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# Service utilization among Latina survivors of intimate partner violence

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Service utilization among Latina survivors of intimate partner violence

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**Biography**

The author was born in Peoria, IL. She received her Bachelor of Arts degree in Psychology and English from the University of Notre Dame in 2014. She began the doctoral program in clinical psychology at DePaul University in 2016. She received her Master of Arts in Clinical-Child Psychology in 2018 from DePaul University. She will complete her pre-doctoral residency at Advocate Illinois Masonic Medical Center.

**Table of Contents**

**List of Figures**

**List of Tables**

**Abstract**

Intimate partner violence (IPV) is an international health issue disproportionately affecting women, which is associated with a range of severe physical and mental health sequelae (Black et al., 2011). Research has demonstrated that individual factors, such as violence severity, and systemic factors, such as poverty, affect whether women seek formal help, including mental health, police, and legal services, in response to IPV (Lelaurain, Graziani, & Monaco, 2017). Latina women have voiced many challenges to seeking formal help (Rizo & Macy, 2011). These include limited economic resources, language gaps in service provision, and factors related to immigration (Rizo & Macy, 2011). The current study used meta-regression to examine relations between average self-reported therapy, police, and legal service utilization rates according to the sample-level characteristics of injury/beaten rates, employment, language, and nativity. Better understanding accessibility to care among Latina women experiencing IPV will strengthen the field's ability to collaborate with survivors and respond effectively.

## Introduction

An emerging body of research reports service utilization rates among Latina women affected by intimate partner violence (IPV) range from 2% to 57% (Dutton, Orloff, & Hass, 2000; Krishnan, Hilbert, & VanLeeuwen, 2001), with differences related to the types of services assessed and sample characteristics. National estimates suggest slightly more than one-third of Latina women in the U.S. seek help from police, and about one-fifth seek protective orders and mental health care (Flicker et al., 2011). These findings likely also reflect the multiple barriers to accessing formal help experienced by Latina women living in the U.S. (Rizo & Macy, 2011). Among these barriers, Latina survivors of IPV frequently report immigration concerns, lack of familiarity with their rights and resources, language barriers, and financial constraints as some of the primary reasons they do not seek services (Murdaugh, Hunt, Sowell, & Santana, 2004). Therefore, the current study proposes that nativity, economic resources, immigration status, and English-language proficiency impact Latina women in the U.S. in unique ways that are essential to understand IPV survivors' help-seeking process. No study to date, however, has synthesized findings on the formal service utilization of Latina IPV survivors, and on how these sociocultural variables impact likelihood of help-seeking quantitatively via meta-analysis. The objective of the current study was to estimate women's self-reported utilization of three formal service types — mental health, police, and legal — among Latina survivors, assessing for variation related to nativity, economic resources, and linguistic background. Because increasing violence severity is linked to more help-seeking (Frías, 2013; Kiss et al., 2012), we also examined variation related to the severity of IPV experienced. Better understanding service utilization among Latina survivors is a critical step towards increasing the accessibility of IPV services.

**IPV**

**Definitions.** Intimate partner violence (IPV), defined as acts of psychological or physical aggression toward an intimate partner, is a global health issue that disproportionately affects women (Black et al., 2011; World Health Organization, 2013). Nonsexual physical violence (referred to, in short, as physical violence) involves behaviors ranging from slapping and pushing to beating, burning, or choking (Black et al., 2011). Psychological aggression includes both expressive aggression and coercive control. These behaviors include acting dangerous, name-calling, insults, humiliation, threats, interference with friends and family, and limiting access to money (Black et al., 2011). Psychological aggression also includes using a woman's children to attempt to control her; for example, threatening to take the children away from her if she leaves (Kelly, 2009). Sexual IPV includes rape, sexual coercion, unwanted sexual contact, and other unwanted sexual experiences (Black et al., 2011).

**Impact**. Intimate partner violence against women in the U.S. is estimated to cost upwards of $5.8 billion annually (Max, Rice, Finkelstein, Bardwell, & Leadbetter, 2004). Slightly over one-third of Latina women report lifetime experiences of IPV, a percentage which translates to an estimated 5.6 million Latina survivors in the U.S. (Black et al., 2011). In addition to its effects on physical health, which include increased mortality and serious injury (Plichta, 2004), IPV is associated with mental health problems including posttraumatic stress, suicidal ideation, depression, and anxiety (Black et al., 2011; Pico-Alfonso et al., 2006; Stein & Kennedy, 2001).

**A systemic perspective.** The earliest efforts to bolster recognition of IPV framed it as a women's issue cutting across socioeconomic strata, cultures, and ethnicities (Goodman, Smyth, Borges, & Singer, 2009). While IPV is a universal issue (World Health Organization, 2013), and these early efforts played an invaluable role in advancing awareness of IPV within society (Goodman et al., 2009), subsequent research has demonstrated that cultural and systems-level

factors influence the occurrence of IPV, as well as the responses of the women it affects (Beyer, Wallis, & Hamburger, 2015; O'Neal & Beckman, 2017). For example, research has suggested that compared to non-Latina IPV survivors, Latina women (here referring to women identified as Latina or Hispanic in prior research) may stay in violent relationships longer, and endorse elevated rates of suicidal ideation/behaviors (Krishnan et al., 2001). Such findings may be related to reduced access to effective resources (Dutton et al., 2000; Liang, Goodman, Tummala-Narra, & Weintraub, 2005).

Current understanding of cross-cultural similarities and/or differences in Latinas' service use is limited by the scarcity of research in this area. Most research has focused on social (i.e., the use of social/case workers or mental health professionals), legal (i.e., the use of protective orders) and police services (i.e., police notification). One study found Latina survivors reported using social services less frequently than Black or White women (Lipsky, Caetano, Field, & Larkin, 2006), while another found Latina women did not differ from Black or White women in their use of mental health services (Flicker et al., 2011). Two studies found Latina women did not differ from women of other ethnic backgrounds in their use of protective orders (Durfee & Messing, 2012; Flicker et al., 2011). In contrast, at least two studies found Latina women were more likely to use police services than White women (Ackerman & Love, 2014; Flicker et al., 2011). At the same time, significant links between help-seeking and variables including documentation status, generational status, and acculturation have been identified (Ingram, 2007; Murdaugh et al., 2004; Rodriguez, Sheldon, Bauer, & Pérez-Stable, 2001; West, Kantor, & Jasinski, 1998; Zadnik, Sabina, & Cuevas, 2016). Accordingly, researchers have advocated for better understanding IPV within Latina communities, and, in particular, amongst Latinas of first-generation immigrant backgrounds (Alvarez & Fedock, 2018).

Recently, O'Neal and Beckman (2017) have argued that research on experiences of IPV among women has often neglected to recognize the "complexity of women's realities, where gendered violence comprises only one of many oppressions women face on a daily basis" (p. 644). The authors have critiqued both "culture-free" approaches, which do not utilize cultural concepts whatsoever in the study of IPV, as well as "racial/ethnic approaches" that have narrowly focused on cultural variables as the explanatory factors guiding women's behavior, while ignoring the potential explanatory power of systems-level variables such as poverty. While advocating for a culturally-grounded approach to IPV research, O'Neal and Beckman (2017) argue that intersectional approaches, which attempt to recognize the multiple dimensions of oppression that women may encounter, are crucial to better understanding issues surrounding IPV in Latina communities.

**Help-seeking**

**Definition.** The term "help-seeking" has been used broadly by researchers to refer to activities including formal service utilization and accessing informal supports to navigate experiences of IPV (Rizo & Macy, 2011). Formal help-seeking is defined as seeking the support of an agency or agent acting in a professional capacity (e.g., doctor, lawyer, counselor), whereas informal help-seeking is typically defined as requesting the assistance or advice of someone within a personal, non-professional relationship (e.g., family, neighbor), as well as the use of online resources (Liang et al., 2005; Satyen, Rogic, & Supol, 2019). Past research has examined help-seeking across multiple domains and levels of formality, including women's utilization of crisis hotlines, police, religious figures, friends, family, counselors, shelters, domestic violence service providers, medical services, housing authorities, courts, legal services, and social workers (Lelaurain et al., 2017; Sylaska & Edwards, 2014).

The current study focuses on mental health, police, and legal service utilization in view of the connections between these service systems (Brabeck & Guzman, 2008; Flicker et al., 2011; Ingram et al., 2010). In this paper, mental health service utilization refers to the use of a counselor/therapist, psychologist, or a women's group. Legal service utilization includes the use of protective orders and other legal aid (e.g., consulting with an attorney). Police service utilization is defined as police notification (e.g., calling 911 or making a police report). Research indicates women's decisions to engage or not engage in formal help-seeking are complex, and closely linked to their experiences and expectations of the systems and services they know (Bauer, Rodriguez, Quiroga, & Flores-Ortiz, 2000; Ingram et al., 2010). Multiple theories (Acevedo, 2000; Kennedy et al., 2012; Liang et al., 2005) have been proposed to describe survivors' decision-making and help-seeking process.

**Theories of help-seeking in IPV**. In the Behavioral Model of Access to Health Care, Andersen (1995) described health and health service use as functions of predisposing factors (including sociodemographic factors and personal beliefs about health and healthcare), enabling resources (including individual, social, community, and organizational factors that improve accessibility to healthcare), and subjective perceptions of personal health needs. IPV researchers have since built on Andersen's (1995) model to further explain help-seeking among female survivors of IPV (Liang et al., 2005; Kennedy et al., 2012). Liang et al.'s (2005) model of help-seeking and change defines three distinct stages: problem definition, decision-making, and support selection. Help-seeking and change is proposed to occur through these processes, which unfold in a dialectical rather than linear fashion: for example, women's problem definitions will influence their support selection, but support selection may also influence problem definitions. Liang et al. (2005) also delineate three broad domains of factors that affect help-seeking:

individual, interpersonal, and sociocultural variables. Sociocultural influences on help-seeking include gender, class, and culture. Social location is defined as a person's position within "intersecting systems of stratification," (Liang et al., 2005; Kennedy et al., 2012, p. 217). The unique social locations of immigrant and refugee women, who have often experienced great loss – including the loss of loved ones, financial resources, social connection, and control – may create many challenges to seeking help (Liang et al., 2005). If an abuser is one of her only immediate links to emotional, financial, and/or immigration-related support, a woman may not consider the benefits of help-seeking to outweigh the costs, or may not have success when she does attempt to use services (Liang et al., 2005). Due to the prohibitive costs of health care and lack of access to health insurance, mental health care services may be especially difficult to obtain for immigrant women (Marshall, Urrutia-Rojas, Mas, & Coggin, 2005; Rangel Gomez et al., 2019).

The importance of sociocultural factors was further theorized in Kennedy et al.'s (2012) model of help-seeking, which focuses on formal help-seeking, help attainment, and mental health outcomes in women. In Kennedy and colleagues' model of formal help-seeking (2012), help attainment is located within a series of other contexts or systems. Social location serves as the grounding context for prior cumulative adversity/victimization/stress, community context/resources, the developmental/situational context, and finally, the individual help attainment process. This process begins with two reciprocal processes: women appraise their needs, and perceive whether help is, firstly, available, and secondly, fits their needs.

The processes of appraising and perceiving one's needs and options for help determine whether women will seek help. The pathways to care may vary based on the service type (Satyen et al., 2019). For example, women may utilize police services when they perceive an imminent

danger (Frías, 2013). Women may access mental health services due to posttraumatic stress symptoms (Iverson et al., 2011), and the use of legal services may be facilitated through referrals by police or counselors (Ingram et al., 2010). When women access help, their interface with that system of care predicts whether services are helpful and needs are met. The effectiveness of care in turn predicts functional and mental health outcomes. There are multiple feedback loops in Kennedy et al.'s model (2012), again highlighting the dialectical nature of the help-seeking process; women's experiences with care continuously affect their appraisals of that help, which in turn impacts their likelihood of engaging in help-seeking in the future (Kennedy et al., 2012; Liang et al., 2005). Negative experiences with service systems are posited to "snowball" over time, further preventing the acquisition of effective formal help (Kennedy et al., 2012).

**Epidemiological research.** Although systematic reviews have identified many predictors of help-seeking among IPV survivors (Lelaurein et al., 2017; Satyen et al., 2019) and other victims of crime (McCart, Smith, & Sawyer, 2010), meta-analyses of help-seeking predictors among survivors have not been conducted. In the National Latino and Asian American Study, Alegria et al. (2007) found that predictors of mental health help-seeking differed according to whether individuals met criteria for a psychiatric disorder. Specifically, in the subsample without a psychiatric disorder, mental health service use was lower among foreign-born and Spanish-predominant individuals, those with fewer years of residence in the United States, first-generation immigrants, and those without health insurance. However, these sociocultural factors were not significant predictors of help-seeking in the subsample who did fulfill criteria for a past-year psychiatric disorder.

**Help-seeking among Latina Women**

Recent research has cast additional light on individual, interpersonal, and sociocultural factors influencing help-seeking among Latina women (Lelaurain et al., 2017; Rizo & Macy, 2011; Satyen et al., 2019). These factors are documented to impact help-seeking across women from diverse countries, ethnicities, and cultures (Lelaurain et al., 2017). At the same time, they are related to systemic issues impacting many Latin American immigrant communities in the U.S., and are manifested in unique ways for Latina residents of the U.S. Variables including violence severity, violence normalization, economic resources, acculturation, nativity, and immigration status, also act as sources of within-group diversity in help-seeking (Figure 1).

*Figure 1.* Liang et al.'s (2005) Model of Help-Seeking and Change.
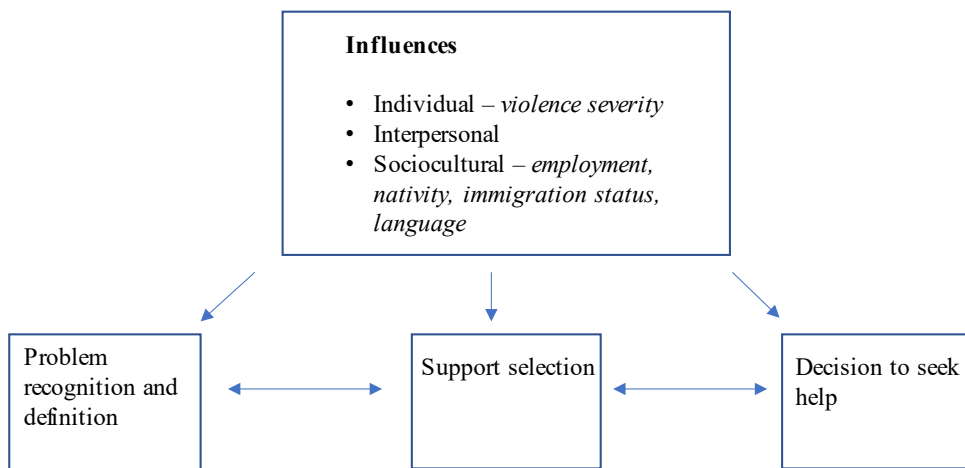


**Violence severity and normalization.** In a systematic review of help-seeking that encompassed 90 studies conducted across 20 countries, Lelaurain et al. (2017) concluded that the positive correlation between violence severity and help-seeking is one of the most robust findings (Ansara & Hindin, 2010; Cattaneo & DeLoveh, 2008; Duterte et al., 2008; Ergöçmen, Yüksel-Kaptanoğlu, & Jansen, 2013; Fanslow & Robinson, 2010; Flicker et al., 2011; Harper, 2021; Hyman, Forte, Du Mont, Romans, & Cohen, 2009; Parvin, Sultana, & Naved, 2016). Severe violence may increase the need for immediate medical, police and legal intervention.

Severe violence may also increase the perceived need for mental health care (Amstadter,

McCauley, Ruggiero, Resnick, & Kilpatrick, 2008) due to elevated mental health challenges and

PTSD (Johnson, Zlotnick, & Perez, 2008).

At the same time, evidence suggests the normalization, denial and/or minimization of

violence serves as a barrier to help-seeking (Fanslow & Robinson, 2010; Kiss et al., 2012; Parvin

et al., 2016). Across ethnicities, women often report the violence is not severe enough to merit

help-seeking (Djikanović et al., 2011; Ergöçmen et al., 2013; Fanslow & Robinson, 2010;

Fugate, Landis, Riordan, Naureckas, & Engel, 2005; Hyman et al., 2009).

Several studies that focus exclusively on the experiences of Latina women also point to

the importance of violence severity (Acevedo, 2000; Bauer et al., 2000; Crandall, Senturia,

Sullivan, & Shiu-Thornton, 2005; Davies, Block, & Campbell, 2007; Frías, 2013; Kiss et al.,

2012; Pitts, 2014; Reina, Lohman, & Maldonado, 2014). In a study conducted in Brazil,

experiences of severe violence more than doubled the probability of formal help-seeking (Kiss et

al., 2012). Using data from a nationally representative survey ($n$ = 17,869) conducted in Mexico,

Frías (2013) found severe physical abuse was associated with nearly 3.5-fold greater odds of

help-seeking (OR = 3.47). In a U.S. national sample of Latina women endorsing multiple kinds

of violent victimization, Sabina, Cuevas, and Schally (2012a) found differences in help-seeking

according to the type of violence experienced, with women whose victimization included the use

of a weapon, categorized as a severe type of violence, being the most likely group to use police

(46%) or court (28%) services.

Among Latinas in the U.S., Pitts (2014) found that victim injury significantly predicted

the odds of a police report ($n$ = 568, $\beta$ = 2.18, OR = 8.81). Also among Latina survivors in the

U.S., Davies et al. (2007) found that an increase in past-year violence severity also significantly

predicted police contact ($n$ = 109, $\beta$ = .28). The association between violence severity and help-seeking is significant because it suggests women may utilize services only as a last resort (McCleary-Sills et al., 2016).  With delayed intervention, women may experience greater cumulative victimizations and violence severity over time.

**Economic resources and employment.** In a sample of 309 Latina women (mostly of first-generation immigrant background), about half indicated lack of financial resources as an important barrier to obtaining services (Murdaugh et al., 2004). This finding aligns with the broader research base in which, across ethnicities, lack of economic resources are frequently cited as a factor curtailing survivors' abilities both to leave their partner and to access help (e.g., Alaggia, Regehr, & Rishchynski, 2009; Anderson et al., 2003). Further, poverty is a systemic issue that disproportionately affects Latin American immigrants living in the U.S (U.S. Census Bureau, 2018). Employment has been suggested as an enabling factor that may help women to gain financial empowerment and independence from an abusive partner (O'Neal & Beckman, 2017; Pennington-Zoellner, 2009; Rothman, Hathaway, Stidsen, & de Vries, 2007; Showalter, 2016). Employment may allow women additional freedom to seek different kinds of help (e.g., mental health) rather than solely focusing on basic physical needs (Kennedy et al., 2012).

**Language.** Findings from the Pew Research Center indicate that among first-generation Latin American immigrants, about one fourth indicate they can converse in English "very well" (Hakimzadeh & d'Vera Cohn, 2007). Reported proficiency increases sharply over generations, with 88% of second-generation adults and 94% of the third and higher generations reporting the highest level of proficiency (Hakimzadeh & d'Vera Cohn, 2007). Thus, language fluency is one of the defining differences between first and second generations. Nearly half (46%) of individuals in the Pew Research survey perceived language skills to be the biggest cause of

discrimination against them (Hakimzadeh & d'Vera Cohn, 2007). Additionally, another survey by the Pew Hispanic Research Center found gender was related to English fluency: 57% of the respondents who indicated they did not speak English were female, as opposed to only 49% of the respondents indicating they spoke English proficiently (Krogstad, Stepler, & Hugo Lopez, 2015).

This potential difference in opportunities and privilege may have significant ramifications for women in IPV-present relationships. One woman described her interaction with police: ". . . I do not know how to speak English, and they did, so they talked to my partner because he speaks English . . . and my partner told them I was crazy and that he was leaving to go to work. So they left" (Reina et al., 2014). This quote illustrates how lack of bilingual services creates a barrier to help attainment, which can exacerbate the power differential between a woman and her partner.

Language preference or proficiency have been reported by most researchers of help-seeking among Latinas (Brabeck & Guzman, 2008; Dutton et al., 2000; Lipsky et al., 2006; Lipsky & Caetano, 2007a, 2007b; Moracco, Hilton, Hodges, & Frasier, 2005; Rodriguez et al., 2001; Stover, Meadows, & Kauffman, 2009; West et al., 1998; Yoshioka, Gilbert, El-Bassel, & Baig-Amin, 2003; Zarza & Adler, 2008). In a subsample of 134 Latina women reporting physical and sexual abuse, participants most frequently indicated language problems (33%), followed by fears of immigration problems (31%), as barriers to help-seeking (Dutton et al., 2000). This study aligns with other findings in which not speaking English was the most frequently identified barrier, followed by fear of deportation, to seeking services (Murdaugh et al., 2004). In an early study, West et al. (1998) found that Latina women's preferring English was related to increased help-seeking. Depending on the resources of the service system in the areas where women live, lack of Spanish-language services may act as a barrier to help-seeking.

**Nativity**. Many studies of help-seeking behavior among Latina survivors have assessed/reported women's country of birth/origin (Brabeck & Guzman, 2008; Dutton et al., 2000; Krishnan et al., 2001, Lipsky et al., 2006; Lipsky & Caetano, 2007a, 2007b; Moracco et al., 2005; Murdaugh et al., 2004; Rodriguez et al., 2001; West et al., 1998; Yoshioka et al., 2003; Zarza & Adler, 2008). While fewer studies have empirically tested relations between nativity and help-seeking, existing research suggests that U.S.-born Latina women are more likely than immigrants to seek help related to IPV (Ingram, 2007; Lipsky et al., 2006; Rodriguez et al., 2001). Several potential mechanisms may explain the significance of nativity, including acculturation factors and immigration status.

**Acculturation.** Acculturation is defined as the "process of cultural and psychological change that follows intercultural contact" (Berry, Phinney, Sam, & Vedder, 2006, p. 17). Lower acculturation has been associated with less formal help-seeking (Lipsky et al., 2006; Rodriguez et al., 2001; Sabina, Cuevas, & Schally, 2012b). For example, in a study including both survivors and non-survivors of IPV, Lipsky et al. (2006) found that compared to women with low acculturation, greater proportions of women with medium/high acculturation reported using social services (53% versus 28%, OR = .35). Sabina et al. (2012b) also found lower acculturation was related to a decreased likelihood of any formal help-seeking in a sample of Latina women reporting on IPV and non-IPV experiences of violence ($N = 686$).

One important element of low acculturation is decreased familiarity with the U.S. legal context and community resources (Gonzalez-Guarda, Cummings, Becerra, Fernandez, & Mesa, 2013). Latina survivors commonly report their information about the availability of domestic violence services is limited; this, along with unfamiliarity with their rights and U.S. law, constitutes a barrier to care (Bauer et al., 2000; Kelly, 2009). In Murdaugh et al.'s (2004) survey

with immigrant Latina women affected by domestic violence, participants were asked to rate the importance of 26 different services. The services most frequently rated as "very important" were information about rights (81%), information about legal services (78%), help when going to court (77%), and information about domestic violence (74%).

Women's existing perceptions of services may also be influenced by the health care, legal, and criminal justice systems in their home countries. For example, mental health treatment gaps in their home countries (Kohn et al., 2017) may influence women's perceptions that help is not available. Immigrant Latina women may also have negative perceptions of the police in their home country (Gonzalez-Guarda et al., 2013).

Cultural incongruence between Latina cultural values and majority-culture models of social services (Alvarez & Fedock, 2018) may be another important element of acculturation impacting service use. Informal help-seeking may be especially important or preferred within immigrant communities (Brabeck, 2006; Derr, 2016, Dutton et al., 2000). Furthermore, Sabina et al. (2012b) write that "formal services may require actions that are in conflict with Latino cultural values, decreasing cultural fit" (p. 348). As one example, most intake interviews request the disclosure of detailed, highly sensitive information to a stranger, which may conflict with values that emphasize building trust over time, loyalty to and reliance on family and close friends, and respecting the privacy of family matters (Sabina et al., 2012b). In qualitative studies, Latina women reported the most important factor motivating their decision-making about help-seeking was the well-being of their children (Acevedo, 2000; Crandall et al., 2005; Kelly, 2009). Awareness of the effects of witnessing IPV, or fear for the children's safety, was a major impetus for help-seeking (Kelly, 2009). However, women perceived service providers to create a risk for family separation (Acevedo, 2000; Kelly, 2009), believing that providers may assume that

children are also being abused, or that mothers are abusive or neglectful. This finding is in line

with Murdaugh et al.'s (2004) survey, in which approximately half (49%) of Latina women

indicated that not trusting those who provide services was an important barrier to accessing help.

For example, a participant in Crandall et al.'s (2005) study expressed feelings of desperation

because her infant, now nearly eight months old, had been in the custody of Child Protective

Services since three weeks of age.

      **Immigration status.** Apart from acculturation and related factors, immigration status

may act as either a facilitator or barrier in the help-seeking process. In part due to the

complexities of research on immigration status (Lahman, Mendoza, Rodriguez, & Schwartz,

2011), fewer studies have reported on the immigration status of participants (Dutton et al., 2000;

Murdaugh et al., 2004; Yoshioka et al., 2003; Zarza & Adler, 2008). Most studies did not assess

whether help-seeking rates differed across immigration statuses, but Dutton et al. (2000) found

women who indicated they were undocumented were less likely, compared to women with legal

residency, to seek formal help. This finding fits with the broader literature on help-seeking and

immigration status in women of multiple ethnic backgrounds (Alaggia et al., 2009), as well as

qualitative work with Latina communities, in which women voice immigration concerns as one

of the primary challenges they navigate as they seek solutions. Fear of deportation is one of the

most commonly reported barriers to care in qualitative research (Acevedo, 2000; Bauer et al.,

2000; Ingram et al., 2010; Reina et al., 2014). In a focus-group study conducted with IPV

survivors in the San Francisco area, one participant expressed this issue:

> It's fear, and one of them is the fact that you're here as an
> immigrant, as an undocumented in this country, and you
> believe that the moment you are going to ask for help,
> they're going to return you to your country, and that's
> something that perhaps we, as Latinas, see ourselves

> obligated to tolerate this type of violence due to the fear of
> being deported… (Bauer et al., 2000, p. 37).

Women also frequently report that their partners leverage their undocumented status against them, either by threatening to turn them in to immigration authorities or by discouraging their attempts to legalize their status. For example, one participant reported:

> [Partner] didn't want me to fix my papers . . . Sometimes I
> was scared because I didn't have my papers. If I called for
> help or we were separated, I might have some problems. He
> would discourage me from fixing my papers, ''What for?''
> He threatened that he would take the children away from
> me (Acevedo, 2000, p. 274).

Likewise, another woman indicated, "He beat me up and I could have called the police because that was what I thought to do . . . he told me that if I called the police I was going to lose out . . . he said they'd (police officers) deport me" (Reina et al., 2014, p. 601).

Finally, another barrier posed by undocumented immigration status is the diminished employment opportunities it entails, which may engender increased financial dependence on one's partner. One interviewee discussed this problem: "I was alone, without a husband, without work, without economic resources, and I couldn't do anything without papers" (Ingram et al., 2010, p. 865). Undocumented women who have experienced IPV may obtain protected legal status through the U-Visa, created by the Victim of Trafficking and Violence Prevention Act of 2000. Women who participate in the U-Visa program describe it as life-changing (Rajaram, Barrios, Novak, & Rogers, 2020), but immigrant women are often unaware of the program (Murshid & Bowen, 2018).

**Interrelationships among key study variables.** Nativity, immigration status, and language are interrelated, with undocumented status and service language gaps accounting for

some of the barriers that immigrant women may face. Immigrant women may also deal with limited employment opportunities due to these challenges.

Research has also found that U.S.-born Latina women may experience greater rates of and more severe IPV exposure than foreign-born Latina women, a factor which may also account for relatively increased help-seeking among U.S.-born Latina women (Firestone, Lambert, & Vega, 1999; Frias & Angel, 2005; Kantor, Jasinksi, & Aldorondo, 1994; Sabina, Cuevas, & Schally, 2013; Sorenson & Telles, 1991).

**Current Context**

In recent years there has been an influx of articles calling for more culturally-grounded research focusing on Latina women's experiences of IPV (e.g., Alvarez & Fedock, 2018; O'Neal & Beckman, 2017), and issues regarding immigration policies have risen in prominence in social consciousness (Torres, Santiago, Walts, & Richards, 2018). In 2005, immigration-focused state legislation increased dramatically, and has continued to be high since 2007 (Philbin, Flake, Hatzenbuehler, & Hirsch, 2018). The number of families from Central America seeking asylum in the U.S. has increased since 2014 (U.S. Customs & Border Protection, 2019), driven by destabilized conditions in El Salvador, Guatemala, and Honduras, referred to as the Northern Triangle (Musalo & Lee, 2017; Roth & Hartnett, 2018).

Between 1990 and 2013, the U.S. proportion of foreign-born residents rose from 7.9% to 13.1%, and estimates of the number of undocumented immigrants living in the U.S. grew from 3.5 million to 11.2 million (Ewing, Martinez, & Rumbaut, 2015). Fears of deportation are present among both documented and undocumented immigrants, and have significant adverse psychological effects (Arbona et al., 2010; Gulbas et al., 2016). Immigration policies have far-reaching effects on families' mental health and well-being; for example, some research suggests

that the Deferred Action for Childhood Arrivals (DACA) program was associated with

significantly lower rates of adjustment and anxiety disorders among children of DACA-eligible

mothers (Hainmueller et al., 2017). Risk of deportation is also related to less use of public health

services, including Medicaid and child nutrition programs (Vargas, 2015; Vargas & Pirog, 2016).

**Rationale**

Along with changes in the demographic and sociopolitical landscape of the U.S., there

have been significant changes in clinical research. These include an increased emphasis on

cultural relevance and competence in social services (Hall, Ibaraki, Huang, Marti, & Stice,

2016), as well as higher quality reporting of diversity over time in clinical trials (Polo et al.,

2019). In spite of an emerging body of research on women's process of help-seeking, no study to

date has attempted to synthesize this research via meta-analysis, either for women in general or

Latina women specifically. Meta-analysis is an important step in drawing accurate interpretations

and conclusions regarding the relation between individual and sociocultural variables and formal

help-seeking behavior.

For example, it has been argued that Latina women generally underutilize IPV services

(e.g., Alvarez & Fedock, 2018). However, existing research suggests the relation between Latina

ethnicity and service use is likely moderated by several factors, including service type and

sociocultural factors (Lelaurain et al., 2017). Meta-analytic results offer a better understanding of

the between- and within-group diversity factors affecting service use, and may inform culturally-

responsive service delivery, as well as the design of research aiming to better understand IPV

and help-seeking among diverse women. In sum, meta-analysis provides an objective, evidence-

based foundation for future research and practice (Borenstein, Hedges, Higgins, & Rothstein,

2009) at a time when changing demographic and migration patterns present a strong rationale for a focus on the experiences of Latina women.

**Research Questions**

The quantitative research questions of this study are: Among Latina women residing in the U.S., do mental health, police, and legal service utilization vary according to violence severity, employment, language, nativity, and immigration status?

**Study Aims**

The goal of this study was to expand the literature by synthesizing the evidence regarding associations between violence severity, employment, language, nativity, and immigration status and service utilization (mental health, police, and legal) amongst Latina women. The first aim was to summarize existing research on IPV help-seeking in Latina communities via systematic literature review. The second aim was to examine overall weighted utilization rates for police, legal, and mental health services. The third aim was to evaluate associations between sociocultural and individual variables and service utilization rates at the sample level. The fourth aim of this study was to examine within-study effects of key variables on help-seeking wherever possible.

Violence severity, employment, language, and nativity were proposed as potential variables for inclusion in meta-analyses based on several criteria. First, theory of intersectionality in Latinas (O'Neal & Beckman, 2017) and help-seeking theories (Kennedy et al., 2012; Liang et al., 2005) suggest their relevance to help-seeking. Second, empirical findings suggest their relevance to help-seeking (Rizo & Macy, 2011). Third, preliminary literature review suggests these variables are commonly assessed (Lelaurain et al., 2017; Rizo & Macy, 2011; Satyen et al., 2019) and thus likely to be feasible to evaluate via meta-analysis. While it was expected that

immigration status would be less frequently reported, the decision was made to code this variable so it could be evaluated if there were enough studies.

**Hypotheses**

      **Mental health services.** It is hypothesized that mental health service utilization rates will be lower among women with lower employment, those with Spanish-language preference, foreign-born women, and those with undocumented status, and higher among women reporting more severe violence exposure.

      **Legal services.** It is hypothesized that legal service utilization rates will be lower among women with lower employment, those with Spanish-language preference, foreign-born women, and those with undocumented status, and higher among women reporting more severe violence exposure.

      **Police services.** In light of research suggesting lower income may be associated with increased police service use (Ackerman & Love, 2014; Meyer, 2010), it is hypothesized police service utilization rates will be higher among women with lower employment rates. It is hypothesized police service utilization rates will also be higher among women reporting more severe violence exposure. Police service utilization rates are hypothesized to be lower among women preferring Spanish, foreign-born women, and those with undocumented status.

<div align="center">

**Method**

</div>

**Literature Search**

      Systematic searches were conducted through EBSCOhost, ProQuest, and Pubmed. EBSCOhost was used to search Academic Search Complete, Academic Search Ultimate, APA PsycInfo, CINAHL Complete, Health Source: Nursing/Academic Edition, Social Sciences Abstracts (H.W. Wilson), and Women's Studies International simultaneously. In ProQuest, the

Sociology Collection, Dissertations and Theses Global, and the Criminology Collection were searched simultaneously. Searches were conducted in in May 2020.

Searches included variations of terms capturing intimate partner violence, Latino ethnicity, female gender, and service utilization. The terms and search strategies were tailored to the unique syntax and vocabularies of the EBSCO host, ProQuest, and Pubmed databases, and developed in consultation with a reference librarian. The final strategies applied to each database are listed below.

**EBSCOhost.** (domestic violence OR domestic abuse OR partner violen* OR partner abus* OR marital violence OR marital abuse OR abused women OR wife abuse OR spouse abus* OR spouse violen* OR dating violence OR relationship abus* OR battered women OR battered wives OR wife battering OR gender-based violence) AND (latin* OR hispanic* OR puerto rican* OR mexican*) AND (help* seek* OR information seek* OR service* seek* OR support seek* OR service* use OR service* utiliz* OR health* access* OR health* utiliz* OR disclosure OR barriers OR police OR legal services OR legal aid OR therap* OR counsel* OR mental health services OR social services OR advocacy OR social support).

**Pubmed.** ("domestic violence" OR "domestic abuse" OR "partner violence" OR "violent partner" OR "partner abuse" OR "abusive partner" OR "marital violence" OR "marital abuse" OR "abused women" OR "wife abuse" OR "spouse abuse" OR "abusive spouse" OR "spouse violence" OR "violent spouse" OR "dating violence" OR "relationship abuse" OR "abusive relationship" OR "battered women" OR "battered wives" OR "wife battering" OR "gender-based violence") **AND** (latino OR latina OR latinos OR latinas OR hispanic OR puerto rican OR mexican) **AND** (help-seeking OR help-seek OR seeking help OR seeking information OR seeking support OR  service use OR service utilization OR healthcare access OR health care

access OR healthcare accessibility OR health care accessibility OR healthcare utilization OR health care utilization OR disclosure OR barriers OR police OR legal services OR legal aid OR therapy OR therapist OR counseling OR counselor OR mental health services OR social services OR advocacy OR social support).

**ProQuest.** (("domestic violence" OR "domestic abuse" OR "partner violence" OR "violent partner" OR "partner abuse" OR "abusive partner" OR "marital violence" OR "marital abuse" OR "abused women" OR "wife abuse" OR "spouse abuse" OR "abusive spouse" OR "spouse violence" OR "violent spouse" OR "dating violence" OR "relationship abuse" OR "abusive relationship" OR "battered women" OR "battered wives" OR "wife battering" OR "gender-based violence") **AND** (latino OR latina OR latinos OR latinas OR hispanic OR puerto rican OR mexican) **AND** (help-seeking OR help-seek OR seeking help OR seeking information OR seeking support OR service use OR service utilization OR healthcare access OR health care access OR healthcare accessibility OR health care accessibility OR healthcare utilization OR health care utilization OR disclosure OR barriers OR police OR legal services OR legal aid OR therapy OR therapist OR counseling OR counselor OR mental health services OR social services OR advocacy OR social support)).

**Inclusion Criteria**

Criteria for inclusion were: 1) original empirical articles published in a peer-reviewed journal, peer-reviewed book chapters reporting on original research, or unpublished theses or dissertations; 2) conducted in the U.S., 3) included adult Latina women as either the focal (>50%) sample or a subsample with results reported separately; and 4) quantitatively assessed formal help-seeking from mental health, legal, and/or police services in a sample of women who were all identified as having current or past experiences of IPV. Samples including teenagers

were eligible for inclusion as long as the majority of the sample was adult. Re-analyses of the

same dataset were excluded (with one exception; see Independence of Study results for detailed

explanation). Studies that relied on a convenience (help-seeking) sample were included as long

as they reported rates for other kinds of help-seeking (e.g., a study wherein all participants

received mental health services would be included as long as it provided rates for legal or police

help-seeking). No other exclusion criteria were used.

**Article Selection**

The primary researcher identified and screened all articles through systematic searches.

Phase 1 of the literature search identified 2782 records, including journal articles, books and

book chapters, theses and dissertations, and non-peer-reviewed reports. Of these, 1009 duplicate

articles were removed. In the title/abstract screening, which included 1773 references, 1548 were

excluded on the following criteria: 1) not help-seeking focused – no mention of assessment of

social/legal/police service use/needs or social support or coping/protective strategies in

title/abstract, 2) international, 3) not IPV-focused – IPV (or synonyms) not mentioned in

title/abstract, 4) child-focused, 5) qualitative – if qualitative methods were mentioned and

quantitative methods were not, 6) not empirical, and 7) did not include Latina women – if it was

clear that women or Latina women were not included or were very few (<10) based on the

reported demographics or the focus of the article.

In Phase 2 of the screening, the full-text versions of the remaining 225 articles were

obtained and reviewed. In Phase 2, 60 articles were confirmed to: 1) quantitatively assess help-

seeking/service utilization, 2) be U.S.-based, 3) be IPV-focused, 4) include a primary or subfocal

sample of adult Latina women, and 5) be an empirical article/book chapter/thesis/dissertation.

These 60 articles were marked as "Potentially eligible," indicating that they all theoretically had

the data needed for inclusion in the meta-analyses, but could still potentially not be included due

to not specifically reporting help-seeking rates for Latina IPV survivors, not providing enough

information, or being a data re-analysis.

Thirty of the 60 potentially eligible articles were ultimately not included. Thirteen articles

were excluded due to not reporting service utilization separately for Latinas. Nine articles were

excluded due to being dataset re-analyses that would have introduced dependency in the data.

Eight articles were excluded due to missing information (e.g., assessed help-seeking but did not

provide help-seeking rates). Thirty articles, encompassing 29 original studies, met final inclusion

criteria (see Independence of Study Results for detailed explanation). Figure 2 shows the

Preferred Reporting Items of Systematic Reviews and Meta-Analyses (PRISMA; Moher,

Liberati, Tetzlaff, & Altman, 2009) diagram.

*Figure 2.* PRISMA Diagram of Literature Search.
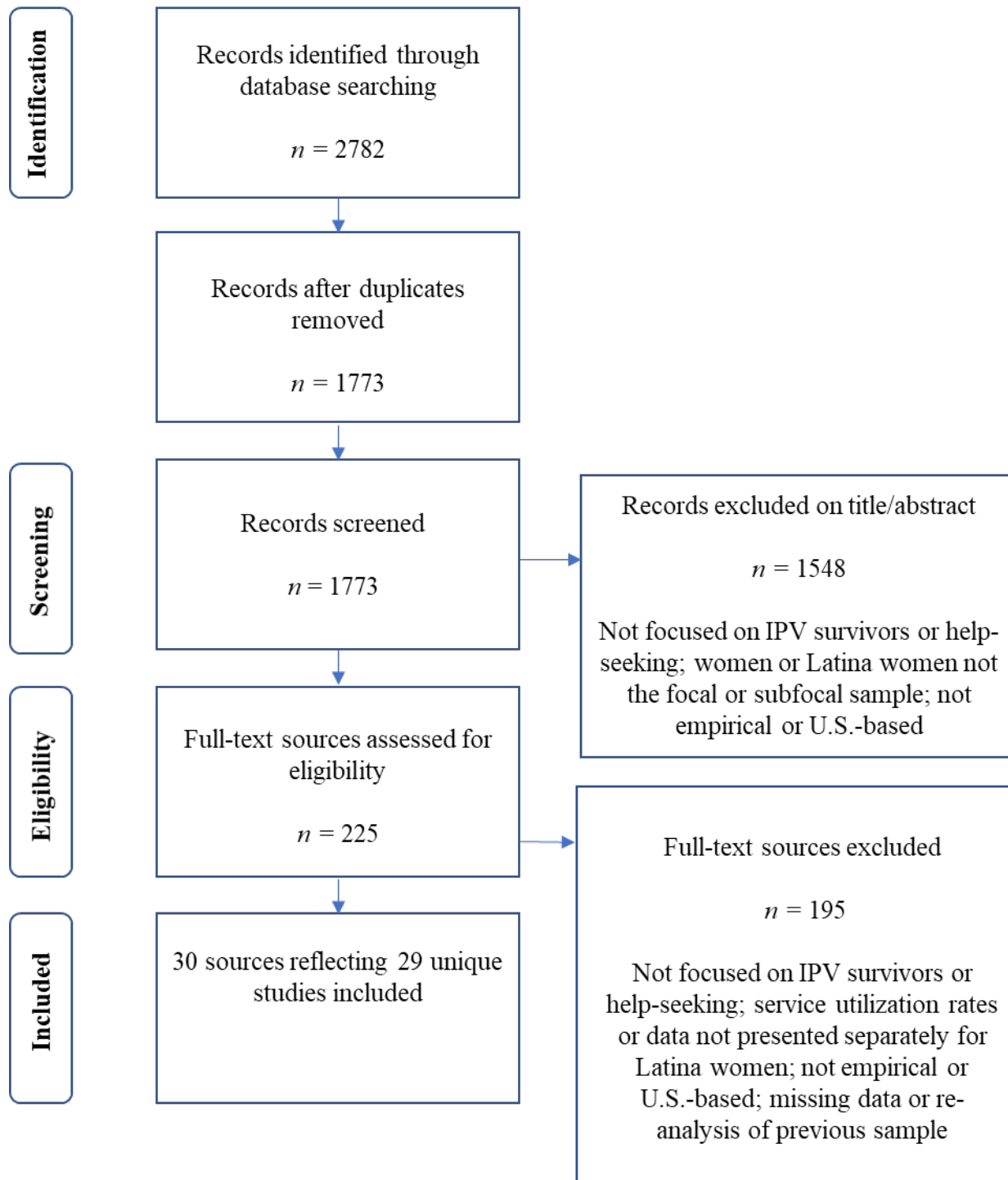


**Independence of Study Results**

The assumption of independence may be violated if studies include multiple informants or measures of the same variable, when key statistics are presented for subsamples, when key statistics are presented at multiple timepoints, and when multiple articles are published from a common dataset (Card, 2012). The issues of multiple informants/measures and subsample statistics did not arise in this study. When multiple articles were published from a common dataset, the article assessing the most variables of interest was used. If the articles reported an equal number of variables of interest, preference was given to the larger dataset; if sample sizes were also equal, preference was given to peer-reviewed journal articles over dissertations. In one case, two studies (Dutton et al. (2000) and Ammar et al. (2004)) used a common dataset, and the first study provided data on more variables of interest for the meta-regressions, but the second study provided additional data that could be used for the meta-analysis of the association between severity and police help-seeking. In this case, the data for meta-regression was taken from the first study (Dutton et al. (2000)) and the second study's (Ammar et al.'s) effect size for severity was used for the supplementary meta-analysis. Only one study (McFarlane et al., 1997) provided help-seeking data at multiple timepoints, and in this case, the average of both timepoints was used.

**Missing Data**

An effort was made to contact the authors and request missing data for all potentially eligible studies (with the exception of the dataset re-analyses). The authors' contact information could not be retrieved for two studies. The authors or current database administrators of the remaining 19 studies were contacted to retrieve missing data; none provided the necessary data. One was only able to share data from a subsample, rather than the original dataset their article was published on. This dataset was not used. Among the 30 articles meeting final inclusion

criteria, 18 inquiries were sent to request additional demographic or service utilization data. Two authors provided missing data that were used in the meta-analyses. When the dataset linked to a published study was publicly available and could be replicated/matched, these datasets were used to extract missing data. In total, two public datasets were used, from the Chicago Women's Health Risk Study (Block, 1998; linked from Davies, Block, & Campbell, 2007) and the National Violence Against Women Survey (Tjaden & Thoennes, 1996; linked from Flicker et al., 2011). Data from all 30 articles were used in either meta-analysis or meta-regressions.

**Coding Protocol**

In Phase 3 of the coding process, data including measures of association, service utilization rates, and study characteristics were extracted.  A coding manual (in Sysrev) was used to extract all data. Inclusion/exclusion criteria along with study characteristics including sample, measurement, design, recruitment source, and study quality characteristics were coded (Card, 2015). Articles were coded on study information, including author names, title, year of publication or thesis/dissertation defense, and publication status. Latina sample/subsample characteristics including the recruitment source and age at study participation were coded. Measurement characteristics including the measure of abuse, violence type, measure of help-seeking, and help-seeking type were coded. The study design (longitudinal or cross-sectional) and locations were coded. Finally, the key study variables including the sample rates of employment (full- or part-time), nativity (percentages foreign-born), immigration status (operationalized as documentation status), language (percentages who participated in Spanish), violence severity (operationalized as percentages injured, beaten, or bedridden due to violence), and police/social/legal service utilization rates were coded. After observing that social service use rates varied significantly based on the service type, the decision was made to restrict the

analysis of social services to mental health services. This decision was based on mental health services rates being most commonly reported. This variable was operationalized as the use of mental health services (counselor, therapist, psychologist, or a women's group). After observing that rates of injury and being beaten up were the most commonly reported types of severe violence, it was decided to focus on these specific types of violence for the severity analysis. It was considered defensible to combine these variables based on their overlap, with "beaten up" defined as repeated blows, and injury defined as anything from a sprain/bruise/cut or pain that could be felt the next day to any form of more severe bodily harm (Straus, Hamby, Boney-McCoy, & Sugarman, 1996). Codes based on inclusion/exclusion criteria were used during the screening and full-text review phases as well.

**Interrater Reliability**

A research assistant independently screened and coded 20% ($k = 355$) of the 1773 records identified in Phase 1 to minimize selection bias. Double-coded records were selected randomly. Guidance providing additional clarity regarding coding variables and possible codes was embedded in the manual after discussions during the initial training. Based on these discussions, additional guidance defining a Latina-identified "focal sample" as over 50% of the sample was included in the manual. Any discrepancies involving inclusion/exclusion criteria were discussed and resolved (Soilemezi & Linceviciute, 2018). Cohen's kappa for the screening include/exclude decision was .65, which was interpreted as "substantial" agreement (Cicchetti, 1994; Landis & Koch, 1977). For the full-text review, 20 full-text articles were double-coded and Cohen's kappa was .83, interpreted as excellent.

**Analytic Plan**

Comprehensive Meta-Analysis Software v. 3 (CMA; Borenstein et al., 2009) was used to analyze the data. The aim of this study was to examine whether violence severity and sociocultural variables (nativity, documentation status, employment, and language) influence Latina women's help-seeking. This aim was addressed by meta-analysis and meta-regression. Following recommendations to guard against false positives by limiting and pre-specifying the covariates of interest (e.g., Thompson & Higgins, 2002), this study limited its investigation to the specified variables. The traditional transformations to normalize the distribution of the effect sizes (the logit of the event rate for utilization rates, and the log odds ratio for odds ratios) are applied in Comprehensive Meta Analysis (Lin & Xu, 2020; Lu et al., 2012).

**Fixed- and random-effects models.** Two kinds of statistical models can be used in meta-analysis: random-effects and fixed-effects. When the studies in a meta-analysis are assumed to be identical, and therefore share a common effect size, fixed-effects models are appropriate (Borenstein et al., 2009). In contrast, when the participants or design of the research differ in ways that can be expected to impact the results, as is the case in the current study (Rizo & Macy, 2011; Satyen et al., 2019), random-effects models are appropriate (Borenstein et al., 2009).

**Meta-regression.** To assess the impact of potential continuous moderators on an outcome, meta-regression, a more general form of subgroup analysis (Schwarzer, Carpenter, & Rucker, 2015), can be employed. The approach of meta-regression is similar to multiple regression in primary studies, but the covariates (moderators) of interest are study-level rather than participant-level (Borenstein et al., 2009). Borenstein et al. (2009) recommend 10 studies per covariate in a meta-regression, but indicate there are "no hard and fast rules" (p. 188). In the current study, the predictor with the fewest number of studies was injury ($k = 8$, 6, and 6, for police, legal, and therapeutic services, respectively). Given that injury is one of the most robust

predictors of help-seeking in IPV survivors in general, the decision was made to still include injury analyses for police, legal and therapeutic services.

First, overall weighted average utilization rates (i.e., the percentage of clients reporting mental health, legal, and police service utilization) across Latina women were examined.  In the calculation of the overall utilization rate, individual rates are weighted by study precision, which, in random-effects models, accounts for both within-study and between-study variance. In comparison to fixed-effects models, random-effects models assign more weight to smaller studies (Borenstein et al., 2009).

Second, heterogeneity in utilization rates was assessed via the $Q$ statistic. Significant heterogeneity in the outcome of interest is evidenced by a significant $Q$ value. The $I^2$ statistic, which is defined as the proportion of observed variance reflecting variation in true effects, was also examined (Cooper, 2017, p. 463).  $I^2$ values serve as a "signal-to-noise ratio" and reflect the degree of variation resulting from study characteristics, rather than chance; values of 25%, 50%, and 75% are interpreted as low, medium, and high (Borenstein et al., 2009).

Third, meta-regressions were conducted to examine associations between rates of employment, Spanish language, nativity, and violence severity on utilization rates. Regression coefficients were tested for significance via the $Z$ test. $Z$ is calculated as $B/SE_b$, and under the null hypothesis that $B$ is zero, follows the normal distribution. Separate analyses were conducted for each predictor in order to maintain the recommended study-to-covariate ratio of 10:1 whenever possible. Attempting to control for different variables and entering more than one predictor would have severely limited number of studies per analysis, and thus, the analyses that could be run. All studies providing at least one utilization rate were included in the calculations for overall utilization rates.

Finally, a random-effects meta-analysis was conducted to examine the effect of violence severity (injured/beaten) on police utilization. Effect sizes across studies were pooled to obtain an average weighted effect size, which was tested for significance via the $Z$ test. A fail-safe $N$ was also calculated for this analysis.

## Results

### Description of Studies

One aim of the current study was to summarize existing research on domestic violence help-seeking in Latina communities. The 29 original studies included a total of 3,994 women. A total of 52 help-seeking rates were extracted from the 29 studies. Study and sample characteristics are presented in Table 1. Publication years for the studies ranged from 1981 to 2020. Sample sizes (of the final analytic samples included in the meta-analyses) ranged from ten to 694.

Police help-seeking rates were most common ($k = 21$), followed by legal ($k = 17$) and mental health ($k = 14$) help-seeking rates. Of the moderator variables, employment rates were most frequently reported ($k = 21$), followed by Spanish ($k = 16$) and nativity rates ($k = 16$), severe violence rates (defined as injured, bedridden, or beaten repeatedly, $k = 11$), and undocumented status ($k = 8$).

Nineteen studies were peer-reviewed journal articles, while nine were theses/dissertations and one was a book chapter. Most studies were cross-sectional ($k = 21$); only three were longitudinal, and five were archival. Most research used samples from domestic violence agencies or shelters ($k = 17$), while six studies were conducted with primary care samples, three were national surveys, two were based in police departments, and one was a statewide database of restraining order and intimate partner homicide datasets. Thus, only three representative samples were included. Studies that relied on a combination of recruitment sources, including both general and IPV-specific services, did not provide separate help-seeking rates by recruitment source.

The majority of studies used a self-report measure to assess intimate partner violence

exposure ($k = 24$), while three used police records and two were based on medical screenings.

Most studies were conducted in the South, ($k = 11$), followed by the West Coast ($k = 6$), national

or multi-state studies ($k = 5$), the East Coast ($k = 5$), and the Midwest ($k = 2$).

Table 1.
*Characteristics of the 29 Original Studies*

|  | $k$ | % |
|---|---|---|
| **Help-seeking** | | |
| Police | 21 | 72% |
| Legal | 17 | 59% |
| Mental health | 14 | 48% |
| **Sociocultural** | | |
| Employment | 21 | 72% |
| Spanish language | 16 | 55% |
| Nativity | 16 | 55% |
| Undocumented status | 8 | 28% |
| **Violence characteristics** | | |
| Injured | 11 | 38% |
| **Year of publication** | | |
| 2010-2020 | 13 | 45% |
| 2000-2009 | 11 | 38% |
| 1980-1999 | 5 | 17% |
| **Study design** | | |
| Cross-sectional | 21 | 72% |
| Archival | 5 | 17% |
| Longitudinal | 3 | 10% |
| **Study setting** | | |
| DV program/CBO* | 10 | 34% |
| Shelter | 7 | 24% |
| Primary care | 6 | 21% |
| National survey | 3 | 10% |
| Police department | 2 | 7% |
| Other | 1 | 3% |
| **Measurement characteristics** | | |
| Self-report | 24 | 83% |
| Police records | 3 | 10% |
| Medical screening | 2 | 7% |

**Study location**

| | | |
|---|---|---|
| South | 11 | 38% |
| West Coast | 6 | 21% |
| National/multi-state | 5 | 17% |
| East Coast | 5 | 17% |
| Midwest | 2 | 7% |

*Note. DV/CBO = Domestic violence agency and/or community-based organization.

Table 2.

*Characteristics of Studies Reporting Legal, Mental Health, and Police Service Utilization Rates*

| Study | *n* | Sample | Method | Location | Help-seeking | Abuse type assessed |
|---|---|---|---|---|---|---|
| Ahmed & McCaw, 2010 | 126 | Victims of IPV were identified by OB/GYN, ED, or primary care providers. 100% Latina. | Medical records | Northern California | 29% - Attended MHS appointment | Unspecified |
| Baba & Murray, 2002 | 10 | Women recruited from a shelter. 100% Latina/Hispanic; 50% Mexican American. | Interview | California | 60% - Ever called police | Physical, sexual, & psychological IPV |
| Boy, 2010 | 167 | Women seeking services recruited from a Hispanic advocacy organization that provided a variety of social services, including IPV services. Women also recruited from literacy project sites. 42% Central/South American; 58% Mexican. | Survey & interview | Birmingham & Shelby County | 13% - Sought help from lawyer 31% - Contacted police about partner violence | Physical, sexual, & psychological IPV |
| Brabeck, 2006 | 75 | Women seeking general & IPV-specific community services recruited from sites including legal aid, a shelter, a victim services unit, & other agencies. 68% Mexican; 32% Mexican-American. | Interview | Southern Central Texas | 20% - Used lawyer 28% - Used counselor 48% - Used police | Physical, sexual, & psychological IPV |

| Bridges, Karlsson, Jackson, Andrews, & Villalobos, 2018 | 29 | Women recruited from DV shelter. 100% Hispanic; 68% immigrants | Survey & interview | Arkansas | 40% - Sought help from legal aid 40% - Called a mental health counselor 67% - Called the police | Physical, sexual, & psychological IPV |
|---|---|---|---|---|---|---|
| Campbell, 2006 | 31 | DV police reports were analyzed. 100% Hispanic | Police department records | Arlington, Texas | 10 % - Filed a PO | Physical, sexual, & psychological IPV |
| Collins, 2010 | 17 | Women recruited through flyers posted in community, primary care, & faith organizations. 59% Mexican; 41% Mexican American. | Interview | Memphis, TN | 35% - Sought mental health care 35% - Sought help from police | Physical, sexual, & psychological IPV |
| Davies, Block, & Campbell, 2007 | 105 | Women recruited from Chicago hospitals & clinics where IPV risk was high. 100% Hispanic; 62% were foreign-born. | Interview | Chicago | 4% - Obtained PO in the last year, sought legal services, or went to court 19% - Obtained mental health, domestic violence, or other counseling 27% - Called the police after incident | Physical, sexual, & psychological IPV |
| Dotremon, 2003 | 235 | DV police reports were analyzed. 99% Mexican-American; 1% white. | Police department records | Laredo, TX | 39% - Applied for PO | Physical IPV |
| Dutton, Orloff, & Aguilar Hass, 2000 | 216 | Women recruited via fliers & a snowball approach. A subsample was recruited from a DV agency. 70% Central American. | Interview | Washington, D.C. | 9% - Talked to lawyer about the abuse 6% - Utilized counseling services 12% - Utilized | Physical, sexual, & psychological IPV |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | 30% of other Latin immigrant backgrounds. | | | police, fire, or 911 services | |
| Flicker et al., 2011 | 133 | Women who reported physical abuse while participating in the National Violence against Women Survey. 100% Hispanic. | Interview | National survey | 18% - Sought PO 18% - Sought mental health care 35% - Sought help from police | Physical, sexual, & psychological IPV |
| Hart, 2019 | 57 | Women recruited through a mix of in-person invitations, flyers, & mailings in social service agencies, primary care, & community events. 50% Mexican; 50% Mexican American. | Survey | Los Angeles | 33% - Filed PO 63% - Counselor, therapist, or other mental health | Physical, sexual, & psychological IPV |
| Holliday et al., 2020 | 126 | Women who reported physical abuse while participating in the National Crime Victimization Survey. 100% Hispanic. | Interview | National survey | 46% - Reported IPV to police | Physical IPV |
| Jacques, 1981 | 17 | Women who had sought general or IPV-specific services from DV & other agencies recruited. 100% Mexican. | Interview | Los Angeles | 33% - Talked to/sought help from lawyer 24% - Sought help from police | Physical IPV |
| Krishnan, Hilbert, & Van Leeuwen, 2001 | 72 | Women recruited from a DV shelter. 100% Mexican/Mexican American. | Interview | Southern New Mexico | 27% - Sought PO 38% - Sought counseling 57% - Reported to police | Physical, sexual, & psychological IPV |
| Lipsky, Caetano, Field, & Larkin, 2006 | 76 | ED patients with identified concerns for DV recruited into the study. 100% Hispanic. | Interview | Dallas | 29% - Sought police assistance | Physical & sexual IPV |
| McFarlane, Soeken, Reel, Parker, & Silva, 1997 | 66 | A control group of postpartum & an intervention group of pregnant women recruited from health clinics. The intervention group received 3 sessions focused on community resources & safety | Interview | Multi-state | 6% - Used police | Physical, sexual, & psychological IPV |

planning.
100% Hispanic.

| Messing, O'Sullivan, Cavanaugh, Webster, & Campbell, 2017 | 694 | Women recruited from DV agency, shelter, police departments, primary care, & other agencies. 100% Latina; 54% immigrant. | Interview | East Coast city & West Coast county | 6% - Utilized legal assistance 20% - Received counseling 2% - Used sheriff/police department | Physical, sexual, & psychological IPV |
| Messing, Vega, & Durfee, 2017 | 184 | Women recruited from DV shelters. 44% undocumented. 100% Hispanic, Mexican, Cuban, Dominican, or Puerto Rican. | Survey | Metropolitan region of the Southwest | 30% - Applied for PO prior to shelter use | Unspecified |
| Mowder, Lutze, & Namgung, 2018 | 172 | Women recruited from DV shelters, police department, & other agencies, as well as snowball sampling. 100% Latina; 69% undocumented. | Survey | South central Washington State | 45% - Told the police | Physical, sexual, & psychological IPV |
| Ortiz-Rodriguez, 2016 | 32 | Women recruited from DV agency & shelter. 75% foreign-born. 47% Mexican, 25% Central American, 3% Caribbean; 3% Dominican-American, 22% Puerto Rican. | Interview | New York City | 56% - Current valid PO | Physical, sexual, & psychological IPV |
| Pitts, 2014 | 568 | Women recruited from DV agency. 61% Mexican; 24% Central American; 10% South American; 5% Caribbean. | Agency intake forms | Memphis | 40% - Police report filed after DV incident | Physical, sexual, & psychological IPV |
| Santiago & Morash, 1995 | 150 | Women recruited from household listings from local community agencies or when identified by another study participant. 80% were of Mexican | Interview | Large Midwestern metropolitan area | 5% - Filed charges with police | Physical & psychological IPV. |

|  |  | descent; 20% were of other Latina heritage. |  |  |  |  |
|---|---|---|---|---|---|---|
| Shuman, 2014 | 69 | Women recruited from primary care & OBGYN clinics. 80% Mexican; 15% were Central American; 5% were South American. 100% were undocumented. | Survey | Philadelphia | 12% - Sought help from counselor 12% - Sought help from police | Physical & psychological IPV. |
| Vittes & Sorenson, 2008 | 67 | California databases with restraining order & homicide data were analyzed. 100% Latina. | Homicide & restraining order records | California state-wide databases | 22% - PO history | Intimate partner homicide |
| West, Kantor, & Jasinski, 1998 | 76 | Women who reported physical abuse while participating in National Alcohol & Family Violence Survey. 25% Mexican American, 53% Mexican, 22% Puerto Rican. | Interview | National survey | 4% - Sought help from lawyer 4% - Sought help from psychologist 12% - Sought help from police | Physical IPV |
| Wiist & McFarlane, 1998 | 329 | Prenatal patients identified by a nurse as abused recruited into a randomized intervention of abuse prevention services. Baseline data were used. 100% Hispanic. | Interview | Large city in Southwest | 2% - Used legal resources 3% - Used battered women's group 23% - Used police | Physical, sexual, & psychological IPV |
| Yoshioka, Gilbert, El-Bassel, & Baig-Amin, 2003 | 22 | Women recruited from shelters. 100% Hispanic; 9% undocumented. | Interview | City in the northeast | 44% - Disclosed abuse to counselor | Physical IPV |
| Zarza & Adler, 2008 | 73 | Women seeking IPV services recruited from community & faith organizations. 36% Guatemalan, 21% Puerto Rican, 12% Mexican, 10% Colombian, 8% Ecuadoran, 4% Dominican, 4% Costa Rican, 1% of other Latin | Survey or interview based on participant preference | Mercer County, New Jersey | 49% - Called police at least once during incident of abuse | Physical, sexual, & psychological IPV |

immigrant backgrounds.
38% undocumented.

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**Overall Weighted Utilization Rates**

The second aim of this study was to examine overall weighted utilization rates. The weighted mean police utilization rate was 26.7%, 95% CI [19.7%, 35.1%]. The studies were highly heterogeneous, $Q(20) = 350.92$, $p < .001$, $I^2 = 94.30$, with police utilization estimates ranging from 2.0% to 66.7 %. The weighted mean legal service utilization rate was 17.0%, 95% CI [11.1%, 25.1%]. The studies were highly heterogeneous, $Q(16) = 254.00$, $p < .001$, $I^2 = 93.70$, with legal utilization estimates ranging from 1.5% to 56.3%. The weighted mean mental health utilization rate was 21.2%, 95% CI [14.4%, 30.1%]. The studies were highly heterogeneous, $Q(13) = 161.99$, $p < .001$, $I^2 = 91.98$, with mental health utilization estimates ranging from 3.3% to 63.2%. The high degree of heterogeneity observed for police, legal, and mental health utilization rates suggests true differences, beyond sampling error, in the study utilization rates. This degree of heterogeneity implies that rates may differ according to study characteristics and the weighted mean rates may not be the most appropriate estimates (Swift & Greenberg, 2012).

Due to concern that the rates from national studies may be lower than those for the other studies, overall weighted utilization rates were also computed without the national studies. The differences were negligible when the national datasets were excluded. The weighted mean police utilization rate without national datasets was 26.3%, 95% CI [18.5%, 35.9%]. The weighted mean legal service utilization rate without national datasets was 18.1%, 95% CI [11.4%, 27.6%]. The weighted mean mental health utilization rate without national datasets was 23.5%, 95% CI [15.5%, 34.1%].

**Moderator Analyses**

The third aim of this study was to evaluate associations between sociocultural and individual variables and service utilization rates at the sample level. Twelve meta-regressions were conducted to assess associations between employment, Spanish, nativity, and injury rates and service utilization rates (Tables 3, 4, and 5). Due to too few studies reporting documentation status, meta-regressions for documentation status were not conducted.

Injury rates were significantly associated with police, legal, and mental health help-seeking rates (higher injury rates were associated with increased help-seeking rates across all service types). The percentage of foreign-born participants was not significantly associated with police or legal help-seeking rates, but was significantly associated with mental health help-seeking rates (increased percentages of foreign-born participants were related to decreased mental health help-seeking rates). The percentages of participants who were employed or Spanish-speaking were not significantly related to police, legal, or mental health help-seeking rates.

Table 3.

*Police Services Results from Meta-regressions (Method of Moments)*

| Variable (*k*) | Point estimate | 95% CI | *Z* value | *p* |
|---|---|---|---|---|
| **Spanish (13)** | | | | |
| Slope | 1.68 | [-.49, 3.86] | 1.52 | n.s. |
| Intercept | -2.47 | [-4.20, -.73] | -2.78 | <.01 |
| | | | | |
| **Nativity (12)** | | | | |
| Slope | .68 | [-2.96, 4.31] | .36 | n.s. |
| Intercept | -1.65 | [-4.60, 1.29] | -1.10 | n.s. |
| | | | | |
| **Employment (16)** | | | | |
| Slope | 1.65 | [-1.96, 5.26] | .90 | n.s. |
| Intercept | -1.73 | [-3.58, 0.13] | -1.82 | n.s. |
| | | | | |
| **Injury (8)** | | | | |
| Slope | 2.83 | [1.21, 4.46] | 3.41 | < .001 |

| | | | | |
|---|---|---|---|---|
| Intercept | -1.83 | [-2.52, -1.15] | -5.22 | < .001 |

Table 4.

*Legal Services Results from Meta-regressions (Method of Moments)*

| Variable (*k*) | Point estimate | 95% CI | *Z* value | *p* |
|---|---|---|---|---|
| **Spanish (12)** | | | | |
| Slope | -.89 | [-3.38, 1.59] | -.71 | n.s. |
| Intercept | -1.06 | [-2.75, .64] | -1.22 | n.s. |
| **Nativity (10)** | | | | |
| Slope | -.12 | [-4.51, 4.27] | -.05 | n.s. |
| Intercept | -1.41 | [-4.57, 1.75] | -.87 | n.s. |
| **Employment (13)** | | | | |
| Slope | -.15 | [-3.29, 2.99] | -.09 | n.s. |
| Intercept | -1.23 | [-2.72, .26] | -1.62 | n.s. |
| **Injury (6)** | | | | |
| Slope | 5.63 | [1.59, 9.67] | 2.73 | <.01 |
| Intercept | -4.07 | [-5.92, -2.22] | -4.32 | < .001 |

Table 5.

*Therapeutic Services Results from Meta-regressions (Method of Moments)*

| Variable (*k*) | Point estimate | 95% CI | *Z* value | *p* |
|---|---|---|---|---|
| **Spanish (9)** | | | | |
| Slope | -1.72 | [-4.06, .62] | -1.44 | n.s. |
| Intercept | -.37 | [-2.01, 1.26] | -.45 | n.s. |
| **Nativity (10)** | | | | |
| Slope | -4.46 | [-7.38, -1.55] | -3.00 | < .01 |
| Intercept | 1.86 | [-.21, 3.93] | 1.76 | n.s. |
| **Employment (11)** | | | | |
| Slope | .77 | [-1.60, 3.15] | .64 | n.s. |
| Intercept | -1.41 | [-2.62, -.20] | -2.28 | < .05 |
| **Injury (6)** | | | | |

| | | | | |
|---|---|---|---|---|
| Slope | 4.83 | [2.62, 7.03] | 4.29 | < .001 |
| Intercept | -3.31 | [-4.34, -2.29] | -6.33 | < .001 |

**Injury follow-up analyses.** Due to importance of injury as a significant predictor and potential confound, eight meta-regressions were run to assess whether injury was related to the other predictors. Since nativity was a significant predictor only for mental health utilization rates, analyses were run separately for the studies included in the police, legal, and mental health analyses (Table 6). Injury was only a significant predictor for nativity among the mental health utilization studies. Injury did not significantly predict any other sociocultural variables.

Table 6.

*Associations between injury and sociocultural predictors (Method of Moments)*

| Variable (k) | Point estimate | 95% CI | Z value | p |
|---|---|---|---|---|
| **Police** | | | | |
| | | | | |
| **Spanish (7)** | | | | |
| Slope | -.30 | [-3.41, 2.81] | -.19 | n.s. |
| Intercept | -.47 | [-3.12, 2.18] | -.35 | n.s. |
| | | | | |
| **Nativity (5)** | | | | |
| Slope | .31 | [-5.51, 6.13] | .10 | n.s. |
| Intercept | -.84 | [-6.27, 4.59] | -.30 | n.s. |
| | | | | |
| **Employment (6)** | | | | |
| Slope | .60 | [-5.22, 6.42] | .20 | n.s. |
| Intercept | -.87 | [-3.9, 2.15] | -.57 | n.s. |
| | | | | |
| **Legal** | | | | |
| | | | | |
| **Spanish (5)** | | | | |
| Slope | -1.45 | [-3.69, .8] | -1.26 | n.s. |
| Intercept | .32 | [-1.24, 1.88] | .40 | n.s. |
| | | | | |
| **Nativity (<4)** | n/a | | | |
| | | | | |
| **Employment (4)** | | | | |
| Slope | 1.46 | [-1.76, 4.68] | .89 | n.s. |

| Intercept | -.88 | [-2.60, .84] | -1.00 | n.s. |

**Mental health**

**Spanish (4)**

| Slope | -2.03 | [-4.08, .03] | -1.94 | n.s. |
| Intercept | .53 | [-.93, 1.98] | .71 | n.s. |

**Nativity (4)**

| Slope | -4.83 | [-8.66, -1.00] | -2.47 | < .05 |
| Intercept | 3.06 | [.39, 5.74] | 2.24 | < .05 |

**Employment (5)**

| Slope | -.36 | [-4.03, 3.30] | -.19 | n.s. |
| Intercept | -.07 | [-2.11, 1.96] | -.07 | n.s. |

**Meta-analysis**

The fourth aim of this study was to examine within-study effects of violence severity (operationalized as injured/beaten/bedridden), nativity, documentation status, Spanish language, and employment on help-seeking wherever possible. Too few studies reported within-study effects for nativity, Spanish, documentation, or employment on help-seeking to conduct meta-analyses (Table 7).

Table 7.

*Within-study associations between employment, Spanish, nativity, and documentation status.*

| Study | | Description |
| --- | --- | --- |
| **Employment** | *n* | |
| Pitts, 2014 | 568 | The victim being employed was not a significant predictor of a police report, OR = 1.14, 95% CI [.74, 1.76]. |
| **Spanish** | | |
| Brabeck, 2006 | 75 | The proportion using a counselor did not differ significantly between women who did not speak English and those with higher levels of fluency. $\chi2 = 1.88, p = .17$.<br>The proportion using police did not differ significantly between women who did not speak English and those with higher levels of fluency. $\chi2 = 1.27, p = .26$.<br>The proportion using a lawyer did not differ significantly between women who did not speak English and those with higher levels of fluency. $\chi2 = .28, p = .56$. |

**Nativity**

| West et al., 1998 | 76 | The proportion using a psychologist, lawyer, or police did not differ significantly between Mexican, Puerto Rican, and Mexican American women. Specific chi-square and $p$-values not reported. |
|---|---|---|

**Documentation**

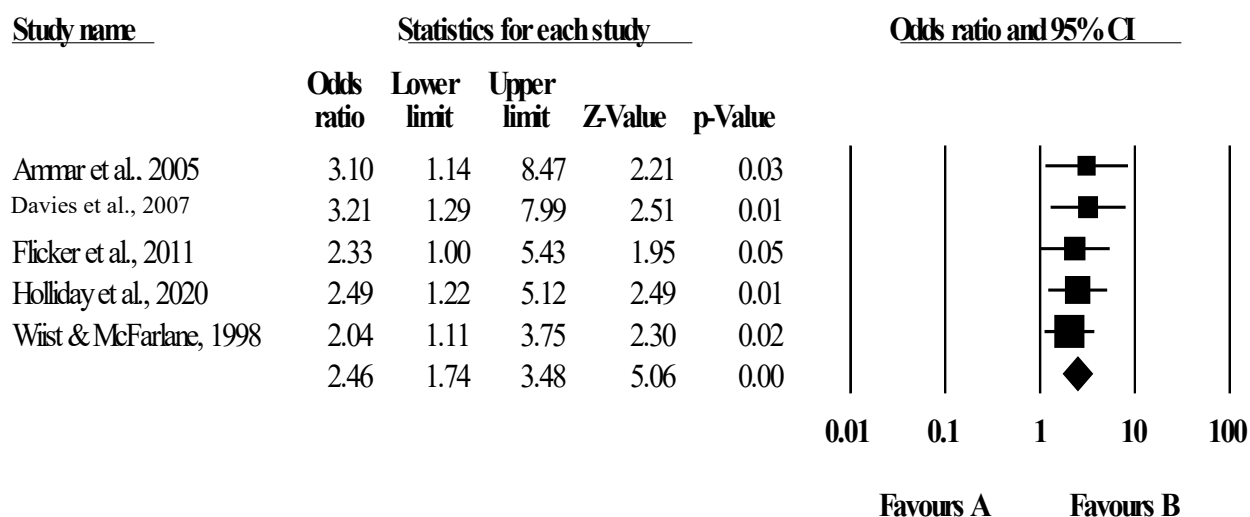| Ammar et al., 2005 | 230 | Undocumented status is negatively associated with calls to police, $\beta = -.49$, $t = -.37$, $p = .001$. |
|---|---|---|
| Brabeck, 2006 | 75 | A smaller proportion of undocumented women utilized police, $\chi2 = 7.06$, $p = 0.01$, adjusted $R^2 = 0.08$. <br> The proportion of undocumented and documented Latina women who used a counselor did not differ significantly, $\chi2 = .20$, $p = .66$. <br> The proportion of undocumented and documented Latina women who used a lawyer did not differ significantly, $\chi2 = .067$, $p = .81$. |
| Messing et al., 2017 | 184 | The proportion of undocumented and documented Latina women who had tried to obtain a protective order did not differ significantly.  Specific chi-square and $p$-values not reported. |
| Mowder et al., 2018 | 172 | The proportion of undocumented and documented Latina women who told the police did not differ significantly, $\chi2 = .967$, $p = .325$. |

A meta-analysis was conducted to examine the relation between a history of injury or being beaten on police utilization (Figure 3). Contingency tables were constructed from the primary data reported in studies and used to compute odds ratios.  The overall effect size was significant, OR = 2.46, 95% CI [1.74, 3.48], Z = 5.06, $p < .001$. This can be interpreted as a small-to-medium effect size (Chen, Cohen, & Chen, 2010). The fail-safe $N$, i.e. the number of nonsignificant missing studies that would be needed for the effect to be rendered non-significant, was 30.

*Figure 3.* Forest plot (*k* = 5) of associations between injury/beaten up history and police utilization. Being injured or beaten up is associated with increased odds of police utilization.

| Study name | Statistics for each study | | | | | Odds ratio and 95% CI |
|---|---|---|---|---|---|---|
| | Odds ratio | Lower limit | Upper limit | Z-Value | p-Value | |
| Ammar et al.. 2005 | 3.10 | 1.14 | 8.47 | 2.21 | 0.03 | |
| Davies et al., 2007 | 3.21 | 1.29 | 7.99 | 2.51 | 0.01 | |
| Flicker et al., 2011 | 2.33 | 1.00 | 5.43 | 1.95 | 0.05 | |
| Holliday et al., 2020 | 2.49 | 1.22 | 5.12 | 2.49 | 0.01 | |
| Wuist & McFarlane, 1998 | 2.04 | 1.11 | 3.75 | 2.30 | 0.02 | |
| | 2.46 | 1.74 | 3.48 | 5.06 | 0.00 | |

0.01    0.1    1    10    100

Favours A    Favours B

## Discussion

Many stakeholders have suggested the importance of violence severity as well as sociocultural variables, including employment, language, nativity, and documentation status, in IPV-help-seeking behavior (Lelaurain et al., 2017; Liang et al., 2005; O'Neal & Beckman, 2017; Rizo & Macy, 2011; Satyen et al., 2019; Sylaska & Edwards, 2014). Moreover, these variables have repeatedly been identified as important factors by Latina women in qualitative research (Acevedo, 2000; Bauer et al., 2000; Ingram et al., 2010; Reina et al., 2014). While the association between violence severity and increased help-seeking has been well-tested, relatively little quantitative research has examined relations between sociocultural variables and help-seeking in Latina women (Rizo & Macy, 2011). The present meta-analysis synthesized the research on individual and sociocultural variables and help-seeking among Latinas via four aims: 1) summarize existing research on IPV help-seeking in Latina communities; 2) examine overall utilization rates; 3) evaluate associations between severity and sociocultural variables and utilization rates at the sample level; 4) examine within-study effects of severity and sociocultural variables on help-seeking if there were sufficient (*k* ≥ 5) studies.

**Description of Studies**

The first aim was completed through a comprehensive literature search that identified the

quantitative research on IPV-related help-seeking in Latina communities. The literature search

specifically focused on finding articles that assessed formal help-seeking in samples of women

who were all identified as having current or past experiences of IPV. Research on help-seeking

that has included Latina women as the focal (over 50%) sample or a subsample, with results

reported separately, has increased over the past forty years. The first eligible study was published

in 1981, and only four were published in 1990-1999, whereas 2000-2009 accounted for 38% and

2010-2020 accounted for 45% of studies. Although ultimately the number of studies meeting

criteria for final inclusion was small, this literature review does suggest slow but steady progress

in terms of scholarship's attention to the unique needs of Latina IPV survivor communities.

Nearly three quarters of the studies reported employment rates. Researchers have

suggested that employment may facilitate IPV help-seeking via women's increased access to

financial and social resources (O'Neal & Beckman, 2017; Pennington-Zoellner, 2009; Rothman

et al., 2007). Future research should continue to report on employment as well as women's

personal income.

Only about half of studies reported nativity rates (foreign- versus U.S.-born). As Latin

American immigrant communities within the U.S. continue to grow and diversify (Ewing et al.,

2015), further research should assess for country of origin and consistently report nativity. The

present study has broadly focused on the experiences of Latina women living in the U.S. because

a narrower focus on specific national groups would not have been possible given the state of the

literature. However, it has been frequently observed that this term does not capture the diversity

within and across Latin American nationalities (Ortiz-Rodriguez, 2016). In regards to help-

seeking, women's experiences with the healthcare and criminal justice systems in countries of

origin may impact their beliefs and/or perceptions of these service systems in the U.S (Gonzalez-

Guarda et al., 2013). Apart from its relevance to help-seeking, nationality is a source of pride and

is often the primary way that Latina immigrant women identify (Ortiz-Rodriguez, 2016). Thus,

nationality is a clinically and culturally relevant variable for future research.

Only about half of studies reported the percentage of participants who were identified as

speaking or preferring Spanish. English-language proficiency may be an important part of a

woman's experience as she seeks help (Brabeck, 2006). Among Spanish-speaking women, not

speaking English has been identified as a barrier to seeking and receiving help (Dutton et al.,

2000; Murdaugh et al., 2004; Reina et al., 2014; West et al., 1998). Healthcare and criminal

justice systems continue to lack adequate bilingual services that meet the needs and preferences

of their clientele (O'Neal & Beckman, 2018). Language may impact all steps of the help

attainment process (Kennedy et al., 2012), from women's perception of the availability of

appropriate help, to their interface with the system, and whether services are helpful and

effective. Help-seeking researchers should clearly report the linguistic diversity within their

studies.

Likewise, given that undocumented status may create many additional challenges to

seeking help, the impact of this variable for the Latina community deserves further

representation in research. Fewer than a third of studies reported documentation status.

Previously, researchers have noted concerns regarding the ethical implications of working with

undocumented participants (Lahman et al., 2011). Although research regarding documentation

status requires additional ethical consideration, Lahman et al. (2011) contend that

"undocumented participants are capable, competent, yet vulnerable simultaneously" (p. 2011).

Lahman and colleagues (2011) suggest several ways for reducing risks for undocumented participants, including the use of Certificates of Confidentiality issued by the National Institute of Health, "sensitive" research designations, and adjustments to consent, including witnessed consents and process consents (that may help minimize paper trails). The lack of representation of undocumented status as a variable may serve to ignore this community's experiences within research, while its inclusion makes more visible their presence, voice, and contributions.

Finally, the rate of injury was not frequently reported, with a little over a third of studies reporting injury rates. Given the strong associations between injury and help-seeking in the current study and broader literature (Lelaurein et al., 2017), injury, as well as other violence severity measures, should routinely be included in studies of service utilization (Ammar et al., 2005; Block, 2003; Flicker et al., 2011; Holliday et al., 2020; Wiist & McFarlane, 1998). The inclusion of violence severity indicators will allow researchers to characterize the abuse as well as control for a potentially important confounding variable. For example, researchers have suggested that violence severity may vary according to sociodemographic factors, especially those related to economic dependency (Frias & Angel, 2005). Thus, in order to obtain an accurate assessment of associations between sociodemographic factors and help-seeking, researchers must control for violence severity.

**Utilization Rates**

As noted above, almost all studies relied on a help-seeking sample, indicating that the overall utilization rates are best interpreted as the rates of specific kinds of help-seeking within samples that have already had some contact with formal help systems, especially social service systems. In the current study, the weighted mean police utilization rate was 27%, the weighted mean legal service utilization rate was 17%, and the weighted mean mental health utilization rate

was 21%. The mental health and legal utilization rates, in particular, are likely higher than those

that would be found in more representative samples. Three large-scale epidemiological studies,

with differing results, can be used as reference points.  In the National Violence Against Women

Survey, 35% of Latina women sought help from police, 18% sought protective orders, and 18%

sought mental health care. In contrast, Holliday et al. (2020), in the National Crime

Victimization Survey, found that significantly more Latina women, 46%, had reported IPV to the

police; and West et al. (1998), in the National Alcohol and Family Violence Survey (NAFVS),

found that a significantly smaller percentage of Latina women had sought the help of police

(12%), psychologists (4%), or lawyers (4%).

Due to the large amount of heterogeneity in help-seeking rates across the studies, it is

important to acknowledge that help-seeking varies widely based on study and sample

characteristics. Different methodologies, definitions of abuse, and definitions of help-seeking

(e.g., "sought mental health care" versus "used a psychologist") may account for some of the

discrepancies in findings across national surveys. Notwithstanding the limitations of the

available data, the overall weighted utilization rates, like those of the NVAWS, continue to

support the conclusion that the majority of Latina women affected by IPV do not seek help from

law enforcement, social services, or legal aid. Secondly, these data, along with NVAWS and the

NAFVS, suggest that Latina women are somewhat more likely to seek help from police as

opposed to therapists or legal means.

While this study did not include cross-cultural analyses of help-seeking, it is important to

note that Latinas had unique patterns of help-seeking in the NVAWS. In the NVAWS, police

utilization rates were 41%, 34%, and 23% among Black, Latina, and White women, respectively.

Mental health service utilization rates were 28%, 18%, and 15% among White, Latina, and Black

women, respectively. Protective order utilization rates were 23%, 18%, and 15% among African American, Latina, and White women, respectively. Future research should continue to assess help-seeking among Latina women with more representative community samples, and continue to assess the roles of between- and within-group diversity factors in help-seeking.

**Moderator Analyses**

The third aim of this study was to evaluate associations between sociocultural and individual variables and service utilization rates at the sample level; this aim was addressed through meta-regression. Hypotheses that higher employment rates would be associated with increased help-seeking were unsupported. Hypotheses that higher Spanish-language rates would be associated with lower help-seeking were unsupported. The percentages of participants who were employed or Spanish-speaking were not significantly related to police, legal, or therapy help-seeking rates.

Importantly, meta-regression should not be used to conclude that no relationship exists between these variables (Borenstein et al., 2009), as multiple explanations for the lack of a significant relation between employment, Spanish, and help-seeking rates may exist. First, given that meta-regression can speak only to effects at the sample level, and not at the individual level (Schwarzer et al., 2015), the relation between employment and Spanish-language and help-seeking may not exist at the sample level. This could mean, for example, that the percentage of Spanish speakers across communities is not related to rates of help-seeking, but that at the individual level, speaking Spanish is associated with a decreased likelihood of seeking services. Another possible explanation is that both variables may lack necessary precision. Due to the high co-occurrence of financial and other forms of abuse, employment may fail to capture the extent to which a woman has some personal income that she actually controls (Showalter, 2016).

Spanish was assessed differently across studies, with some studies simply reporting the percent participating in Spanish and others reporting the percent identifying as monolingual Spanish-speaking. While combining these different variables was necessary in order to have enough studies for analytic purposes, this variable did not distinguish between language preference and fluency.

In contrast, the hypothesis that greater numbers of foreign-born participants would be associated with lower help-seeking was partially supported. While associations between nativity and police- or legal-help-seeking were nonsignificant, increased percentages of foreign-born participants were associated with decreased help-seeking specifically for therapy services. Follow-up analyses showed that injury significantly predicted nativity among a subset of the therapy utilization studies. This finding was consistent with research suggesting U.S.-born Latina women may experience greater rates of and more severe IPV exposure than foreign-born Latina women (Firestone et al.,1999; Frias & Angel, 2005; Kantor, Jasinksi, & Aldorondo, 1994; Sabina et al., 2013; Sorenson & Telles, 1991).

Thus, the finding that increased foreign-born rates were related to decreased therapy help-seeking was potentially driven by differential severity rates across U.S.-born and immigrant Latina women. However, due to the small number of studies, it was impossible to directly assess this question by examining the relation between nativity and therapy utilization while controlling for injury.

In addition to violence severity, a number of socioeconomic and cultural factors may also influence the relation between nativity and therapy utilization (Ingram, 2007; Lipsky et al., 2006; Rodriguez et al., 2001). First, immigrant Latina women are less likely to have access to the resources, including health insurance (Marshall et al., 2005; Rangel Gomez et al., 2019), which

would enable them to use traditional mental health care. Second, research has suggested that

immigrant Latina women, like other immigrant communities (Derr, 2016), may prefer to use

informal support networks, including family and religious support networks, when seeking help

(Brabeck, 2006; Dutton et al., 2000). Third, more general research on help-seeking indicates that

Latin American immigrants may be less likely to use behavioral health care (Alegria et al., 2007;

Derr, 2016). Lack of familiarity, comfort, cultural responsiveness, and shame or stigma may all

present challenges for therapeutic help-seeking (Alvarez & Fedock, 2018; Bauer et al., 2000;

Derr, 2016; Kelly, 2009; Murdaugh et al., 2004; Sabina et al., 2012b). Future research should

examine associations between nativity and help-seeking at the individual level, and explore

potential factors underpinning the significance of nativity, including acculturation, resources, and

documentation status.

 Hypotheses that greater injury rates would be related to increased help-seeking were fully

supported. Indeed, the only consistent predictor of service utilization was injury rate; higher

percentages of injuries across samples were associated with higher rates of police, legal, and

therapy help-seeking. The effect of injury on police help-seeking was also confirmed at the

individual level, through a meta-analysis of within-study effects. The OR (2.46) for the effect of

injury on police utilization can be interpreted as a small-to-medium effect size (Chen, Cohen, &

Chen, 2010).

 These findings represent an important extension of previous research, confirming that

violence severity predicts help-seeking in diverse Latina communities. One of the mechanisms

through which injury increases police, legal, and therapy help-seeking may be through increased

medical help-seeking, which could facilitate women's linkage to other service systems (Block,

2000). Liang and colleagues (2005) discuss how informal support networks may be effective in

preventing or reducing less severe forms of violence but may be insufficient for preventing more severe forms. In terms of problem recognition and definition, women may define more severe IPV differently (Kennedy et al., 2012). Increased violence may also lead to the need for additional mental health support due to elevated PTSD symptoms (Amstadter et al., 2008; Johnson et al., 2008). Women experiencing IPV sometimes indicate they do not report it or seek help because they do not view it as "serious enough;" conversely, fear that one's life is in danger is a frequently-cited reason for help-seeking (Harper, 2021; Lelaurein et al., 2017).

**Injury follow-up analyses.** When follow-up analyses were run in order to investigate whether injury was related to sociocultural variables, injury was only a predictor of nativity specifically among a subset of four studies used in the therapy utilization analyses. It is important to note that these follow-up analyses were limited by very few studies per analysis. However, as noted earlier, decreased violence severity among first-generation Latina immigrants is relatively well-documented (Firestone et al.,1999; Frias & Angel, 2005; Kantor, Jasinksi, & Aldorondo, 1994; Sabina et al., 2013; Sorenson & Telles, 1991). Researchers have proposed that decreased IPV risk and severity among Latina immigrants may be an example of the "immigrant paradox," in which immigrant status is associated with more positive outcomes, in spite of the expected effects of economic disadvantage (Wright & Benson, 2010). Immigrant cultural norms and strong social support networks are thought to confer protective effects against IPV (Wright & Benson, 2010).

**Review**

The meta-analysis of the associations between injury and help-seeking was the only one that could be carried out to address the fourth aim of the study, that is, to examine within-study effects of severity, nativity, documentation status, language, and employment on help-seeking.

Too few studies reported effects for nativity, language, documentation, or employment to conduct meta-analyses. However, in the few studies reporting effects, these variables were not consistently related to help-seeking. Pitts (2014) did not find a relationship between employment and police help-seeking; Brabeck et al. (2006) did not find a relationship between English fluency and police, therapy, or legal help-seeking. West et al. (1998) did not identify a relationship between nativity and police, therapy, or legal help-seeking. Messing et al. (2017) found that protection order use did not differ significantly between documented and undocumented women. Two studies assessing documentation status and police help-seeking found a negative relationship, wherein undocumented women were less likely to seek help (Ammar et al., 2005; Brabeck, 2006), whereas in another study this association was nonsignificant (Mowder et al., 2018). The scarcity of studies on these variables points to important avenues for future research.

**Limitations**

Some significant limitations of this study stem from the quantity and quality of the existing research. One potential reason for the many null findings of the moderator analyses is that meta-regression analyses often have low power (Borenstein et al., 2009), and most moderator analyses included relatively few studies. Due to the low numbers of studies per analysis, it was not possible to conduct more sophisticated analyses with more than one covariate at a time. Therefore, it was not possible to examine interactions, including whether the association between nativity and mental health help-seeking is fully explained by injury, or dependent on factors such as documentation status or English language fluency. Nativity, documentation status, employment, and language are distinct but intertwined and future research

should incorporate more sophisticated models. In the same vein, it was not possible to control for severity while assessing relations between the other sociocultural variables and help-seeking.

Another limitation is that there may be different relationships at the individual and sample levels, and ecological associations cannot be assumed to hold for individuals, but analyses were limited to between-study effects due to the lack of available within-study data (Thompson & Higgins, 2002). Future research should assess relations between nativity, Spanish, employment and help-seeking at the individual level.

The methodologies of the studies included in this review also limit the generalizability of results. Most research on help-seeking among Latina women has been conducted with convenience (help-seeking) samples; only three nationally representative surveys reported results separately for Latina women. Almost all the studies were cross-sectional or archival, with only three longitudinal designs. Longitudinal designs would allow for the identification of mediators between sociocultural variables and help-seeking (e.g., if employment does promote help-seeking, is it through increased social support or financial empowerment?). Help-seeking data were mostly based on self-report. Definitions of help-seeking also varied across studies. For legal help-seeking, in order to have enough studies for analysis, different kinds of legal service utilization were combined. These ranged from applying for a protective order to receiving one to consulting with a lawyer. Thus, the legal help-seeking analysis was especially limited by variable definitions, and further research should further investigate specific kinds of legal help-seeking.

A greater diversity of study designs would strengthen the research base on help-seeking within Latina communities. In particular, given that almost all research has relied on samples that were already help-seeking, research with more representative samples is greatly needed. Overall, as Rizo and Macy (2011) concluded ten years ago, inconsistencies and gaps in reporting continue

to make it difficult to draw conclusions about help-seeking behaviors and barriers among Latina women.

**Strengths and Clinical Implications**

Although prior research had established injury as a predictor of help-seeking in IPV survivors (Lelaurein et al., 2017), few studies have examined this relation among Latinas in the U.S. (Davies et al., 2007; Pitts, 2014). Thus, this is one of the first studies to demonstrate the impact of violence severity on help-seeking specifically among Latina women in the U.S., and the first to do so using meta-analytic techniques. The importance of violence severity emphasizes that helping professionals should be conscious that women who seek help may be in higher-risk violence situations (Block, 2000). Research shows that the majority of women who experience severe violence attempt to leave the relationship (Block, 2000). Furthermore, while leaving may decrease risk for victimization over the long term, attempts to leave are associated with an immediate period of increased risk for escalated IPV and intimate partner homicide (Block, 2000; Garcia, Soria, & Hurwitz, 2007; Spencer & Stith, 2020). For clinicians, assessing the severity of the violence is critical: it allows for more individualized safety and treatment planning while simultaneously normalizing that abuse is something that can be discussed in therapy.

These results also highlight the question of how to best outreach to women experiencing less severe levels of violence. Among survivors, commonly endorsed perceptions of why people do not seek help include shame, lack of knowledge, beliefs that services will not protect them, fear of negative consequences for their children, not wanting partner to be arrested, and not wanting to lose the relationship (Simmons, Farrar, Frazer, & Thompson, 2011). These perceptions have several implications. One is that more outreach regarding what therapy is and is

not may be helpful. Survivors may not know that they have the right to experience

nonjudgmental, empathic services with legally protected confidentiality except in cases of

imminent harm or child abuse (Reina et al., 2014). Shame is one of the essential elements of

IPV sequelae (Overstreet & Quinn, 2013), but public conversations that normalize experiences

and are rooted in a strengths-based paradigm may decrease stigma (Howell, Miller-Graff,

Hasselle, & Scrafford, 2017).

Results also highlight how the barriers to access for immigrant women may be especially

prominent in mental health services. Research has found that PTSD symptoms are associated

with revictimization, and that trauma-focused cognitive behavioral therapy for intimate partner

violence survivors both decreases PTSD symptoms and subsequent victimization (Krause,

Kaltman, Goodman, & Dutton, 2006; Iverson et al., 2011; Perez & Johnson, 2008). Mental

health care may be more comfortable, effective, and accessible if located in nonclinical settings

(Rajaram, Novak, Barrios, Rogers, & Leal, 2015). For example, Latina women indicate that

religious factors may inhibit help-seeking if religious leaders mishandle IPV situations, but

conversely, that churches also have the potential to be effective venues for intervention

(Gonzalez-Guarda et al., 2013). Community mental health agencies may develop partnerships

with agencies that are already providing the kinds of support immigrant women seek, including

police and legal help, as well as prenatal and other health care, vocational classes, or ESL

(Kulkarni, 2019; Rajaram et al., 2015). One of the most pressing questions for the field is how

trauma-focused, evidence-based therapy can be made more accessible for immigrant Latina

women.

In spite of noted limitations, this study makes several contributions to the existing

literature. This is the first meta-analytic review of the research on help-seeking among Latina

women. With respect to clinical implications, this review has highlighted how important aspects of women's experiences – nativity, language, immigration status – may or may not impact the accessibility of care from different service providers. This review draws attention to the current gaps in the literature and suggests clear directions for further development in research and prevention and intervention efforts.

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