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Barriers for Help-Seeking in Female Immigrant Survivors of Intimate Partner Violence: A Systematic Review

Barreras para la Búsqueda de Ayuda en Mujeres Inmigrantes Supervivientes de Violencia de Género en la Pareja: Una Revisión Sistemática

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Abstract

Purpose: Immigrant women suffering from Intimate Partner Violence (IPV) are especially vulnerable and have difficulties seeking help from specialized services. This study aims to identify the barriers contributing to the hardship faced by female immigrants who suffer IPV when seeking help. **Method**: A systematic review of primary articles that identified barriers in this population was carried out. An analysis was made of the 16 studies obtained from the PsycINFO and MEDLINE databases that met the inclusion criteria. **Results**: Several themes emerged from the analysis, indicating that there are a significant number of barriers that can be classified as 1) socio-demographic variables and violence characteristics; 2) social isolation and lack of family support; 3) cultural and religious barriers; 4) language and financial barriers; 5) little awareness of available resources; 6) limited use and perceived inefficiency of services; 7) fear of being deported and separated from their children, and 8) psychological barriers. **Conclusions**: Based on these data, the importance of taking these barriers into account when offering specialized attention to this most vulnerable population is discussed. Therefore, recommendations are offered to increase the accessibility of services for immigrant survivors of IPV.

Keyword

Intimate Partner Violence; Immigrant; Barriers; Help-Seeking Behavior.

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Resumen

Objetivo: Las mujeres inmigrantes que sufren Violencia de Género en la Pareja (VGP) son especialmente vulnerables y tienen dificultades para buscar ayuda en los servicios especializados. Este estudio tiene como objetivo identificar las barreras a las que se enfrentan las mujeres inmigrantes que sufren VGP a la hora de buscar ayuda. **Método**: Se realizó una revisión sistemática de artículos primarios que identificaron las barreras principales presentes en esta población. Se analizaron 16 estudios obtenidos de las bases de datos PsycINFO y MEDLINE que cumplían los criterios de inclusión. **Resultados**: De este análisis surgieron varias categorías, indicando que hay un número significativo de barreras que pueden clasificarse como 1) variables sociodemográficas y características de la violencia; 2) aislamiento social y falta de apoyo familiar; 3) barreras culturales y religiosas; 4) barreras lingüísticas y económicas; 5) bajo conocimiento de los recursos disponibles; 6) uso limitado y percepción de ineficacia de los servicios; 7) miedo a ser deportadas y separadas de sus hijos e hijas, y 8) barreras psicológicas. **Conclusiones**: A partir de estos datos, se discute la importancia de tener en cuenta estas barreras a la hora de ofrecer una atención especializada a esta población más vulnerable. Por ello, se ofrecen recomendaciones para aumentar la accesibilidad de las mujeres inmigrantes supervivientes de la VGP a los servicios.

Palabras Clave

Violencia de Género en la Pareja; Inmigrantes; Barreras; Búsqueda de Ayuda.

Introduction

Intimate Partner Violence (IPV) refers to any "behavior by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviors" (World Health Organization [WHO], 2014, p.74). About 1 in 3 women in the world (30%), over the age of 15, has been victim of physical and/or sexual violence by an intimate partner and, in some parts of the world, including Africa, Southeast Asia, and the Eastern Mediterranean, this figure rises to 37%. This violence, also emotional, causes serious short- and long-term health problems for both women and their children (WHO, 2013).

Although IPV is widely discussed in the scientific literature, this is not so common when the focus turns specifically towards immigrant women. However, many organisations have voiced their concern over the vulnerability of female immigrants who experience IPV. The European Parliament Resolution of 26 November 2009, therefore, calls on Member States, in article 16, "to have due regard for the specific circumstances of certain categories of women who are particularly vulnerable to violence", citing female immigrants as one of many examples. The Survey on Violence Against Women, which was carried out in 2019 by the Spanish Ministry of Equality, indicates a high incidence of gender-based violence among immigrant communities in Spain, and thus, coincides with the results of studies carried out in other countries (e.g., Guruge et al., 2010). According to the survey, the prevalence of all forms of violence

against women is higher among foreign women in Spain. Immigrant women are involved in a set of multiple discriminations, which contribute to social inequality and violence, referred to as intersectionality (Carretero Palacios, 2015).

It is known that immigrant women are more vulnerable to IPV, but there is limited information about the specific difficulties they encounter to seek help and what can be done to help them. According to the European Union Agency for Fundamental Rights (2014), rates of reporting incidents of IPV to the police or other services are low. Only 1 in 3 victims of IPV, and 1 in 4 for non-partners, report the most recent serious incident to the police or other services. In the case of immigrant women, seeking help can become more complicated. Although IPV is prevalent among women from different cultural backgrounds and socioeconomic classes, factors such as culture, language, religion or social networks, could influence in immigrant women help-seeking behavior (Bhuyan & Senturia, 2005). Therefore, to understand this situation, it is important to pay attention to the barriers they may encounter when leaving the abusive relationship. Awareness of this issue can be increased through research, improving our understanding of the violence, as well as the development of responses aimed at this population that is at high risk (Burman & Chantler, 2005).

This risk is related to features and barriers in their host countries that potentially increase their vulnerability to different forms of victimisation (Gonçalves & Matos, 2016). Nevertheless, data suggest that certain elements of the situation of immigrant women may increase the likelihood of suffering IPV. These issues include cultural factors specific to their communities, complex legal and financial situations, greater susceptibility to abuse by men from the host country, or limitations to access to information and support services (Mateo Pérez, 2002). For this reason, after reviewing studies on the Spanish, United States (US), and Canadian populations concerning this issue, Alencar-Rodrigues et al. (2013) propose to enhance understanding of the IPV suffered by female immigrants through an explanatory model, highlighting that the context of migration itself represents a risk factor.

The migration process involves individuals and groups undergoing various changes through direct contact with other cultures, which is called acculturation (Graves, 1967). Besides, relocation, reorganization and restructuring between what they leave behind and the new life, can involve a migratory grief (Carretero Palacios, 2015). In addition, the living conditions of immigrants and the circumstances that they face during this process, constitute stressors, which, when added to financial and social problems, may increase dependence on their abusive partners (Kim & Sung, 2016).

But not only the migration process and host country barriers pose a difficulty. The literature seems to agree that cultural patterns in the country

of origin contribute to IPV (Runner et al., 2009). Values such as loyalty to the family, rejection of divorce, responsibility for childcare, or satisfying the husband, may prevent women from seeking help (Choi et al., 2016). All these barriers and the strategies of the abusive partners, who make women believe that they have fewer rights than those who were born in the host country (Martinez-Roman et al., 2017), can increase the probability of staying in abusive relationships. These obstacles are intensified in the case of women residing illegally in the host country (Gonçalves & Matos, 2016).

Thus, although female immigrants are exposed to various IPV forms, they are especially vulnerable due to their immigration status, with several factors increasing the difficulty for leaving their relationships or seeking help, either discussing their situation with friends, family, or close family members (informal help) or attending medical services, police or other resources (formal help) (Kaukinen, 2002). Help-seeking processes include three stages: recognition of the problem, decision to seek help, and selection of a help provider. At the same time, these processes are influenced by interpersonal and sociocultural factors (Liang et al, 2005). Barriers should be considered under an ecological framework that could be applied in different contexts, since they involve not only the individual, but also the microsystem, the mesosystem, the exosystem, and the macrosystem (Bronfenbrenner, 1977). Consequently, it is understood that a problem of this nature requires specialised attention and comprehensive response.

As a first step in developing these actions, this study aims to carry out a systematic review to identify the barriers contributing to the vulnerability of – and hardship faced by – female immigrants who suffer from IPV when seeking help. Throughout the article the word "barrier" will be used to refer to difficulties or obstacles that immigrant women suffering from IPV encounter when seeking help.

1. Method

Search Strategy

The criteria used to identify, choose and include results that informed primary data collection regarding barriers to help-seeking for immigrant survivors of IPV, followed the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) model (Moher et al., 2009). The authors systematically searched the PsycINFO and MEDLINE databases utilizing the descriptive terms and electronic strategies: (*Battered Females* OR

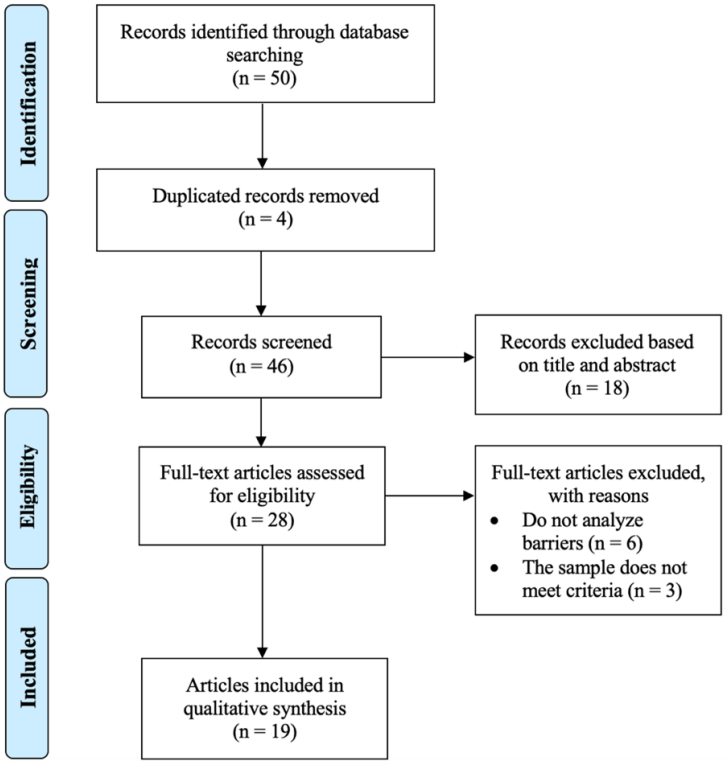
Domestic Violence OR *Intimate Partner Violence*) AND *Immigration* AND (*Health Care Utilization* OR *Help-Seeking Behavior*) for PsycINFO, and (*Spouse Abuse* OR *Intimate Partner Violence* OR *Battered Women*) AND (*Emigration and Immigration* OR *Emigrants and Immigrants* OR *Undocumented Immigrants*) AND (*Health Services Accessibility* OR *Help-Seeking Behavior*) for MEDLINE. The searches for this systematic review were completed on February 18, 2021.

Studies were only included if they met the following criteria: a) they had been published in scientific journals; b) they applied quantitative, qualitative, or mixed methodologies; c) they used a sample of female immigrants over 18-years-old from various origin and host countries, who have previously suffered or were suffering IPV in the moment of the study; d) they were written in English or Spanish; e) they examined factors affecting the help-seeking behavior of female immigrants. Manuscripts were excluded if: a) they collected data exclusively from IPV service providers; b) only collected data from survivors under 18 years of age; c) were a review or theoretical article; d) examined other issues related to violence inflicted on this population by their partners but not the barriers in help-seeking behavior. A limited time frame was not set, given the scarcity of literature on the subject and of articles found.

As shown in Figure 1, 50 records were found during the first search. After duplicates were removed (n = 4), 46 articles were reviewed. After screening, 18 were excluded when reading the title or abstract for not meeting inclusion criteria. The resulting articles (n = 28) were reviewed in their entirety to determine eligibility. After fully reading, nine articles were excluded because they did not include barriers to help-seeking and the sample was composed solely of specialized service professionals. The remaining 19 articles were included in the review.

This 19 articles comprises 16 studies since four pairs of articles reported data from the same sample (Abu-Ras, 2003, 2007; Reina et al., 2013, 2014; Silva-Martínez, 2016, 2017; Ting & Panchanadeswaran, 2009, 2016) resulting, therefore, in four studies, while one of the articles conducted two studies with independent samples (Raj & Silverman, 2007), so another study would be added to the final sample. Therefore, 16 studies were analysed in the review.

Figure 1. PRISMA flow chart.



2. Data Extraction

The 16 included studies were analysed and coded by hand to obtain the main themes. Qualitative codes were generated to observe the frequency of emerging themes and to generate consistency with the objective of the systematic review, to identify specific barriers for immigrant women survivors of IPV when seeking help. Therefore, the results of the included studies, both quantitative and qualitative, were reviewed for common characteristics and grouped into categories according to the research question.

The characteristics of the quantitative and qualitative studies reviewed are separately described in Tables 1 and 2 respectively. The studies are listed in alphabetical order by author(s) name(s), including the year of publication, and information is provided on the participants (number of women, their age if specified, their origin and host countries), the variables and instruments applied, and study outcomes.

Table 1. Studies that applied the quantitative methodology.

Study	Participants	Variables and Instruments	Results
Abu-Ras (2003, 2007)*	**N** = 67 **Age:** 18 - 50 **Place of origin:** Lebanon (47.8%), Iraq (14.4%),Yemen (10.4%), Palestine (9%); Egypt, Jordan, Syria,Tunisia, Libya and Morocco (18.4%) **Host location:** Dearborn (Michigan, US)	CTS 2 (type and severity of abuse) Adapted BS (barriers to services, and personal and cultural barriers) SWS (physical harm) TSR (type and frequency of use of services) ATW (traditional and patriarchal attitudes) BAWB (beliefs related to IPV) FAPB (patriarchal beliefs and attitudes)	**Type and severity of IPV:** Severe physical (73.1%), sexual (40.3%), severe psychological (98%), injuries (58.2%). **Barriers:** High cost of services (92.5%), lack of interest displayed by medical staff (65.6%) and specialised services (46.3%), lack of transport links (47.8%) and insurance coverage (29.9%), lack of awareness of services (92.5%), linguistic dependency (70.1%), lack of informal (74.6%) and family support (82.1%), feeling of shame when seeking medical (62.7%) and social services (49.3%), fear of being stigmatised by their families (74.6%), fear that their family (70.1%) and religion (43.3%) will disapprove of their decision to seek help (patriarchal cultural beliefs).
Crisafi and Jasinski (2016)	**N** = 572 (67% were homeless immigrants living in shelters) **Place of origin:** US (57%); Other (10%) **Host location:** Jacksonville, Miami, Orlando, and Tampa (Florida, US)	Standardised survey: Number of informal and formal help-seeking resources Geographical area of origin Length of time lived in area Human capital Social capital Socio-demographic characteristics	Low help-seeking rates. Positive indicators of the use of services: human capital, education, social network and the number of times that these women have been homeless.
Raj and Silverman (2007)	**N** = 44 **Age:** 29 - 64 **Place of origin:** India, Bangladesh, Pakistan, Nepal and Sri Lanka **Host location:** Greater Boston (US)	Cross-sectional survey: Socio-demographic characteristics Adapted MDPH (physical and sexual abuse, and injuries) Use of medical services and help-seeking behavior	More frequent seeking of informal help. When formal assistance was sought, therapy or counselling services were most often requested. None reported police assistance and only two (5%) had contacted a IPV programme.

Study	Participants	Variables and Instruments	Results
Satyen et al. (2018)	**N** = 130 **Age:** 19 - 65 **Place of origin:** Asia (56.9%), Europe (24.6%), Africa (10.8%), North (5.4%) and South America (2.3%) **Host location:** Australia	Survey: Socio-demographic characteristics TAS (forms of IPV) Adapted HSBS (help-seeking behavior)	**Types of IPV:** Physical and psychological abuse (59.2%), verbal and emotional abuse (61.5%) and financial abuse (50.1%). **Barriers:** loving their partner (26.9%), believing their partner would change (24.6%), feelings of shame (27%), fear (19.2%) and guilt (12.3%), perceived lack of family support (22.3%), religious beliefs (13.1%), financial problems (22.3%) or losing custody of their children (17.7%).
Vives-Cases and La Parra (2017)	**N** = 141 (responses related to help-seeking) **Age:** Over 18 **Place of origin:** Ecuador (36.88%), Morocco (19.15%) and Romania (43.97%) **Host location:** Madrid, Valencia and Barcelona (Spain)	Cross-sectional survey: Socio-demographic characteristics, social support, immigration status and process, and health Exposure to abuse and response strategies	More frequent seeking of informal help (84.4%) Social services (29,6%), health services (25,9%) and reporting abuse cases to the police (32%) within the framework of formal help. **Barriers:** Severity of abuse, recent migration.

Notes: (*) = Articles from the same study. The same sample was used for both articles; IPV = Intimate Partner Violence; US = United States; CTS 2 = The Conflict Tactics Scale Revised (Straus et al., 1996); BS = The Barriers Scale (Biegel et al., 1997); SWS = Subscale of Severity Weighted Scales (Straus & Gelles, 1990); TSR = Treatment Services Review (McLellan et al., 1989); ATW = Attitudes Towards Women Scale (Spence & Helmreich, 1978); BAWB = Beliefs About Wife Beating (Saunders et al., 1987); FAPB = Familial Patriarchal Beliefs (Smith, 1990); MDPH = Massachusetts Behavioral Risk Factor Surveillance System (2001); TAS = Types of Abuse Scale (Liptak & Leutenberg, 2009); HSBS = Help-Seeking Behavior Scale (Wahler & Afton, 1980).

Table 2. Studies that applied the qualitative methodology.

Study	Participants	Instruments	Results (Help-seeking barriers)
Ahmad et al. (2009)	**N** = 22 **Age:** 29 - 68 **Place of origin:** India (68%), Pakistan (27%) and Bangladesh (5%) (South Asia) **Host location:** Toronto (Canada)	Focal group	Isolation and social stigma, strict gender roles and myths about IPV, fear of forfeiting their children's well-being, little awareness of resources.
Bauer et al. (2000)	**N** = 28 **Age:** 18 - 64 **Place of origin:** Mexico, El Salvador, Guatemala, Colombia; and China, South Korea, Vietnam, the Philippines and Taiwan **Host location:** San Francisco, California (US)	Focal group (two groups with two moderators)	Social isolation, racial/ethnic discrimination, financial and linguistic dependency, patriarchal cultural beliefs, feelings of shame and fear (e.g., deportation or stigma), negative past experiences, lack of awareness of legal rights and resources.
Bui (2003)	**N** = 34 (and a community sample of 10 Vietnamese women working in services) **Age:** 20 - 58 **Place of origin:** Vietnam **Host location:** Orange Country (CA), Boston (MA), Houston (TX) and Lansing (MI) (US)	Semi-structured in-depth personal interview (face-to-face or over the phone)	Social isolation, social stigma, financial and linguistic dependency, patriarchal cultural beliefs (religion), feelings of shame and fear (e.g. deportation), lack of awareness of legal procedures and resources, severity of abuse.
Crisafi and Jasinski (2016)	**N** = 572 (67% were homeless immigrants living in shelters) **Place of origin:** US (57%); Other (10%) **Host location:** Jacksonville, Miami, Orlando, and Tampa (Florida, US)	Structured interview	Social isolation, financial problems, low level of education, homelessness, racial identification.

Study	Participants	Instruments	Results (Help-seeking barriers)
Kyriakakis (2014)	**N** = 29 (and a sample of 15 social service workers and members of the community) **Age:** Over 18 **Place of origin:** Mexico **Host location:** New York and Saint Louis (US)	Semi-structured interview (face-to-face)	Isolation and social stigma, family concerns, feelings of shame and failure (patriarchal cultural beliefs).
Mahapatra and Rai (2019)	**N** = 9 **Age:** 24 - 42 **Place of origin:** South Asia **Host location:** Southwestern metropolitan area in the US	In-depth personal interview (face-to-face or on the phone)	Social isolation, lack of agencies support, lack of awareness of resources, community services and legal rights, limited access to technology, patriarchal cultural beliefs, feelings of guilt, hope of a better future, fear of the police or deportation, safety issues and reluctance to take action against the father of their children.
Morash et al. (2008)	**N** = 57 **Place of origin:** Vietnam **Host location:** US	Personal interview	Social isolation, financial and linguistic dependency, patriarchal familial beliefs, fear of the perpetrator, having children under the age of 18 and type of support-seeking strategy.
Parson et al. (2016)	**N** = 13 women (15 professionals and 45 members of the community) **Place of origin:** Mexico, Puerto Rico, Dominican Republic, Colombia (raised in Venezuela) and Nicaragua **Host location:** New Jersey (US)	Focal group, semi-structured interview, in-depth personal interview and participant observation	Racial stigma, financial and linguistic dependency, normalisation of violence, lack of legal structures, feelings of fear (e.g. deportation), depressive and anxious state.
Raj and Silverman (2007)	**N**= 23 (**N** = 11 (**Age**: 26 - 49) in a relationship; 2) **N** = 12 (**Age**: 25 - 53) not in a relationship) **Place of origin:** India, Bangladesh and Nepal **Host location:** Greater Boston (US)	In-depth interview	Social isolation, financial problems, family concerns, feelings of fear and shame, limited availability of specialised resources, little awareness of legal procedures and negative past experiences.

Study	Participants	Instruments	Results (Help-seeking barriers)
Reina et al. (2013; 2014)★	**N** = 10 **Age:** 25 - 44 **Place of origin:** Ecuador (10%), El Salvador (10%) and Mexico (80%) **Host location:** Central Iowa (US)	Semi-structured interview and focal group (four groups)	Isolation and social stigma, family concerns (loyalty, solidarity and reciprocity), financial, linguistic and transport links dependency, fear of deportation, feelings of shame, patriarchal beliefs, lack of awareness of their rights.
Silva-Martínez (2016; 2017)★	**N** = 9 **Age:** 21 - 50 **Place of origin:** Mexico **Host location:** Eastern Iowa (The Midwest, US)	In-depth interview, observation, participant testimony and final discussion interview	Isolation and social stigma, financial and linguistic dependency, fear, feelings of shame and despair, patriarchal beliefs, lack of awareness of available resources.
Ting and Panchanadeswaran (2009; 2016)★	**N** = 15 **Age:** 28 - 52 **Place of origin:** Sub-Saharan Africa West Africa (75%); Central Africa, East Africa and Southern Africa (25%) **Host location:** US	Semi-structured in-depth personal interview	Social isolation, linguistic and transport links dependency, unaccredited studies, family concerns, feelings of fear (e.g., deportation or being separated from their children), shame, fear of stigmatisation, failure and guilt, religious and patriarchal cultural beliefs, lack of awareness of their rights and available resources.

Notes: (★) = Articles from the same study. The same sample was used for both articles; IPV = Intimate Partner Violence; US = United States.

3. Results

Characteristics of the Studies

Given the heterogeneity of the samples used, a wide range of participants can be observed. As might have been expected, the qualitative studies used smaller samples, with only nine participants in the smallest (Mahapatra & Rai, 2019; Silva-Martínez, 2016, 2017). Meanwhile, 141 women were included in the quantitative study carried out by Vives-Cases and La Parra (2017), while the one carried out by Crisafi and Jasinski (2016), which combined both methodologies, included 572 women, that is, the largest sample. Three studies included professionals of the area and members of the community besides female IPV victims (Bui, 2003; Kyriakakis, 2014; Parson et al., 2016).

Participants showed diversity in origin and host countries. Origin countries included countries of Asia, Africa, America, and Europe. On the other hand, the US represented the main host country, contributing the largest number of studies (n = 13), followed by Spain (n = 1), Canada (n = 1), and Australia (n = 1).

In terms of methodology, most studies opted for the qualitative one (n = 11), four applied the quantitative one, and the other, combined both. For the qualitative studies, six used interviews to collect data (semi-structured, structured and in-depth interviews), two used focus groups, and three used a combination of instruments. The studies that used quantitative and mixed methods (n = 5) used standardised instruments and surveys, some developed by the authors. Abu-Ras (2003, 2007) used standardised questionnaires to quantify variables such as the form and severity of abuse or the barriers for women when seeking help. The other authors asked different adapted questions through a survey to investigate these aspects (Crisafi & Jasinski, 2016; Raj & Silverman, 2007; Satyen et al., 2018; Vives-Cases & La Parra, 2017).

Although the inclusion criteria admitted publications both in English and Spanish, all the articles reviewed were published in English.

Main Barrier Categories

The diverse barriers for help-seeking identified in the studies have been classified into eight categories (see Table 3) and were developed by synthesizing data from both quantitative and qualitative studies according to the number of times that they were mentioned in the studies and by finding common characteristics among them. This classification is intended to organize the information to gain clarity, although it should be noted that these barrier-categories are closely inter-related.

Table 3. Identified barriers for help-seeking in female immigrant survivors of IPV.

Barriers Category	Subcategories
Socio-demographic variables and violence characteristics	- Immigration status and recent migration - Low level of education - Racial identification - Severity and type of violence
Social isolation and lack of family support	- Social isolation/dependence and lack of informal support (friends, family, community) - Social stigma related to their immigration status or cultural differences
Cultural and religious barriers	- Stigma from family and religious community - Family or religious conflict - Religious and cultural patriarchal beliefs: strict gender roles - Justification, normalisation and acceptance of violence - Myths about relationships and violence
Language and financial barriers	- Linguistic, financial and transport links dependency - Lack of insurance coverage
Little awareness of available resources	- Lack of awareness of resources, legal rights and procedures - Restricted use of technologies
Limited use and perceived inefficacy of services	- High cost of services - Lack of agencies and medical services support - Negative past experiences - Racial and ethnic prejudice from services - Lack of available legal structures and suitable translators - Problems when trying to communicate (friends or family members as interpreters)
Fear of being deported and separated from their children	- Fear of deportation - Fear of forfeiting their children's well-being - Threats from the perpetrator
Psychological barriers	- Feelings of fear, shame and guilt - Fear when sharing their private lives with strangers - Fear of social stigma from family and community - Control exerted by the perpetrator: Fear of the perpetrator and that the violence will become worse - Hope for a better future, belief that the aggressor will change - Anxious or depressive symptoms

Socio-demographic Variables and Violence Characteristics. Concerning socio-demographic variables, it appears that the time of residence in the host country may be important. Vives-Cases and La Parra (2017) concluded that recent migration was associated with low help-seeking.

On the other hand, authors such as Crisafi and Jasinski (2016) concluded that women with a low level of education showed greater difficulties. These

same authors identified that race also influenced help-seeking behavior. In the US, black women had less access to formal and informal services than white women. This was also evident when controlling for socio-economic variables. These variables can be not only a socio-demographic indicator, but also a systemic one, which can influence the care provided to women.

Other characteristics that can help to understand this problem are the type and severity of violence. Abu-Ras (2003, 2007) revealed that women who suffered psychological or emotional violence showed more difficulties than those who suffered severe physical violence. Bui (2003) found that most of the women in the study only called the police after they had been abused many times and for many years. In the study carried out by Vives-Cases and La Parra (2017) on Romanian, Moroccan and Ecuadorian women residing in Spain, 44.7% sought formal help, which is related to the severity of the abuse suffered (i.e., women sought such services when the situation worsened and became critical). All in all, studies indicate that the type of violence influences the types of services accessed (Raj & Silverman, 2007; Satyen et al., 2018; Vives-Cases & La Parra, 2017).

Barriers related to Social Isolation and Lack of Family Support. Authors from 12 studies indicated barriers related to social isolation. Reina et al. (2013) found that immigrant women only interacted on a regular basis with family members, since they did not share relationships with other people in the host country. Two articles described how women could also feel detached from their family after the migration process (Ahmad et al., 2009; Morash et al., 2008), becoming socially dependent on their partners. This social dependence could result in psychological and physical isolation (Silva-Martínez, 2016), and lack of emotional and social support (Abu-Ras, 2003).

At the same time, six studies considered social stigma as a barrier. Reina et al. (2013) found that several undocumented women felt that social stigma of being "illegal" also contributed to the lack of social integration. Moreover, cultural differences could also convey some form of stigma. For example, Ting and Panchanadeswaran (2009, 2016) indicated that African women were concerned about becoming victims of stigmatisation because of their abusive polygamous relationships showing difficulties to form social networks because of the shame they felt discussing their situation.

Nonetheless, Crisafi and Jasinski (2016) found that other female immigrants managed to connect with women who had experienced the same situation or attended activities associated with religious institutions or the community, forming important informal support networks when they settled into the host country. In fact, in the studies of Vives-Cases and La Parra (2017) and Raj and Silverman (2007), informal support tended to be sought more often

than formal support as long as these networks were strong enough. This could be because informal networks were highly valued by immigrant communities and provided great emotional support and information on other ways to seek help (Mahapatra & Rai, 2019).

Cultural and Religious Barriers. Regarding the role of culture, family, and community, six studies found that family reactions and women´s fear about what their family members and friends might think if they sought external help, acted as a barrier. For example, Abu-Ras (2003, 2007) found that Arab women showed fear of being stigmatized by their families (74.6%) and fear of their family's disapproval of their decision to seek help (70.1%). Similarly, Kyriakakis (2014) found that Mexican women were afraid of upsetting their families or becoming the centre of gossip within the community. These women felt ashamed of sexual taboos within their Hispanic community, and thus, remained silent over cases of sexual abuse (Silva-Martínez, 2016).

Religious beliefs also represented a significant factor when seeking help in four studies. Abu-Ras (2003, 2007) detected that Arab women pointed to their religion preventing them from seeking help (43.3%). Similarly, Satyen et al. (2018) found that religious beliefs acted as a barrier in 13.1% of women from different countries of origin. In the study carried out by Ting and Panchanadeswaran (2016), religious beliefs and practices frequently forced African women to exhibit social behaviors in line with their religious convictions. Among women of different origins in these studies, negative experiences with religious leaders prevented them from seeking help, believing that marriage took primacy over women's safety, that women should remain faithful to their partners and that the blame should be laid on the woman for ending up an abusive relationship.

Lastly, in terms of socio-cultural norms and values, 10 studies named strict gender roles and patriarchal beliefs as barriers. For example, many barriers were affecting Asian women in the studies, such as their obligation to get married and maintain family unity (Bui, 2003; Mahapatra & Rai, 2019; Morash et al., 2008; Reina et al., 2014), as well as beliefs stating that violence is genetic, or triggered by alcohol or provocation (Ahmad et al., 2009). In the study carried out by Reina et al. (2014), 6 out of every 10 Latin American women believed that their cultural beliefs about marriage affected their perception of their relationship with their spouse. These beliefs normalized abusive relationships and prevented these women from seeking help. Likewise, barriers related to the culture of gender inequality and acceptance of violence affected African women in the study of Ting and Panchanadeswaran (2009), for whom remaining single was stigmatising, as marriage and procreation at an early age represented major key milestones.

Abu-Ras (2007) explained how traditional views reduced the likelihood of women seeking services, concluding that the majority of Arab women continued to uphold traditional views on women's responsibilities and male dominance, which, in turn, justified violence and blamed women.

Language and Financial Barriers. In eight studies, women considered language problems as a significant barrier to help-seeking. In this regard, the study conducted by Abu-Ras (2003), indicated that 70.1% of the women were linguistically dependent on their partners. Similarly, the lack of transportation to the services made difficult for women in three studies to leave their relationships (Abu-Ras, 2003; Reina et al., 2014; Ting & Panchanadeswaran, 2009).

Meanwhile, although some women in the studies were working, they tended to occupy poorly paid roles due to language barriers, low education levels (Bui, 2003), or unaccredited studies (Ting & Panchanadeswaran, 2009). This financial dependence on their partners influenced their decision to seek help in nine of the studies. Conversely, Crisafi and Jasinski (2016) found that women holding several occupations and with higher educational levels had access to more resources.

The study carried out in the US by Parson et al. (2016) also focuses on the financial barriers faced by women when gaining access to the legal system, due to a lack of both legal structures adapted to undocumented women and legal aid provision in Spanish at a reduced price or free of charge. Therefore, language and financial barriers were inter-related, as women in the studies (e.g., Reina et al., 2014) with a poor command of the local language – English in most cases – struggled to increase their awareness of services or to use them.

Little Awareness of Available Resources. Women in six studies acknowledged that they were unaware, or had very little knowledge, of services and how they functioned. In fact, 92.5% of women identified this as a barrier in the study carried out by Abu-Ras (2003). A major obstacle identified by six studies, was the lack of information available to women on their legal rights and the legal procedures to be undergone if they decided to separate from their partners (Bauer et al., 2000; Bui, 2003; Mahapatra & Rai, 2019; Raj & Silverman, 2007; Reina et al., 2014; Ting & Panchanadeswaran, 2016). In some cases, women were not even aware that IPV constituted a crime in their host country (Ting & Panchanadeswaran, 2009). For example, Bui (2003) found that women in the study refrained from reporting the abuses they suffered, believing that the police, or other professionals, would not help them because they had no rights due to their ethnic minority status.

Also, women in the study carried out by Mahapatra and Rai (2019) had limited access to information when restricted from using technology imposed

by their abusive partners. Their partners used this lack of awareness as a strategy to isolate women and to continue perpetrating violence.

Limited Use and Perceived Inefficacy of Services. Eight studies mentioned issues related to the functioning of the services and treatment received by the professionals as barriers. Abu-Ras (2013) found that 92.5% of women agreed that the most significant obstacle in the US was the high cost of services, while 46.3% believed that there was a lack of such services and specific programs. Concerning treatment received by the professionals, participants in this study felt that medical services showed no implication when investigating abuse cases (65.6%). Women in two studies mentioned negative past experiences with authorities in their countries of origin. Services or institutions, including police, did not respond to IPV-related issues and, sometimes, this response was affected by racial and ethnic prejudice, contributing to multiple discrimination (Bauer et al., 2000; Raj & Silverman, 2007). In this regard, for example, in the study carried out by Ting and Panchanadeswaran (2009) African women involved in polygamous relationships had no rights or legal status concerning immigration status, medical insurance, or property, making more difficult for them to leave their relationships.

Although some language barriers have been mentioned above, four studies indicated language barriers specifically connected to service effectiveness. Female immigrants in the studies carried out by Bauer et al. (2000) and Parson et al. (2016) identified the lack of available legal structures and suitable translators as barriers. This language barrier complicated communication, as women in the study conducted by Reina et al. (2014) relied on the availability and skills of other professionals to correctly convey information. As Silva-Martínez concluded (2016), this was frustrating, as women could not understand what people were trying to tell them and they felt misunderstood. Similarly, this author highlighted the problems related to using friends or family members as interpreters, which could prevent women from discussing what happened.

Fear of Being Deported and Separated from their Children. Six of the studies named barriers related to deportation. Fear was shown by women who did not hold legal or stable residence documentation, since they believed that they would be referred to immigration authorities if they attended services (Bauer et al., 2000; Bui, 2003; Mahapatra & Rai, 2019; Parson et al., 2016; Reina et al., 2013, 2014; Ting & Panchanadeswaran, 2009). On the other hand, five studies highlighted how problems related to childcare acted as barriers to help-seeking. Ahmad et al. (2009) and Bui (2003) found that women discussed their fear of not being able to ensure a good upbringing for their children if they ended up single. This fear became a greater obstacle when the perpetrator

used it as a form of violence and control, threatening with leaving the country or separating her from her children (Parson et al., 2016; Satyen et al., 2018). However, in the study conducted by Ting and Panchanadeswaran (2009), this barrier represented a reason for women to act when the violence became so severe that it posed a real danger to their children, encouraging them to seek help.

Psychological Barriers. In the different studies, women shared different experiences, with violence-related feelings and reactions varying considerably among them. In addition to the fear of deportation and losing the welfare of their children as mentioned above, the difficulty in seeking help was related to other feelings of fear, shame, guilt, and despair. In this sense, nine studies identified barriers related to feelings of shame, three feelings of guilt, and 11 mentioned feelings of fear. These feelings arose for many reasons: having to share their private lives with strangers (Abu-Ras, 2003); fearing what their family members and community might think (Ahmed et al., 2009; Bauer et al., 2000; Kyriakakis, 2014; Reina et al., 2013); fearing what the perpetrator could do to them or what may happen to him (Bui, 2003; Mahapatra & Rai, 2019; Morash et al., 2008). Despite having access to the legal and medical system after being abused, these feelings prevented many women in the study carried out by Raj and Silverman (2007) from discussing the violence inflicted upon them. In addition, two studies (Mahapatra & Rai, 2019; Satyen et al., 2018) also identified how hope for a better future and clinging to the idea that the abuser would change, made difficult for women to seek help.

Besides, the feeling of shame was sometimes exacerbated by friends, family, and religious representatives, who upheld the cultural belief that family unity should be maintained at all costs and blamed women for their situation (Reina et al., 2013, 2014; Ting & Panchanadeswaran, 2009, 2016). The above situations could lead to signs of emotional distress related to depression and anxiety as found by Parson et al. (2016). Silva-Martínez (2016, 2017) concluded that women could believe they had no alternative and began to lose the will to live.

4. Discussion

This paper aimed to identify the barriers contributing to the vulnerability of – and hardship faced by – female immigrants suffering IPV when seeking help to raise awareness of this issue and provide women with adapted actions that they need. A systematic review was therefore carried out. The results from the 16 studies reviewed indicate that there are a significant number of barriers that can be categorised as follows: 1) socio-demographic variables and violence characteristics; 2) social isolation and lack of family support; 3) cultural and religious barriers; 4) language and financial barriers; 5) little awareness of

available resources; 6) limited use and perceived inefficacy of services; 7) fear of being deported and separated from their children; and 8) psychological barriers. The identification of these barriers would help to establish specific needs in the development, implementation, and diffusion of IPV services adapted for immigrant women.

It has been found that undergoing a migration process constitutes a risk factor (Alencar-Rodrigues et al., 2013). This first stage represents a source of stress for female immigrants that are trying to adapt to a new culture, have lost their closest social network and are facing financial and language problems. This acculturation process undergone by female immigrants impacts their response. Isolation could impact negatively on mental health and, conversely, on help-seeking (Nava et al., 2014). Barriers faced during this process and those encountered in the host country can increase dependence on the perpetrator, as well as the risk of remaining in the abusive relationship (Abu-Ras, 2003).

Therefore, one of the first steps to combat the problem is to understand the processes of migration and acculturation that women go through, in addition, to understand their culture of origin and the underlying beliefs and practices that may be driving their reluctance to seek help. To this end, it would be important to offer specialized training to professionals in the field. There is a need for wider dissemination of training on IPV and, within this, specialized training on cultural factors related to immigrant women. This would generate greater feelings of empathy and commitment towards women, which could increase women's sense of security. Specifically, the first moment a woman comes to a service can be decisive, being necessary to create a safe environment. Efforts have already been made in this direction, developing action protocols for immigrant women. It would be important to advance along these lines, adapting them to the different immigrant cultures. Thus, cases of IPV can be detected and other tools can be implemented, such as referring them to another specialized professional or resource.

Concerning language and social isolation, being able to provide immigrant women with learning and socialization spaces could combat these difficulties. Spending time with informal networks represents a positive indicator of formal help-seeking (Crisafi & Jasinski, 2016). Similarly, facilitating access to technologies (Mahapatra & Rai, 2019) and information in their native language (e.g., information guides on their rights or support services) through different channels, as well as creating specific organizations, can be very useful tools. It is imperative to raise awareness of available resources and information (Hyman et al., 2006).

Nevertheless, when it is difficult to attract immigrant women to services, professionals could take the initiative and go to the places where they are most likely to be found. For example, many immigrant women appear to

have a strong alliance with religious communities (Ting & Panchanadeswaran, 2016). These could be areas where we could inform them of the services. It has been found that belonging to a religious group may represent a coping strategy, encouraging social integration and building self-esteem (Choi et al., 2016) so, whenever it would be beneficial, and by sensitizing these communities beforehand, we could have contact with religious leaders. Nonetheless the application of this strategies should be carefully analysed in each situation due to the possible presence of cultural and religious stigmatization in some groups.

Moreover, when implementing these measures, we should not forget the previous negative experiences and fears of immigrant women. One of the issues that may be important is that many women are afraid of being separated from their families (Morash et al., 2008), which can generate fear of reporting. Therefore, when women come to the services, if we force them to report or go against their beliefs, we may break the bridge we were building towards seeking help, increasing secondary victimisation. This fear is specially shown by undocumented women, and when the perpetrator uses the immigration status of the woman to exert control over her (Menjívar & Salcido, 2002). It is critical to provide women and their children with financial and legal support to ensure protection.

All in all, studies show that it is essential to understand the factors related to the migration process that put women in a vulnerable situation when suffering IPV to offer effective interventions and prevention programs for immigrant communities (Alencar-Rodrigues et al., 2013). This study does not intend to consider "vulnerability" from a pathological, paternalistic, or ethnocentric perspective. On the contrary, it aims to view the phenomenon from an ecological framework (Bronfenbrenner, 1977) in which the barriers faced by these women are interrelated and commonly affect women from diverse countries of origin. Thus, after observing the categories detected in this review, we can consider that immigrant women face barriers at the individual level (e.g., time of residence in the host country, lack of language skills, or low level of education), at the microsystem level (e.g., economic or linguistic dependence), at the mesosystem level (e.g., social isolation or lack of family support), at the exosystem level (e.g. social stigma) and the macrosystem level (e.g., patriarchal beliefs or limited perceived effectiveness of services). Therefore, all these levels of analysis and action should be considered when fostering help-seeking in female immigrant survivors of IPV to ensure that they benefit from adapted and individualized attention.

5. Strengths and Limitations

This paper has discussed various barriers displayed by women who suffer from IPV when seeking help. One of the advantages of this review is that it focuses

on immigrant women. This is a strength given the vulnerability of this population that has received less attention in other reviews of the literature. On the other hand, the heterogeneity among the origin and host countries of women in the studies, despite complicating the analysis of the results, has enabled the observation of cultural differences and has increased the prospects of action to be taken. Moreover, most studies applied the qualitative methodology based on in-depth personal interviews and focal groups. Thanks to these methods, the testimonies of these women have been used to analyse other relevant factors, in line with the studies oriented around a feminist approach that perceives women as confessors of their life stories (Gorelick, 1991).

Nevertheless, there are several limitations to the data presented. First, the number of studies reviewed is small, as well as the size of the samples, meaning that the results cannot be generalised beyond this review. In this regard, it must also be noted that the results may be skewed due to the nature of care services provided to women in the US since most studies investigated the US as a host country. The specific context of the origin and host country must be considered when implementing the action strategies. Second, this systematic review may not be exhaustive due to the lack of a grey literature search, and that studies that met the inclusion criteria may have been omitted because they were not indexed in the databases consulted. Third, another limitation is the exclusion of service provider´s perceptions regarding barriers to help-seeking for survivors. Therefore, additional barriers might exist that are not mentioned apparently by survivors. Fourth, a quality assessment measure was not used to reduce selection bias. As a result, there is the potential for bias during the article screening process. Finally, this review consists solely of articles written in English, highlighting the possible risk of language of publication bias (Perestelo-Pérez, 2013).

6. Recommendations for Future Research

While there is literature regarding barriers to help-seeking for immigrant women survivors of IPV, there are steps that could be taken to improve research on the problem. It would be important for the authors to detail the characteristics of the sample and recruitment. There are studies that, for example, do not indicate the age of the participants. It is also important, to include socio-demographic data that are essential when studying the immigrant population (e.g., length of residence in the host country, country of origin, or nationality of both the woman and the perpetrator). Future research should include the possibility of involving service professionals to obtain information on their perceptions of barriers to IPV among immigrant women survivors. Besides, it would be in-

teresting to obtain information from those women who have not participated in support services, given that most of the women in these studies have participated after overcoming some barriers to seeking help. The help-seeking behavior of women from different countries of origin around the world should be further investigated. With increasing migration between countries, it is essential to understand the barriers encountered both in their countries of origin and in the migration process and the host country that may influence help-seeking when experiencing IPV. It is also necessary to develop strategies to prevent violence in this most vulnerable population.

7. Conclusion

Immigrant women suffering from IPV present specific barriers to seeking help because of their immigration status. One of the first steps should be in understanding their culture of origin and underlying beliefs and practices that may be driving their reluctance to seek help. The research suggests that the barriers they face are conceived within an ecological framework and that the intersectionality between different factors such as race, gender, or social status influences their situation as survivors of IPV. This should be taken into account to fully understand their experience and difficulties.

In both the general and immigrant populations, IPV is a public health problem (WHO, 2013), hence the need for further research and action. These studies highlight the importance of adapting interventions and offering specialized training to professionals, given the characteristics of the immigrant population and the heterogeneity between cultures. Good practices could incorporate the gender perspective, multicultural competence, coordination among services, commitment, and personalized attention (Martinez-Roman et al., 2017).

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