are also important for battered women; however, welfare reform of the late 1990's made it more difficult for immigrants to access these services in the United States (Derose, Escarce, & Lurie, 2007). An exhaustive review of the literature did not identify any reports that discussed the way that immigrant women who are abused use health or social services.

Culture and immigration status are major drivers of help-seeking behaviors. In a study by Ingram (2007), there was not a significant difference in the use of community agencies by Latinos and non-Latinos. There was, however, a significant difference in the use of partner violence resources by women born outside of the United States (6.9%) and U.S.-born women (14.7%), both Latinos and non-Latinos. A

qualitative study of African immigrant women demonstrates a similar reticence to seeking formal help. Ting (2010) described the barriers of inadequate knowledge about services, fear of using services, and partner violence as a cultural norm among a group of women from Sub-Saharan countries. According to Lee and Hadeed (2009), Asian immigrants respond very differently to partner violence depending on their country of origin and culture. For example, differences in gender roles and attitudes about violence vary across Asia. The authors purport as a whole, Asian immigrants avoid using formal services for help dealing with violence, especially due to perceived cultural differences in the woman and the people providing services as well as language barriers. A Canadian study revealed that nonrecent immigrant women had rates of community resource much closer to Canadian-born women than recent immigrants (Hyman, Forte, Du Mont, Romans, & Cohen, 2006), which indicates that community resource use may be learned over time.

Study Purpose

Clearly, violence against women by their male intimates is a global problem. When immigrant women experience partner violence, use of needed community services may be delayed and safety and well-being jeopardized. The literature discusses use of services by abused women according to race and ethnicity; no differentiation is made according to immigrant and U.S.-born women. For best policy and practice, evidence is required on the community resources used by immigrant women, difficulties encountered, and service needs according to the perception of immigrant women.

Research Questions

Based on the existing body of literature, specific research questions for this article include the following:

Research Question 1: What community agencies do women born outside of the US need most, and which are most difficult for them to use?

Research Question 2: What community agencies do women born outside of the United States use, try to use, and have difficulty using?

Method

This study is part of a 7-year prospective study funded by The Houston Endowment. The Texas Woman's University institutional review board approved the project prospectively. The purpose of the 7-year prospective study is to investigate the treatment efficacy of the two models most often offered to abused women: safe shelter and justice services. In addition to examining the efficacy of these two

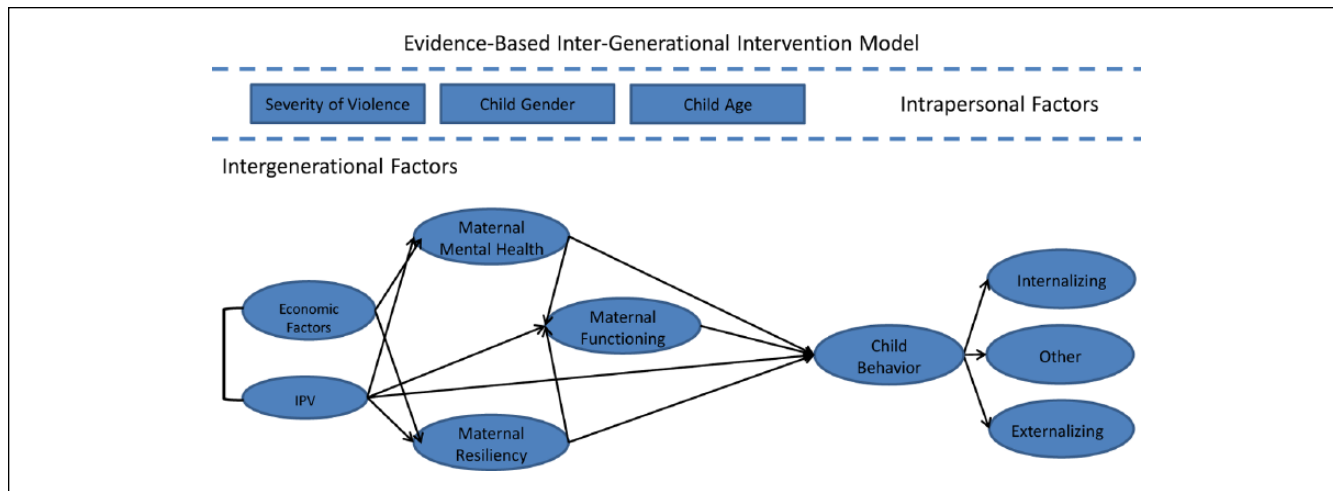


Figure 1. Evidence-based model of the intergenerational impact of violence.

modes of care and support for abused women, this study plans to investigate the long-term effects that the abuse has on the women’s functioning. Unlike previous studies on abused women, this study also plans to examine the effects that the abuse of the woman has on her children over a 7-year span.

Conceptual Framework

Data from this longitudinal study have allowed the relationship of study concepts to emerge. Major constructs and directional pathways of the inter-generational model are diagrammed in Figure 1. For the purposes of this article, we are examining the use of community agencies by immigrant women, a contributor to the larger construct of maternal functioning, from baseline data. See McFarlane, Nava, Gilroy, Paulson, and Maddoux (2012) for a full review of the aim, scope, and methodology of the 7-year prospective study.

Instruments

Community Agency Use, Frequency, Helpfulness, and Difficulty (McFarlane & Parker, 1994). This form is designed to assess the use of nine different types of community agencies commonly used by abused women to deal with abuse, including battered woman’s counseling, shelter/emergency housing, police/sheriff/law enforcement, district attorney’s office for protection orders, legal services, faith community, social services, and health care (McFarlane & Parker, 1994). A score of 0 to 9 is generated depending on the number of agencies used. If the woman indicates use of an agency, she is asked about frequency of use and how helpful (1 = *very*, 2 = *somewhat*, 3 = *not effective*, 4 = *made things worse*) the agency was in assisting her to deal with the violence. (A lower score is associated with more helpfulness.) A second set of questions asks if the woman has tried to access any of

the agencies and if yes, did she experience any difficulties in contacting the agency. Sum scores were created for Community Agency Use, Frequency of Use, Helpfulness, and Difficulty. Difficulty was scored yes and a score of 1 if the woman reported difficulty and 0 if the woman reported no difficulty. Time to complete this form is approximately 6 minutes.

Procedures

In line with the scope of the 7-years prospective study, participants were recruited through both shelters and the District Attorney’s office. As women reached out to use either of the services, research assistants would provide them with an overview of the study and informed consent. If women consented to participate the research assistant would interview the woman to get demographic and outcome measurements. Interviews took approximately 45 minutes to complete.

Participants

A total of 300 women agreed to participate in this study; however, the focus of this article is on the 106 women who reported being born outside of the United States (including those born in unincorporated territory of the United States). Just over half of the subsample were recruited from a shelter ($n = 56, 52.8$) with the remaining women being recruited from the DA’s office ($n = 50, 47.2\%$). Overviews of the sample characteristics can be found in Tables 1 and 2.

Data Analysis

Power analysis to determine needed sample size was based on finding a small effect size difference between the two groups of women—abused women using safe shelters compared to abused women using justice services of a protection order. To

Table 1. Frequencies and Percentages of Demographic Variables.

	<i>n</i>	%
Ethnicity		
White	15	14.2
Black	2	1.9
Spanish or Hispanic	84	79.2
Other	5	4.7
Currently in an intimate relationship		
No	90	84.9
Yes	16	15.1
Relationship status with abuser		
Not currently in a relationship with the abuser	55	51.9
Currently in a relationship with the abuser	51	48.1
Attend school as child?		
No	3	2.8
Yes	103	97.2
Completed Grades 1-8?		
No	7	6.6
Yes	99	93.4
Completed Grades 9-11?		
No	31	29.2
Yes	75	70.8
Graduate from high school or GED?		
No	59	55.7
Yes	47	44.3
Completed 1-3 years of college?		
No	74	69.8
Yes	32	30.2
Completed 4 or more years of college?		
No	99	93.4
Yes	7	6.6
Randomly chosen child's gender		
Boy	64	60.4
Girl	42	39.6

Table 2. Means and Standard Deviations of Demographic Variables.

	<i>n</i>	<i>M</i>	<i>SD</i>	Min	Max
Age of woman	106	32.93	7.66	18	52
Child age (Years)	106	7.49	4.34	2	16
Number of children ages 1.5-16 years	106	1.91	1.03	1	5
Months in relationship	103	103.76	71.68	2	300
People living in household	104	3.81	1.64	1	9

detect a small effect size of 0.35 with a power of .80 and an alpha of .05, a sample of 150 participants was needed in each group (Polit & Beck, 2004). Data were confidentially encoded and entered into a secure database in the research office. For

Table 3. Frequencies and Percentages of Services Needed and Difficulty.

	<i>n</i>	%
Services needed the most		
Counseling	34	33.0
Protection order	11	10.7
Housing	10	9.7
Legal	23	22.3
Medical	2	1.9
Social service	13	12.6
Work	9	8.7
Law enforcement	1	1.0
Services most difficult to receive		
Counseling	6	18.2
Protection order	1	3.0
Housing	3	9.1
Legal	5	15.2
Social service	2	6.1
Law enforcement	16	48.5

Note. Percentages reported are valid per cents.

the purpose of the study presented here, we analyzed the data related to women's use of community agencies.

Results

Demographic variables are listed in Table 1. The women in the sample ranged from 18 to 52 years ($M = 32.92$; $SD = 7.66$). The women reported their race as White (14.2%), Black (1.9%), Spanish or Hispanic (79.2%), and other (5%). The majority of the sample (65%) reported their country of origin as Mexico. The next most common countries of origin were El Salvador (8.5%) and Honduras (4.7%). The women had an average of 1.91 children between the ages of 18 months and 15 years (range 1 to 5, $SD = 1.03$) and an average of 3.81 people in their household (range 1 to 9, $SD = 1.64$). To answer the research questions, frequencies and percentages were calculated on participants self-report of what resources they need the most and what resources were most difficult to access (see Table 3). The most frequently noted service needed most was counseling ($n = 34$, 33.0%) followed by legal services ($n = 23$, 22.3%) and social services ($n = 13$, 12.6%). With regard to services most difficult to receive, about half of the sample noted that law enforcement services were the most difficult to receive ($n = 16$, 48.5%). The second most frequently reported most difficult service was counseling ($n = 6$, 18.2%) followed by legal services ($n = 5$, 15.2%).

Frequencies and percentages of services used, tried to use, and difficult to use are outlined in Table 4. The most commonly used service was law enforcement ($n = 63$, 59.4%). Of the services that women tried to use, including services that they had not been successful at using, a greater percentage reported that the counseling and shelter/emergency housing were difficult to use.

Table 4. Frequencies and Percentages of Services Used, Tried to Use, and Difficulty.

	Used		Tried to use		Difficult to use	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Battered woman's counseling						
No	96	90.6	89	84.0	8	47.1
Yes	10	9.4	17	16.0	9	52.9
Shelter/emergency housing						
No	106	100.0	99	93.4	0	0.0
Yes	0	.0	7	6.6	7	100.0
Law enforcement						
No	43	40.6	42	39.6	40	62.5
Yes	63	59.4	64	60.4	24	37.5
District attorney for protection order						
No	105	99.1	104	98.1	1	50.0
Yes	1	0.9	2	1.9	1	50.0
Legal services						
No	93	87.7	91	85.8	9	60.0
Yes	13	12.3	15	14.2	6	40.0
Faith communities						
No	92	86.8	90	84.9	13	81.3
Yes	14	13.2	16	15.1	3	18.8
Social services						
No	71	67.0	69	65.1	33	89.2
Yes	35	33.0	37	34.9	4	10.8
Crisis or telephone hotline						
No	87	82.1	87	82.1	13	68.4
Yes	19	17.9	19	17.9	6	31.6
Health care						
No	96	90.6	94	88.7	12	100.0
Yes	10	9.4	12	11.3	0	.0

Note. Percentages are valid per cents.

Discussion

As was expected, the most commonly used community resource was law enforcement (i.e., sheriff, police). It was also the most difficult to access resource for the women. Although immigration status may be a barrier for some of the women to access resources, the services of law enforcement are an essential resource in times of immediate danger. Even though contact with law enforcement was the course of action more than half of the women chose, many women expressed frustration in the interview. For example, "He is American," said one woman, talking about her abuser, "So they believed him." Another woman describing an incident where her son was defending her from the abuser, "They (law enforcement) said they would either arrest both or neither of them (abuser and son), so I had to choose whether or not I wanted my son to go to jail." Similar accounts of interactions with law enforcement were repeated by many of the immigrant women.

Because of the well-documented effects of partner violence on mental and physical health (Campbell &

Lewandowski, 1997), the researchers expected more women to report use of health care. However, the interviewers asked the women if they had used the community resources, "specifically for help with the abuse." The fact that few women reported health care use may indicate that abused immigrant women are not aware of the connection between partner violence and health problems. Because of a lack of knowledge, abused women may not report the abuse to their health care provider, which can be a barrier to timely recognition and effective treatment of health problems. Many women did, however, state that counseling for themselves and their children was the service they needed most. This shows an awareness of the effects of partner violence both on their own mental health and the mental health of their children.

The lack of help-seeking in faith communities was also surprising. Faith communities may be the most informal of formal services because they are often based on relationships and social community, unlike the health care system or legal services. Gillum, Sullivan, and Bybee (2006) found that, out of a group of 151 diverse women who had been victims of domestic violence, almost all (97%) stated that their spirituality strengthened or comforted them. The majority (69%) had attended church services in the past year. A survey of 1,130 adult immigrants found that 88.5% attended church services at least once a year (Cadge & Eckland, 2006). No articles were identified in the literature that directly addressed the use of faith communities by immigrants for help with domestic violence; however, many faith groups are working to address the issue of domestic violence. It appears that faith communities are currently an untapped resource for help with domestic violence.

It is important to note that all of these women, at the time of the interview, were accessing either shelter services or assistance in the District Attorney's office for a protection order. These services were not counted in this analysis of community agency use. All of the women who had tried to use shelter services in the past had been unsuccessful and, therefore, reported difficulties in accessing a shelter. Possibly the shelters had been full during previous attempts, a common problem in all communities.

Future Research

More research is needed to understand the complexities of the needs of immigrant women who are victims of partner violence including language barriers and cultural norms among groups. Abused immigrant women need research on the outcomes of community resource use so policy and practice can follow evidence. This article analyzes the baseline data for a 7-year study. Future analysis will examine how the use or nonuse of community resources affects the safety, re-abuse, health, and functioning of immigrant women and their children.

Limitations

First, we only recruited women from shelters for victims of IPV only, not homeless shelters. We also only recruited women seeking a protective order at the District Attorney's office and not at private law firms. For that reason, we do not have information on women who sought services at these agencies. Second, interviewers spoke English and Spanish only, so women born outside the United States who did not speak those two languages could not be included in the study. Third, the women may not have accurately recalled the services used or the number of times they used them. Calendars were used to help the women organize their thoughts and decrease recall bias. Despite these limitations we feel this data represents the community services used and difficulties encountered among a representative group of abused immigrant women accessing the justice system for a protection order of entering a shelter for the first time.

Conclusion

The United Nations offers risk factors for abuse of women at the individual, family, community, and societal level. Some of these risk factors include (a) membership in marginalized communities, (b) social isolation, (c) limited awareness and sensitivity by legal service providers, law enforcement, and social service providers, and (d) poverty (United Nations, 2006). While these factors place many immigrant women at greater risk for abuse, community resources are not necessarily distributed according to danger or need. It is important for service providers in the community to be aware of the unique challenges of immigrant who are also victims of partner violence and to address their needs accordingly.

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