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Using Photovoice to Motivate Help-Seeking Behaviors among Latinas Experiencing Intimate Partner Violence

Introduction

Intimate partner violence (IPV) is a chronic problem in the United States (US) that disproportionately affects women; nearly 3 in 10 women have experienced rape, physical violence, and/or stalking by a partner.¹ Mixed findings indicate variable prevalence rates of IPV among Latinas; however, research suggests this population is at an increased risk for IPV because they share characteristics with IPV victimization like socio-economic status, substance abuse, and early age pregnancies.²

According to Liang, Goodman, Tummala-Narra, and Weintraub's (2005) "Model of Help-Seeking and Support," IPV victims go through three stages of seeking help: defining the problem, deciding to seek help, and selecting a source of support.³ Their perceptions of the situation and subsequent behaviors are influenced by individual, interpersonal, and environmental factors.³ Understanding specific help-seeking behaviors among Latina IPV survivors and the environmental factors that influence them is of particular interest because Latinas are less likely to use IPV services and are more likely to have adverse IPV related mental health conditions like depression and suicidal ideation.^{4,5} Studies have identified barriers to help-seeking among Latinas as a lack of knowledge of available support services, distrust of police, financial dependence on the perpetrator, fear of losing their children, and religious and cultural beliefs that discourage divorce.^{2,6,7} Moreover, undocumented Latinas experience unique barriers like poor English proficiency, lack of knowledge of U.S. laws, and fear of deportation.²

Using Wang and Burris' (1997) Photovoice methodology, the objective of this study is to understand how environmental factors affect formal and informal help-seeking behaviors among Latinas experiencing IPV.⁸ Participants were empowered to help other Latinas experiencing IPV by exposing elements in their environment that support or hinder Latinas' willingness to seek help and ultimately transition from abuse.

Methods

Sample
 Participants (n= 7) in this qualitative study were adult females, 24-52, who identified themselves as being Latina survivors of IPV. The sample was a snowball sample; a non-probability sampling method. Participants were recruited from transitional housing, domestic violence service providers, and by word of mouth.

Data Collection
 Participants were offered a digital camera as an incentive for participating in the Photovoice study. To introduce participants to Wang and Burris' (1997) "Photovoice Methodological Process" researchers conducted a training session where they demonstrated the proper use of the cameras, photography ethics and safety, and carried out a brainstorming session to familiarize participants with themes for taking pictures.⁸ Participants returned one week later to discuss and contextualize their photographs with researchers who used the SHOWED model, an interaction between Freirian listening-dialogue-action stages and protection-motivation variables, to facilitate the discussion.^{8,9,10}

Instrument
 Participants were instructed to capture images that symbolized elements of their everyday life that made it easier or difficult to leave an abuser. Data analysis included evaluation of interview transcripts using the constant-comparative method to identify significant themes of the pictures and narratives.

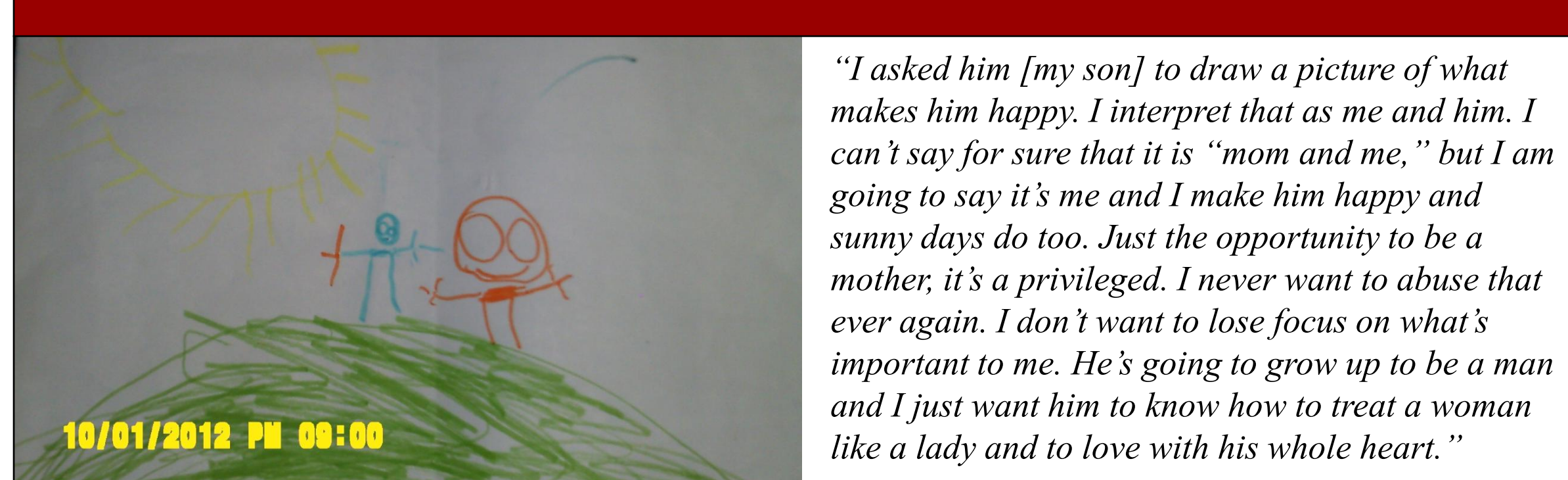
Results

During the Photovoice meeting a number of similarities were identified by the participants and as the meeting progressed eminent themes and concepts emerged. In fact, one participant commented, "I think it's interesting to see that we all have similarities. I mean the pictures that I've seen, I've taken them. I think we all have, it seems like, the same story."

Breaking the Chain of Violence. A resonating theme among the participants was a family history and normalization of intimate partner violence; however, participants valued their family and children as being an important part of their lives. They recognized the violence as an unhealthy behavior and saw their children as a motivating factor for breaking the chain of violence:

"It's coming down from my grandparents, to my parents, and then to me. You grow up thinking, my grandma put up with it, my mom put up with it, I'm going to put up with it as well. There was a point when my son did witness a couple of events and I just did not want that to happen."

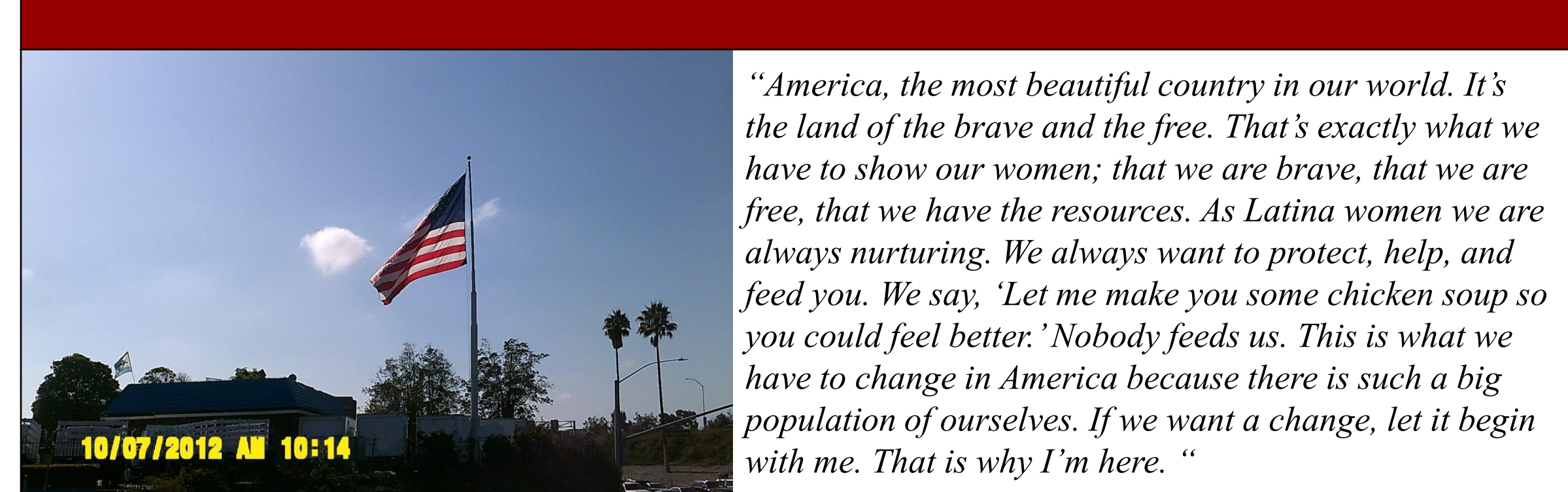
Figure 1. Breaking the Chain of Violence



Familial and Cultural Influences on Help Seeking. At first participants were unwilling to seek help from family for fear of embarrassment, judgment, and shame. They felt obligated to keep up the appearance of a perfect family life, which can be attributed to the traditional cultural view that women are nurturers and should sacrifice themselves for their families (marianismo). Some expressed biculturalism as an additional barrier to seeking help from their families. Participants experienced internal conflict between identifying with the Latin culture of their parents and their more acculturated self. One participant shared her fear of what her parents would say if she told them about the abuse as:

"You were raised here, you should've known better. You have all the resources, schooling, counselors... You didn't say anything, how did you let this happen to yourself?"

Figure 2. Familial and Cultural Influences on Help Seeking

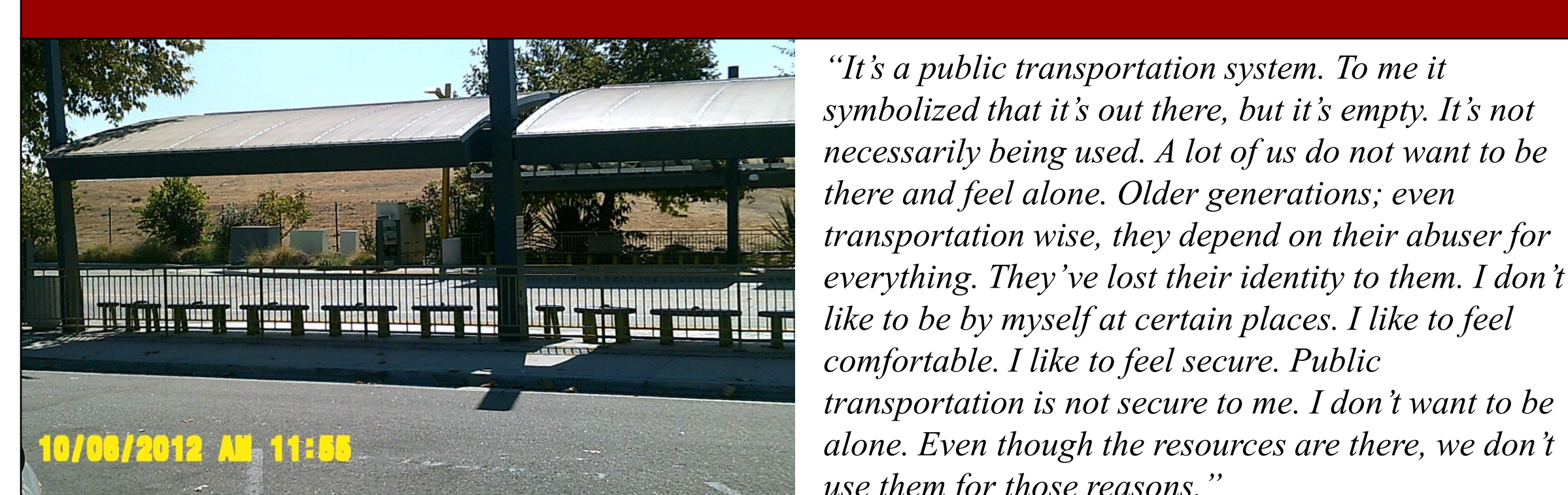


Perceptions of Formal Help. Participants expressed embarrassment towards the use of domestic violence services. They were concerned about what others will think, but also yearned for the support and comfort of others. One participant was afraid that if people knew she was utilizing services they would say:

"Here comes another bag of issues."

They also minimized the abuse and were unable to recognize the signs when they were in the cycle of violence. Overall, participants shared uncertainties about when and how to seek formal help. They hoped that the abuse would end and thought they could "fix" the abuser.

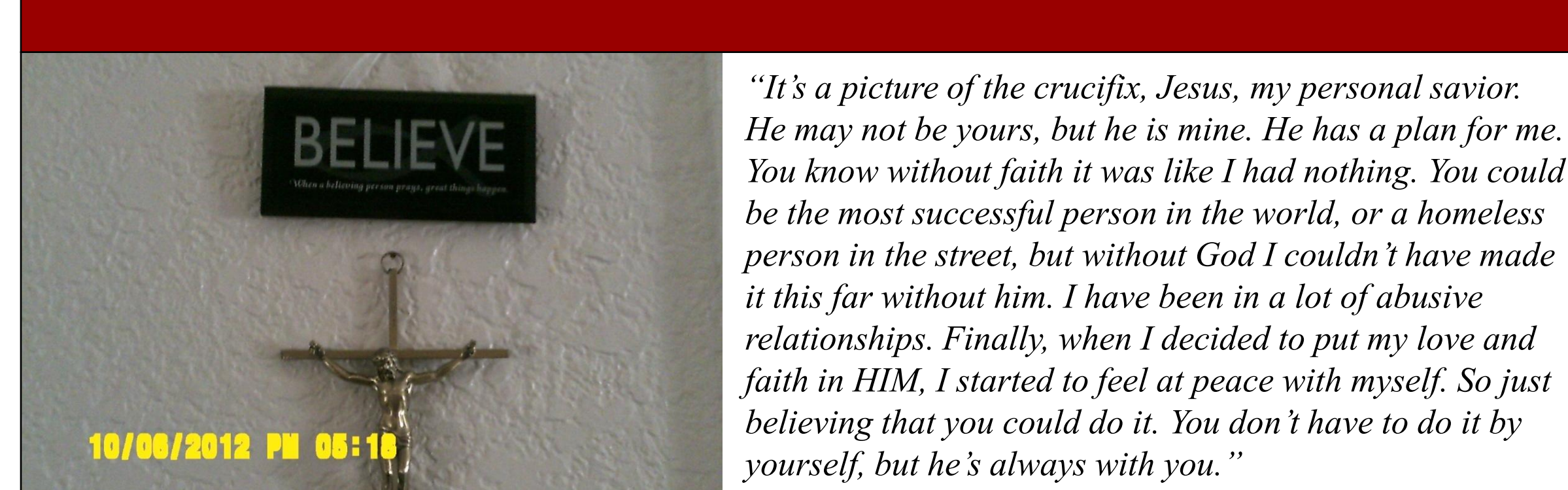
Figure 3. Perceptions of Formal Help



Sources of Support: Self, Religious, and Social. Participants utilized self, religious and social support from friends, family, music, and groups of like individuals as a means to transition from abuse. Faith in God, Jesus and the Virgin Mary helped them draw the inner strength needed to stop a cycle of violence and to realize their self-worth. Religion helped them to trust again and liberated them from shame. Hope was expressed through analogies, such as the light at the end of a dark road; a full moon in the middle of dark skies; and staying on the road even when their vision was short:

"I couldn't tell where I was headed, but I was just aiming for wherever I could see light. I was just trying to step in the right direction. We can't see the big picture. We just have to have faith and believe that you're going to be okay as long as your heart is in the right place and you know you're doing the right thing."

Figure 4. Sources of Support: Self, Religious, and Social

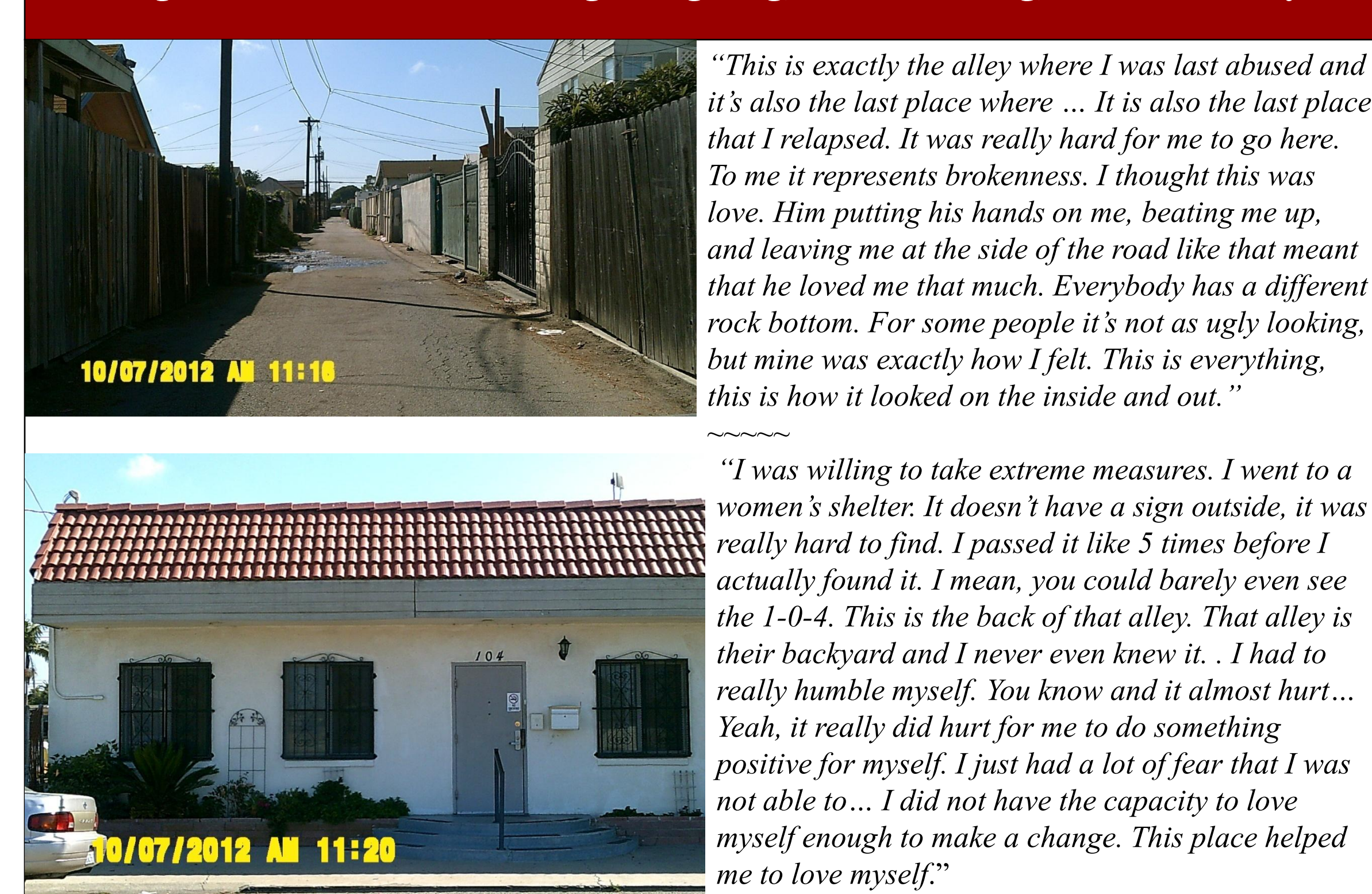


Resources: Accessing/Navigating, Understanding, and Availability. The participants used resources as a means to transition from abuse and to gain financial independence. A general theme among those who used formal resources like financial aid, education, and employment was that the assistance just came to them:

"It's the resources that we never really went out looking for, but we stumbled into them."

Participants welcomed discreet services at work, like assistance filling out school applications, counseling, and spiritual care. However, most participants did not understand how to use formal help, like police assistance and transitional services. Even though most participants would prefer discreet help, they felt that domestic violence resources are not available, or their existence is not known among victims. Some suggested increased outreach in the form of cellular phone applications, billboards, and a national helpline.

Figure 5. Resources: Accessing/Navigating, Understanding, and Availability



Education. Among all participants education was a gateway to a new life. Participants used education as a resource to better themselves, provide for their families, and to be a role model to their children.

Figure 6. Education



Coping. Participants expressed feelings of anxiety and a need for peace. Participants coped by exercising, listening to music, using drugs, and drinking alcohol. Some participants recalled a feeling of uneasiness when drinking alcohol because it would often trigger the abuse.

Figure 7. Coping

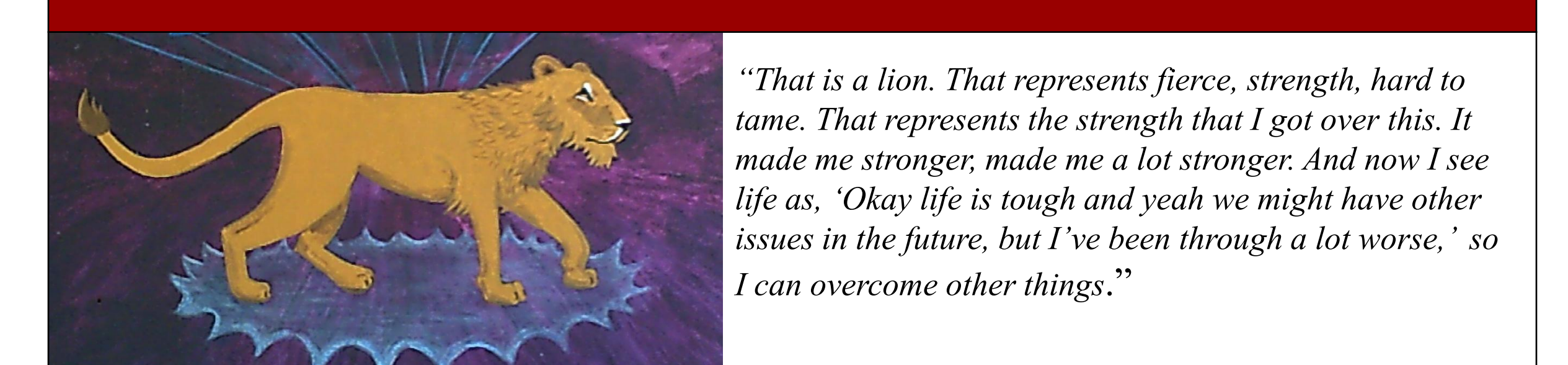


Benefits of Leaving and Transformation. Perception of self-worth and dignity was a resounding message among the participants. Upon recalling their cycles of violence, participants shared feelings of being at fault for the abuse. The constant emotional abuse and lack of self-esteem made it difficult to face a life without the abuser. One participant explained it as an overwhelming feeling of financial responsibilities, loss of identity, and credibility. However, each individual described a point where they reached their limit, or rock bottom:

"I realized I liked myself a lot more than I liked that person."

They became self-empowered and started seeking help from friends, family, and community resources. Most participants acknowledged increased self-efficacy in their ability to break free from the abusive relationship with each accomplishment. They also feel their experiences have helped them deal with life's challenges, brought about social consciousness, and a longing to "pay it forward."

Figure 8. Benefits of Leaving and Transformation



Discussion and Implications

The results of this study revealed that among this sample of Latina survivors of intimate partner violence, most participants experienced similar barriers and support mechanisms during their transition from violence to a new life. Culture and family influenced participants' perception of the abuse, leading to minimization and normalization of the problem. However, motherhood and commitment to their children was a major motivating factor to end the chain of violence.

This study indicated that Latinas sought help and support from religion, family, and friends. Biculturalism among first generation Latinas is an initial barrier to seeking help from family and participants cited embarrassment, shame, and pressure to uphold appearances as reasons to avoid seeking help from family. Participants were willing to use discreet services provided at work. However, most participants did not understand how to use, or access, domestic violence resources even after transitioning from abuse and receiving a higher education. Participants also expressed a need for more transitional resources for physical, emotional, and financial support in their respective communities.

Being a participatory action research study with an emphasis on empowerment, participants requested their stories and pictures be shown to decision-makers, like the City Council, to increase acceptability and accessibility of domestic violence resources among Latinas in their community. Findings from this study provide useful information for developing tailored intimate partner violence outreach and prevention programs that are family-centered and sensitive to bicultural differences.

Limitations

Some participants were known to the researchers and their responses may have been biased. All of the participants were proficient in speaking English and most identified they were of Mexican-American descent, so their experiences may not reflect the experiences of less acculturated women from different Latin countries of origin. Replications of this study with a sample of Latinas from different subgroups (e.g., those still living with an abuser, undocumented, from different Latin countries of origin) will provide more information about the barriers and support mechanisms these women face when seeking help.

References

- Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., Stevens, M.R. The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2011.
- Rizo, C., Macy, R. Help seeking and barriers of Hispanic partner violence survivors: A systematic review of the literature. *Aggress Violent Beh.* 2011; 16(3): 250-264.
- Liang, B., Goodman, L., Tummala-Narra, P., & Weintraub, S. A theoretical framework for understanding help-seeking processes among survivors of intimate partner violence. *Am J Commun Psychol.* 2005; 36: 71-84.
- Lipsky, S., Caetano, R., Field, C., & Larkin, G. The role of intimate partner violence, race and ethnicity in help-seeking behaviors. *Ethnic Health.* 2006; 11(1): 81-100.
- Bonomi, A., Anderson, M., Cannon, E., Slesnick, N., & Rodriguez, M. Intimate partner violence in Latina and Non-Latina women. *Am J Preventive Med.* 2009; 36(1): 43-48.
- Burke, S., Oomen-Early, J., & Rager, R. Latina women's experiences with intimate partner violence: A grounded theory approach. *Futures Without Violence and Health Practice.* 2009; 8.
- Vidales, G. Arrested justice: The multifaceted plight of immigrant Latinas who faced domestic violence. *J Fam Violence.* 2010; 25: 533-544.
- Wang, C., & Burris, M. Photovoice: Concept, methodology, and use for participatory needs assessment. *Health Educ & Behav.* 1997; 24(3): 369-387.
- Wallerstein, N., & Bernstein, E. Empowerment education: Freire's ideas adapted to health education. *Health Educ and Behav.* 1988; 15(4): 379-394.
- Wang, C. Photovoice as a participatory action research strategy applied to women's health. *J of Women's Health.* 1999; 8(2): 185-192.

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