SOCIAL SUPPORT NEEDS AND HELP SEEKING BEHAVIOURS AMONG SPANISH-
SPEAKING CANADIAN IMMIGRANT WOMEN WHO HAVE EXPERIENCED INTIMATE
PARTNER VIOLENCE (IPV)

by

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A Major Research Paper

Presented to Ryerson University

in partial fulfillment of the requirements for the degree of

Master of Arts

in the Program of

Immigration and Settlement Studies

Toronto, Ontario, Canada, 2015

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ABSTRACT

There is considerable research about women who have experienced Intimate Partner Violence (IPV) in the Canadian literature. However, most of these studies have focussed on IPV among Canadian-born women. Immigrant women who make the decision to seek help for IPV have received less attention in the research-based literature in Canada. This qualitative study examined the IPV experiences of 10 Spanish-speaking immigrant women in Canada, all from the Greater Toronto Area (GTA). The main focus was to examine the intersectionality between social support and help seeking behaviours for IPV. Results indicated that Spanish-speaking immigrants in Canada utilized both formal and informal sources of support for IPV. The importance of continuous support as a factor preventing women from returning to an abusive relationship was consistently reported by participants. Implications of the study findings and directions for future research are further discussed in this manuscript.

Keywords*:* IPV, Spanish-speaking, help-seeking, social support

ACKNOWLEDGMENTS

First and foremost, I would like to thank God.

I want to thank my mother, Rosela, and bother, Alfredo, for their unconditional support throughout my academic career. Mom, thank you for loving me, for listening to me, for your patience and for your financial support. To my brother, as I always say, you are more than a brother to me. You are my other half, my twin-soul, my best friend. Thank you for the laughs and for supporting everything I do. Most importantly, thank you to both of you for making me realize that there is much more to life than completing my graduate education. I would also like to acknowledge Martin Herranz. Thank you for the happy memories, the laughs, and for making me feel special. Thank you for keeping me company while I edited papers or presentations at the library, and for believing in my ability to succeed in school. Likewise, I believe in your ability to succeed in school.

I sincerely thank my supervisor, Dr. Sepali Guruge. Thank you for your patience, support, and tireless dedication. Thank you for believing in me and giving me the freedom I needed to discover my passions as a student and a researcher. Your guidance has truly inspired me. I hope that one day I can be an advisor and mentor to someone else, as you have been for myself. I would also like to thank my second reader, Dr. Margareth Zanchetta. Thank you so much for reading my work in record time with such dedication. Your valuable feedback and contributions have helped me write the most important piece of my academic career thus far.

Last but not least, I would like to thank my study participants. Thank you for being brave and trusting me with your inspiring stories. All of you have been instrumental in completing this project. Meeting each of you has changed my life in important ways. I admire your strength and wish all of you the best of luck in the future.

DEDICATION

I dedicate this MRP to my mother, Rosela.

I can't think of any other way to thank you for everything you've done for me.

You've sacrificed so much for your children's wellbeing and education. Thank you for giving me the push I needed 7 years ago to embark on my academic career.

Te amo mamá

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CHAPTER 1: OVERVIEW OF IPV

Introduction

Intimate partner violence (IPV) is a major public health concern (Hyman, Forte, Du Mont, Romans, & Marsha, 2006; Ahmad, Driver, McNally, Stewart, 2009). The World Health Organization defines IPV as "the intentional use of physical force or power, threatened or actual, by an intimate partner that either results in or has a high likelihood of resulting in physical injury, psychological harm, neglect, or deprivation" (WHO, 2002; Ahmad, Rai, Petrovic, Erickson, & Stewart, 2013 p. 613). Statistics Canada (2013) reported that IPV also has a criminal component, as some IPV cases may be at the root of other criminal offences such as assault, harassment, and homicide (Statistics Canada, 2013 p. 22).

In addition to physical injuries, victims of IPV endure adverse mental health conditions such as anxiety, depression, and post-traumatic stress disorder (PTSD, Jaffe, Wolfe, Wilson, & Zak, 1986; Statistics Canada, 2011). Depression is one of the leading causes of years lived with disability worldwide, and it is one of the most prevalent mental health consequences of psychological IPV (Godoy-Ruiz, Toner, Mason, Vidal & McKenzie, 2014). Golding (1999) conducted a meta-analysis examining the link between IPV and mental health concerns among female victims. It was found that the prevalence of depression among abused women was 47.6 % compared to 21.3 % lifetime prevalence of depression among non-abused women in the general population (Godoy-Ruiz et al., 2014).

While IPV is gender neutral, it is often reported in the literature that women are much more likely than men to be victims of IPV (Ahmad et al., 2013; Ingram, 2007; Guruge & Humphreys, 2009; Statistics Canada, 2007). High prevalence of IPV has been reported in North America. In the United States (U.S.), nearly 25% of women report being raped or physically assaulted (or both) by an intimate partner at some point in their lives (Tjaden & Thoennes, 2000).

According to the Federal Bureau of Investigation (FBI)'s Uniform Crime Report, 1,026 women were killed by an intimate partner in 2011 (FBI, 2011). Modi, Palmer, and Armstrong (2014) reported that younger and minority women are more likely to experience IPV. Furthermore, the lifetime prevalence of rape, physical violence, and stalking is highest in those who self-identify as multiracial (Black et al. 2010).

In Canada, IPV accounts for one in every four violent crimes reported to the police (Statistics Canada, 2013). The current victimization trend continues to suggest that women are more susceptible to IPV. In the year 2013, women accounted for nearly 80% of victims of police-reported IPV (Statistics Canada, 2013). Furthermore, police report statistics indicated that over 90, 300 women were victims of IPV, with 53% being victims of dating abuse, and 47% being victims of spousal abuse (Statistics Canada, 2013). The Family Violence Juristat Article in Canada indicated that 76% of intimate partner homicides recorded between 2003 and 2013 were committed by a married or common-law partner (Statistics Canada, 2013).

As a global health issue, IPV is associated with high economic costs for societies worldwide. In the U.S, $5.8 billion USD are spent annually to assist IPV cases (Pajak, Ahmad, Jenney, Fisher, & Chan, 2014), with 70% of this amount being directed to physical and mental health care (National Centre for Injury Prevention and Control, 2003). In Canada, it has been estimated that $7.4 billion (CAD) are spent annually to support women seeking help for abusive relationships (Zhang et al. 2013). It was reported that the majority of these costs are related to victim's pain and suffering court settlements, counselling expenses, and legal fees for divorce (Statistics Canada, 2013). The rest of the money was allocated to third parties, such as, family members and social services (Statistics Canada, 2013).

To date, the majority of IPV research has focused on the impact of physical violence on victim's overall wellbeing. However, recent empirical work suggests that IPV may be a heterogeneous phenomenon. That is, different patterns of IPV may be associated with different physical and mental health consequences (Ansara & Hindin, 2011). Ansara and Hindin (2011) reported that failure to make these distinctions leads to erroneous conclusions about the experience and perpetration of IPV. Fife et al. (2008 p.769) described IPV as any situation in which one partner follows patterns leading to the exertion of control over multiple aspects of the other partner's life. Furthermore, the researchers made clear distinctions in describing patterns of physical, verbal, and sexual abuse.

Physical abuse

IPV victims often experience a poorer quality of life and diminished productivity or participation in social activities (Hyman et al., 2006). Black (2011) reported that, as a result of physical abuse, millions of women worldwide suffer acute injuries, permanent disability, life-threatening injuries, and death. Furthermore, this pattern of abuse increases victims' risk for conditions such as, chronic pain, sexual and gynaecological problems, cardiovascular symptoms, and recurrent neurological problems, such as migraines and headaches (Ruiz-Perez, Plazaola-Castano, & Rio-Lozano, 2007; Rodriguez et al., 2009; Plichta & Abraham, 1996; Schei, 1990; Schei & Bakketeig, 1989).

Ruiz-Perez et al. (2007) examined the health consequences of physical IPV among women in Spain. The results of the study indicated that the prevalence of abuse was high in their sample (33%, N= 455), and a higher prevalence of chronic disease was observed in abused women, compared to women who had never experienced IPV (36.2 vs. 30.9%). The severity of physical abuse was also associated with higher instances of chronic physical health issues (Ruiz-

Perez et al., 2007). Furthermore, the length of IPV was another indicator of poor physical health. In conclusion, when physical IPV occurred for longer than one year, a higher probability of disease and hospitalizations for health related concerns was observed.

Researchers have also discussed the high prevalence of physical IPV against pregnant women worldwide (Berenson et al. 1994). Without a doubt, physical abuse presents many adverse consequences on a victim's health. However, pregnant women perhaps experience some of the most daunting consequences of such abuse. In these cases, the negative repercussions affect not only the victim, but also their unborn child. Morland et al. (2008) stated that physical abuse during pregnancy might result in placental separation, haemorrhage, fetal fractures, rupture of reproductive organs, premature labour and even forced miscarriage (Berenson, Wiemann, Wilkinson, Jones, & Anderson, 1994).

Verbal/Psychological abuse

Verbal abuse that includes demeaning, threatening, or controlling behaviour has been shown to have adverse consequences on victims' overall well-being (Coker, Smith, McKeown, & King, 2000; Sackett & Saunders, 1999). It is important to mention that experiencing multiple types of IPV may account for the psychological symptomatology of some women (Follette, Polusny, Bechtle, & Naugle, 1996). Verbal abuse may occur in the absence of physical or sexual violence. However, researchers report that this pattern of abuse is the most likely to be preceded by other forms of violence (Follingstad et al., 1991; Herbert, Silver, & Ellard, 1991).

Pico-Alfonso et al. (2006) compared the effects of IPV on the physical and mental health of women who have experienced physical abuse only, and physical-verbal abuse. It was concluded that verbal abuse is as detrimental to women's mental health as is physical abuse. Furthermore, aside from having independent effects on mental health, such as exacerbating

depressive and anxiety symptoms; verbal abuse is the only pattern of abuse contributing to PTSD and PTSD/depression comorbidity (Pico-Alfonso et al. 2006).

Sexual abuse

A high prevalence of sexual abuse has been consistently reported in the literature. Bonomi, Anderson, Rivara, and Thompson (2007) discussed the findings of a population-based study in the U.S., which indicated that 11% of women have experienced forced intercourse or oral, anal, or vaginal penetration by an intimate partner without consent. Sexual abuse among women has been associated with an increased risk for sexually transmitted infections, (Alvarez et al., 2009), cervical cancer, and unplanned pregnancies (Roberts, Auinger, & Klein, 2005). In addition to physical and health related consequences, sexual abuse may affect a woman's sense of safety and trust in intimate relations (Bonomi, et al., 2007). Furthermore, victims of sexual IPV are less likely to disclose their abuse to significant others (Bonomi et al., 2007). Consequently, these victims are at a higher risk of carrying the burden of their sexual abuse alone, which can add additional stressors to their health (Jewkes, Sen, and Garcia-Moreno, 2002).

Frieze (1983) reported that sexual violence exacerbates physical violence in abusive relationships. Aside from sexually transmitted infections, Guruge et al. (2010) stated that other consequences of sexual abuse include chronic pelvic pain, gynaecological symptoms, and gastrointestinal problems. Research has identified a growing prevalence of abuse victims affected by sexually transmitted infections (STIs, Campbell et al., 2008). In a systematic review about sexual forms of violence against women, Coker (2007) reported that IPV and STIs were associated by forced sexual interactions and inconsistent condom use. Based on such literature review, Cooker (2007) reported that an association between IPV and STIs was reported in almost 80% of studies. According to the World Health Organization (2008), there is evidence indicating

that abusive men are more likely than non-abusive men to have a number of sexually risky behaviours; including having multiple sexual partners, frequently visiting sex workers, and substance abuse. All of these behaviours can exacerbate an abused woman's risk for STIs.

IPV risk

IPV occurs in communities worldwide. However, researchers have identified IPV as a phenomenon steeped in cultural beliefs and systems of social inequality and power (Godoy-Ruiz et al., 2014). Some studies suggest that immigrant women are at a higher risk of experiencing IPV than the overall population (Godoy-Ruiz et al., 2014). Vives-Cases et al. (2010) reported that immigration status has been widely studied as a predictor of IPV. Mason (2010) examined IPV among immigrant women in Canada. The study findings suggested that immigrant women are at a higher risk of IPV for reasons such as, isolation, economic difficulties, loss of social support, and fear of state intervention. Other IPV risk factors unique to immigrant women include; men making decisions in the host country, language barriers, length of stay in the host country, fear of discriminatory treatment, and racism (Vives-Cases et al., 2010; Morash et al., 2007).

Reports using focus groups and key informant data consistently suggest that immigrant women in Canada underutilize medical and legal services, shelters, and hotlines, compared with abused women in the majority population (MacLeod et al., 1993; Smith, 2004). Vives-Cases et al. (2010) examined the differences in IPV rates among immigrant and native women in Spain. Results indicated that immigrant women reported higher levels of physical and psychological IPV, compared to their native born counterparts, 14.4% and 6.2% respectively. In a follow-up study, Vives-Cases et al. (2013) reported that for immigrant women who are victims of abuse, the lack of knowledge about social institutions, medical, and legal support services in the host

country may prolong the time of the abuse and accentuate the negative physical and mental health consequences associated with IPV.

Guruge and Humphreys, (2009); Guruge et al. (2010); and Mason et al. (2008) reported that Sri Lankan immigrants in Canada struggle to find support and seek help for IPV in the post-migration phase, that is, following their migration to Canada. Ahmad et al. (2009); Ahmad, Riaz, Barata, and Stewart (2004) reported similar findings in studies exploring IPV experiences among South Asian immigrant women in Canada. Consistently, Godoy-Ruiz, et al. (2014) reported high rates of IPV among Latin American (Spanish-speaking) immigrants in Canada. Across immigrant communities in Canada; language barriers, fears or retaliation by the partner, fears of being deported, and not being fully informed about available resources are listed as common barriers to accessing support for IPV (Guruge et al., 2010; Godoy-Ruiz et al., 2014).

According to Morrison et al. (1999), the loss of social networks and support in the post-migration phase places immigrant women at a higher risk of experiencing IPV. Guruge and Humphreys (2009) conducted a study examining the support networks of Sri Lankan/Tamil women in Canada. It was reported that informal social support was the most sought after method of support for women dealing with IPV and "is seen as a constant source of help" (Pinnawala, 2009, p.88). Guruge and Humphreys (2009), found that participants in their study often reported being affected by patriarchal beliefs, and feeling pressured by family members to remain married; even when the family members were aware of the IPV, in order to preserve the family's status within their communities (Guruge & Humphreys, 2009).

Interestingly, similar results related to gender roles and IPV have been found in other immigrant populations. Ahmad et al. (2004) reported that patriarchy continues to take place within the South Asian immigrant community in Canada. More specifically, Ahmad et al. (2004)

reported that immigration increases women's vulnerability to experiencing detrimental expressions of patriarchy. Many qualitative studies with South Asian immigrant women report references to domestic stress that is indicative of violence, particularly IPV (Abraham, 2000; George & Ramkissoon, 1998). A community-based survey with South Asian immigrant women conducted in Boston, U.S. reported that 40.8% of the women experienced physical abuse at the hands of their current partners (Raj & Silverman, 2002), a rate that was much higher than in the general population (Ahmad, et al. 2004).

In the continuous exploration of IPV among immigrant communities worldwide, Adams and Campbell (2005) conducted a study aiming to understand Mexican immigrant women's conceptualization of abuse. Results indicated that Mexican immigrants also identified poor relationships and IPV as issues affecting their community. In particular, sociocultural pressures such as patriarchy and male domination were identified as perceived contributing factors of IPV. Klevens et al. (2007) examined the perspectives and experiences of IPV among Spanish-speaking immigrants in the U.S. The women in their study estimated that IPV occurred daily in the lives of five out of ten families. These women also discussed different gender roles, such as permissiveness of male aggression and expectations of women submissiveness, as factors perpetuating IPV in their relationships.

Ramos, Green, Booker, and Nelson (2011) examined IPV among Spanish-speaking adolescent girls in New Mexico, U.S. The results indicated that sexually active girls were four times more likely to have experienced IPV than their non-sexually active counterparts. Moreover, those who reported lower levels of fluency in the English language had more than half the risk of IPV. Consistently, in the Klevens et al. (2007) study, language barriers were seen as a factor contributing to the lack of awareness regarding formal sources of support offered in the

host country. From these results, researchers have inferred that language barriers exacerbate immigrants' IPV experiences (Klevens et al. (2007; Ramos et al., 2011).

Purpose of the Major Research Paper (MRP)

In the existing literature examining IPV, the majority of studies have explored the experiences of Canadian-born women. Less attention has been directed to studying the experiences of immigrant women who make the decision to leave an abusive relationship, utilizing either formal or informal sources of support to seek help. Undoubtedly, the scarcity of this research has negative implications in the advancement of policies and programs designed to assist women experiencing IPV. Thus, there is a pressing need to address this gap in the literature and to learn which factors facilitate immigrant women's decision to report, and/or to seek help for IPV.

Immigrant women of certain nationalities have received more attention than others in the Canadian IPV literature (e.g. South Asian, Sri Lankan, Chinese). However, reports by Statistics Canada (2007) reflect that immigrant communities are steadily growing. According to the 2006 Canadian Census, one in every five women in Canada is foreign born (Statistics Canada, 2007). Therefore, more attention needs to be allocated to studying other immigrant populations. This MRP will focus on examining the intersectionality between IPV and social support in the context of help seeking behaviours and leaving an abusive relationship among Spanish-speaking immigrant women in Canada.

The Canadian literature concerning Spanish-speaking immigrants is very limited (Godoy-Ruiz et al., 2014). A review of the existing literature shows that studies conducted in Canada with Spanish-speaking immigrants have focused mainly on health related issues, such as depression, anxiety, diabetes, and obesity (Clark, Bunik & Johnson; 2010; McDonald &

Kennedy, 2005; Siddiqui, Zuberi & Nguyen, 2009; Vahabi, Damba & Rocha, 2011; Vahabi & Damba 2013). The literature regarding IPV among Spanish-speaking women is ample in the U.S. (Fife et al., 2008; Ramos et al., 2010; Klevens et al., 2007). However, due to the differences in policy between the United States and Canada, the U.S. based results cannot simply be generalized to the Canadian population. To the investigator's knowledge, this will be the first study to examine IPV and social support in relation to help seeking behaviours among Spanish-speaking women in Canada. The existing gaps in the literature led to the research question: (1) How does social support influence help seeking behaviours for IPV among Spanish-speaking immigrant women?

Research Objectives

The research objectives are, as follows:

- To understand the factors facilitating a woman's decision to leave an abusive relationship

- To examine the relationship between social support and help seeking behaviours for IPV.

CHAPTER 2: REVIEW OF THE IPV LITERATURE

Background Literature

Spanish-speaking community in Canada

According to the 2006 Canadian Census, 23.9% of people aged 15 years and older reported being born outside of Canada (Statistics Canada, 2007). The pattern of population growth showed that during the 1800's the majority of the population increase was caused by natural growth (more Canadians were being born). However, by the late 1900's immigration was the leading source of population growth. It was also reported that the average Canadian woman gives birth to only one child in her lifetime (Statistics Canada, 2007). Statistics Canada (2007) predicted that by the year 2060 almost all of the population growth could be attributed to migration. Thus, without a sustained level of immigration or a substantial increase in fertility, Canada's population growth within the next 20 years could be close to zero (Statistics Canada, 2007).

The Spanish-speaking[1] community in Canada is growing considerably faster than the overall population (Statistics Canada, 2007). Although Spanish-speaking immigrants are a relatively "new" immigrant population, they now make up one of the largest non-European ethnic groups in Canada (Statistics Canada, 2007). According to Statistics Canada (2007), of 5,068,095 racialized minorities in Canada, 304,245 are identified as Spanish-speaking. Between 1996 and 2001, the number of people reporting South American origins rose by 32%, while the overall population grew by only 4% (Statistics Canada, 2007). Moreover, according to the first data from the 2011 National Household Survey, Canada had a total of about 6,775,800 foreign-born individuals who arrived as immigrants. They represented 20.6% of the total population,

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[1] *Spanish-speaking*: Refers to immigrants from the following twelve sovereign states: Argentina, Bolivia, Brasil, Chile, Colombia, Ecuador, Guyana, Paraguay, Peru, Uruguay, and Venezuela.

compared with 19.8% in the 2006 Census. Results from the National Household Survey (2011) indicated that Spanish-speaking immigrants compromise the fifth largest group of new immigrants in Canada (Statistics Canada, 2011).

Spanish-speaking immigrants and IPV in the literature

Despite the growing rate of Spanish-speaking immigrants in Canada, Godoy-Ruiz et al. (2014) were the first researchers to study the link between IPV and depression among Latin American (Spanish-speaking) women residing in the Greater Toronto Area. A review of the literature showed that IPV among Spanish-speaking immigrant women worldwide has been studied within the contexts of gender roles and cultural beliefs, acculturation, substance abuse, and barriers in accessing IPV support.

Gender roles and cultural beliefs

In the existing literature, many researchers have discussed the high levels of traditional gender roles among Spanish-speaking cultures. In a U.S. study, West, Kantor and Jasinki (1998) reported that abused Spanish-speaking women are almost twice as likely to be in a male-dominated relationship compared to abused non- Spanish-speaking white women. Such findings are consistent with reports about Spanish-speaking immigrants' patriarchal relationship and family dynamics. Needless to say, such gender roles assign different behaviours and responsibilities to men and women, where men are expected to dominate in relationships and women are expected to be the submissive partner (Marin & Marin, 1991; Perilla, Bakeman, & Norris, 1994).

Regarding the sociocultural beliefs of Spanish-speaking communities, Godoy-Ruiz et al. (2014) reported that, culturally, Spanish-speaking women are shaped to be permissive of male dominant behaviours. As a community, Spanish-speaking immigrants are highly collectivistic

and place a high value on family relations (Oyserman, Coon, and Kemmelmeier, 2002). The concept of collectivism among Spanish-speaking cultures has been examined in the literature using the term *"familialism"* (Cruz-Lopez & Pearson, 1985; Sotomayor & Applewhite, 1988; Padilla, 2002; Valle, 1989). Sabogal, Marin, Otero-Sabogal, and Perez-Stable (1987) described familialism as: "the strong identification and attachment of individuals with their families (nuclear and extended), strong feelings of loyalty, reciprocity, and support among members of the same family" (Sabogal et al., 1987, pp. 397–398).

Furthermore, Godoy-Ruiz et al. (2014) discussed the concepts of *machismo - (*the valuing of male's "aggressive and dominant qualities")*,* and *marianismo - (*the valuing of "passive and self-sacrificing" qualities in females) among their sample of Spanish-speaking immigrant women. The women in this study indicated that the cultural valuing of masculine and aggressive traits in males, and gender socialization patterns that assign women a passive role in relationships were also implicated in IPV perpetration from males to females. ''In [Spanish-speaking] countries the majority of people are *machista* and authority is given to men. This brings lots of problems for the couple because the man thinks women should do as they say'' (Nancy, Godoy-Ruiz et al. 2014, p.5).

Lewis et al. (2005) examined the IPV perceptions of both service providers and community members among a sample of Spanish-speaking immigrants in New Jersey, U.S. The main factors listed by service providers and community members as contributing to IPV were; adherence to cultural norms of machismo and traditional gender roles, and level of acculturation. The service providers specifically indicated that power and control exerted by the husband is common within Spanish-speaking families. Specifically, Spanish-speaking men were described as being possessive, controlling, jealous, and demanding (Lewis et al. 2005). In contrast,

Spanish-speaking women were expected to be submissive and to take care of their husbands' needs. Furthermore, the researchers concluded that IPV perpetrated by Spanish-speaking men was often used as a way of compensating for feelings of inadequacy, lack of power or control over the woman and the family, and loss of self-esteem (Lewis et al. 2005).

Acculturation

Considering power relations among Spanish-speaking immigrant couples, Vives-Cases et al. (2010) reported that migration often places women at a higher risk of being dominated by their partners. A possible reason for this association is that women may be more dependent on their partners upon migration. In line with migration research, Klevens et al. (2007) explored the relationship between acculturation and IPV. *Acculturation* is defined as "the psychological and social changes that occur when members of one culture come into regular contact with members of a different cultural group" (Redfield, Linton, & Herskovits, 1936, pg. 556). In other words, the acculturation process involves changes and experiences within the immigrant's daily life that are brought on as a result of having contact with new cultural groups, by the formation of new relationships, and by the loss of old ones (Redfield et al., 1936; Safdar, Lay, & Struthers, 2003).

The impact of acculturation on IPV has been explored in various studies. West et al. (1998) reported that high acculturation; which is observed when an immigrant has successfully integrated to the host society, increases the chances of IPV help seeking among Spanish-speaking immigrants in the U.S. (West et al., 1998). Specifically, the authors observed formal and informal help seeking behaviours, such as disclosing the abuse to family members and to social service professionals, among highly acculturated participants. Consistent findings have been reported in Canada across immigrant communities. Hyman et al. (2006) suggested that higher levels of acculturation play an important role in help seeking behaviours for IPV.

Yoshioka et al. (2003) also found that longer length of stay in the U.S was associated with disclosure of abuse to family members among a sample of Spanish-speaking, African American, and South Asian women. It is important to mention that the protective effects of acculturation have also been reported among other immigrant communities. For example, Bui (2003) found that acculturated Vietnamese women in the U.S. were more likely to use sources of support for IPV. From this study, it was concluded that the concept of acculturation could be used as a theoretical framework to examine IPV help seeking behaviours among immigrants (Bui, 2003).

A concept closely related to acculturation is that of *acculturation stress*. This is stress that occurs when the acculturation process causes problems for individual immigrants, as their beliefs conflict with those of the host country (Berry, 2005). Caetano, Ramisetty-Mikler, Caetano, and Harris (2007) examined the effects of acculturation stress among Spanish-speaking couples in the U.S. The results of the study indicated that the levels of acculturation stress were significantly higher in participants reporting IPV, compared to participants who did not experience IPV. Furthermore, the stress associated with the process of adaptation to the new country was found to be directly responsible for the increased likelihood of involvement in an abusive relationship (Caetano et al., 2007). Interestingly, the researchers reported that a link between acculturation stress and abuse was present among Spanish-speaking families. That is, Spanish-speaking women with low levels of acculturation were at a higher risk for IPV. Additionally, the abuse was compounded when the male partner presented low levels of acculturation and high levels of acculturation stress.

Substance abuse

In the U.S, Fife et al. (2008) examined IPV among Spanish-speaking immigrant women in Indianapolis. The women reported a high prevalence of IPV (51% of n=100). The alcohol use,

or abuse, of the male partner was a common concern discussed by the women. Fife et al. (2008) concluded that among Spanish-speaking immigrants, IPV was compounded by the alcohol use of the male partner. A different study examining the ethnic and racial differences in a household sample of White, Black, and Spanish-speaking couples, reported that female alcohol abuse was a predictor of IPV victimization for White and Black women but not for Spanish-speaking women. However, in the case of Spanish-speaking male partners, alcohol abuse predicted the perpetration of IPV (Field & Caetano, 2003).

Similarly, other researchers have stated that male alcohol and illicit drug use is associated with male-to-female IPV (Perilla et al., 1994). Cunradi, Caetano, Clark, and Schafer (2000), examined neighbourhood poverty on a household sample in the U.S. Alcohol use was included as one of the variables contributing to neighbourhood poverty. In terms of IPV, the results indicated that drinking preceding episodes of abuse was found to be as common in Spanish-speaking men as among non-Spanish-speaking men (Cunradi et al., 2000). However, the permissiveness of marital aggression resulting from substance abuse was shown to be higher among Spanish-speaking women than in other ethnic groups (Field, Caetano, & Nelson, 2004).

Marijuana use has also been associated with an increased risk of IPV among Spanish-speaking immigrants (Caetano et al., 2007). Jennings et al. (2012) studied the link between substance abuse as a risk factor for IPV among Spanish-speaking young adults. The results indicated that Spanish-speaking young adults who reported high-levels of marijuana use during adolescence had twice the risk of IPV victimization (females), and IPV perpetration (males), compared to non-marijuana users. In conclusion, regarding Spanish-speaking immigrants, IPV seems to be more closely associated with the substance abuse and aggressive behaviours of the male partner (Gonzales-Guarda et al., 2008).

Barriers in accessing IPV support

       Bauer, Rodriguez, Quiroga, and Flores-Ortiz (2000) examined the barriers in accessing health care for abused Spanish-speaking and Asian immigrant women in the U.S. The results from the study indicated that women in both groups lacked the support of their extended families and felt socially isolated in the post-migration phase. Furthermore, some women were economically dependent on their abusive husbands, which made seeking outside help more difficult. When considering economic dependence, Spanish-speaking immigrant women in Canada face similar hardships. According to the 2006 Canadian Census, Spanish-speaking immigrants in Canada generally have lower income levels than the national average (Statistics Canada, 2007). Furthermore, differences within Spanish-speaking immigrants were also observed, as women had lower income levels than their male counterparts. In 2000, the average income for adult Spanish-speaking women was less than $18,000 (Statistics Canada, 2007). In contrast, the average income for Spanish-speaking men was over $27,000. These differences may compound Spanish-speaking women's financial dependence on their partners. Consequently, these women may need to stay in an abusive relationship for longer periods of time.

       Additional common barriers often mentioned in the literature are lack of knowledge of where to go for assistance, language barriers, fear of partner or boyfriend, and limited mobility (Murdaugh, Hunt, Sowell, & Santana, 2004). These factors may amount to institutional barriers, especially when agencies lack culturally diverse services (e.g. translator services), or when they are located far away from Spanish-speaking clusters in the community (West et al., 1998; Williams & Becker, 1994), which makes it particularly difficult for this immigrant population to access their services. Migration status is another factor delaying help seeking due to fear that

accessing IPV services will increase the risk of deportation. Immigrants move from their

countries in search of better opportunities; thus, the perception that reporting IPV will lead to

deportation may deter their decision to report it (Bauer et al., 2000; Rizo & Macy, 2011).

CHAPTER 3: THEORETICAL COMPONENT

Theoretical Approach

To date, researchers have widely examined the nature and extent of help seeking behaviours among IPV victims. Liang et al. (2005) gathered information from existing models of help seeking in order to elucidate the process of help seeking among former IPV victims. The framework proposed by these researchers included three processes of help seeking in the IPV context: (1) defining the problem, (2) deciding to seek help, and (3) selecting a source of support (Liang et al., 2005).

In order to conceptualize IPV help seeking behaviours, it is important to mention that the way in which individuals react to problems is by no means homogenous across populations. Rather, it varies depending upon how they define or label those problems and evaluate their severity (Fox et al., 2001; Tsogia, Copello, & Orford, 2001). Undoubtedly, an abused woman's recognition of her situation as "abusive" shapes her decisions around whether or not to seek help for IPV, and from whom. It should be considered that the "helper" she chooses will inevitably influence how she defines the problem and whether she chooses to seek help again.

Liang et al. (2005) stated that further research is needed before an IPV help seeking theoretical framework can be developed. For this MRP, the sample will exclusively consist of women who have experienced IPV in a past relationship, with the underlying assumption that the women have already (1) defined the problem - IPV, and (2) decided to seek help. Meanwhile, (3) selecting a source of support remains an unanswered question. Therefore, a further examination of this topic is needed to examine its relationship to IPV-related help seeking among Spanish-speaking immigrant women in Canada; and to possibly develop an effective theoretical framework to address IPV help seeking in relation to social support.

Social Support

Liang et al. (2005, p.72) described social support with regards to IPV as formal and informal. Formal social support may be provided by police officers, social service agencies, medical service personnel, and mental health professionals; such as Psychologists, Psychiatrists, and Social workers. Informal social support may be provided by family members and friends. Gondolf and Fisher (1998) stated that both formal and informal social support improve the mental health of women who have experienced IPV, and increases their likelihood of seeking help. Additionally, social support has been found to be a protective factor towards physical safety, and to provide a buffering effect against the adverse psychological consequences of IPV (Escriba-Aguir et al. 2010). Yoshioka et al. (2003) reported that receiving social support is critical to the survival of IPV victims; while Vives-Cases et al. (2010), stated that lack of social support negatively influences IPV experiences, such as length and severity of the abuse.

To date, researches have taken different approaches to study the intersections of social support and IPV. For example, some researches have focussed on examining the link between social support and disclosure of IPV (Yoshioka et al., 2003; Mburia-Mwalili et al., 2010; Ahmad et al., 2004; Fanslow & Robinson, 2009; Guruge & Humphreys 2009). Others have examined social support as a protective factor against the aftermath of IPV, especially mental health conditions (Godoy-Ruiz et al., 2014; Abramsky et al., 2011; Dillon et al., 2013; González-Guarda, Florom-Smith, & Thomas, 2011). However, less attention has been given to the study of social support as a predictor of help seeking behaviours for IPV, and the experiences women transition through prior, during, and after ending an abusive relationship (Hyman et al., 2006).

For example, Ahmad et al. (2013) stated that for South Asian immigrant women in Canada, a higher level of social support does not translate to leaving an abusive relationship sooner.

Furthermore, the researchers explained that for immigrant women in patriarchal societies, disclosing the abuse to anyone outside of the family may be seen as inappropriate, as women are expected to make sacrifices for their families (Ahmad et al., 2013). South Asian women value collectivism and family relations. Therefore, ending a marital relationship could sometimes be seen as a selfish act, even in the presence of IPV (Ahmad et al., 2009; Ahmad et al., 2004).

Short, McMhon, Shelley, Lezin, Slopp, and Dawkins (2000) conducted a study examining protective factors among IPV victims from Caucasian, Spanish-speaking, and African American background. The researchers concluded that a higher level of social support facilitated help-seeking behaviours among Caucasian women. However, this pattern was not observed among Spanish-speaking or African American women. Since it was found that social support serves as a push factor only for women who did not describe the abuse as "severe", the authors concluded that severe forms of abuse are less likely to be reported to family members and friends, even among women with a higher actual or perceived level of social support.

Carlson et al. (2002) conducted a cross-sectional survey study to elicit information about social support, conflict in relationships (Conflict Tactics Scale, Straus, 1979), and mental health (Primary Care Evaluation of Mental Disorders, Spitzer et al., 1994). Consistent with the Short et al. (2000) study, findings indicated that in cases of severe abuse, women are less likely to benefit from having high levels of social support. Carlson et al. (2002) concluded that while high levels of social support do not completely neutralize IPV experiences; having more rather than fewer protective factors, including social support, is associated with less anxiety and depression among severely abused women (Carlson et al., 2002).

Denham et al. (2007) examined IPV rates among Spanish-speaking immigrants in Eastern North Carolina, U.S., and the results indicated that about half of the Spanish-speaking women in

their sample who experienced IPV reported poor social support networks, compared to their Spanish-speaking counterparts who had not experienced IPV. Furthermore, in a study examining IPV among Mexican immigrant women in the U.S., Lown and Vega (2001) concluded that the Spanish-speaking women in their sample experienced high levels of isolation and low levels of social support, which negatively influenced their IPV experiences.

Santiago and Morash (1995) conducted one of the few studies available on the social support and IPV help seeking experiences of abused Spanish-speaking women in the U.S. Mexican women composed 80% of their sample (n=176). The researchers reported that 54% of the women went to family members for assistance, 47% went to social service agencies, and 36% went to a member of the clergy. Despite strong cultural norms to turn to family during times of trouble, 46% of the women did not disclose the abuse to a family member (Santiago & Morash, 1995). Of those who chose to disclose the abuse, 12% reported that their families did not get involved. Perhaps the most interesting finding is that only half of all women who accessed either formal or informal support found the assistance they received to be helpful (Santiago & Morash, 1995). Without a doubt, this finding presents a problem, as the lack of helpful support networks may deter abused women from seeking help. Therefore, it is important to conduct studies like this one, to further explore the relationship between social support and IPV help seeking.

CHAPTER 4: METHODOLOGY

Study design

This MRP was guided by a qualitative research approach known as Qualitative Description. Sandelowski (2000) described qualitative description as "a method that produces a complete and valued end-product in itself, rather than as an "entry point" (p. 335). Additionally, qualitative description does not require researchers to move as far from, or into their data (Sandelowski, 2000), which seems reasonable given the limited time available for MRP work. Most importantly, as opposed to phenomenological or grounded theory, qualitative description entails a kind of interpretation that is more likely to result in easier consensus among researchers (Wolcott, 1994).

The investigator chose a qualitative methodology for this MRP for two important reasons. First, IPV experiences among Spanish-speaking immigrant women have not been extensively researched in Canada. Therefore, it was important to obtain as much information as possible, and to stay close to the data. Second, to the investigator's knowledge, this is the first Canadian study to focus specifically on the intersectionality between social support and IPV help seeking behaviours within the Spanish-speaking community. Therefore, it was also important that the findings of this study are presented in an accessible and informative language. In Sandelowski's (2000) words, qualitative description is "especially amenable to obtaining straight and largely unadorned (i.e., minimally theorized or otherwise transformed or spun) answers to questions of special relevance to practitioners and policy makers" (p.337).

The qualitative method of data collection for this study was semi-structured, individual interviews. With consent from each participant, the interviews were tape-recorded. Additionally, the investigator took written notes, when needed, for clarification purposes. The investigator

chose to conduct individual interviews, rather than focus groups because the aim was to obtain

an in-depth understanding of each participant's individual experience. Straus (2010) stated that

researchers are able to obtain greater depth details with individual interviews, where each

participant is given more focused attention and time to share their personal experiences with the

investigator.

The interview guide was developed with the purpose of eliciting information about

individual experiences of IPV, sources of social support, and help seeking behaviours. It was

important to learn about the participant's support networks prior to making the decision to leave

their partner, during the process, and after the decision was finalized. Therefore, the questions

related to social support asked participants about their support system during these three stages.

Since there was variation within the interviews, the way in which information was elicited about

the process of help seeking varied slightly. For example, some participants naturally discussed

the process of their help seeking experiences as the interview evolved. On the other hand, other

participants were relatively more reserved with their answers. In these cases, participants were

prompted with more specific questions, such as *"What kind of support system did you receive*

when you ended your abusive relationship?" and *"How would you describe your support system*

presently?"

Sampling Technique

This study incorporated both purposive and snowball sampling techniques. Purposive

sampling is a technique of non-probability that is most effective when one needs to study a

certain population with a particular knowledge of interest (Tongco, 2007). This sampling method

stays robust even when tested against random probability sampling (Tongco, 2007). For this

study, only Spanish-speaking immigrant women who had experienced IPV in the past met the

inclusion criteria, which constitutes a very specific topic. Goodman (1961) described snowball sampling technique as a convenient method for studying hard to reach populations. In this design, the investigator begins with a small sample that will connect them with potential participants. Snowball techniques have been proved effectively when working with hard-to-reach populations. Working with these populations is difficult because "standard statistical sampling methods require a list of population members (i.e., a "sampling frame") from which the sample can be drawn" (Heckathorn, 2011, p. 356). For a hidden population, constructing the sample frame using methods such as surveys is not feasible when the population is (a) small relative to the general population, (b) geographically dispersed, and (c) membership involves stigma (Sudman and Kalton 1986). Nonetheless, groups with these characteristics are relevant to research in many areas, including public health and public policy (Heckathorn, 2011). Therefore, the investigator chose to utilize snowball sampling to ensure the sample was representative of the population. Considering the stigma associated with IPV, the investigator inferred that women who volunteered to complete the interview had a network of fellow women who had experienced IPV.

Recruitment and Screening

Recruitment flyers were posted in Spanish-speaking immigrant networking places such as; Spanish Centre of Toronto, St. Augustine of Canterbury Catholic Church, and Milvan Street Latin plaza. The flyer specified the inclusion criteria, which were as follows - *(1) women who identify as a Spanish-speaking immigrant, (2) be older than 18 years of age, (3) have had a prior experience of IPV, and (4) no longer be involved in an abusive relationship.* The investigator's Ryerson University electronic mail address was included in the flyer. Initial communication between potential participants and the investigator began by electronic mail.

Prior to booking interview times with potential participants, a screening script was used to ensure they met the selection criteria. Once eligibility was established, those who were interested in participating were invited for a one-time individual interview. On average, each interview lasted around 40 minutes. Each participant signed a written consent form; which included a separate signature authorizing the investigator to tape record their interviews. Each participant received an honorarium of $20.00 for their participation.

The investigator received electronic mails from four potential participants who did not meet the eligibility criteria for several reasons – *(a) women were still involved in an abusive relationship, (b) the women's perceptions of IPV did not meet the criteria for physical, verbal, or sexual IPV,* and *(c) the women were not of Spanish-speaking decent.* In these cases, the investigator thanked each woman for her interest and respectfully offered to send the list of resources that had been compiled for this study, which included IPV- related information and support centres.

Ethical Concerns and Confidentiality

As per Ryerson University's Research Ethics Board requirements, the investigator ensured that participants were fully informed of their right to withdraw from the study without loss of benefits at any time; their right to avoid answering any specific questions; and of their right to ask questions/clarifications at any point during the interview. In order to minimize the risks associated with participation in this study, a debriefing form was prepared for each participant. The investigator explained that feelings of discomfort may arise days or even weeks after participation in the study. Additionally, the investigator provided participants with a list of IPV resources from community, health care, and settlement services that provide support, counselling, legal, and financial advice.

In order to ensure that the privacy and confidentiality rights of each participant were met, private rooms in community libraries were booked close to the participant's preferred locations. Prior to initiating the interview, each participant was reminded about the purpose of this study. Each participant received a written consent form in Spanish. During the consent process, participants were once again reminded of their right to withdraw from the study at any time, or to avoid answering any particular questions. The investigator adhered to the principles of confidentiality required by Ryerson University's Research Ethics Board by ensuring that no identifiable information about the participants was stored. Each participant was assigned a numeric code. Only summarized information will be reported in this MRP, and any publication or presentation resulting from this study. The interview tapes were erased once the interviews were transcribed, translated, and checked for accuracy. The written notes about the interviews, which did not include identifiable information about participants, will be destroyed after 5 years. All study information was stored in a locked cabinet in Dr. Sepali Guruge's office in the Faculty of Nursing at Ryerson University. Dr. Guruge is the faculty supervisor for this MRP. She has extensive experience researching IPV among immigrant populations.

Data Collection

A total of 10 Spanish-speaking immigrant women were recruited to participate in this study. The rationale for the sample size was determined by a literature search. Guest, Bunce and Johnson (2006) stated that data saturation in interviews ranges between 8 and 12 participants. When no new major themes emerge from the data, the investigator has reached what Baker & Edwards (2012) described as empirical data saturation. Therefore, following such observations, the investigator chose to recruit the average recommended number of 10 participants (Guest et al., 2006). It should be mentioned that 80% of the participants for this study were recruited

through snowball sampling. All of the participants who met with the investigator for the interview completed the study, as no one expressed an interest to withdraw; or to avoid answering any particular questions. In fact, participant's responses were positive, as they expressed a sense of gratitude to the investigator for wanting to examine IPV; and described the interview process as a positive cathartic experience.

Data Analysis

The data analysis of choice for this MRP was Qualitative Content Analysis. This kind of analysis is a dynamic form of analyzing verbal data that is oriented toward summarizing the informational contents of that specific dataset (Altheide, 1987; Morgan, 1993). Qualitative content analysis is similarly reflexive and interactive, as researchers normally modify their treatment of the data to accommodate new data and new insights about their study (Sandelowski, 2000). Therefore, the data obtained in this study was analyzed by identifying recurrent themes between the interviews. Since the interviews were semi-structured, there were some variations in the data; which allowed the investigator to compare and contrast the interviews until empirical saturation had been reached (i.e. no new themes emerged from the data).

Once the interviews were completed, they were transcribed verbatim on a word document. The investigator checked for consistency by listening to the interviews and reading along with the transcript. Afterwards, the transcripts were translated from Spanish to English to begin the coding process. The investigator is a first generation immigrant from Peru. Translation to English was needed in order for the faculty supervisor, Dr. Guruge, to review the transcripts and provide feedback regarding coding. Each transcript was manually revised and coded. The investigator chose manual, as opposed to computerized coding, in order to ensure that sufficient attention to detail was given to each individual interview.

The investigator began reading the transcripts and colour coding each of them, line by line. All initial colour codes were classified as an individual category. As the coding process progressed, similar categories began to emerge across interviews. At that point, the investigator began the process of classifying the individual categories into a major theme. For example, the categories of data related to social support were initially classified as "Support from family"; "Support from friends in home country"; "Support from friends in Canada"; "Support from health care providers". Afterwards, each of these categories were divided into the two main sub-categories of "Formal support" and "Informal support". Lastly, the investigator grouped these sub-categories into a major theme entitled "Sources of support".

During the coding process, other common topics that were not specifically part of the research question started to emerge. New categories were created for each of these topics. For example, participants talked about having witnessed abuse as children, which constituted a new category. Additionally, patterns of abuse from the partner to the participant's own children were a recurrent topic across interviews, constituting a separate category. In the next section of this manuscript, the most salient emergent themes and topics related to social support and help seeking behaviour will be described in greater detail.

CHAPTER 5: FINDINGS

Demographics characteristics

The sample for this study consisted of 10 Spanish-speaking immigrant women in Canada with an average of 43 years old. The ages ranged from 30 to 63 years old. The participants' countries of origin were as follows: Peru (4), Colombia (2), Chile (2), Ecuador (1), and Mexico (1). A total of seven women experienced IPV at the hands of a former husband. The remaining three were involved in civil unions.

Results

Overall, the women who participated in this study indicated that they received both informal and formal sources of support for IPV. In each case, parents and siblings played an important role supporting the women through life adjustments after leaving their abusive partners. Specifically, participants received emotional and financial support from family members and friends. Those who obtained formal support received financial, housing, and legal assistance from the Canadian government and other social service institutions. This section will include a breakdown of IPV experiences discussed by the women. Emergent themes related to social support and help seeking behaviours will be discussed. Lastly, additional common themes that emerged from the data will be described in detail.

Physical abuse

All participants reported experiences of physical abuse. However, some variations were reported in the severity of abuse, and the length of the abusive relationships. For the majority of women in the study, the first IPV experiences were physical.

"…It was a horrible time. This is something I haven't really talked about. It's been a while since I talked about it since I moved here. When I was pregnant he once pushed me down the stairs. Very hard, it was horrible. Even thinking about it makes me want to cry, it was traumatizing…" – 43, Peru.

"…We were arguing over money. We recently moved into our first home and didn't have much furniture. He was angry because the mattress was expensive and we didn't have enough money to make rent for the month. I offered to return it when I saw he was getting aggravated. He pushed me down on the mattress and slapped me as I tried to fight back". – 42, Colombia.

A 49-year-old participant from Peru experienced physical abuse once and decided to move out of the house with her two children. She described the abuse as severe, as she believed her then-husband was going to kill her, or their children. For this woman, jealousy was a topic often present in arguments, and led to the physical abuse.

[Participant's husband was jealous about her going to a party the night prior to the altercation]…"No, you were dancing and flirting with other men there", and I said "But where do you get that from?. When I said that, he pushed me. It made me go back and I said "If you touch me once again, I will kill you". He touched me again, and I said "I already told you!, don't touch me again". But he punched me twice on the left leg so hard that I couldn't walk that very second. So in my head I kind of didn't see anything clear anymore and said "Him, or me". My kids were screaming. – 49, Peru.

Alcohol was a factor identified by the participants as exacerbating the aggressiveness of their partners, which ultimately led to the abusive situations.

"Because we had gone out with friends…We went dancing and he got drunk. I told him "How are you going to drive drunk?." When we got home he asked me why I called him out on it in front of friends and he started to hit me… I didn't want anyone to see me the next day with a swollen face. The next day was my daughter's birthday" – 53, Peru.

"…When he didn't drink he was nice. Our problems always started when he came home drunk. During the first years of our relationship I was in school so I tried to sleep early every night. Sometimes he'd come home drunk and demand things from me, if I refused, he would beat me. But when he was sober, he was actually the one catering to me. I never understood…" – 37, Chile.

Some of the women also spoke about their own struggles with alcohol abuse. In particular, a 30-year-old participant from Chile discussed using alcohol as a coping mechanism, but only when the abuse evolved from verbal-only to physical abuse.

"… First he only insulted me and I insulted him back. We just did not get along… I feel it was a mistake to move in too soon. We didn't really know each other well. When the abuse was verbal I didn't really think much of it, I could handle it…. After the first time he hit me, everything went

downhill. I developed a dependence to alcohol. When he left for work I'd sit in my room and cried myself to sleep with bottles next to me. It was a very dark time" – 30, Chile.

Verbal / Psychological abuse

In addition to physical abuse, all of the women experienced forms of verbal abuse, such as insults, name-calling, being labeled as "bad mothers", being accused of infidelity, and being insulted for their appearance before and after pregnancy. Several women indicated that verbal abuse had negative consequences on their overall wellbeing. Specifically, these women discussed feeling depressed and socially withdrawn as a result of verbal abuse.

"He was very mean and insulted me, especially after I gave birth to our son. He called me names, said I was a fat cow, full of stretch marks. I became depressed and stopped taking care of myself and my son" – 37, Colombia.

…" I had lost all love for myself. I didn't care about anything, I gained weight, I let myself go. I was a lifeless being.... He killed my spirits and I was nothing compared to what you can see now. Emotionally and physically, I was just gone" – 43, Peru.

Some women also mentioned verbal abuse directed to their children. In fact, with the exception of one participant, abuse from the husbands to their offspring was always verbal, never physical. For these women, the abuse of their children was one of the main reasons behind their decision to end the abusive relationship.

"Finally what made me decide was when he said to my children "Get out of my house". We had a house that we'd bought and he told my kids "Get out of my house, dogs". When I heard that I said "This is it". This man is useless now. I don't know if it was that he was drinking the night before or not" – 49, Peru.

… " He insulted me for taking too long to get out of the house. I felt anger inside but didn't fight back because my son was crying in the back seat. I started talking to my son, trying to calm him down and he blurts out insults to my son and called him a girl. I thought, I can put up with mistreatment because I chose the wrong man, but I was never going to let him abuse my son. He was innocent" – 37, Colombia.

For a 53-year-old participant from Peru, verbal abuse was identified in remarks that exerted the power and control of her then-husband. In this case, the husband took advantage of the participant by threating to completely stop supporting the family financially if she left him.

"...They [daughers] *went to an expensive school, so I wouldn't have the money to pay for it and he would tell me that if I left, he was not going to help me with anything... so I had nowhere to turn to. There wasn't any help"* – 53, Peru.

Some participants experienced forced isolation in addition to verbal abuse. In particular, a 53-year-old participant from Peru discussed experiencing psychological consequences, such as anxiety and depression, as a result of being isolated from her family and friends by her abusive then-husband.

... "My ex husband would even give me sleeping pills so I wouldn't leave the house, I couldn't see my family... He'd go visit and lie to my family. He'd say I was too nervous, that I was losing my mind, my memory... that I was going to go crazy any moment. He always made himself look like a nice husband, he was very nice to my family and said that I was complicated and I would make jealous scenes, but no. None of that was true" – 53, Peru.

This woman reported that the isolation made her situation become more difficult. Since her family was unaware of the abuse for a long time, they believed what the husband told them and would often take his side.

Similarly, a 43-year-old participant from Peru recalled that her then-husband kept her in isolation, as he did not like her family visiting in order to prevent them from realizing that she was being abused. In this particular case, the woman recalled her then-husband strategically planning the abuse, as he would hurt her only in places that were not visible.

"...He would hit me in places that don't show (e.g.: chest, back, upper legs) so when my family came to visit me they wouldn't notice that he was abusing me... He did not like when my family came to visit me too much. And I also did not want them to see that he was abusing me in the beginning..." – 43, Peru.

Sexual abuse

Sexual abuse was a recurrent theme across interviews. With the exception of one, all

women in the sample experienced some form of sexual abuse. For a 49-year-old participant from

Peru, sexual abuse was at the root of the marital disputes in her household. While this woman

indicated that in the early stages of her marriage she did not recognize her husband's sexual

advances as abusive, the realization came to her later in time, when she became aware of IPV.

*"…He would practically come home in the middle of the night and I was sleeping and he wanted
me to attend to him sexually. I was sleeping and he would still make me have sex with him… I
was practically unconscious when we did it. I would call him out on it and say "Did you touch
me last night?" and he'd say "Yes, you're like a rock, you don't even move..."* – 49, Peru.

*"…I was ignorant to what was happening to me. As I grew up, that was pretty much what my
parents taught me. My mom would say: "You have to cater to your husband, you have to care for
your husband". But they didn't teach me: "If you don't want to, don't do it"...But as time went
by I realized and said: "It's my body, I do with my body what I want, when I want, not when you
want"* – 49, Peru.

A 43-year-old woman from Peru recalled that the sexual abuse she experienced at the

hands of her former husband was very severe. This woman described their sexual interactions as

daunting and traumatizing.

*"… He told me that I had to have sex with him whenever he wanted to. He was very rough. He
wanted to have sex anywhere. He never cared if I enjoyed it. He just tried to please himself. It
became a horrible experience for me. I was afraid, it was scary for me to sleep with him because
he only cared about himself…"* – 43, Peru.

For a 45-year-old participant from Ecuador, overcoming the trauma associated with

sexual abuse was difficult. She mentioned having gone through intensive forms of talk therapy

and seeking support from her close ones. Due to the abuse she endured in her marriage, she

mentioned having lost the interest and desire to become intimate with another man.

*"... I haven't been able to find someone else, it's because of me. I think men are good in
the beginning but then end up being abusive. But I do know that in this country it is unlikely to*

happen. I have scars on my body and I feel bad about myself to let someone intimately see me like this…" – 45, Ecuador.

A 30-year-old participant from Chile opened up about her struggles with a sexually transmitted infection. She suspected her former partner was being unfaithful, which made her apprehensive to have intimacy with him. As a result, her former partner resorted to forcefully initiating sexual contact.

"…I had been told by my sister's friend that he was going out to bars and strip clubs. I did my best to avoid sexual contact because I did not want to get pregnant again. I also worried about STD's. He used to pull me by the hair and throw me on the bed. I contracted chlamydia from him… The problem is that I did not realize until I started to present symptoms" – 30, Chile.

One of the long-term consequences of untreated chlamydia is infertility. This participant believes the chlamydia infection led to her inability to conceive a child with her new partner and attributes her fertility problems to the length of time she lived with the infection, even in the absence of symptoms.

Social Support

Overall, the women in this study discussed both formal and informal sources of support as instrumental to their decision of leaving their former abusive partners.

Informal social support

With the exception of one participant, all of the women in this study spoke about informal sources of support. Support from friends and family was crucial for the participants during the process of terminating their abusive relationships. In particular, sisters were an important support system. It was reported by participants that sisters also provided other forms of support, such as, money, food, work opportunities, and shelter.

"…I asked myself "Where do I go, where do I go?". Because I had already called my mother in law and she told me it was my problem and to stop fighting. I called my daughter's Godmother and nothing. I had nowhere to go. So I said to myself, "I'm going to call my sister and see if she, and her boyfriend could let me come to their home". Thank God they said: "Of course, come,

come". I went to my sister's house and she offered me a room and I stayed there with my
children for a while, around 4 months more or less…" – 49, Peru.

This participant in particular received financial support and shelter from her sister in Canada, and

emotional support from her sister back home in Peru. She stressed on the importance of family

support, especially during and after her separation, as some of her close friends did not support

her decision.

For a 43-year-old participant from Peru, the support she received from her sister was the

turning point. For years she kept the abuse hidden from her family, until she decided to confide

in her sister, who lived in Canada. Her sister advised her to leave the situation immediately and

even helped her come up with a plan:

"So when I got my sister's call I told her everything and she proposed that I came to Canada
with my son with her passport. She was risking it all for me too because she told me, and I finally
understood at that time, that if I stayed he was going to kill me. He had already grabbed the
scissors one time before, next thing he was going to use a knife and stab me…" – 43, Peru.

Similarly, a 42-year-old participant from Colombia found the necessary support in her

best friend. In this case, the woman did not have any family members in Canada and was unable

to fully communicate in English. Therefore, her IPV experiences lasted for a long time, until she

made a friend with whom she developed a trusting relationship.

"…My family was back in Colombia, I didn't know anyone here other than my husband. I didn't
speak English. I guess he was stressed out and physically abused me. I had to wait a long time
before I could tell anyone here since I didn't want to be a burden to my parents in Colombia. I
met a fellow Colombian lady and we became close. She helped me by contacting me with a
Spanish-speaking social worker…" – 42, Colombia.

For this participant in particular, leaving her husband meant risking her chances of staying in

Canada, since they both applied for refugee status as a married couple. She mentioned wanting to

bring her mother to Canada and believed that going to the Canadian authorities would jeopardize

her chances of family reunification.

Formal social support

All women in this study mentioned seeking formal sources of support, especially those

who experienced IPV in the post-migration phase. For these women in particular, formal support

was received in the form of financial, legal, and housing assistance.

"Yes, when I went to the doctor's I told him I was seeing him because I'd had a domestic problem and that my husband had punched my legs. He asked if I wanted to call the police… The doctor told me it was my choice if I wanted to report it or not, but that he was going to write it up on his medical report, that it was always going to be on file…" – 49, Peru.

Similarly, a 53-year-old woman from Peru described having received formal support

from social workers and lawyers in Canada. She had left her abusive husband back home, and

found herself in a second abusive relationship with a new man who is the father of her son.

However, the second time around she did not allow the abuse to continue and decided to seek

formal support as soon as she noticed the changes in her new partner. This woman said she

became strong and resilient after the first abusive relationship. She mentioned having learned

from her past experiences, and was determined to protect herself.

"Because I came here (to Canada) as a refugee. But now thank God everything worked well and that relationship ended. I received much support from social workers that worked for me, they helped me, they assisted me in finding lawyers. Legal aid, I'm very grateful, in the end I got my landed immigrant status thanks to legal aid as well. I had a really good lawyer and she was very nice to me. Well, I now have full custody of my son and I don't see that man anymore". – 53, Peru.

A 37-year-old participant from Colombia shared that in order to end the relationship with

her former abusive partner she decided to move out of the house with her son. It should be

mentioned that this woman, in particular, identified a poor network of informal social support.

She did not share her experiences with her family because she felt they were encouraging her to

stay in the relationship to avoid gossip within their community.

"… When I told my parents about it I did not get much support. I went to their house once but

later that night my mother walked me to my house and said I needed to work it out for the sake of my marriage. I felt lonely and in a way became more accepting of the abuse… It took a long time before I made the final decision. I saw an advertisement on the Subway about an abused women's hotline. I called and with their advise I went to a shelter (Red Door) in Toronto…" – 37, Colombia.

Even with limited support from her family and friends, this woman found ways to get herself and her son out of the abusive environment by utilizing formal support. It is important to consider that all of the women in this study sought support from formal sources as well, even in the cases of severe abuse.

Additional emergent themes

The most salient additional themes across interviews were: reasons delaying help seeking, reasons facilitating help seeking, post-migration experiences, and resilience. In this section, each of these themes will be discussed in greater detail.

Reasons delaying help seeking

Several women mentioned power and gender differences between Spanish-speaking men and women as a factor delaying help seeking, as they believed their situations were socially and culturally acceptable. Additionally, some women discussed feelings of pressure from their family members to remain in the relationship. In one particular case, the lack of family support was a risk factor for prolonged violence.

… "It's what we are taught to believe in South America, our own beliefs that a woman has to endure everything until the end, the fact that children must be raised with both parents even if there are problems. It goes from one generation to the next: grandparents, parents. It's our society that makes us put up with it. That's what I think…" – 43, Peru.

"…But my mother is like those people who even if the husband is mean, he's your husband and you should stay home. To avoid fighting with my mother, I talked to my sister who lives there more. I did talk to my mom but I just said: "I already told you, he can hit me once, not twice". My mom would tell me "But try, try to talk to him, just try". But I said: "What is there to try? There is nothing left to try. He's not the same man you met". – 49, Peru.

Another common reason identified by the participants was lack of formal support in their countries of origin. This is perhaps the most daunting difficulty, as the women stated that they did not count with support from the authorities and often felt like there was no way to move on from their abusive relationships. For some women in this study, the lack of support was identified as the main factor delaying help seeking behavior.

When participant was asked if she ever reported the abuse to the police: *"No. Because in my country, help didn't exist back then, you'd go to the police and the police wouldn't do anything. If you called someone,no…."* – 53, Peru.

Women may also fear the involvement of child protective services, as they believe their children may be taken away from them if their living conditions are deemed unfit. In such cases, a woman may stay in an abusive relationship for longer. In this study, a 49-year-old woman from Peru shared her fears about losing custody of her son to the Canadian authorities. She called 911 many years ago when her husband first attempted to physically assault her. However, the response she got from the emergency personnel concerning her child made her hesitant to seek help. Although she was not denied the help, she mentioned during the interview that she was afraid to lose her son, which made her stay with her abusive then-husband.

... [Husband attempted to hit woman]… "If you hit me, I will call the police". I saw him coming towards me so I grabbed the phone and dialed 911, but in reality.. I don't know, I felt scared to call the police so I hung up the phone…the police called me back and asked me if everything was ok. I told them yes, just that we'd had a discussion and that I argued back so the police basically told me "If we go, we're going to take your son because there is verbal abuse in that house, and your son will be placed in a shelter"…So I told them "No, no, everything is back to normal"….They threatened me" – 49, Peru.

Reasons facilitating help seeking

For all women who were mothers, an important reason behind their decision to seek help was the safety of their children. In some cases, the women recalled having witnessed the abuse of their mothers as children themselves and they spoke about wanting to break the cycle of abuse. It

was also mentioned that they wanted to teach their sons to respect women, and their daughters to know that there is support available, to ensure they would not have to endure abuse in a future relationship.

"… In the end I didn't want my son learning such negative behaviours and abusing women in the future. I wanted him to be a gentleman and learn to respect women…" – 37, Colombia.

" I have two children. A boy and a girl. As a mother, I never want my girl to experience the abuse I went through. I also don't want my boy to think it is fine to beat or abuse women in any way. I made the decision to immigrate for them. Now that I am here I know that if my daughter or son ever need support, I will help them. But specially my daughter, I will never let any man abuse her. That cycle ended with me" – 45, Ecuador

Another commonly discussed reason facilitating help seeking was increased awareness of the situation. Initially some women said they were blinded by love. However, as time went on and the abuse progressed, they began to understand that abuse was not acceptable.

… "I said enough is enough. I was not going to let him abuse me a day longer. I was angry and I hated him for all that he did. I hated myself too for letting him do this to me for such a long time. I knew I deserved better, I just had to get out of it. We have 5 children together and I knew we'd remain a part of each other's lives for them. But I was finally done" – 63, Peru.

"… I was blinded initially. I felt bad for him; I thought he only acted this way because his father had abused him as a child. But I began to realize that he was very aggressive overall. Even with strangers, he would always try to pick a fight with other people when we were out. It was very toxic and scary. I watched a movie about abuse and I realized I was experiencing the same things. It was not okay. That's how I began to recognize it as abuse" - Mexico

Post-migration experiences

Overall, the women in this study discussed having experienced very positive changes in Canada. For the majority of the participants, migration meant the end of their abusive relationships. Those who experienced IPV in their countries of origin talked about feeling a sense of freedom in Canada. They also talked about feeling protected by the Canadian government and grateful to be here. For one participant in particular, from Colombia, her abusive experiences began in the post-migration phase. However, her case was unique, as she relied in

the support of a friend she met in Canada to seek help for IPV, and also had positive comments

about the Canadian system.

[Women speaking about migration to Canada] *…" Of course miss, it is a positive experience for me, for my children too. They go to school here and I am also working. This country has given us all the opportunities that we didn't have back in [Ecuador]…"* – 45, Ecuador.

"… I feel happy. It was like being born again coming to Canada… It's a completely different life. Canada gave me everything; the emotional stability I longed for. It gave me money because I have a job now. There is help here. That's what I didn't have in my country, as I was saying earlier, had I stayed in my country, we wouldn't be speaking right now. I would have been dead" – 43, Peru.

"… Once I met this fellow Colombian lady everything changed. I was unaware of the many ways in which the government can help you here. I had no job and no money so the social worker helped he apply for social assistance. I was able to afford a small apartment and would go to Food banks for my food. If every woman was better informed about the available resources, abuse wouldn't be so common, I think…" – 42, Colombia

In this study, women who mentioned feeling a sense of belonging to the Canadian society

were more likely to have sought formal sources of support sooner. Additionally, these women

expressed strong opinions against IPV and recommended that other women experiencing IPV

should utilize the social services available in Canada.

Resilience

Resilience is an important indicator of someone's ability to overcome adverse situations,

in this case, an abusive relationship (Carlson et al., 2002). Resilience is a topic that became

apparent during the completion of the interviews. Each woman's story was remarkable. All of

the women exhibited high levels of resilience, as they have been able to overcome adverse

situations and are presently living fulfilling lives.

"…I knew things were not going anywhere with this man, he would become easily aggravated. I said "No!, I don't want this to happen again", and mentally I began to prepare myself and understand that this had to end. I wanted it to end on good terms. I talked to him but he reacted aggressively so I said "That's it!. It's over…" – 53, Peru.

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One of the interview questions elicited information about the adjustments women made in their lives after leaving their abusive partners. The investigator believed this information would provide valuable insight into each woman's resilience, particularly in the context of leaving an abusive relationship. It was inspiring to learn that all of the participants had made positive changes in their lives and continued to be providers for their children.

"... After what he did to me, the humiliation, the STD, the nightmare... I said to myself, this can only make you stronger and I learned a lesson. I went back to school at a college and studied Social Service Work for immigrants like myself. I really wanted to use my experience to help other women..." – 30, Chile.

An important factor indicative of resilience was the increased awareness that each woman presented with regards to IPV. It was interesting to see how their views evolved from accepting the abuse at first, to recognizing it as abuse, and finally seeking help and moving on from the relationship. Furthermore, when the investigator asked the participants what they would say to other women who are experiencing IPV, their responses indicated genuine introspection.

"...I'd tell them to not let anyone undermine them. I'd wake up in the morning and look in the mirror and say: "To me, you're beautiful and gorgeous. You're cute, I love how you look". I blow kisses to myself I say "Keep your head up girl, you're beautiful, you're the queen today". – 49, Peru.

".. I'd tell them not to hide it... They have to speak up and not accept any verbal insults or abuse. I'd tell them to love themselves. As soon as he hits you once, end the relationship, because he is not going to change. If a man hits you once, he will hit you always. If he drinks a lot, he will always have drinking problems. I've helped a few friends with my story. To the few whom I have spoken about this, as long as I can help other women, I will..." – 43, Peru.

CHAPTER 6: DISCUSSION

This study examined the intersectionality of social support and IPV help seeking behaviours among a sample of Spanish-speaking immigrant women in Canada. The focus was specifically on female victims who had been abused by a male partner. Overall, the women reported that high levels of formal and informal social support were important factors facilitating the process of help seeking and leaving the abusive relationships. Additionally, the women in this study indicated that a consistent support network was an important factor preventing them from returning to an abusive relationship. In many cases, the women discussed having the support of their families, which allowed them to adjust their routines and pursue opportunities of personal growth and development. In terms of formal support, many of the women mentioned receiving financial, legal, and/or housing support from the Canadian government, which helped them become more independent and able to leave their abusive partners.

Despite the growth of the Spanish-speaking community in Canada (Statistics Canada, 2011), the empirical literature regarding this immigrant population is very limited (Godoy-Ruiz et al., 2014). The IPV literature among Spanish-speaking immigrants is ample in the U.S. However, it is necessary to further explore this population in Canada before comparisons can be made between immigrants in both countries. Researchers in the U.S. have reported a high prevalence of physical, verbal, and sexual patterns of abuse (Rodriguez et al., 2009; Alvarez et al., 2009; Coker et al., 2000) among Spanish-speaking women. Consistently, all Spanish-speaking women who participated in this Canadian study reported patterns of physical, verbal, and sexual abuse. It is important to note that while some women experienced more severe cases of abuse, and for longer periods of time, they all mentioned having experienced adverse physical and psychological consequences as a result of the abuse at some point in their lives.

Kyriakakis (2014) reported that the existing studies on the perceived social support of family responses among abused Spanish-speaking women show mixed findings. For example, some researchers have reported that family members provide instrumental assistance; while other researchers report that Spanish-speaking family members at times normalize IPV and expect women to endure the abuse for the sake of the family (Acevedo, 2000; Brabeck & Guzman, 2008; Molina & Abel, 2010). Learning about social support was one of the main objectives of this study. Proposed theories of help seeking for IPV highlight the importance of informal, rather than formal support (Hyman et al., 2006). Furthermore, informal help is seen as a pathway to more formal types of help from health, criminal justice, and social service systems (Kaukinen, 2002).

Hyman et al. (2006) examined help seeking behaviour among ethnic minorities in Canada. It was reported that the majority of women who experienced IPV disclosed the abuse to informal sources of support. Regarding racial minority women, multiple barriers in accessing formal social support have been well documented. These barriers include lack of cultural competence, financial barriers, and fear of discriminatory treatment by professionals such as doctors, police officers, and lawyers (Bui, 2003; Malley-Morrison & Hines, 2007; Raj & Silverman, 2002). When examining social support and IPV, researchers have largely focused on studying the buffering effects of this support on IPV victims' mental health (Escriba-Aguir et al., 2010). In an examination of female IPV victims, Coker et al. (2002) reported that women who disclosed the abuse and were offered social support were less likely to report depression. In Canada, Godoy-Ruiz et al., (2014) found that IPV was associated with a heighten susceptibility to depression among a sample of Spanish-speaking immigrants.

In this study, only 2 out of the 10 participants mentioned feeling depressed or sad when presently thinking about the abuse. A possible explanation for this could be that all women in this study described their sources of social support as "strong". This perceived support may have buffered the negative effects of IPV on their mental health. One of the questions in the interview guide elicited information about the women's present support networks. That is, their support system at the time of the interview. Interestingly, all women stated that they continue to have the support of their family members, which further reinforces their decision to no longer be involved in abusive relationships. Kyriakakis (2014) reported that in the case of Mexican women, sisters were typically the first family members to learn about the abuse. This observation is consistent with findings regarding family support among immigrant women in the host country (Kyriakakis, 2014). In these cases, family support has been listed as a protective factor against the adverse consequences of migration, such as isolation and language barriers (Ahmad et al., 2009). Rhodes et al. (2010) examined the influence of children on victim decision-making process in seeking help for IPV. The main finding of the study indicated that women place a high value on their children's safety and wanting to break the cycle of abuse. Consistently, in this study, the participants who were mothers spoke about their children being an important source of support and motivation.

Perhaps one of the most interesting findings of this study is that the women greatly benefitted from social support, even in cases when the abuse was severe. This finding is contrary to reports in the U.S., which found that immigrant women; in particular Spanish-speaking women, were less likely to report IPV when the case of abuse was severe (Carlson et al., 2002; Short et al., 2000). Furthermore, in this study, all women accessed formal sources of support in their journey to seek help for IPV. However, it should be mentioned that the women believed

that having a strong network of informal support was a factor contributing to their decisions to seek formal support. This finding differs from results reported in the U.S. (Ingram, 2007; Carlon et al., 2002). In particular, researchers have reported that Spanish-speaking immigrant women in the U.S. underutilize formal sources of support and may be less willing to end IPV (Ingram, 2007; Dutton, Orloff, & Hass, 2000; West et al., 1998). A possible explanation for this unique finding may be attributed to the different migration experiences among Spanish-speaking immigrant women in the U.S. and Canada. For example, Wlliams (2006) discussed that immigrants in the U.S. are exposed to racism and discriminatory treatment. As a result of such treatment, women may fear contacting the authorities when experiencing IPV. Wolf, Ly, Hobart and Kernic (2003) examined the barriers in seeking police help for IPV in a cross population study in the U.S. The most pressing reasons deterring help seeking were negative experiences with the police; which included discriminatory treatment or lack of support, and lower levels of acculturation.

Acculturation has often been explored in the U.S. literature as a factor either contributing to women's appraisal of IPV and seeking help, or delaying the help seeking process (West et al., 1998; Klevens, 2007). In terms of acculturation and an individual's feelings of belonging to the host country, Hyman et al. (2006) indicated that the more acculturated women are to the host country, the more likely they will be to use formal sources of support. In this study, all of the women indicated feeling a sense of belonging to the Canadian society. Thus, it can be inferred that these women presented high levels of acculturation. Positive attitudes towards the Canadian society may explain help seeking behaviour among Canadian immigrants, in contrast to U.S. immigrants. However, prior to drawing conclusions, the differences in migration policies between both countries should be discussed.

Although culturally alike to Canada in many respects, both countries have different approaches regarding migration policies. The U.S. has historically adopted the melting pot approach (Safdar, Struthers, & van Oudenhoven, 2009). Such approach follows an assimilationist ideology (Ward et al., 2001; Safdar et al, 2009), where the expectation is that immigrants abandon their cultural and linguistic distinctiveness in favour of the host country's traditions. Canada, at the other end of the spectrum, has adopted the policy of multiculturalism, whereby immigrants are encouraged to retain their cultural beliefs, while adapting to the Canadian society as well (Safdar et al., 2009). As discussed in earlier sections of this study, Spanish-speaking immigrants are a highly collectivistic community (Sabogal et al., 1987). Consequently, the melting pot approach may affect the decisions of Spanish-speaking immigrants in the U.S. to seek formal sources of support; especially for sensitive topics, such as IPV, given the stigma associated with government assistance, and for fear of discriminatory treatment.

In relation to substance abuse, Hazen and Soriano (2007) noted that alcohol and other substance use was associated with a higher risk of IPV among Spanish-speaking immigrants. Consistently, Fife et al. (2008) presented findings suggesting that alcohol consumption was common among Spanish-speaking IPV male perpetrators in the U.S. In Canada, Godoy-Ruiz et al. (2014) reported that Spanish-speaking women believed that the alcohol consumption by the male partner caused them to become physically aggressive. However, researchers have made it clear that alcohol consumption cannot be treated as a single factor causing IPV. Rather, other factors have been identified in the literature, such as the vulnerability of IPV victims to substance abuse, and its use as a coping mechanism (Fife et al., 2008). In the Godoy-Ruiz et al. (2014) sample, some of the participants shared their own struggles with alcohol abuse as a coping

mechanism. These women mentioned knowing other IPV victims who turned to alcohol as a way to "numb the pain" (Godoy-Ruiz et al., 2014, p. 6).

Alcohol use preceding IPV seems to be more common among Spanish-speaking communities compared to other ethnic groups (Fife et al., 2008). Furthermore, studies examining Spanish-speaking populations have demonstrated that alcohol use is associated with the severity of IPV (Reider, Zucker, Noll, Maguin, & Fitzerald, 1988). In a review of the literature, Lipsey, Wilson, Cohen and Derzon (1996) reported that other factors, such as socio-economic status, perpetuated IPV when combined with alcohol use. The findings of this study are consistent with such reports. For example, one of the participants in this study described her IPV as "severe" when her husband was under the influence of alcohol. Interestingly, this participant also reported being financially dependent on her abusive husband. This finding may indicate that socio-economic status and alcohol use are indeed related to IPV. Specifically, alcohol use could contribute to the aggressiveness of the partner. However, if the woman depends on the partner for financial support; she may, in turn, be more likely to accept the abuse for longer periods of time.

Lastly, the gender differences present in Spanish-speaking cultures should be discussed. Studies with Spanish-speaking populations have reported a widespread agreement about gender roles and family values (Kasturirangan & Williams, 2003). In Spanish-speaking cultures, women are socialized to be wives and mothers first, even if that means enduring suffering for the sake of their children, and to maintain the integrity of the family (Galanti, 2003). Unfortunately, this cultural emphasis on family and traditional gender roles has a negative influence on battered Spanish-speaking women's tolerance of IPV, and may delay help-seeking decisions; especially when there is a perceived lack of support from family members (Bauer et al., 2000).

Studies conducted in the U.S. and Canada have indicated that Spanish-speaking women believed permissive views about male aggression to be a contributing factor for IPV (Godoy-Ruiz et al, 2014; Parra-Cardona et al., 2013). Some of the women in this study stated that a lack of IPV awareness prolonged the length of their abusive relationships. In particular, they assumed their experiences to be acceptable within the context of marriage. In many cases, the women did not reflect on their IPV experiences until they migrated to Canada and became aware of the abuse. This finding suggests that sociocultural differences remain an important factor related to IPV. However, the fact that increased IPV awareness contributed to the women's recognition of the abuse could help other IPV victims. Specifically, if more programs were implemented to educate the population about what constitutes *abuse*, levels of IPV may decrease, especially among women in patriarchal societies.

Limitations of the study

The present study has some limitations that need to be mentioned. First, it is not possible to draw causal conclusions from this qualitative study. Second, the sample size was relatively small (n=10). Third, while individual interviews allow the researcher to obtain more data, there is a possibility that some important issues regarding IPV were not discussed by participants. It is possible that a focus group could have yielded additional information, especially because participants would have had the opportunity to interact with other women who have experienced IPV, and relate to each other's stories. As stated by Morgan and Scanell (1998), when examining a sensitive topic, focus groups allow an appropriate level of self-disclosure about individual feelings, as participants can relate to, and learn from each other. Additionally, one-time interviews may have limited the investigator's opportunity to explore whether or not participants presented any changes in their attitudes regarding IPV after the interview.

Directions for future research

      It is imperative to continue expanding the literature about Spanish-speaking immigrants in Canada. An important aspect to consider is that Latin America is composed of twelve countries. Undoubtedly, there are variations within Spanish-speaking immigrants from different countries. It would be necessary to have a more diverse sample in order to better understand IPV experiences among this community. Similarly, it would be informative to study participants from different age groups to determine if IPV experiences differ across ages. It would also be informative to explore acculturation and other socio-demographic variables that have been found to be predictors of IPV, and to examine their relationship with social support and IPV help seeking.

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