The Complex Intersections of Being a Latina Immigrant Survivor: How Multiple Systems of Oppression Enable Intimate Partner Violence

By Zulema Aleman

ABSTRACT. The realm of intimate partner violence education, prevention and awareness is one that is currently growing. Even though there are improvements happening, there are communities being left out of both the movement and body of research. This paper aims at connecting the stories of undocumented Latinas who are survivors of intimate partner violence in the central coast of California with the current body of research on immigrant survivors. In doing so, it seeks to explore the areas where the body of research matches the stories of these women in the central coast of California and where there is a lack of knowledge from both the efforts in this field and the body of research. The stories of immigrant survivors shared in this report were collected by RISE on January 2015 to March 2015. RISE serves as a non-profit organization and resource for survivors and their families of sexual assault and intimate partner violence in San Luis Obispo County in California. RISE provided services to these women in one of their three locations in the San Luis Obispo County and who had experienced abuse as closely as a month prior to the January 2015 survey to five years.

Introduction
According to a recent national survey, 37% of Latina women have been in an abusive relationship during their lifetime (Breiding, Chen, & Black, 2014). This statistic might not seem high, but as Hanzen and Soriano (2007) highlight in their study, “our understanding of intimate partner violence in the
Latino population as whole is relatively limited.” Hanzen and Soriano also mention that this limited knowledge becomes a bigger issue with specific subgroups within the Latinx community, such as those with an undocumented status and those who are migrant and seasonal agricultural workers. Similarly, a study of Latina immigrant survivors make the point that even with studies focusing on the Latinx community, it is still mixed together as if everyone who is Latinx and were in an abusive relationship had the same experience (Reina, Lohman, & Maldonado, 2014). Reina and colleagues highlight how specific subgroups, such as those defined by “national origin, citizenship status, language proficiency, and length of residence in the US” are routinely ignored by researchers and findings are generalized to all Latinxs. This generalization is toxic, as it reinforces a perceived homogeneity across Latin America, which stretches over two continents. All of these different identities play a part in how someone experiences abuse from a partner and the access to resources they might have based on it. For example, if there is a language barrier and the agency is not equipped to serve that person, it leaves someone without resources, even when they are actively seeking help.

An example of lack of cultural sensitivity in this field can be seen through a survey done by Medina & Vasquez (2004), which showed that out of 92 IPV related agencies they surveyed, 25% of them had no bilingual resources in the form of staff members even though 50% of the agencies reported that many of their clients did not speak, read or understand English. With limited knowledge due to the lack of studies and focus on Latinx immigrants of various backgrounds, it can be seen how advocacy in the field is falling behind with lack of resources that are not only Latinx-focused, but focused on many more communities who go through similar situations but in different contexts and by different factors.

It is important to note though, that when working with participants that come from a different culture, the researcher must not focus solely on culture as a factor. As
perfectly put by Reina et al., “Research on domestic violence within minority groups must not solely focus on victims, perpetrators, communities or cultures, but rather must be viewed within the political, historical, and economic context in which domestic violence take place.” Even though culture definitely has an impact and these concepts are interconnected, by focusing on the outside factors, the whole picture can be seen. Silvia-Martinez (2015) suggests in her research that there is an internal struggle Latina immigrants go through with emotions like, “fear, shame, uncertainty and desperation” but it occurs due to external factors that restrict and marginalize ethnic minorities. Examples of this can be seen with policies in the United States. Even though policies like the Violence Against Women Act of 1994 and the Victims of Trafficking and Violence Protection Act of 2000 exist and create pathways towards citizenship to facilitate protection for undocumented survivors, there are several restrictions and hoops for survivors to jump through before being safe. Additionally, those policies can be overturned or changed, so there is no reassurance that these laws and policies will remain in place or be improved upon.

Method:
Background
The data used for this paper was independently obtained by RISE in partnership with the San Luis Obispo Women’s Shelter via a grant awarded by the Blue Shield of California Foundation to these two advocacy groups. The Blue Shield of California Foundation is a foundation that financially assists programs across the United States focused on solving local issues surrounding domestic violence. It was agreed by both organizations that there was a need to build a knowledge base for the medical providers about intimate partner violence when it came to screening, mandated reporting and treating clients. The organizations decided to create a survey that would serve as a comprehensive assessment of past and current survivors’ experiences with the healthcare system
and medical providers in regards to being in a violent partnership and to inform future advocacy (Appendix A).

It is important to note that this survey was formed as a needs assessment and the development of the research of this paper came after the survey design, data collection and implementation of the grant program. Therefore, the survey used is not focused on immigrant Latinas (the focus of this paper) but does contain comprehensive information of immigrant Latina survivors for the San Luis Obispo County, which has not been studied or compared to the body of research as a whole.

**Sample**

The selection of participants was done in a very informal way; there were no criteria to meet for this survey besides being a survivor of intimate partner violence that occurred within San Luis Obispo County. Initially, the survey was spread internally to current clients. There was a realization that this would only gather information from a small fraction of the community. This method would only collect data on those who had used either organization as a resource very recently and therefore, exclude survivors from the past. The organizations then decided to advertise the survey in the broader community through paid advertisements and partnerships with other organizations related to the work done by RISE and the San Luis Obispo Women’s Shelter.

**Procedure**

RISE and the San Luis Obispo Women’s Shelter had the goal of receiving data for about 200 survivors in order to form a robust analysis of the way healthcare was being provided and utilized in the San Luis Obispo County. In order to achieve this goal, the survey was provided in two formats and two languages. One was in a Google Forms to be taken online in either English or Spanish and the other one was offered in paper form in either English or Spanish. The paper form was only available in the office. Both the Spanish and English surveys submitted through hard copies were input
into a Microsoft Excel Sheet by a RISE intern. The option of being entered into a raffle to win a $100 gift card was used as an incentive.

**Measures**
This survey collected data from over 400 survivors and the survey focused on medical health care access and quality. Even though this is the case, some of the information (and data) will not be utilized for the purpose of this paper, but the content will be reviewed as a whole during this section. Additionally, it is important to note that this questionnaire was designed by a team from both the San Luis Obispo Women’s Shelter and RISE with the focus of their grant in mind. A more detailed version of the survey can be found in Appendix A.

**Demographic and background information.**
Information on gender identity, ethnicity, primary language, sexual orientation, dis/ability, income range and citizenship status were gathered from the participants. When asked about dis/ability, the options given for this question were “None,” “Physical” and “Mental” and participants were able to choose multiple answers. When asked about their total annual income, participants had a few ranges to choose from:
- $0
- $1,000 - $5,000
- $5,001 - $12,000
- $12,001 - $24,000
- $24,001 - $40,000
- $40,000 - $55,000
- $55,001 - $70,000
- $70,001 or more

The option to leave answers blank or refuse to answer was available for all questions and to all participants. Only the data from Latinas are analyzed.
**Intimate partner violence information.**

Information on the form of intimate partner violence that survivors had experienced was collected through identification of various options. The options offered were (a) physical abuse; (b) sexual abuse; (c) emotional and psychological abuse; (d) financial abuse; (e) reproductive coercion; and (f) spiritual abuse. Reproductive coercion is a term used to describe violence aimed at reproductive health and the ability to make decisions about one's reproductive health. Spiritual abuse is a two-fold term including the use of religion as a tactic to keep the survivor in the abusive relationship, but it can also mean not allowing someone to practice their religion as a form of abuse and power.

Participants were also asked how recent was the latest abuse and their age when it occurred, if they sought medical assistance, and if they did not, the participants were asked why they had not.

**Medical health care accessibility related information.**

Since this survey was originally designed to assess the resources and knowledge of medical health care access in the San Luis Obispo County, information about the survivors' health insurance was collected, as well as information and ratings regarding their experience with medical providers, if any.

**Data Analysis**

The data analysis for this survey was guided by the Reina et al. (2013) qualitative study on Latina immigrants, such that the data was examined multiple times in search of themes. This was done for multiple reasons, one of them being the flexibility given to the participants in their answers. Even though participants were given a set of options to choose from, some opted to write in portions of their narrative, which provided qualitative data.

When it came to looking at the causal factors of intimate partner violence and being a Latina immigrant, the strategy used in the Reina et al. study of reading and
rereading the set of data given and coding themes was used (Table 2).

**Results:**

**Demographics**
The survey had 419 responses but as mentioned previously, this study will be focusing on the individuals who identify as both immigrant and Latinx (See Table 1). Out of those 419 participants, 78 identified in the survey as immigrants, both undocumented and authorized immigrants.

Seventeen of the 78 immigrant participants self-identified as a “legal immigrant” and the rest self-identified as “undocumented immigrants” when asked. All 78 immigrant participants identified as Latinx, which was unsurprising since the survey was only offered in either Spanish or English and the majority (89.7%) of the immigrant participants selected Spanish as their “first (native) language” on the survey.

The data from the Google Forms and Google Sheets accounted for 75% of the total number of surveys in Spanish. Including all classifications of citizenship, the majority of the surveys were completed in English (84%). Out of the survey from immigrants 85% of the survivors felt more comfortable answering it in Spanish. When it came to sexual orientation, 71% of participants selected “straight,” 6% selected “bisexual,” and 23% did not reply to this question.

When it came to dis/ability, 67% of participants answered as to not having any disability. Twenty-nine percent said to have a mental disability and 19% said to have a physical disability. Eighty-six percent of the participants fell between the $0-24,000 annual income options, with 23% of the total number of participants reporting making an annual income of $0. Only 2.6% of the immigrant population in this group made over $40,000 but none made over $55,001. According to the U.S. Census Bureau, the median annual income for San Luis Obispo in 2015 was $60,691.
Intimate Partner Violence

As mentioned in the Methods section, participants were asked to define the type of abuse they had experienced. It can be seen in Table 2 that emotional and psychological abuse was the most common type of abuse experienced in this group (94.9%), followed by physical abuse (75.6%) and sexual abuse (56.4%). Additionally, participants were asked if they had sought help during the time they were in the abusive relationship and 93.6% said they had not. Only 5 of the survivors were able to disclose to medical providers about what they were going through. When looking at some of the reasons why survivors did not disclose, they gave a variety of answers but following ones were the most common: lack of knowledge of resources, lack of money, embarrassment, depression, fear of deportation, and fear of partner.

Fear of their partner (97.4%) and lack of knowledge of resources (96.1%) were the most common across all groups, regardless of their primary language, income, and legal status. Sixty participants (76.9%) listed fear of deportation as a reason why they did not disclose.

Discussion

The data that RISE and the San Luis Obispo Women’s Shelter provided accurately reflected what the existing body of research thus far has defined as barriers. For example, if the statistic of “Fear of Deportation” as a reason why a survivor did not disclose to a medical provider is closely examined with the general demographics, it can be seen that 61 of the 78 participants listed themselves as undocumented, thus, it can be said that 98.4% of the undocumented survivors feared deportation.

This result from the survey can be seen applied in the current general political climate where in Denver, Colorado, four cases of domestic violence filed by undocumented survivors have been dropped due to the fear of deportation, and they are not the only ones (Glenn, 2017). A similar situation happened in Texas, while a woman was seeking a
restraining order from her abusive husband in a courthouse, Immigration and Customs Enforcement (ICE) took her into custody (Gonzales, 2017). Thus, it can be safely assumed that this fear influenced why they did not report the abuse, and knowing this information is essential when trying to make resources more inclusive in including this community and accommodating to their specific and unique experiences and barriers.

Even though the influence of religion was not examined as a reason why some survivors might not disclose, spiritual abuse was reported by almost 18% of the participants as a form of abuse they have experienced. In a review of the literature done by Choi, Elkins, & Disney (2016), the intersection of immigration status, gender, religion and culture create the experience of each immigrant who is in an abusive relationship but the focus was given to how religion can be used to sustain abuse. “Religious beliefs are often used by abusers, family, friends, and the faith community to: (a) justify [intimate partner violence], (b) blame abuse women, and (c) encourage abused women to continue to be patient, forgive their abusers, and keep the family together,” and this is something that can happen in the Latinx community, since a lot of Latinxs are Catholic and Catholicism does not recognize divorce (Choi et al., 2016, page 3).

In this literature review, Choi et al. also mention that because religion does play a significant supportive role in the lives of immigrants, often abused women seek refuge within the religious institution and religious leaders. Choi et al. point out that this is especially so because it is a place where there is no fear of deportation. This is something that can, again, be seen happening, especially with the current political climate. In Colorado, a woman who was due to check in with ICE went to her church instead to seek refuge and according to the NPR author, this is not a rare occurrence. Additionally, “Across the country, dozens of churches and other faith communities say they’re preparing to offer
sanctuary to immigrants who are in the country illegally” (Rose, 2017).

Another connection that the data reflected with the body of research was the idea of shame. In this survey, shame was not strictly defined but it is commonly known that bringing shame to the family and feeling embarrassment about abuse falls on the woman since she is blamed for her abuse is common in Latinx families. Both Silva-Martinez (2016) and Choi et al. (2016) explore the concept of shame for not being a perfect wife. As mentioned previously, the responsibility is put on women for their abuse and they are expected to uphold patriarchal norms to keep the family together. Participants in Silvia-Martinez’ qualitative study explained this concept and how they are expected to keep those private matters in the bedroom and within the family, in keeping with Choi and colleagues. In her study, Silvia-Martinez takes it one step further by affirming that, “Silence as a result of shame not only allowed the violence to continue but also prevented [survivors] from seeking help from formal and informal sources of support,” which is clearly, very dangerous.

Lastly, exploring the factor of “lack of money” as a reason to not disclose or seek medical attention when it was needed with the reported annual income of the participants is very important. Over 80% of the participants in this study made less than $24,001 and 23% of this sample group reported making no annual income at all. It can be safely assumed that this creates a very dangerous situation for survivors. Survivors might have to become dependent of their partner to care for the family financially, and therefore create a situation where they are not able to leave or they can fall frequently into poverty and homelessness when they are trying to leave an abusive partner (Moe, 2007). Several other studies show the intersection of getting out of an abusive relationship with homelessness and poverty (Baker, Cook, and Norris, 2003; Browne and Bassuk 1997; Zorza, 1991).
Considerations
Looking at the experiences of this group of Latina survivors, there are a lot of intersections that can create barriers due to the lack of cultural competency when it comes to accessing resources when in an abusive relationship. The data collected by RISE and the San Luis Obispo Women’s Shelter gives an initial look at the immigrant community in terms of domestic violence. Since this survey was not made specifically to look at the Latinx immigrant community in San Luis Obispo County and their experience with an abusive relationship, there are several holes and places where the research can be taken a bit deeper to be able to provide the best possible services to this community.

As reflected in the recent events of deportations of survivors in Texas and survivors dropping their domestic violence cases in Colorado, policy changes are happening that place this community even more at risk and less likely to pursue their domestic violence cases due to the fear of retaliation. Providing resources that are culturally sensitive is essential. For example, it would be beneficial for local intimate partner violence resource centers to create and foster relationships with the local religious institutions. As demonstrated by Choi et al., religion and religious institutions play a significant role in the way immigrants live their lives and it would also be extremely beneficial if religious leaders were trained to serve as advocates within their religious institution.

Looking into the experiences of Latina immigrants allows for a deeper understanding of intimate partner violence within marginalized communities. With this, advocacy is able to expand as well. For example, knowing how different groups interact with resources and how they get them demonstrates that networking needs to happen with religious institutions and trained advocates are necessary in those places. Additionally, knowing what works for Latina immigrant survivors and what does not is also important. During this political climate, many undocumented survivors might decide to not file a domestic
violence case, but still could benefit from other resources such as a shelter, a food pantry, a place for their children to be looked after while they are at work are ways that a survivor can get away from an abusive partner and begin building their own life. Expanding the subjects of our research is essential as it allows for translation into advocacy for more effective and culturally sensitive organizations.

References


Appendix A
Survey
1. What is your gender identity?
2. What is your ethnicity?
3. What is your primary (native) language?
4. What is your sexual orientation?
5. Do you have a disability or impairment? If so, please indicate.
6. What type(s) of domestic abuse (intimate partner violence) have you experienced?
7. When was your most recent incident of abuse?
8. What was your age at the time of your most recent abuse?
9. Please indicate which of the following agencies you may have received assistance from in the past.
10. What was your yearly income (from all sources) at the time of your most recent abuse?
11. Please indicate your U.S. residency status at the time of your most recent abuse.
12. What was your health insurance status at the time of your most recent abuse?
13. Please indicate your U.S. residency status at the time of your most recent abuse.
14. What was your health insurance status at the time of your most recent abuse?
15. During your abuse, did you seek out medical assistance?
16. Please mark the reasons you did not seek out medical assistance.
17. Of all the reasons listed above, which was the PRIMARY reason why you did not seek out medical assistance?
18. Please indicate what type of medical services you sought.
19. Did the medical staff ask you about domestic violence?
20. Please rate the SENSITIVITY of the medical staff when they asked you. (i.e. how the question was phrased, the tone of how it was asked, etc.)

21. Please rate how ATTENTIVE the medical staff was when they asked you. (i.e. the posture and body language of the medical staff, how available the medical staff was to hear your answer, etc.)

22. Did you disclose to the medical professional about your abuse?

23. What was the reason(s) you did not disclose?

24. How would you rate the overall QUALITY of the medical assistance you received?

25. What were the outcomes of the medical assistance you received?

26. Please share any additional comments or feedback you have regarding your healthcare experience. (Optional)
Table 1

Demographics (N=78)

<table>
<thead>
<tr>
<th>Demographic</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citizenship Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Authorized</td>
<td>17</td>
<td>21.8%</td>
</tr>
<tr>
<td>Undocumented</td>
<td>61</td>
<td>78.2%</td>
</tr>
<tr>
<td>Primary Language</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spanish</td>
<td>70</td>
<td>89.7%</td>
</tr>
<tr>
<td>English</td>
<td>8</td>
<td>10.3%</td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under $24,000</td>
<td>67</td>
<td>85.9%</td>
</tr>
<tr>
<td>Over $24,001</td>
<td>11</td>
<td>14.1%</td>
</tr>
</tbody>
</table>
### Table 2

**Intimate Partner Violence Demographics**

<table>
<thead>
<tr>
<th>IPV Information</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Abuse</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional &amp; Psychological</td>
<td>74</td>
<td>94.9%</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>59</td>
<td>75.6%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>42</td>
<td>53.8%</td>
</tr>
<tr>
<td>Financial Abuse</td>
<td>44</td>
<td>56.4%</td>
</tr>
<tr>
<td>Spiritual</td>
<td>14</td>
<td>17.9%</td>
</tr>
<tr>
<td>Reproductive Coercion</td>
<td>6</td>
<td>7.7%</td>
</tr>
<tr>
<td><strong>Sought Medical Help</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>73</td>
<td>93.6%</td>
</tr>
<tr>
<td>Yes</td>
<td>5</td>
<td>6.4%</td>
</tr>
<tr>
<td><strong>Reason For Not Disclosing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack Of Knowledge of Local Resources</td>
<td>75</td>
<td>96.1%</td>
</tr>
<tr>
<td>Lack Of Money</td>
<td>64</td>
<td>82.1%</td>
</tr>
<tr>
<td>Shame/Embarrassment</td>
<td>59</td>
<td>75.6%</td>
</tr>
<tr>
<td>Depression</td>
<td>13</td>
<td>16.7%</td>
</tr>
<tr>
<td>Fear of Deportation</td>
<td>60</td>
<td>76.9%</td>
</tr>
<tr>
<td>Fear of Partner</td>
<td>76</td>
<td>97.4%</td>
</tr>
</tbody>
</table>

a. Participants had the ability to choose more than one option.
Zulema Aleman is a Psychology major and Women's and Gender Studies minor at California Polytechnic State University in San Luis Obispo. She is currently the president of the Women's & Gender Studies Honor Society and work for the department as well. She also works for Safer, her campus' confidential resource for sexual assault, domestic violence and stalking. She works with undocumented survivors there and this paper came from the experiences so far in her advocacy work. Through that, it was learning and being able to share a story that is close and personal to her family, but it so common for this community.