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Family Related Attitudes And Beliefs Influencing Risk And Support Seeking Among Female Victims Of Domestic And Sexual Violence In El Paso, Texas

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FAMILY RELATED ATTITUDES AND BELIEFS INFLUENCING RISK AND SUPPORT SEEKING AMONG FEMALE VICTIMS OF DOMESTIC AND SEXUAL VIOLENCE IN EL PASO, TEXAS

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By

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ABSTRACT

To provide effective prevention and intervention strategies for victims of domestic and sexual violence, health care professionals, law enforcement responders, and service providers must adequately understand the factors that influence risk and support seeking processes among victims. More than 12 million men and women become victims of rape, physical violence, or stalking yearly, over 24 people per minute (Centers for Disease Control and Prevention [CDC], 2013). About one in four women and one in seven men have experienced severe physical intimate partner violence at some point in their life (CDC, 2013). Minority populations are at disproportionately higher risk for domestic and sexual violence owing to existing social inequities, assumed gender roles, and cultural expectations (Boykins et al., 2010). Hispanic (Mexican-American) families, which constitute the majority population in El Paso, Texas, are usually structured around patriarchal gender roles that influence risk to domestic and sexual violence, substance abuse, and other risky behaviors (Sanderson, Coker, Roberts, Tortolero, & Reininiger, 2004). Vulnerability for domestic violence is further increased for immigrant women who experience isolation, unemployment or low wages, and undocumented statuses. The majority of current literature examining domestic and sexual violence risk among minority populations tends to describe any Hispanic sub-population as Latino or Hispanic, thereby ignoring the differences in group norms and risk factors in each Hispanic sub-population.

This study examines the factors which shape risk and support seeking for domestic and sexual violence by Hispanic women of Mexican origin, in relation to the regional contexts experienced by this specific minority population in a U.S.-Mexico border community (El Paso, Texas).

Qualitative data from 19 participants (5 individual interviews and 14 from three focus groups) were analyzed from a parent study titled “Immediate health and community

reintegration outcomes from participating in a pilot sexual assault support program among female sexual violence victims in El Paso, Texas", conducted from March to December of 2013. All the participants were female victims of domestic and sexual violence, over the age of 18, who completed a sexual assault support group program at the Center Against Family Violence in El Paso, Texas. Of the five individual interviews, three were conducted in Spanish and all three of the focus groups were conducted primarily in Spanish. All interviews were translated to English for data analysis and analyzed according to the ethnographic research tradition.

Data analysis included description, analysis, and interpretation of the narratives. An open coding system was used to code all emerging themes and trends. The interpretation of trends and quotes was based on the contexts of the discussion, the question posed, and the reactions of participants. Emergent themes related to family attitudes and norms, gender roles, relationship norms, cultural norms, and immigrant/documented status of the victim and partner were used to generate hypotheses related to network norms and traits which influence risk and support seeking for domestic and sexual violence in the study population.

Childhood exposure to violence, immigrant status of the victim and perpetrator, gender roles and cultural norms related to addressing domestic and sexual violence seem to intersect to shape the risk and support seeking in the study population. The study findings have implications for design of public health interventions focusing on reducing domestic and sexual violence risk and increasing utilization of services for the same among Mexican-American women and children in the U.S.-Mexico border region.

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INTRODUCTION

A review of the literature pertaining to domestic violence and sexual assault reveals important factors that are used to better define this realm of study and supports the relationships between the frequency of this crime and certain demographic characteristics, such as gender and ethnicity, and brings to light the devastating effects of these acts on survivors. Familial and cultural factors unique to a U.S.-Mexico border community like El Paso, Texas may exacerbate the effects of domestic and sexual violence. This study aims to identify the influences of cultural and familial norms that influence the help-seeking process among victims of domestic and sexual violence residing in El Paso, Texas in 2013.

The current national health agenda, Healthy People 2020, focuses on domestic and sexual violence. The aims of this thesis are aligned with the Healthy People 2020 objectives related to reducing violence by current or former intimate partners, including physical and sexual violence, and psychological abuse. Intimate partner violence can be addressed only if regional and cultural specific norms related to Hispanic women of Mexican origin on the United States-Mexico border are understood. Another Healthy People 2020 objective focuses on reducing sexual violence, rape, or attempted rape, and reducing abusive sexual contact. One of the most significant objectives in breaking the cycle is reducing children's exposure to violence. Advancing the above Healthy People 2020 objectives could also lead to achieving other Healthy People 2020 goals, such as reducing substance abuse, sexually transmitted diseases, and mental health disorders and improving maternal health (United States Department of Health and Human Services [HHS], Healthy People 2020, 2013).

CHAPTER 1: BACKGROUND & SIGNIFICANCE

1.1 Domestic and Sexual Violence

More than 12 million men and women become victims of rape, physical violence, or stalking yearly, over 24 people per minute (Centers for Disease Control and Prevention [CDC], 2013). About one in four women and one in seven men have experienced severe physical intimate partner violence at some point in their life (CDC, 2013). Unfortunately, minority populations are at disproportionately higher risk for domestic and sexual violence owing to existing social inequities, assumed gender roles, and cultural expectations (Boykins et al., 2010). Domestic violence is commonly gender-based, where the woman is almost always the victim but circumstances in which violence occurs vary greatly.

Intimate partner violence is a term commonly interchanged with domestic violence (CDC, 2013). However, the CDC and other violence prevention organizations recognize that there are different types of violence that can occur in an intimate relationship, such as physical assault, sexual assault, psychological abuse, battering, stalking, and reproductive control. Battering is described as a continuous phenomenon with an emotional element and "intimate terrorism" is another form of control by spouses through physical violence, threats, isolation, and the creation of financial dependence (Smith, Thornton, Devillis, Earp, & Coker, 2002). "Common couple violence" occurs when an argument gets out of control and the victim may be either of the partners (Smith, Thornton, Devillis, Earp, & Coker, 2002). The term "violent resistance" is used to describe when a victim fights back against the perpetrator (Kelly & Johnson, 2008). Experiencing violence is strongly associated with poor health, requiring that this issue

continue to be placed as a priority on the public health agenda with plans for prevention and treatment (Vine, Elliot, & Keller-Olaman, 2010). The scope of violence examined for the purposes of this study include emotional, sexual, and physical violence as well as what the participants perceive as violence.

1.2 Health Consequences of Domestic and Sexual Violence

Health effects of domestic violence and sexual assault include physical injury, asthma, cardiovascular disease, gastrointestinal disorders, and migraines (CDC, 2013). In addition to physical health outcomes, the mental state of a victim can be severely affected, the effects usually lasting longer than physical injuries. All forms of violence can cause mental health issues such as panic attacks, post-traumatic stress disorder, and substance or alcohol dependence. Most health outcomes are contingent on types of violence experienced and duration of violence (Coker et al., 2002). Abused women are more likely to suffer from headaches, back pain, vaginal infections and pain during intercourse, chronic stress related health problems and central nervous system problems compared to never-abused women (Campbell et al., 2002). Participating in high-risk sexual behaviors, as a result of surviving domestic/sexual violence, increase the risks of HIV and STD infections, unintended and unwanted pregnancies, gynecological problems, depression during pregnancy, and other risky behaviors that may lead to poor birth outcomes (McMahon, Goodwin, & Stringer, 2000).

Although experiencing domestic and sexual violence may cause mental health disorders, the preexistence of such mental health disorders may also act as a risk factor to experiencing violence. Men and women with mental disorders are more likely to experience domestic violence compared to those with no mental disorders (Trevillion,

Oram, Feder, & Howard, 2012). Domestic and sexual violence disproportionately impact low-income, socioeconomically disadvantaged, minority populations.

1.3 Prevalence of Domestic and Sexual Violence in the United States

One in four women have been victims of severe physical abuse by a partner, compared to one in seven men (CDC, 2013). Nearly 18% of women have been raped compared to less than one percent of men in the United States (CDC, 2013). These statistics demonstrate the disproportionate victimization of women in the United States, but the same trend exists globally. Socioeconomic and cultural factors also influence vulnerability to domestic and sexual violence.

In 2013, 119 women were killed by their intimate partner in Texas; four victims from El Paso, Texas (Texas Council on Family Violence, 2012). In 2012, over 11,000 adults and 14,000 children were placed in emergency shelters, and over 191,000 calls made to victim hotline services (Texas Council on Family Violence, 2012).

1.4 Prevalence of Domestic and Sexual Violence in Minorities

Domestic violence occurs across all cultures and socioeconomic classes, but women of color who are living in poverty are at higher risk of exposure to violence. The rate of domestic violence is higher among ethnic minority couples and interracial couples compared to White couples (Carbone-Lopez, 2013). Specifically, Black, Hispanic, and American Indian couples experience domestic violence more compared to White couples.

The rate at which violence occurs varies between ethnic groups, as does reporting patterns. Domestic violence remains a highly underreported crime, and Hispanic women are less likely to report rape compared to non-Hispanic women (Tjaden & Thoennes, 2000). Intimate partner violence tends to be unreported due to fear, embarrassment, or

denial (Boykins et al., 2010) that may be associated with gender, religious, or cultural norms. Understanding barriers to reporting violence is important in implementing effective prevention and intervention strategies, which may need to be tailored for specific groups (Tjaden & Thoennes, 2000). However, research on these barriers is lacking for Mexican women residing in border communities due to broad ethnic groupings in studies and the exclusion of border-specific factors influencing domestic and sexual violence risk.

Most research on domestic violence and sexual assault compare differences between broad self-reported ethnic groups such as Whites, Latinos, and Blacks (Coohey et al., 2013; Ferguson & Negy, 2004). Latino is a general term that refers to populations of Latin American origin or ancestry. Another grouping term is Hispanic Americans in studies conducted by Ferguson (2011), Coker and colleagues (2008), and Montalvo-Liendo (2009). It is important to note how most researchers use standard ethnic groupings, which merge sub-groups and tend to ignore differences among sub-groups. Hence the study of a specific sub-group, Hispanic women of Mexican origin residing on the El Paso, Texas-Juarez, Mexico border, will allow for understanding the reasons that this particular group is at risk and how they seek help for domestic and sexual violence.

1.5 Prevalence of Domestic and Sexual Violence in El Paso, Texas

El Paso is a border city with a population just over 800,000. As of 2011, the percentage of females was 51% and 81% of the population is of Latino origin. Of the 25 years and over population, only 19% have a bachelor's degree or higher and 72% of households primarily speak Spanish (United States Census Bureau, 2013).

In 2006, over 31,000 calls were made to the City of El Paso Police Department regarding domestic violence incidents. The number of dispatched calls, in general, has increased over the past 10 years. Over 1,400 arrests were made and over 1,200 protective orders were issued in 2006, the most recent available statistics. It should be noted that cases from close neighboring border cities, such as Las Cruces and Horizon City, are not included in these statistics (El Paso Police Department [EPPD], 2006). In 2011, over 3,700 cases of domestic violence were reported to the El Paso Police Department (Blanks, 2012). In 2012, over 6,000 domestic violence related cases were referred to the El Paso County District Attorney's Office. Of the 119 deaths caused by intimate partner violence in Texas in 2013, four cases occurred in El Paso (Texas Council on Family Violence, 2012).

How a woman reacts and interprets domestic and sexual violence is influenced by her beliefs and attitudes about relationship norms, her role as a woman, and her perceived obligations to her husband/partner.

CHAPTER 2: BORDER CONTEXTS INFLUENCING DOMESTIC AND SEXUAL VIOLENCE RISK

The El Paso border has a large fluid binational population, making it a unique bilingual and bicultural area. It remains the nation's only area to require fluency in English and Spanish in customer service and management occupations (Economic Development Division, 2013). An estimated 1.8 million illegal immigrants reside in Texas in 2014, an increase of over 70,000 since 2010 (Martin, 2014). Over 14,000 people cross daily for employment, school, or other social connections (U.S. DOT, 2011). Over 400,000 Hispanics live in unincorporated neighborhoods along the Texas border (Anders et al., 2010). The unemployment rate in El Paso is also higher, at 7%, compared to the Texas (5.2%) and United States (5.9%) unemployment rates (U.S. Dept. of Labor, 2014). In addition to higher unemployment rates, El Paso County is one of the lowest paying counties in the United States (U.S. Dept. of Labor, 2014). This unique population shapes the cultural, social, and structural norms that influence attitudes and behavior in the community.

2.1 Cultural Norms Shaping Domestic and Sexual Violence among Hispanics

In Latin-American culture, the strong influences of religion greatly impact how a woman acts in society and her marriage (Fernandez, 2006). In Catholicism, the dominant religion in Latino populations, it is believed that women must bear a great deal of suffering without protest for the family. The belief stems from the worship of the Virgin Mary (Instone & Mueller, 2011). Higher tolerance for violence, general distrust in authorities or government, and not wanting to become involved in private relationships are also aspects of cultural attitudes in Latino populations that increase vulnerability to

violence (Lewis, West, Bautista, Greenberg, & Done-Perez, 2005). Culture, as a broader influencing factor, also shapes family relationships, norms, and attitudes that further influence the domestic and sexual violence.

Machismo is a term used to describe Latino men and fuels gender and power imbalances, therefore increasing vulnerability to intimate partner violence (Gonzalez-Guarda, Vermeesh, Florom-Smith, McCabe, & Peragalla, 2013). Machismo describes the hard working and protective characteristics of Latino men, but can also negatively describe men as jealous, controlling, and violent. Another belief in Hispanic cultures is that of fatalism, where any negative life events are predetermined by fate (Leyva et al., 2014). Fatalism influences both health and social behaviors. These cultural norms then influence attitudes and norms of families.

2.2 Family Norms Shaping Domestic and Sexual Violence among Hispanics

Latino mothers value obedience and respect over independence and autonomy (Calzada, 2010). Another family norm that influences the tolerance of violence is the strong tight-knit family that obliges family members to not leave or betray the family. This norm also feeds the belief that children must have their father present in their lives although the safety of the mother is compromised (Vidales, 2010).

However, these family roles and traditional beliefs may also serve as a protective factor in reducing vulnerabilities to domestic violence (Sanderson et al., 2004). Such attitudes include protectiveness of females, respect of traditions, and trusting relationships among family members. Familismo is an attitude of Latinos, in which families are considered very important and is demonstrated through loyalty, reciprocity, solidarity and strong sense of family honor (Calzada, 2010; Davila, Reifsnider, & Pecina,

2011; Sanderson et al., 2004). Also, most Latino families include extended family members, increasing social support networks. The family-oriented emphasis taught to children is transferred into adulthood (Caal, Guzman, Berger, Ramos, & Golub, 2013).

The cyclicality associated with domestic violence, such that a child who witnesses violence is more likely to become part of a violent relationship as an adult, calls for early intervention and prevention programs, as well as adequate counseling to reteach children how to safely express emotions, manage anger, and recognize risk factors that may lead them to becoming victims of violence. To summarize, domestic and sexual violence risk is shaped by the perceived obligation to the family and may deter victims from leaving their families to seek help.

2.3 Gender Norms Shaping Domestic and Sexual Violence among Hispanics

Hispanic families are structured around patriarchal gender roles that influence, and may increase risks, of domestic and sexual violence, substance abuse, and other risky behaviors (Sanderson, Coker, Roberts, Tortolero, & Reininger, 2004). Latina women may also be accustomed to allowing others, such as parents and husbands, to make decisions for them since submissive roles are learned at an early age (Fernandez, 2006). Gender norms are shaped and learned through many forums, such as the media, religion, and family traditions (Phillips & Phillips, 2010). Learned "normal" male and female roles strongly drive behaviors and the decision-making process, and are unique to the cultural, religious, and familial beliefs of the individual.

Multiple factors shape the experiences of how and why women experience domestic and sexual violence, including religious beliefs, family expectations, learned gender roles, and childhood exposures. Consequently, such experiences may also shape if

and how a woman seeks help. Structural factors, such as recent migration and illegal residency, also play a significant role in risk for domestic and sexual violence.

2.4 Immigration Factors Shaping Domestic and Sexual Violence among Hispanics

Immigration, either legally or not, increases vulnerability to exploitation and violence, including domestic and sexual violence. Migration is accompanied with a set of social and structural stressors that are caused by unfair treatment, inability to access services, a lack of awareness of support systems, language barriers, poor housing, low wages, and other issues. In a study of Latino migrants, recent migration was significantly associated with higher levels of psychological distress in women (Torres & Wallace, 2013). Over half of illegal (undocumented) residents work in the underground economy for cash income, where they often earn less than minimum wage, and have less access to formal services and adequate housing (Martin, 2014). Proficiency in English may positively impact health because one can seek health services or better employment opportunities (Torres & Wallace, 2013). Over 20% of immigrants reported that language was the main reason they did not receive proper help (Vidales, 2010). However, this may not be the situation in El Paso, Texas, since the majority of service providers do speak Spanish.

Latina immigrants experience isolation, lack of access to jobs, and uncertain legal statuses that make them more vulnerable to violence. Women may also tolerate abuse if their residency is dependent on their marriage (Anderson & Aviles, 2006; Vidales, 2010). Deportation is often used as a threat, causing women to keep silent about ongoing abuse. In most cases of domestic violence experienced by Latina women, the batterer is actually the interpreter for the woman and facilitates communication between the victim and the

community (Molina, Lawrence, Azhar-Miller, & Rivera, 2009). Recent migration results in a loss of financial security, housing, and diminished social support network, potentially increasing vulnerability and tolerance of violence (Sorenson, 1996).

In Texas, more than 400,000 Hispanics live in unincorporated neighborhoods known as colonias; approximately 2,294 colonias are located along the Texas border (Anders et al., 2010). The populations who reside in colonias primarily speak Spanish, consist of undocumented residents, do not have home phones, lack public utilities such as water and sewer, and lack proper infrastructure (Anders et al., 2010) increasing their risk for poor health outcomes, including becoming victims of domestic and sexual violence.

2.5 Risk Factors for Hispanic Women on the United States-Mexico Border

Latina women face multiple barriers due to their race, national origin, and gender that contribute to the risk of domestic and sexual violence. Recent Latino immigrants who work in bars or cantinas are at higher risk of intimate partner violence because of the drinking associated with work and sexual expectations (Fernandez-Esquer & Diamond, 2013). Intimate partner violence in Latinas is explained partly by their personal background but complicated further with the context of their occupations, such as those working in bars and as migrant farmworkers (Benson, 2008). Domestic labor is a growing market that draws in Latino immigrants due to the lack of employment requisites (Quesada, Hart, & Bourgois, 2011). There are gaps in the research regarding members of this specific population, in part due to their reluctance to participate in view of their undocumented statuses. This type of exploitation is further explained as structural violence. Migrant farmworkers in the United States also face suffering caused by structural violence including low wages, poverty, racism, occupational hazards, little to

no health services, and the unending fear of deportation (Benson, 2008). Another vulnerable population include drug mules as a means of labor to support themselves and their family or by threat from dangerous drug cartels (Garcia & Gonzalez, 2009). The social conditions that sway people into this type of labor include deteriorating family networks and traditions replaced with new social networks, increasing the risk of exposure to violence and drug use (Garcia & Gonzalez, 2009).

2.6 Stigmas Faced by Domestic and Sexually Assaulted Victims

A stigma is a negative idea or belief attached to a person, or group of people, with a certain ailment. Stigmas may damage the social standing of that person, increasing vulnerability to violence, exploitation, and other injustices. Stigma is further burdened by low socioeconomic status and poor access to health care services (Link & Phelan, 2001). Fear of becoming stigmatized may deter women from reporting violent crimes. Victims may also fear the perpetrator or feel embarrassed of the incident or the location of the crime. If the victim was intoxicated or drugged, they may be fearful of legal persecution or that they will be blamed for the incident (Cohn, Zinzow, Resnick, & Kilpatrick, 2013). The details of a violent crime may give way to the community inferring certain things about victims, stigmatizing them, and further victimizing them. It is important to recognize this as a potential barrier in reporting domestic and sexual violence, and ensure that the legal system protects victims and justly prosecutes perpetrators.

CHAPTER 3: STRUCTURAL VIOLENCE AND DOMESTIC AND SEXUAL VIOLENCE RISK

Structural violence encompasses the economic and/or political structures that may constrain a person's potential to receive education, political power, or health care. The core of structural violence is based on social inequalities, such as racism, gender inequality, and poverty, especially in marginalized groups (Farmer, 1999; Mukherjee et al., 2011), and causes both mental and physical health effects. Essentially, health and illness are economically determined (Farmer, 2004). Structural violence in the context of domestic and sexual violence is described as gender-based violence resulting from assumed gender roles that most communities have been accustomed to (Mukherjee et al., 2011).

Oppression and poverty are results of structural violence, this remains a barrier for Millennium Development goals aimed at improving the health and economic status of women (United Nations MDGs, 2014). The vicious cycle of exposure and victimization also serves a barrier in reaching gender equality. The cycle of violence theory illustrates the pattern that exposure to violence perpetrated by parents is likely to lead that child to being violent towards others or enduring violence as an adult. This cycle is further influenced by neighborhood contexts and cultural norms in disadvantaged populations (Wright & Fagan, 2013). The significant influence of living conditions, relative power, and the quality of life on reaching one's fullest potential has led to the idea that structural equality can reduce violence (Gil, 1998). All of these aspects are strongly associated with structural violence.

The factors that influence violent crimes in certain areas primarily consist of community disorganization and economic strain. Disorganization describes an area with a dense population, broken families, and little to no economic growth. These factors weaken social control and cause residents to lose the support associated with community networks. Economic strain is the strongest factor causing unemployment, hunger, and homelessness, therefore causing tension, stress, and fear in the community (DeJong, Pizarro, & McGarrell, 2011). Structural violence is also manifested in the exclusion of migrants from the political agenda regarding global health care progress (Quesada, Hart, & Bourgois, 2011).

CHAPTER 4: POLICY AND LAW RELATED TO DOMESTIC AND SEXUAL VIOLENCE

On January 5, 2006, President Bush signed the Violence Against Women Act into law, originally enacted in 1994 by Senator Joe Biden after a long history of grant-funded research and movements to recognize domestic violence as a public health issue (Seghetti & Bjelopera, 2012). The criminal justice system improved its response to domestic and sexual violence crimes, mandated restitution to victims of specific sex offenses, and provided grants to state and local law enforcement agencies to investigate and prosecute violent acts against women. The International Violence Against Women Act recognizes domestic violence as a violation of women's human rights and has given the issue a political forum to translate research into law and policy (Shawki, 2011). Currently in the State of Texas, it is the officer's discretion to make an arrest when responding to a domestic violence dispute (American Bar Association, 2007). In such a milieu, police officers could essentially make decisions to arrest based on their personal, cultural, and family beliefs, which are often similar to that of the community they serve.

CHAPTER 5: BARRIERS TO ACCESSING SUPPORT SERVICES

The process of help seeking in relation to domestic violence and sexual assault may be influenced by location, situational circumstances, and the assault experience or cumulative experiences. Circumstances include the availability and accessibility of resources in the community and the acknowledgement that help is needed. Socioeconomic status, culture, relationship to abuser, presence of children and childcare responsibilities, and perceived severity of the assault also influence help-seeking behaviors (Kennedy et al., 2012). Victims may not seek help because they perceive the situation as not serious or as a single incident that will not reoccur, making support or legal services seem unnecessary, or simply because they are unaware of existing services available in their community. Structural barriers, such as long distance or absence of services providers, and economical barriers, such as transportation, costs, or time off work also explain why some women cannot seek help (Fugate, Landis, Riordan, Naureckas, & Engel, 2005). Although there are many barriers in seeking help, the most reported include fear of partner and losing financial security provided by partner and confidentiality concerns (Childress, 2013; Lewis et al., 2005). Calling the police is usually seen as useless, due to the misconception that there must be physical evidence to prosecute the perpetrator. There may be no obvious physical injury or they may be embarrassed to show such injuries to police officers (Wolf, Uyen, Hobart, & Kernic, 2003).

Other barriers existing in primarily Latino communities are language and fear of deportation, for those residing in the United States illegally (Hansen & Cabassa, 2012). The initial help-seeking process usually begins with informal sources, such as family and

friends, and eventually legal or other types of support if the abuse persists or becomes more severe. However, Hispanics are the least likely to use local services due to resident status (Rizo & Macy, 2011).

Another barrier to seeking help is the reaction from local law enforcement responders. It is important to note that the reaction from local law enforcement is influenced by the same cultural, familial, gender, and border influences that the victims and their families are influenced by. Historically, police officers have held the same view as society about domestic violence; that it is private and should not involve others (Gover, Pudrzynska, & Dodge, 2011). General attitudes and beliefs are likely to influence their response to the situation, victims, and offenders (Gover, Pudrzynska, & Dodge, 2011). Factors that influence how a law enforcement officer responds to a domestic violence incident include personal beliefs about domestic violence and intimate relationships, previous incidents at the same residence and other situational and contextual circumstances (Perez Trujillo & Ross, 2008). Other studies have shown that the gender of the victim, offender, and responding officer influence the officer's response (Horwitz et al., 2011). Although there are many factors serving as barrier for seeking help, motivational factors also exist to promote help-seeking behaviors.

CHAPTER 6: FACTORS ENHANCING HELP-SEEKING BEHAVIORS

Help-seeking behaviors are motivated by the desire for a better life, fear, and the realization that the abuse was not a sign of love. Other motivators included the presence of children, increased occurrence and severity of abuse, or interventions from friends and family (Randell, Bledsoe, Shroff, & Pierce, 2012). Women are more likely to contact the police if severe abuse has caused some type of severe physical injury (Bonomi, Holt, Martin, & Thompson, 2006; Lee, Park, & Lightfoot 2010). Over 55% of victims claimed that their decision to seek help was based on the desire to protect their children from growing up with the effects associated with childhood exposure to violence (Meyer, 2011).

Over half of victims seek help through informal sources such as friends or family, which may potentially provide services that may not be readily available through formal programs such as transportation, financial assistance, or childcare. Furthermore, social support may deter the psychological effects of domestic and sexual violence (Goodman & Smyth, 2011). Word of mouth through social networks usually connects the victim to formal service providers.

CHAPTER 7: PREVENTION AND TREATMENT FOR VICTIMS

According to rape resistance education programs, the most promising way to reduce the incidence of rape is to aim such prevention initiatives at young women. Most programs include an educational component to teach women how to identify when a partner becomes physically and/or sexually violent, and how to remove themselves from those situations (Senn et al., 2013). These types of educational programs are usually found at universities, where a high rate of sexual assault occurs. However, these programs have only seen short-term efficiency and usually for women who had no prior sexual abuse experiences. Rape resistance programs alone cannot protect women; prevention requires the attention and assistance of the entire public health sector (Senn et al., 2013). Another effort in battling domestic violence includes coalitions that work in collaboration with the community to allocate resources and services. Regions with anti-domestic violence coalitions are able to provide resources to communities where resources are lacking or unevenly distributed and as a group can apply for more funding to provide more resources (Wies, 2011).

The most common treatment to address the psychosocial effects of domestic and sexual violence is support groups. Support groups are successful in providing social support, connections, and resources than a single agency alone can provide.

7.1 Effectiveness of Support-Group Programs

Social support in the form of small groups can have beneficial results by reducing stress associated with experiencing violence and can help the woman transition from an abusive relationship to a shelter for victims (Constantino, Kim, & Crane, 2005). Sharing similar experiences decreases the feelings of shame, guilt, and loneliness. Latina women

participating in support groups reported feeling understood and felt that the women in the group were their friends (Molina, Lawrence, Azhar-Miller, & Rivera, 2009). Other studies show that women who attended support groups after experiencing partner violence had significant increases in self-esteem and reduced rates of depression (Chuang et al., 2012; Liu, Dore, & Amrani-Cohen, 2013). In addition to support groups, working with anti-violence advocates reduces the likelihood of returning to the abusive partner, increases quality of life, and promotes use of resources (Sullivan & Bybee, 1999).

Mutuality, as a characteristic of support groups, allows women to share their survival and recovery with others who can relate, providing an opportunity to make healing connections. Sharing experiences also empowers women, it gives them a voice that they did not have in the abusive relationship (Fearday & Cape, 2004).

7.2 Resources for Victims in the U.S.-MX Border Region

Support services available in the border region to assist victims of domestic and sexual violence, include initiatives by the El Paso Police Department, local community organizations, and the University of Texas at El Paso.

The Domestic Violence Unit of the El Paso Police Department provides education to the general public, researches domestic violence issues, and reviews all reported cases. The Center Against Family Violence, Sexual Trauma and Sexual Response Services (STARS), Rape Crisis Center and law enforcement agencies provide hotlines to assist victims of domestic and sexual violence with crisis intervention, medical care information, and law enforcement assistance (Chavez, 2012). STARS is a program providing hotline services, online counseling services, and information for other resources. Volunteers provide crisis intervention to victims at the hospital and represent

the STARS program throughout the community. At the University of Texas at El Paso, counseling and other resources are available through the Office of Student Affairs. The University disciplinary system conducts investigations and penalizes perpetrators. The help-seeking process is made easier for victims due to the large Spanish-speaking population in the region; this may be different for other Hispanic communities where Spanish is not spoken by service providers.

Another service provider is Casa Amiga, a nonprofit organization aimed at ending violence on the border, specifically in Juarez, Mexico. The organization provides prevention and intervention services, utilizing familiar and safe locations such as factories, community centers, and schools (Cano, 2009). These local resources, among other initiatives, provide educational, employment, housing, and other opportunities for victims of domestic and sexual violence.

In addition to examining risk for domestic and sexual violence, this study aims to analyze how factors such as cultural and familial norms influence how a woman seeks help during an abusive relationship. This study also explores contextual factors of immigration and living on the border in relation to domestic violence risk and support seeking. The study findings have implications for effective prevention and intervention strategies for Hispanic women of Mexican origin living on the border.

CHAPTER 8: GOALS AND OBJECTIVES

The goal of this study is to gain an understanding of factors and norms influencing risk for domestic violence and support seeking for the same among Hispanic women of Mexican origin residing in the El Paso, TX, U.S. - Juarez, Mexico border region.

8.1 Study Aims

The specific aims of this study:

1. Examine how family attitudes, gender norms, and cultural expectations shape vulnerability to domestic and sexual violence among Hispanic women of Mexican origin in a U.S.-Mexico border community (El Paso, TX).
2. Examine how family attitudes, gender norms, and cultural expectations influence help-seeking processes for domestic and sexual violence among Hispanic women of Mexican origin in a U.S.-Mexico border community (El Paso, TX).

CHAPTER 9: METHODS AND MATERIALS

9.1 Parent Study

The parent study, "Immediate health and community reintegration outcomes from participating in a pilot sexual assault support program among female sexual violence victims in El Paso, Texas", was conducted from March to December of 2013. The parent study was funded by the University Research Institute (URI) and was approved by the University of Texas Institutional Review Board (Protocol number 454703-1). The parent study design used mixed methods (quantitative and qualitative) to examine program outcomes. At initial contact with participant, the study purpose was explained and a meeting date was set. Before the interview began, the study was explained again and consent forms were signed. Individual interviews and focus groups were conducted following a guide, see Appendix A to view interview guide, which probed certain factors that influence the help-seeking process. The interview lasted approximately one hour and was recorded with an audio recorder. Each interview was transcribed and translated, if necessary. No identifying information was asked during the interview or focus group.

9.2 Sample Size and Demographics

The parent study sample consisted of 19 women, four who participated in an individual interview and 14 who participated in three different focus groups. Of the five individual interviews, three were conducted in Spanish. All three of the focus groups were conducted primarily in Spanish. Immigration status was not directly asked by the interviewer but was probed during discussions regarding deportation fears. In each focus group, approximately half of the participants did not have legal residency; nine of the 19 participants explicitly stated that they did not have legal papers and others alluded to

deportation fears. See Appendix A to view the standardized demographic questionnaire distributed during parent study.

Table 1. Participant Demographics

Type of Interview	**Total Number of Participants**
Individual Interview	5
Focus Groups	14
Type of Support Group Attended	
Domestic Violence	6
Sexual Assault	19
Type of Assault Experienced	
Emotional/Verbal	17
Physical	13
Sexual	17
Economical	2
Age Ranges	
18-28	2
29-38	8
39-48	7
49-58	2
Unemployed	**9**

9.3 Study Design

This study, which is a secondary analysis of qualitative data, is guided by the social cognitive theory (SCT), which suggests that a person's behavior is equally influenced by social interactions, external environment, and personal factors. The regulation of behavior is described by the constructs of the social cognitive theory:

- Reciprocal Determinism-refers to the interactions between person, environment, and behaviors.
- Behavioral Capability-refers to the persons' ability to behave in a manner that is based on knowledge and skills.

- Observational Learning-refers to the ability that people can behave like others through observation.
- Reinforcements-refers to the response to a behavior that affect the likelihood of repeating or discontinuing that behavior.
- Expectations-refers to the expected consequences or rewards of a behavior.
- Self-Efficacy-refers to the persons' confidence in successfully performing a behavior.

The construct that most directly relates to this study is reciprocal determinism; the interactions between the environment (border region), personal factors (culture, gender, and family norms), and outward behaviors (seeking help). Most studies of domestic and sexual violence vulnerability are based on the social cognitive theory as it provides a comprehensive explanation about the regulation of behaviors (Josephson & Proulx). The SCT addresses the intersectionality of factors that shape memory and processes which are then translated into a behavioral response. This response begins with the interpretation of contextual cues, the person then assesses the potential outcomes, and then establishes the outcome goals. The person then chooses the best strategy based on ability to perform decided action and self-efficacy (Josephson & Proulx).

Teen violence prevention programs are also constructed around the social cognitive theory, by encouraging alternative behaviors by building knowledge and changing perceptions and reasoning (Josephson & Proulx).

9.4 Research Domains Examined

The research domains examined through the individual interview and focus group narratives:

- Definitions of domestic and sexual violence
- Family and social network norms shaping risk to domestic and sexual violence
- Cultural norms shaping risk to domestic and sexual violence
- Border contexts shaping risk to domestic and sexual violence
- Help-seeking processes

9.5 Data Analysis

Qualitative data collected through individual interviews and focus groups (see Appendix A to view the interview guide used during parent study) was analyzed according to the ethnographic research tradition.

An open coding system was used to code all emerging themes and trends in relation to the research domains examined. The interpretation of emergent categories and themes were also guided by the field notes made on observed contexts of the discussions, and the reactions (body language) of the participants. Hypothesis related to the study aims were generated based on emergent themes.

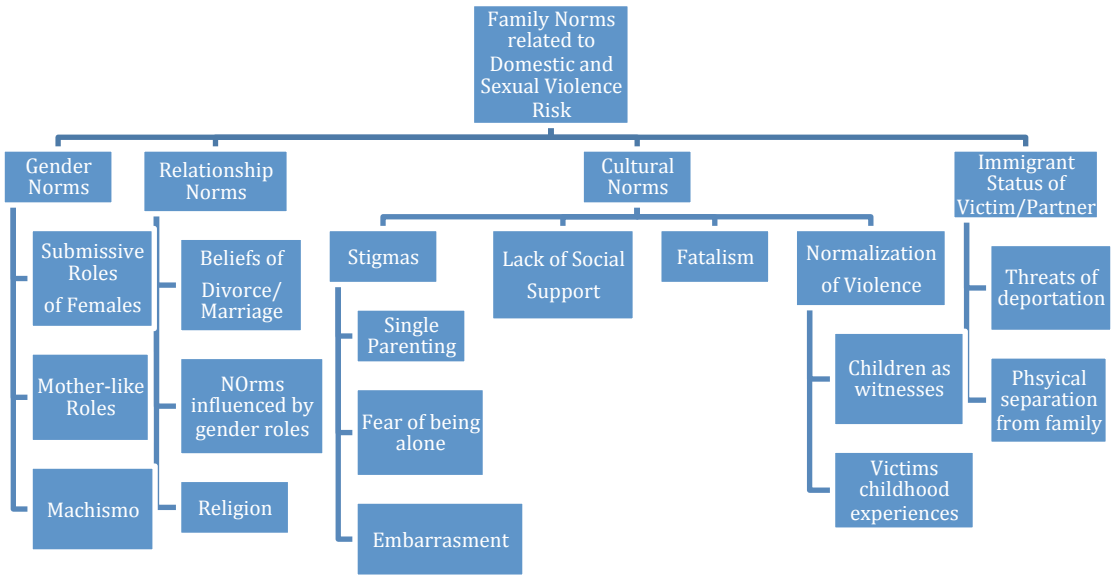
9.6 IRB Approval

The parent study was approved by the UTEP IRB prior to data collection, protocol 454703-1. The secondary data analysis proposal was submitted to the UTEP IRB for expedited review and approved on October 13, 2014, protocol 651769-1.

CHAPTER 10: RESULTS

The following themes related to family attitudes and norms emerged as factors influencing vulnerability to domestic and sexual violence. The themes related to family in relation to risk for domestic and sexual violence and support seeking include gender norms, relationship norms, cultural norms, and legal status of the victim and partner. The findings related to these themes are presented in this section according to the framework in Figure 1.

Figure 1. Themes Related to Family Attitudes Reported by Participants



Gender roles shaping risk and support seeking

Gender norms are those norms and assumed roles that influence how both men and women act in a relationship, family, and in society and can increase risks for risky behaviors such as domestic and sexual violence and drug use (Sanderson, Coker, Roberts, Tortolero, & Reininger, 2004). The categories that were identified based on gender norms discussed by participants include submissive and mother-like roles for females and machismo as a broad definition of the males' role. Table 2 shows perceptions reported by participants in relation to gender roles for the female and male within their networks.

Table 2.

Gender Norms Reported by Participants Shaping Risk and Support Seeking		
Gender Roles Reported by Participants (N=19)	**n**	**Percentage**
Submissive Female Roles	11	58 %
Mother-like Roles	5	26%
Machismo-Male Role	12	63%

Submissive female roles included tolerance of violence, verbal, physical, and sexual, because it was perceived to be her role as a wife. Eleven participants reported they were submissive and obedient to their husbands because they were raised to obey males or to avoid him becoming angry or physically violent. For example, one participant shared that she had to have sexual relations with her husband to avoid a physical argument, to avoid *"his behavior to become ugly."* Participants also agreed that other women who are submissive are at risk at experiencing violence. One participant explained her reason for accepting domestic violence in her relationship was *"that's what I was supposed to do as a wife, because that's Mexican culture, that you're supposed to accept that or tolerate that…"*Another act of submission reported by participants was

having sexual relations with the husband even if the woman had no desire to, even after a verbal or physical altercation, "*to call you ugly, to call you fat, shake you…I am only going to have sex with you when I want, like if you have the urge that is your problem."*

Another role participants reported as assuming in their relationships is that of a mother-like role to the husband. Five participants agreed with this role, where essentially she needs to help him with everything, from cleaning up after him to taking off his shoes. One participant from a focus group explained, *"we end up being their mothers, because you, if you have your partner, you go being more than the wife, more than the friend…we all end up being the mother, the ones that take care..."* The same participant went on to explain how she observed a young couple during dinner where the man constantly asked his partner for everything such as ice for his drink, refills, and to clean up and did not allow his partner to take part in conversation. Cleaning and cooking are also part of that role to the extent of cleaning immediately when something is dirty and cooking "good" meals. One participant from an individual interview shared that she was physically abused because a meal she prepared for the family was too salty for her husband.

Machismo is a broad definition of the males' role and was described by participants as jealous, losing control easily, and controlling. Participants referred to machismo as a cultural influence that shapes how a man believes he is supposed to act in a relationship and in society. One participant from an individual interview reported *"there are still those traditions that once you get married the man is a man and um, the way it's supposed to be in a marriage is the man is a man, but he's supposed to show respect to his woman and care for her, and a woman is supposed to stand by her man and show respect to him, but she has a voice, and somehow they don't see that...that*

misconception." The majority of participants, twelve participants, alluded to their partners having some kind of attribute related to machismo such as jealousy and control issues. Participants also reported that they were financially controlled, to the point where they had to ask for food for themselves and their children in their own home. Two participants mentioned that these attributes were originally seen as positive at the beginning of their relationship, *"well he was always very jealous you know, he just, he was always very jealous and at first you kind of thought it was cute and then it was like ok, that's too crazy. But um, at that point, we were already together and I had to accept that you know, from the first time he hit me it was because his sister went over to the house. When I was pregnant, he would always go out and leave me at home and he would go off and get drunk all the time…"* and the other participant realized his control as a form of abuse after she left the relationship, *"like controlling, of the good form, but when I left from that relationship, I thought a lot of things, and I said well since when did he control me."* Although some of these control-related characteristics were seen as protective or *"cute"* in the beginning of the relationship, participants reported that their spouses were not who they originally thought them to be. The perception that the male should be the more dominant figure or the sole provider in the relationship is evident with this quote, *"and he told me that I couldn't be more than him, that he would leave me, and I was like what. Then, if I stay with him, I will not do anything with my life."* The participants also elaborated on the fact that it is Mexican culture that causes men to act in such ways, that they must be manly which means they should not cry as opposed to women who are rarely challenged for their sensitivity or sentiment by society or culture in which the participants live. One participant from a focus group reported, *"we're*

[women] more scared, more conservative and they're [men] not. Do this or take this and they do it because they're men, or ay you're not a man, you can't do it and we are never challenged, and they are, or one cannot cry freely, a man no, and that's because the machismo."

Relationship norms shaping risk and support seeking

Relationship between wife and husband, and mother and father, were reported as the core of the family and these norms are a large part of what influences the attitudes of the entire family. The belief that marriage is forever and that the obligation of the wife is to remain with her partner no matter the circumstance was reported as a belief by participants (n=6). Parents of victims were reported to also be influential in instilling that belief, that a divorce or separation is never an option. This belief seems to tie with religious beliefs where women reasoned their situation as an act of God (n=4) that needed to happen in order to reveal something or get them to a particular place. Another perception in relationships is that the wife belongs to the husband (n=6), as if she were property, and that he had the right to do as he pleases because of their marriage which is influenced by assumed gender roles previously discussed.

Table 3.

Relationship Norms Reported by Participants Shaping Risk and Support Seeking		
Relationship Norms Reported by Participants (N=19)	**n**	**Percentage**
Beliefs about marriage/Divorce	6	31%
Martial expectations set by religion	4	21%
Relationship norms influenced by gender roles	6	31%

One participant explained the belief about marriage is *"once you got married, you were married for life, and you needed to be with your partner and do anything he said",* as though wives were expected to endure violence per martial obligations. Another woman demonstrated the same belief by staying with her husband after he was in a car accident despite long-term abuse, *"my pastor told me, well you are a wife, you should stay by his side because he is your husband and I went back with him because of that. But now I can tell you that I regret it, with all my heart, because he didn't change, even disabled."* Another participant reported that she could not disclose sexual abuse to her mother because of the traditional white wedding she was supposed to have, according to traditions and her mother's expectations. She married and had a traditional Catholic wedding the way her mother expected it to be because that is simply what her mother desired and her other sisters had done so as well.

Participants (n=6) also reported that wives are seen as property and that they were abused because their husband had the right to do so as the husband, women reported that they thought it was not sexual abuse because of her marital relationship to her husband. This is also tied to the submission of wife to husband that was discussed in gender norms. Submission seen as an obligation of wives is demonstrated in this statement, *"and I, for a time, I was like, well I have to endure it because he's my husband, I have to do it because he wants to. But, well me from the inside, I felt degraded."* In two cases, the women were threatened by their husband that he would seek sexual intimacy from another woman if she would not oblige when he so desired. Five participants added that their partners wanted to have sexual relations after verbally or physically assaulting them, further victimizing the participants.

Cultural norms shaping risk and support seeking

Several categories related to culture emerged as factors shaping domestic and sexual violence risk. These themes include a general lack of social support, stigmas associated with single parenting and being victims of domestic and sexual violence, fatalism, and normalization of violence, see Table 4 below. These themes are grouped together as cultural norms because they are strongly influenced by cultural expectations, although they can be linked to the other emergent themes.

Table 4.

Cultural Norms Reported by Participants Shaping Risk and Support Seeking		
Cultural Norms Related to DV/SV Risk Reported by Participants (N=19)	**n**	**Percentage**
Lack of Social Support	7	36%
Stigmas related to single parenting	3	16%
Fatalism related to domestic and sexual violence	4	21%
Normalization of Violence	17	89%

Lack of Social Support

Participants (n=7) reported a lack of social support from immediate family members who were unwilling to acknowledge the abuse or discuss potential separation. In one case, the parents of the victim were opposed to her calling the cops and leaving her husband, despite long-term physical abuse, even while she was pregnant causing an emergency C-section, *"they were never supportive for me to call the police. They would always get mad at me for pressing charge."* This participant was also pressured into having an abortion after having a sexual relationship with another man after leaving her

husband, because the parents expected her to return to her abusive ex-husband. This lack of family support for leaving their abusive spouse was also demonstrated by another participant who said *"my mom yeah, she say don't divorce, he's your husband, he's going to change, do it for your son, Wait, I say mom, that's enough, and she saw when he's very angry with me, and she saw when he's like jealous, my mom knows...but she's blind, she put a something on the eyes and she don't want to see it..."* Yet another participant reported that she could not rely on her family for help because they questioned what the man was doing for her, *"yes, they saw that I was always by myself and I never wanted to tell them anything, they knew that I suffered and I struggled and everything. But, why if I ask them for help, but why do you have him, why do you love him. And I realized if I asked, or with my sisters, let me stay, it was only for a few days and then I would leave…"*In this case, the family expected her to leave him if she was relying on them for help, but was not providing emotional support or understanding to her situation. This participant also described her unwillingness to ask her family for help because she felt that they had their own problems to deal with.

Stigmas Related to Single Parenting

Stigmas and/or fears of consequences related to single parenting and having children from different partners emerged as other barriers to leaving abusive spouses and support seeking. One participant, a mother of a young boy, reported that her mother did not want her to leave her abusive partner because she feared that she would become a "*crazy girl*". Although this participant did have some family support in relation to her leaving her husband, it was from her brother and not the mother. Another participant reported that she did not want to leave her partner because she wanted another child, but

feared the judgment from her family and the community associated with having children from multiple partners, *"I just didn't want to have children from different fathers…how many baby daddies do you have and you have how many kids, it just makes me look pfft. You know, in everybody's eyes."* These stigmas seem to be related to community perceptions that influence women, their behaviors, and their responses. A participant feared being alone and becoming the primary provider for her children; she was unsure that she could provide housing, clothing, and food, *"for fear, of the economy, for fear, for example, me that I was alone. First, it can be, there are a lot of things. It can be fear that something bad, more bad will happen. I was scared to sleep in the streets, to not have anything to feed my kids"*. Another participant reported, *"to have fear that they can't do it alone, of, well the threats from the men because I heard that the men say, well if you leave me, I will kill myself, or, I will have you deported if you leave me. For fear that their husbands will follow them…"* There were multiple reasons to fear separation reported by participants, one is the ability to become the provider for their children and the rest were associated with community stigmas.

Another stigma-related factor reported by participants is the embarrassment experienced when having police at your home and the fact that neighbors would talk about the incident without knowing the situation. Women (n=7) reported this as a reason to not call police to their homes. Another woman reported that she preferred her daughter and her family not to visit while she stayed in a shelter and receiving counseling because she did not want them to see her in such an emotionally deteriorated state, *"…like you don't want anyone to know what happened, like yeah it was bad, but you know, it's worse*

if everyone knows. They look at you differently and they treat you differently…" These stigmas served as barriers to seeking help during future incidents.

Fatalism Related to Domestic and Sexual Violence

A few of the participants, one from an individual interview and three from focus groups, reasoned their situation as an act of God, a necessary event in their lives to get them to where they needed to be. Four participants reported that they strongly believed that God intentionally placed them in their situation, albeit a situation that endangered their wellbeing and safety. A debate about what God desires and teaches ensued during a focus group after a participant continuously mentioned that it would only be God to remove her from her relationship if that is what God wanted, another participant responded with a teaching from the bible; she insisted that divorce is permitted when violence and infidelity are involved. The participants of the same focus group went on to tell a joke about a man drowning in the ocean and praying to be saved by God, despite several boats passing him and offering to help him.

Normalization of Violence

Normalization is referred to how women and families learn to tolerate violence because it becomes a part of their environment and is learned as a normal way of expressing emotions. Almost 90% of the victims reported some type of normalization of violence where either they or their partners experienced or witnessed violence growing up or their children were witnesses to the violence they endured. Three of the participants reported that they experienced or witnessed violence as a child and another three participants reported that their spouse had witnessed domestic violence as a child, *"I realized that my husband comes from an abusive family, of domestic violence…drug*

addiction and alcoholism, so right now I don't justify everything my partner has done to me, because I tell you one way, I feel bad, you get me, well he was a child and I will not see how he lived and where he lived, and what established and created the abuse, it was a cycle his parents created,, and what happened, it grew, and he repeated his father's pattern." This victim further reported that when her husband was not verbally or physically abusive to her, she feared that he no longer loved her and that she missed the abuse, as it was a reminder that he noticed she was there, *"... because the day that comes, the moment in which you say if right now he hits me I am important to him, I am interesting to him, you get me. If right now he yells it's because he's noticing I am at home, that I am someone here, you'll quickly begin, you'll get to a point where you start to feel that way. So right now like I tell you there are moments I do miss those things, I can't tell you that the sexual assault no, I don't miss it, for me that was something much harder, more difficult to overcome…"* This participant was married for over 20 years and endured verbal, physical and sexual violence from the beginning of her marriage. It seems that victims normalize violence and may view it as an act of love after long periods of abuse. A few participants also reported that they were in prior relationships where their partner was also abusive.

Another instance of normalization was reported by one participant of an individual interview who left her abusive husband after 10 years and stayed at her parents' home with her children. The father of the participant was verbally abusive to her and his own wife, and was reported to have always been as such, to the point where the family could not turn on the air conditioner without his permission.

Contributing to the cycle of violence is the children of these participants who have also witnessed both verbal and physical altercations between the victim and the spouse, *"I would just hide with my daughter in the bedroom…because he would tell [call] me wetback,, assault me so ugly, and I was all scared, I wouldn't tell anyone, but what hurt me the most, my daughter was seeing, so I said no, I told my daughter, don't worry, we are going to be ok, we will return to our house, this is passing I would tell her. And this, it's something horrible; living so scared."* Two other participants shared that the father took the children away for more days than they were allowed by court and the mothers feared for what the father would do to them. In some cases, children became the target of violence as well as their mother. One participant reported that her husband, the stepfather to her daughter, desired to have sexual relations with her daughter. Although this participant reported that she immediately left her husband and reported him to the police, she also reported that her daughter suffered from major depression and eating disorders. Children were also used by the abusive partners as a means of preventing women from leaving, three participants reported that they feared their spouse would take away their children or the spouse had kept the kids longer than what they were allowed by court orders.

Immigration related factors shaping risk and support seeking

The U.S.-Mexico border contexts previously discussed in the literature review seem to also influence participants' risk for domestic and sexual violence. One reason is the general assumption of ineligibility due to undocumented status and not being aware of United States laws related to their personal protection and safety. Another reason, seen

in half of this study sample, was threats of deportation if the woman was an illegal resident.

Reporting to immigration authorities by the partner and his family were mentioned by a few of the women in focus groups (n=4) and one woman who participated in an individual interview. Participants indicated that these types of threats and a general fear of deportation was a reason to endure the violence and not seek help. One woman feared deportation to the point that she would not go to the store if she believed someone looked like or was acting like a federal agent or would not open the windows in her home. Such fear crippled her and influenced her decision to not seek help from law enforcement agencies, allowing the violence to continue. Another circumstance of immigration is the physical separation from family that can lead to isolation and a lack of social support. It was reported that although victims' families were supportive of the woman seeking help or separation, the family could not help because they remained in Mexico while the victim was in the United States.

Table 5.

Immigration Related Factors Reported by Participants Shaping Risk and Support Seeking		
Immigration-Related Factors Shaping DV/SV Risk Reported by Participants (N=19)	**n**	**Percentage**
Undocumented Immigrants	9	47%
Threats of deportation	5	26%
Physical separation due to immigration	5	26%

Two of the participants who disclosed their legal status in the United States also had partners that also did not have legal paperwork; however, this did not deter the partner from using deportation as a threat to silence the victim. Another two participants, also illegal residents, blamed their residency status for the violence and other injustices they experienced*, "in my case my husband threatened me with immigration, my husband doesn't have papers either. And everything that happens to us here is because of that."* Threats were made both by partners and by family members of the partner, reported by participants from an individual interview and three participants from focus groups, *"in my case I stayed because his family would threaten me with immigration, they would tell me that if I left them they would call immigration on me and that's why I wouldn't leave."*

In one case, a police officer who was called to a participants' home for a domestic violence dispute, questioned why and how she was in the United States, what kind of work she did, and wanted to see the social security cards for herself and her kids. This experience with the police department further heightened her fear of deportation and caused her to not rely on law enforcement agencies for help.

A lack of knowledge about eligibility for services, independent of residency status, was also reported by participants. A participant from an individual interview noted that many of the things, such as the abuse and allowing her kids to remain with her husband who, a U.S. Citizen who step-fathered her kids, happened because she did not know her rights, *"I was here alone in the United States, a lot of, of the things that I allowed, at that moment I didn't know that I was allowing but a lot of things that happened to me happened because, of ignorance, because I didn't know the laws of the United States, because I was alone, I had my two sons, and a lot because of the threats*

from my ex-husband, that he would take away my sons and how I didn't speak English well, and how I didn't have my papers finished, he was going to take away my son…" Participants (n=5) reported that although their families may be supportive of them leaving their abusive spouse, it might not be physically possible for the family to provide help in the form of shelter, transportation, or childcare. Essentially, the victim is still alone in her journey to seek help.

Another woman in a similar situation, where she was undocumented but her partner was a U.S. Citizen, shared that her husband intentionally did not want to help her acquire legal documentation because he knew it was a way to keep her silent, *"he is so smart, he say, Ok, I'm not going to fix it… and he always got me like this, you know, you don't got a job, you don't got papers, you don't got a mom… he says she not going to run because she don't get nobody."* Undocumented immigration status of the victim, nine women in this study sample, was used as a security measure for the abusive spouse to ensure that their wife did not seek help or was able to leave the relationship.

The narratives of the individual interviews and focus groups provided great insight and understanding to the issues that Hispanic women of Mexican origin are faced with and how these issues translate into behaviors and responses.

CHAPTER 11: DISCUSSION

Machismo was widely discussed in both individual interviews and focus groups to describe the behaviors of their spouses and explain why they behaved in such a manner. Although the definition of machismo in literature (Gonzalez-Guarda, Vermeesh, Florom-Smith, McCabe, & Peragalla, 2013) describes the hard-working and protective characteristics of Latino men, most women who participated in the study used it to describe negative attributes of their spouses. Machismo, in this study, included negative characteristics such as jealousy and controlling behaviors, such as isolation and creating financial dependence. Many of the women also reported the submission that was expected from both their partner and their family. It seems that the combination of these roles allowed for violence to be used as a way of controlling the woman and for it to be tolerated by the woman. Each gender's role seems to be viewed differently in relation to what is expected and why those expectations are assumed, and those differences influence how a person acts and reacts to situations. In this study, women were expected to obey their partners as an obligation of marriage and as a female and remain in a mother-like role, constantly cooking and cleaning for their husband. As discussed in the literature, tight-knit families and the belief that fathers should be present in children's lives (Calzada, 2010; Vidales, 2010) are other reasons that women seem to remain obedient to partners; for the sake of the family. The sanctity of marriage is evident in this belief, and is further demonstrated by the attitudes of parents and in-laws of victims.

Normalization in this study refers to how violence becomes normal, accepted, and tolerated in personal relationships, families, and communities. Normalizing violence plays directly into the cyclicality of domestic and sexual violence, since childhood

experiences of violence increase risk for becoming an adult victim or offender (Wright & Fagan, 2013). The fact that 89% of the participants reported that they themselves, their husbands, or their children witnessed violent acts, either verbal or physical, speaks to how violence becomes normalized and then repeated in future relationships. Violence seems to be passed from generation to generation as some of the participants reported that they or their partners were raised in verbally or physically violent homes, some women then justified that their partner were violent because that is how they were raised to act in a relationship. One study participant described such trans-generational experiences to justify why victims of domestic violence cannot help each other, as the blind leading the blind, and that two damaged people cannot come together in a healthy relationship.

In addition to normalization, participants reported that they were not aware that it could be rape if the offender was their husband. Therefore, women were more likely to identify as victims of domestic violence instead of victims of sexual violence. Often, this was not realized until after their participation in support groups where they learned that sexual assault and rape could be committed by their husband and that they had the right to say no. It also seems that there was a negative stigma attached to sexual violence that was more impactful than the stigma attached to domestic violence and women would rather associate themselves as domestic violence victims. This may be a result of the fear of stigmas, embarrassment, and sensitive nature associated with sexual violence.

In some cases, the children of the participants witnessed violence between the parents; while two participants tried to shield their kids others reported no such effort. Shielding included not provoking the partner while he was angry or moving to another room in the house where the children could not see, but are likely to have heard the

argument. In worse cases, children were also victims of abuse by their father or step-father. In all of the cases in this study, where participants reported that the offender targeted the children, the offender was a stepparent. However, at some point the participants did realize that a life of fear and violence is not what they wanted for their children. It seems that the presence of children was a reason for the victim to stay in the abusive relationship, and then turned into the reason why they left. At what point and how they came to that point was different for each participant, but eventually, the majority of participants realized that they had to leave their partner for the sake of their children. Violence is tolerated for some time before that decision is made. As seen in the reported length of abuse, some women tolerated violence for short periods, of time while others remained and continued that relationship for decades, shortest reported time was 7 months compared to 30 years. The normalization of violence demonstrates the importance of providing services to child witnesses in order to prevent and reduce future domestic and sexual violence incidents.

Immigration related factors greatly shaped risk for undocumented women in this study. It seems that the constant threat of deportation from their spouse and assuming ineligibility for services provided a perfect opportunity for spouses to target and exploit their partners. The threat of deportation was worsened when the spouse threatened to have the children removed from their mother. Lack of social support due to immigration also seems to influence tolerance of abuse. For some women, they are physically removed from their social support network when they move to the U.S., while others have not yet built a new social support network. Although many participants did not report this, language served as a barrier when pursuing legal prosecution or requesting

records. When documents were not accurately translated or their stories changed from what they initially reported to the police, women seemed to lose hope in law enforcement agencies. It seems that some of the participants, although fearful of deportation, did trust police officers enough to call for help at least once, but that trust was sometimes lost after their interaction due to the way in which they were treated or because their abusive partner was not arrested or no other legal action was taken.

Although immigration-related factors exist in our border community and other immigrant communities throughout the United States, transborder mobility and the fluid population is unique to the El Paso-Juarez border region and may provide unique regional factors that are not present in other communities This may affect prosecution efforts as offenders may flee to Mexico to avoid legal prosecution and prevents the victim from justice and living peacefully, as she may live in fear of his return.

11.1 Strengths

Since most studies of domestic and sexual violence vulnerability in current literature categorize the study sample into broad categories of Hispanics or Latinos, the strength of this study is the contribution it makes in relation to traits specific to domestic and sexual violence among Hispanic women of Mexican origin who reside in a border community, El Paso, Texas. In addition, identifying regional contexts specific to the U.S.-Mexico border may aid in design and implementation of more effective and regionally sensitive initiatives to address domestic and sexual violence. This study also examines the interaction between cultural and family norms and immigration-related factors, considering both personal and regional influences. Despite the sensitivity of the

subject and the norm associated with not disclosing abuse, participants were open in sharing their experiences and help-seeking processes.

11.2 Limitations

Although the sample size is relatively small, the obtained qualitative data identifies existing traits that can be generalized to the community. Recruitment was a limitation in the parent study, as contact information was not up to date for previous participants from the sexual assault support group program at the Center Against Family Violence. Of the 21 recruited, 19 participants completed either an individual interview or focus group. The other two were agreed to participant but were unable due to childcare obligations and transportation issues. Though limited disclosure is potentially a limitation in qualitative studies, the sample population was open and willing to share their stories of experiencing violence and the way in which they sought help. Due to their prior participation in the sexual assault social support groups, a few of the participants had already been acquainted with each other, allowing for a more trusting environment to share their experiences during focus groups interviews.

11.3 Public Health Implications

Local domestic and sexual violence service providers may consider research findings to improve prevention and intervention services. By making such initiatives regionally and culturally sensitive to this specific population and providing education addressing specific barriers may allow more women to be encouraged to seek and utilize services. Addressing the intersection and interaction of influencing risk factors may yield more effective prevention and intervention programs. The need for training for first

responders and immigration enforcement agencies to appropriately respond to these incidents may also be another implication of this study.

Future research addressing domestic violence in the U.S.-MX border region could examine the traits revealed through this study at the community level in relation to risk and resilience to domestic and sexual violence. A strong sense of social support and acceptance from family members was mentioned by participants to positively influence women to leave abusive partners, these factors could be probed as to why some women in the same community never experience abuse, leave relatively soon upon onset of abuse, or endure abuse for long periods of time-despite high levels of the same.

11.4 Recommendations

Domestic and sexual violence can be prevented by aiming prevention initiatives to childhood victims and witnesses of violence, as these children are more likely to practice those learned behaviors as adults. Promotion of existing community services for victims of domestic and sexual violence must also be improved, since women who lived in the community for decades were still not aware of services available to them. However, service providers and law enforcement agencies must perform outreach in a subtle manner as to not compromise the safety of the victim, since seeking help may cause the abuser to become violent. For example, a recommendation provided through a participant in this study is to post informational pamphlets in areas where only the woman is likely to be, such as a woman's restroom. This may allow large populations, such as UTEP students and other target populations, to be made aware of community resources. These recommendations may help reduce the onset of abuse as well as the continuation of abuse in relationships and families.

CHAPTER 12: CONCLUSION

Assumed gender roles, relationship norms, cultural expectations and immigration related factors all influence attitudes and perceptions of family and social support networks, which greatly influence domestic and sexual violence risk. All of these factors were discussed by participants as reasons why violence occurs and how families and the community discourage seeking support. There are also various aspects to each norm that is shaped by personal influences and perceptions. However, the intersectionality of these factors must also be understood in order to effectively reduce risk for domestic and sexual violence on the border for Hispanic women of Mexican origin. By understanding the interaction of these influences, intervention and prevention program planners may also be able to create effective strategies to reach this specific population.

CHAPTER 13: MPH CORE COMPETENCIES

The core competencies of the Master of Public Health graduate program that were addressed through this research include epidemiology, health policy and management, social and behavioral approaches, and Hispanic/border health. The epidemiology competencies include the description of a public health problem in terms of magnitude, person, time and place, and the comprehension of basic ethical and legal principals pertaining to data use and dissemination. Drawing appropriate inferences and evaluating the strengths and limitations of reports was also addressed as part of epidemiology competencies. Describing legal and ethical bases for public health and health services is a competency of health policy and management. The social and behavioral sciences competencies include the identification of causes of social and behavioral factors that affect health of individuals and populations and the description of the role of social and community factors in both the onset and solutions of public health problems.

Hispanic and border health competencies were addressed since the study population is primarily Hispanic women of Mexican origin living on the El Paso, Texas-Juarez, Mexico border region. Historical, cultural, social, economic, political and other similarities and differences among Hispanic and border groups and how these affect health equity were described. Other structural inequalities that restrict health equity and produce health disparities were also described. The found information regarding challenges and needs of Hispanic and border communities will be communicated to the public and policy makers, another competency of the Hispanic and border health concentration. This analysis did not directly address competencies of environmental health sciences.

APPENDIX A: PARENT STUDY INSTRUMENTS

Interview Guide:

Immediate health and community reintegration outcomes from participating in a pilot sexual assault support program among female sexual violence victims in El Paso, TX.

The participants' responses to the probes below will guide subsequent probes related to the study's research domains.

1. How would you describe violence/assault?
2. How is this different from sexual abuse/violence/assault? (Probe culture, gender and migration norms.)Please discuss how what you described just now applies to your experiences? How would this relate to some of your life experiences.
3. When did you understand or think that you were in a relationship that was harmful for you? Sexually? Please describe any particular day/experience/thing which happened to you that made you realize that you were in a harmful relationship. (Probe participants' perceptions about abuse)
4. Many persons have more than one harmful/abusive relationships- please discuss any such experiences you may have.
5. What are some of the reasons which make these difficult /harmful relationships continue?
6. How has being in such harmful relationships affected you and your family members?
7. How has being/experience a harmful /abusive relationship affected you forming romantic relationships? What are some of the things you may think about before beginning/committing to a new relationship? Why?
8. How did you hear about the Center against Family Violence (CAFV)?
9. How did you hear about this Domestic Violence/ Sexual Assault (DV/SA) support group?
10. What made you want to seek help about your situation? Please describe/explain what went through your mind before you decided that you will do something about the harmful relationship/abuse.
11. What are the services you use now at /through the CAFV?
12. How have these helped you? How are you different now/your life is different now as a result of taking part in this program?
13. How comfortable would you be in asking another person experiencing abuse (bodily/ sexual / mental) to come to the CAFV and this program for help? Have you referred someone her?
14. Tell me something about the way the program people help you, speak with you? How comfortable are you in asking them any questions you may have?
15. Please discuss some of the services/help you may need in addition to what the Center and this program has helped you with so far.
16. How has taking part in this support group helped you? Do you talk to each other when you are not at the center? Help each other?
17. Who would be the person(s) each one of you will first turn to when you need any type of help? Why? (Probe types of assistance/support gained from their support networks)

Standardized Demographic Questionnaire for all study participants

Sex: ▫ Female ▫Male ▫Other

Support Group Attending: ▫Domestic Violence (DV) ▫Sexual Assault (SA)

Zip code of residence:

Age: ----- years

Type of assault (check all that apply to you):

- ▫ Emotional/verbal
- ▫ Physical
- ▫ Sexual
- ▫ Other(please explain)

When did you first seek help at the CAFV: ------- month/year

Employed now? Yes /No

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CURRICULUM VITA

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