



**Latinas and Intimate
Partner Violence
Evidence-Based Facts**



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While the number of studies examining intimate partner violence (IPV) in Latina populations is growing, research on this issue continues to be limited in quality and breadth. We have compiled what we believe are the most current research on this topic and summarized it below.

Prevalence and occurrence of IPV

National statistics about the experience of IPV among women in the United States vary by study and the different methods of data collection. The various strategies used by researchers to collect data (e.g., phone vs. in-person surveys), the specific questions asked (e.g., number of acts of physical violence vs. the context of the violence), and the social/community conditions where the study is conducted (e.g., immigration policies) can all impact the results of the study. For Latinas, the language in which the study is conducted (including the use of variations in the Spanish language) can also affect the results. Below we present some of the most current research published on the prevalence of IPV among Latinas in the United States. It is important to remember, however, that these findings must be considered within the context of the issues outlined above and may be limited in their representations.

Esperanza United has chosen to use “@” in place of the masculine “o” when referring to people or things that are either gender neutral or both masculine and feminine in make-up. This decision reflects our commitment to gender inclusion and recognizes the important contributions that both men and women make to our communities.

- About **1 in 3** Latinas (34.4 %) will experience IPV¹ during her lifetime and **1 in 12** Latinas (8.6%) has experienced IPV in the previous 12 months^[1].
- This rate is **approximately the same** as for women from other racial and ethnic communities once socioeconomic status is taken into consideration^[2, 3, 62].
- Another study examining IPV among Latinas found that rates of IPV were **lower** for Mexican immigrants (**13.4%**) than for persons of Mexican descent born in the United States (**16.7%**)^[8].
- The strength of immigrant groups despite the social and economic challenges they often face has been labeled *the immigrant paradox*^[12]. There are also differences among Latinas based on their country of origin and level of

¹ The Centers for Disease Control and Prevention (CDC) includes physical, sexual, and/or stalking victimization in their estimation of IPV.

acculturation; more years in the U.S. predicts poorer health outcomes. A review of 41 research studies found evidence for lower reported IPV among immigrant Latinas compared to US-born Latinas^[7].

- In a study of 6,818 female college students, almost half of whom identified as Latina, 31% reported experiencing IPV since enrollment. Correlations were observed between severity of IPV and extent of PTSD, depression, school disengagement, and academic impacts^[68].
- In a sample of over 300 pregnant Latinas, IPV during pregnancy was reported at **10%** for physical abuse and **19%** for emotional abuse^[14]. Increased rates of IPV among young mothers were seen in another study in which **26%** of Latina mothers with preschool-age children reported IPV in their current or most recent relationship ^[15].
- Research with Latinas living near the Mexico border found that 37.5% had experienced IPV over their lifetimes^[16].
- In a national sample^[17], 41% of Latina mothers involved in child welfare and whose children remained in the home reported experiencing IPV in their lifetime, 33% of whom had experienced IPV in the last year with 27% reporting severe IPV. US-Born Latina mothers experienced more frequent episodes of violence in the past year when compared to immigrant Latina mothers (5.59 vs. 2.72).
- A long-term study of high school Latino adolescents ages 13-17 found that a history of childhood abuse was the strongest predictor of intimate partner violence for Latina emerging adults as it resulted in higher odds of experiencing sexual IPV victimization among Latina women ages 21-24^[79].

IPV often includes economic or financial abuse and sexual and reproductive coercion and can co-occur with other forms of abuse, for example:

- A study of 2,000 Latinas found that **63.1%** of women who identified being victimized in their lifetime (i.e., interpersonal victimization such as stalking, physical assaults, weapon assaults, physical assaults in childhood, threats, sexual assault, attempted sexual assault, etc.) reported having experienced more than one victimization, with an average of **2.56** victimizations^[18].
- A national sample of Latinas examining the forms of victimization including physical assault, sexual violence, stalking, threat victimization, and witnessing violence found that **more than half** of the women surveyed (53.6%) reported at least one victimization over a lifetime, and about **two-thirds** (66.2%) of those women had more than one victimization^[19].



- Among 362 Latinas seeking family planning services about **half (51%) had experienced IPV and 34% reported reproductive coercion** ^[20]. Other studies have also reported a link between IPV, reproductive coercion^[21] and unintended pregnancies^[22] for Latina survivors. In fact one study found that **21% of pregnant Latinas experienced both reproductive coercion and IPV** increasing their risk for an unplanned pregnancy^[21].
- Research is beginning to document economic and work-related IPV among Latinas. For Latina survivors, physical and sexual IPV co-occurred with economic abuse^[23]. Economic control, i.e. when the abuser controls or limits the victims access to resources, was the most common form of economic abuse.

Help seeking

Low rates of reporting and self-help seeking among Latinas experiencing IPV may create the illusion that IPV services are not needed by this population. However, understanding the specifics of help seeking behavior among Latinas can create a more cohesive picture.

- In a current systemic review of over 40,000 survivors of IPV in North America, Latina and Black women were less likely to seek mental health services compared to White women^[29].
- Like many survivors, Latinas prefer to tell family members^[29], female friends, or neighbors about IPV (i.e. utilize informal resources for help)^[29]. This is especially true for undocumented Latinas who were more likely to seek out informal support for IPV as compared to Latinas with resident or citizen status^[31]. However, for both groups, formal help-seeking was more likely when experiencing severe physical abuse.
- Nearly half of Latinas in one study did not report abuse to authorities^[32]. Reasons for underreporting may include fear and lack of confidence in the police^[33], shame, guilt, loyalty and/or fear of partners^[34, 66], fear of deportation^[35], and previous experience with childhood victimization^[30, 51, 69].
- An integrated review found that self-blame, shame, and embarrassment were expressed as barriers to IPV disclosure by Latina women^[66]. Research shows that Latina IPV survivors are less likely to seek mental health services than non-Latinas^[82, 36]. In a study of 94 Latina mother survivors of IPV (85% Mexican), Latinas with PTSD reported more physically forced rape than those without PTSD, while no significant difference was found between psychologically coerced rape and PTSD ^[83]. Findings indicate that Latinas with children are more likely to seek help for IPV than those without children^[37, 76].

- Low-acculturated Latinas (both abused and non-abused) are less likely to seek and use formal social services than their more acculturated counterparts^[6, 36, 29].
- Among Latinas receiving shelter for IPV^[38], undocumented Latinas were less likely to know what an order of protection was as compared to Latinas with resident or citizen status (59% vs. 84%). However, undocumented Latinas were more likely than Latinas with resident or citizen status (57% vs. 22%) to believe that their partner would abide by an order of protection if provided.



Commentary: Latina survivors' help-seeking behaviors are closely tied to their level of acculturation and other cultural factors. More recent immigrant Latinas are usually unaware of the laws, options, and possibilities regarding their experience of abuse. Latina survivors who have been in the United States for a longer period of time or were born in this country have had the opportunity to learn about resources and are more likely to use them. However, *where* they seek help varies from other ethnic/racial groups. Latina survivors are more likely to depend on family members and friends, rather than health care workers, clergy, and police^[39].

Needs

The needs identified by Latina survivors point to the importance of culturally appropriate resources and approaches to assist Latina families experiencing IPV. Below is a list of needs identified by Latina survivors and community advocates^[40, 73].

Cultural and linguistically appropriate services should include responses that account for cultural differences among Latino ethnic groups^[6].

Information about:

- Rights as a survivor
- Legal services
- IPV
- Help when going to court
- English lessons
- Protection/safety
- Transportation
- Education for independence
- A place to stay
- Someone to talk to in private

Resources and responses that^[41, 29]:

- Are in their native language
- Incorporate culturally-specific spaces and providers
- Do not ask about immigration status
- Include space and services for children and extended family
- Address all genders in the community



Commentary: Despite the focus on shelters as the preferred mainstream strategy to assist IPV survivors, Latina survivors did not mention shelters among their most urgent needs. This finding should be viewed in the context of not only the potential unawareness of the existence of shelters in this country but also the reluctance of Latina women to leave their community for a variety of reasons. This in no way negates the need for Latina survivors to have access to emergency shelters and housing to address their experience of IPV.

Contextual factors

IPV happens within the context of a family's daily life, which is deeply affected by numerous factors, both personal and systemic, that impact and are impacted by IPV. Some of these have been documented in the literature.

- **Cultural values** must be identified and understood to develop effective IPV interventions^[42]. Two values of particular importance in the occurrence and prevention of IPV in Latina communities are the importance of family (*familismo*) and strong gender role expectations.
 - ▶ *Familismo* refers to the central place that the family has in most Latinas' lives. Strong family roles point to the father as the primary breadwinner (although this role is rapidly changing due to economic realities) and to the mother as the person responsible for the well-being and cohesiveness of the family^[43, 65].
 - ▶ Gender role expectations change as Latina immigrants acculturate to their new environment. However, for many Latinas their role as mothers is still the most important aspect of their lives, a responsibility against which most of their decisions and actions are weighed. A study found that Latina survivors prioritized their children over themselves, protected them, and provided for them as best as they could^[44, 76].



- **Religion** often plays a strong role in Latinas' decisions on how – or if – to address IPV.
 - ▶ Religious beliefs may stop some Latinas from using services because they believe that the “sanctity of marriage” precludes their taking steps that could result in divorce or separation^[80, 81].
 - ▶ Negative and/or uninformed reactions of religious leaders to disclosures of IPV often result in Latina survivors feeling responsible for making their marriage work regardless of the violence they are experiencing^[45].
 - ▶ Findings indicate that religion is often a source of resilience among Latina survivors of violence^[53], however some research has found that using religion as a negative coping mechanism to escape life's stressors is associated with increased symptoms of Post-Traumatic Stress Disorder^[46, 29].
- **Economic factors** (such as employment issues related to immigration status) were also identified by Latina survivors as important elements that affect IPV. In several studies examining the vulnerabilities of socioeconomic status in relation to IPV, women who were unhindered by these factors showed improved mental and economic prosperity^[77, 61, 59].
 - ▶ Research shows that the high rate of IPV in immigrant populations has more to do with socioeconomic marginalization than with culture. In several analyses, low socioeconomic status was a more common determinant of IPV than race and ethnicity^[67, 62]. Financial concerns and lack of formal schooling among Latinas have shown to be predominant barriers for seeking support and developing sustainable livelihoods^[78].
 - ▶ In one study focusing on socioeconomic status of diverse sexual minority women, household income more than \$50,000 was associated with fewer reports of severe IPV compared with those reporting a household income of less than US \$10,000. Results also showed that Black and Latina sexual minority participants reported higher rates of severe IPV than white women^[62].
 - ▶ Economic sabotage, such as when an abuser interferes with their partners work outside the home, has also been documented. One study reported abusive strategies such as on the job surveillance, on the job harassment, and work disruption tactics. However, they also found unique strategies experienced by Latinas, such as denying access to a driver's license, lying about childcare arrangements, and sending the partner to their country of origin temporarily^[24].

- **Immigration** is, for many Latins, the most salient element of their lives. As a result, Latina survivors' decisions about IPV are deeply affected by their immigration status and the climate of their communities^[29]. As is discussed in the *Barriers to Services* section, this contextual factor is a prime barrier to their ability to access resources.
- **Anti-immigrant environments** created by strict immigration enforcement policies and increased rates of deportation have impacted many Latin communities. For example, immigrant Latina women affected by IPV have reported experiencing increased rates of harassment, including reports of being followed by strangers, called derogatory words and discrimination at work^[47]. Increased climate of fear due to the immigration enforcement environment was identified as a barrier to reporting or help-seeking by 78% of respondents in a national survey conducted by national domestic violence advocacy organizations^[48].
- **Acculturation** has been the focus of multiple studies investigating how the process of adapting to cultural norms in the US might relate to immigrant Latinas experiences of IPV. Studies find that IPV is less prevalent among those with strong ties to traditional Latino cultural values and orientation^[49]. Similarly, increased orientation towards American non-Latin culture has been associated with poor mental health among Latina survivors^[46].
- **Sociocultural factors that include the intersection of immigration status and levels of acculturation** influence victimization rates and mental health outcomes of Latina women^[5].

Resilience and resistance strategies

Although the literature in the field has begun to highlight how IPV affects Latina survivors and their children in negative ways, a few studies have focused on the strengths and resistance strategies used by the women.

- Latina survivors report multiple strategies to survive abuse. Among them^[50,65]:
 - ▶ Avoiding (placating batterer, walking away, talking batterer down, and encouraging counseling for the batterer)
 - ▶ Defending (protecting one's body, fighting back, locking self in room, and teaching children to call the police)
 - ▶ Spiritual or psychological (joining a support group and maintaining a relationship with God)



- ▶ Social or familial (maintaining relationships with supportive people, not involving family members to protect them, and support/advice from other battered women)
- ▶ Escaping (moving to an undisclosed location, disguising themselves, and saving personal money)
- In one Latina study, the ability to cope in stressful situations was identified as a protective factor for people who witnessed IPV as a child. Addressing past trauma was identified as a promising intervention strategy to improve the mental health of Latina victims of IPV with a history of adverse childhood experiences^[51].
- Strategies for staying safe used by Latina survivors have included^[52]:
 - ▶ keeping important phone numbers nearby to use for help-seeking
 - ▶ keeping extra supplies of basic necessities on hand
 - ▶ hiding importance papers
 - ▶ creating an escape plan
- Other strategies reported by Latina survivors who had used violence against their partners^[53, 51, 29]:
 - ▶ Religion
 - ▶ Dialoguing with partner
 - ▶ Using threats
 - ▶ Hobbies or studying
 - ▶ Exercising
 - ▶ Flight
 - ▶ Calling police
 - ▶ Divorce
- An in-depth study with Latina survivors living in a rural community identified multiple aspects of resiliency following IPV. In their stories of survival, they spoke of uncovering their internal strengths and courage, their love for their children and being in solidarity with other survivors of IPV^[54].
 - ▶ Children were a predominate source of resilience for mothers to seek support and heal from IPV in order to provide them with a future without violence.

- ▶ In solidarity with other women experiencing IPV, women noted the importance of providing support and sharing information with other survivors.
- An in-depth study that featured immigrant Latina survivors of IPV in the Midwest found that children were a common source of resilience. All participants talked about the importance of giving their children a better future. Despite struggles with help-seeking, participants demonstrated resilience through sharing their stories of survival and strength with other participants^[76].



Commentary: Regardless of their immigration status, Latina survivors of IPV demonstrate remarkable resilience and resourcefulness in addressing their plight. These strengths should be investigated further and used in programs and services that attempt to assist them.

Barriers to services

- In light of recent immigration enforcement policies, the apprehension to call the police due to the fear of deportation has become more salient for many Latina survivors. Immigrant Latinas may fear deportation while seeking help from social services^[13].
- Specifically, immigration status is often identified as a barrier for immigrant Latinas to seek services^[29, 36].
- In a recent study, immigrant Latina survivors reported a decrease in the likelihood of calling the police due to heightened immigration enforcement policies and increased fear of deportation^[47].
- Latina survivors report that immigration status is often used as a control mechanism to ensure that they do not leave the abusive situation^[36, 61].
- The strength of this control tool is amplified by the current realities of heightened deportation and immigration enforcement^[47].
- A survey of over 500 foreign-born Latina women found that 14% of participants reported experiencing problems in accessing IPV services due to immigration issues, some reporting they were denied IPV services for lack of proper identification^[55].
- Threatening Latina survivors to take away their children if they leave their partners was an especially powerful strategy used by men against undocumented, non-English speaking women^[44].

In addition to immigration, studies have found that low awareness of resources for IPV, language and cultural differences act as significant barriers to Latina survivors' ability to access services.

- There is little awareness of IPV services and options among Latina survivors^[56].
 - ▶ Women report a lack of knowledge about available resources in the community as a common barrier to services^[40].
 - ▶ One study found that only 1 in 4 Latins had heard of IPV protective orders^[57].
 - ▶ Another study with immigrant Latina survivors found that many women initially believed the abuse they were experiencing was a “normal” part of marriage^[58]. It was only after migrating to the US that they became aware of a way of life in which abuse was not the norm and felt empowered to seek help for ending their abuse.
- Lack of culturally and linguistically appropriate services is also a barrier for many Latina survivors, as it is for women from many other racial/ethnic groups.
 - ▶ In a recent systemic review, Latina women showed a reduced rate of support-seeking from social services compared to white and black women. Findings in the review illustrated that migrant status and cultural stigma are barriers to formal help-seeking^[29], however one study found that integrating cultural-specific practices into trauma-informed services showed higher levels of well-being among Latina survivors of IPV^[59].

Future steps

Future studies exploring IPV among Latin populations must address two general areas:

Methodology

- Future national studies need to include sufficiently large Latin samples that permit teasing apart the relevant differences and commonalities of Latin subgroups.
- Many of the scales and methods used currently may not be appropriate for capturing information that accurately reflects the experiences of Latin populations. The relevance and appropriateness of current measures and methods should be explored, and new ones developed as needed.
- Research by Adams and Campbell (2012) found that culturally appropriate interventions need more attention in both



design and testing. It was also suggested that policies and interventions consider how documentation status affects overall health in Latinas experiencing IPV^[67]. Similarly, Fedina et al. (2019) recommends that culturally relevant factors that influence help-seeking such as cultural values, acculturation, and immigration status be considered in clinical settings

- Serrata et al. (2019) recommend stronger documentation of programming and more robust evaluation of services for Latina survivors^[59]. Evaluation of IPV's impact on survivors needs to prioritize mental health (depression, PTSD, and other mental disorders) in addition to physical health. As Cheng and Lo (2019) noted in a study that analyzed the relationship between stalking and IPV, future research needs to assess whether race/ethnicity affects identified predictors of health^[70].
- The direct voices of diverse Latin populations need to be incorporated into research to explore in greater depth the context in which violence occurs.

Resilience, Current Realities, & Prevention

- In order to recognize the resilience of Latins, studies of physical and mental health outcomes of Latins should also incorporate a focus on the strength and protective factors of this population.
- In one community-based participatory research (CPBR) study of 20 Latina survivors of IPV in the Midwest, obtaining a U-Visa resulted in^[61]:
 - ▶ Improved mental health
 - ▶ Renewed confidence and self-esteem
 - ▶ Less perceived exploitation
 - ▶ Access to better jobs and housing
 - ▶ Freedom to travel
 - ▶ Improved economic and social well-being
- A study examining maternal emotional health found that employment and domestic violence services are key resiliency factors for Latina families. Similarly, mother's employment and access to domestic violence services were associated with a greater maternal acceptance of their children's negative emotions^[63].
- In the light of the current immigration enforcement policies that are impacting thousands of Latins across the United States, it is critical that future research continue to document the various unintended consequences of such policies on Latina survivors and their children.

- Routes for prevention identified by Latin community members and service providers include using a community approach, education around teen dating violence, prevention focused programming, and empowering vulnerable populations^[36]. Other recommendations include building cross-sector advocacy relationships, and strengthening funding streams as well as commitment to anti-oppressive services^[73].
- Emerging theoretical frameworks with potential to inform future clinical practices include intersectionality, historical trauma and decolonization, development, post-traumatic growth paradigm, and adverse childhood experience^[74].
- Because IPV is a worldwide public health issue of epidemic proportions, prevention strategies that are developed within culturally specific and relevant frameworks will ultimately be required. This is particularly important in the case of Latin populations, given their increasing presence and prominence throughout the United States.

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