Immigration and Domestic Violence Services: One Size Fits All?

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Immigration and Domestic Violence Services: One Size fits all?

A Thesis Presented

By

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Submitted to the College of Graduate Studies
Bridgewater States University
Bridgewater, Massachusetts

In partial fulfilment of the requirements for the Degree of

Master of Science
in Criminal Justice

MAY 2018
Immigration and Domestic Violence Services: One Size fits all?

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Abstract:

The purpose of this study was to explore how immigration-related factors affect provision of domestic violence services. These factors include the survivors’ integration into the American society and their English language proficiency. Considering the recent dramatic rise in immigrant population in the United States, addressing the needs of foreign-born domestic violence survivors is becoming increasingly important. This thesis used secondary data from Multi-State Study of Meeting Domestic Violence Survivors' Needs Through Non-Residential Services and Supports. The data was analyzed using SPSS. After conducting Chi-square and OLS multiple regression statistical tests, some hypotheses were supported while others were not. Overall, this thesis has contributed to the growing literature on immigrants and domestic violence services and provided some recommendations for the future.
# Table of Contents

Title Page  
Signature Page  
Abstract  

1. Introduction ........................................................................................................................................1  
   1.1 Domestic violence .........................................................................................................................1  
   1.2 Rise in immigration .........................................................................................................................1  
   1.3 Importance & Purpose ......................................................................................................................2-3  
   1.4 Need for Research .........................................................................................................................3-4  

2. Lit Review and theory  
   2.1 Responses to domestic violence ..........................................................9  
       2.1.1 Health care ............................................................................................................................9-10  
       2.1.2 CJ system ...............................................................................................................................11-12  
           2.1.2.1 Restraining orders .............................................................................................................12-13  
       2.1.3 Social service organizations .................................................................................................13-14  
           2.1.3.1 Support Groups ................................................................................................................14-15  
           2.1.3.2 Counseling .....................................................................................................................15-16  
           2.1.3.3 Legal services ................................................................................................................16  
           2.1.3.4 Batterer intervention programs .........................................................................................16-17  
   2.2 How immigrant needs are different .........................................................................................17-21  
   2.3 Why immigrant women are afraid .........................................................................................21-24  
       2.3.1 Language ...............................................................................................................................22  
       2.3.2 Economic ...............................................................................................................................22  
       2.3.3 Social isolation .......................................................................................................................23-24  
       2.3.4 Immigration status ...............................................................................................................24-25  
   2.4 Language importance .................................................................................................................24-26  
   2.5 How people find services ...........................................................................................................26-28  
   2.6 Theory of Intersectionality ......................................................................................................28-30  

3. Current Study .................................................................................................................................30  
   3.1 Research Questions ......................................................................................................................31  
   3.2 Research Hypothesis ...................................................................................................................31
4. Methods ..................................................................................................................32
   4.1 Data ....................................................................................................................32-34
   4.2 Variables .............................................................................................................35
      4.2.1 Dependent Variables .................................................................................35-36
      4.2.2 Independent Variables .............................................................................36-37
      4.2.3 Control Variables ......................................................................................37
   4.3 Analysis ..............................................................................................................38

5. Results ....................................................................................................................38-48

6. Discussion ..............................................................................................................49-51
   6.1 Limitations of this study ..................................................................................51-53
   6.2 Future policy implications ...............................................................................53-55
   6.3 Conclusion .........................................................................................................55-56

7. References .............................................................................................................57-70
Chapter 1

As a result of the Women’s Liberation Movement, the Civil Rights Movement and the Anti-Poverty Movement, domestic violence started to get recognized as a serious social problem in the United States (Crenshaw, 1991). Because of these significant events, a need for domestic violence services arose (Crenshaw, 1991). Although there have been a great deal of progress, additional research is needed. One example of progress, with regards to domestic violence, is that domestic violence services are more commonly found and more easily accessible than in previous decades. Approximately thirty years ago, there were almost no domestic violence services of any kind.

Immigration rates have been rising since the 1960’s. Immigrant women may have different domestic violence experiences and vulnerabilities that require further research. One of the most prevalent types of victimization that both legal and undocumented immigrant women face is violence (Erez, Adelman & Gregory, 2009; Raj & Silverman, 2002). In the United States the average woman will have a 22-25 percent chance of experiencing domestic violence (Tjaden & Thoennes, 2000; Breiding, Black & Ryan, 2008). In a study by Moynihan, Gaboury and Onken (2008) discovered that Latina immigrants have almost double the chance of experiencing domestic violence when compared to the average U.S. born woman. It is important to note that not all immigrants are Latina and this statistic cannot be generalized to all immigrant women. However, Raj and Silverman have claimed that domestic violence against immigrant women has reached “epidemic proportions” (2002, p.367).

Although Moynihan, Gaboury and Onken (2008) suggested that immigrant women (at least Latina’s) have approximately double the chance of experiencing domestic violence in their lifetime, Humphreys and Campbell (2011) and Menjivar and Salcido (2002) stated that once all
demographics, including socioeconomic status, are taken into account, there is virtually no difference between domestic violence victimization rates between immigrants and non-immigrant women. Many scholars argue that immigrant women are more likely to experience domestic violence due to differences in cultural norms. However, Humphreys and Campbell (2011) challenge this notion. Humphreys and Campbell (2011) attributes the cause of domestic violence to socioeconomic marginalization rather than to a cultural difference. He argues that domestic violence occurs everywhere and is not shaped by cultural differences because domestic violence has no regards for economic, social, religious, and cultural groups (Humphreys & Campbell, 2011).

Many domestic violence survivors are faced with significant challenges. While there is a debate regarding the rates of victimization among immigrant compared to non-immigrant women, scholars generally agree that the challenges are likely to differ when the survivor is an immigrant. Specifically, their needs have differed in regards to their economic and immigration status. These two needs have a domino effect on other needs that non-immigrant women, typically, do not have to address.

The literature also shows how beneficial resources are to intimate partner violence survivors. Domestic violence programs play a key role in providing various resources. Some organizations provide a range of counseling service, along with other services that may not be directly related to victimization, but address the specific needs of the populations they serve. Considering the recent dramatic rise in immigrant population in the United States, addressing the needs of foreign born domestic violence survivors is becoming increasingly important. Broadly speaking, the problem being evaluated in this study is how domestic violence organizations can best address the needs of foreign born survivors.
The purpose of this study is to explore how immigration-related factors affect provision of domestic violence services. These factors include the survivors’ integration into the American society, and their English language proficiency. These two factors are possible predators of satisfaction with the domestic violence services and may shape the survivor’s ability to access these services in the first place. If these variables indeed predict access to and satisfaction with services, these findings would help domestic violence organizations to identify areas for improvement and to find ways to better serve foreign born clients. Previous studies suggest that the needs of foreign born domestic violence survivors may different from the needs of the native born victims (Menjívar & Salcido, 2002). This is most likely because of the language and cultural barriers between immigrant and service providers. Overall, the proposed study has a potential to help both service providers as well as the survivors.

Also, researching the most common ways immigrants come into contact with these services would assist in making services even more accessible. Once the most common channel of communication is established, it can be improved and expanded. Along with finding the most common communication channel, finding the least common channel of recruitment would be beneficial as well.

Finding the least common form of outreach will help service providers evaluate why these channels do not work and how to improve these channels. By providing information with this study, service providers will be able to identify how to improve the most and least common forms of communication between survivors and services. This can provide an increase in service use therefore providing assistance to more survivors which is the ultimate goal.

Need for research
Goodman and Epstein (2005) argue that additional research on experiences of immigrant domestic violence survivors is needed in order to address policy and survivors’ needs. They explain that there is a need to research how variables such as domestic violence, immigrant status and gender create an effective service (Goodman and Epstein, 2005). Domestic violence service providers need to understand the survivor as a whole, which includes their demographics and cultural backgrounds (Goodman & Epstein, 2005; Yoshioka & Choi, 2005). One last aspect that should be considered is that some survivors do not want to or cannot leave their abusive partner. This means that this research is crucial so that future domestic violence services can assist women who do not or cannot leave their partner (Goodman & Epstein, 2005; Yoshioka & Choi, 2005).

In 2015, Miller, McCaw, Humphreys, and Mitchell conducted a study of domestic violence and immigration and identified several gaps in the existing literature. They identified some gaps in the literature to be the way in which domestic violence interventions address different types of victims, which includes victims who do not speak English, and victims of other cultures, typically, immigrants. They also questioned how effective domestic violence services are and how their satisfaction is measured. These questions inform the current research and confirm that there is a need for continuing research on this subject (Miller, McCaw, Humphreys, & Mitchell, 2015).

Chapter 2 Literature Review and Theory

What is domestic violence

Domestic violence is a broad phenomenon with multiple dimensions and circumstances. Women who experience domestic violence can experience violence as well as other forms of control (Herring, 2011). Domestic violence has also been referred to as ‘coercive control’,
‘patriarchal terrorism’, and ‘intimate terrorism’ (Herring, 2011). When a person commits acts of domestic violence, their goal is to control their victim/partner in order to lessen their sense of self-worth (Herring, 2011). This can be done through physical acts of violence as well as limiting the victims’ access to friends, family, and work (Herring, 2011). According to Tjaden & Thoennes (2000) more than twenty five percent of women will experience some sort of violence, and or stalking in her lifetime perpetrated by an intimate partner. Because domestic violence affects so many women in the United States, there are significant social impacts that are affected by this type of abuse (Dichter & Rhodes, 2011; Herring, 2011).

**Immigration in the United States**

The increase in immigration has been caused by numerous factors. One major factor was the Immigration and Nationality Act of 1965. This act rescinded the national-origin quotas put into place in the 1920es in order to reduce immigration to the United States. The 1965 legislation made it easier for family reunifications and for skilled laborers to come to the United States. Ever since then immigration has been on a stable rise. In 2007, Camarota (2007) reported that there were 37.9 million immigrants in the U.S.

Camarota (2007) and Bhuyan, Shim, & Velagapudi (2010) argued that the lack of national quotas affected the way people felt towards immigrants and unleashed some racial discrimination with regards to future immigration policies which influenced immigration from Central and South America, Asia, and Africa. Camarota (2007) speculated that approximately 12.5 percent of U.S. residents were not born in the U.S. and approximately 33.3 percent of those foreign-born do not possess legal documentation (Bhuyan, Shim, & Velagapudi, 2010).

Immigration is a hot topic right now and for good reason. Immigration rates have been consistently rising every year. In the United States, there are roughly 27 percent, or 84.3 million
people, that make up foreign born person and their non-foreign born children (2016, Current Population Survey (CPS)). In 2015, the majority of immigrants came from India (179,800), China (143,200), Mexico (139,400), the Philippines (47,500), and Canada (46,800) (Zong & Batalova, 2017).

In 2002, there were nearly 66 million first and second generation immigrants living in the U.S.; 34.2 million first generation immigrants and 31.5 second generation immigrants accounted for approximately 23 percent of the population in the U.S. (U.S. Bureau of Census, 2002). These immigrants mostly consisted of non-European immigrants. In prior years, immigrants have come from mainly Europe and Canada; as opposed to the more recent countries of emigration have been Asia, Latin America, and the Caribbean (Waldinger & Lee 2001).

Immigrant populations are expected to continue to rise and will make up approximately 33 percent of the population in America by the year 2050. About 25 percent of the 33 percent increase is expected to be made up of Latino immigrants, while 8 percent is expected to be made up of Asian immigrants (Smith & Edmonston 1997).

Of the United States population, approximately 64% of people who identify as multiracial live in the following ten states: California, Florida, Hawaii, Illinois, Michigan, New Jersey, New York, Ohio, Texas, and Washington. These states have particularly high immigrant resident rates (Bean & Stevens 2003).

According to The Census Bureau on Prospects for US Population Growth in the Twenty-First Century (2000) approximately 70 percent of future population growth will most likely be accounted toward mass immigration, including first generation immigrants and generations that followed.
With the immigration rates rising, it is important to recognize a general consensus of how people who live in America feel towards immigrants. In general, there has been a consensus of values or qualities that immigrants have. In the past, these qualities have included family orientated, hardworking, crime causing, and taking Americans’ jobs. People have thought these stereotypes due to a number of explanations such as media portrayal and political public policies. In modern media, including newspapers, television, and the broadcasting of public policies, immigrants are referred to using threatening imagery and metaphors, negative symbolic images. Public ordinances and policy also try to use emotional triggers that create a defense mechanism from society.

The newspapers were most likely to use threatening imagery and metaphors as well as negative symbolic images (Flores, 2015; Sohoni & Sohoni, 2014; Timberlake, Howell, Grau, & Williams, 2015). The television channels, specifically news stations, would cover immigration status over criminal offenses. For example, if an undocumented immigrant drives drunk and kills two passengers and it is covered on the news. It is represented that all illegal immigrants are killing American people, when in reality the issue was the person’s drinking problem.

Television news stations also had major issues with the terminology that they used. News stations were found using the terms: Hispanic, minority, immigrant, and illegal immigrant synonymously. This is an obvious issue because it shows widespread ignorance. News stations are also in charge of covering change in public ordinances and policies. Some examples of unjust policies towards people of color and immigrant persons are the Rockefeller drug laws, mandatory sentencing, three strikes laws, and the 100:1 rule. These unjust laws and ordinances enhance societies’ stereotypes of immigrant persons (Percival & Currin-Percival, 2013) (Gilliam Jr., Valentino, & Beckmann, 2002).
Noticing the way that the media discusses immigrants can have a direct impact on immigrants themselves. The media talks about immigrants in a negative light, continuously. This affects how immigrants view themselves in the publics’ eye. If they think that everyone is against them (like the media portrays) then they will be deterred from seeking help from any kind of abuse. Also, if they internalize what the media says about them, then they can start to feel inferior and that they are unworthy of assistance.

The media also affect the publics’ perception of immigrants greatly. The media portrays immigrants as less than people. The public, including all types of service providers such as doctors, police officers view the media, and it can affect the way that they treat immigrants. If the public does this, then immigrants will be even more deterred from seeking assistance because of their biased treatment from members of the public.

**Immigrant definition.**

First, it is important to define what an immigrant is. Immigration status is can be measured in a number of ways. Using generational status is superior to a simple dichotomy of foreign or native born measurement. A first generation immigrant is someone who was not born in the country they currently reside in and has chosen to live in the new country of residence permanently. Their parents are also foreign born since individuals born abroad to one or more American citizen parents are U.S. citizens. This is the type of immigrant who has gained citizenship after coming to the new country. A second generation immigrant is the child of the first generation immigrant (Portes & Rumbaut, 2014).

**Responses to domestic violence**

There are a few ways in which to address domestic violence. There is a health care model, a criminal justice model, and a social services model. The health care model is an approach with
more focus on the victim and their needs, whereas that criminal justice system approach is more focused on the offender and holding them accountable. The social services model approach involves the victim and or offender and provides benefits to both victim and perpetrator.

Health care

According to Tower (2007) the health care approach needs improvement. The current health care approach is insufficient in providing adequate care to women who have experienced domestic violence. In the health care module, intervention is the term used when domestic violence is addressed between a patient and health care provider. Intervention in the health care module includes providing medical, practical, or emotional support to women who are suspected to be experiencing domestic violence either through a domestic violence screening process or deliberate self-disclosure (Hamberger, Ambuel, Marbella, & Donze, 1998).

During routine doctors’ appointments, women are more likely to have a positive health outcome when they are screened for domestic violence (McCloskey et al., 2006). Women are also more likely to be able to gain access to services like counseling, and living arrangements when they are screened for domestic violence during routine doctors’ appointments (McCloskey et al., 2006). Screening patients for domestic violence is important when done properly. Unfortunately, only 6% to 26% of health care providers regularly screen their patients for domestic violence (Elliott, Nerney, Jones, & Friedmann, 2002; Friedman). However, when there are visible injuries during a yearly visit, the patient is more likely to get screened by the health care provider (Chung, Oswald, & Hardesty, 2009). In a study by Rodriguez et al. (2009) they found that when an injury is present, approximately 79% of health care providers screen for domestic violence, where approximately 9% of health care providers screen for domestic violence CE with no physical signs of injury.
Post screening and identification of domestic violence an intervention is necessary. Chung, Oswald, and Hardesty, (2009) suggests listening to the woman, respecting their choice of action, constructing a safe atmosphere, providing informative material about available resources, documenting domestic violence and any physical injuries, taking photographs of any physical injuries, not blaming the patient for domestic violence, and providing the women with phone numbers for shelters and domestic violence hotlines.

Immigrants frequently refuse to seek help from medical professionals because they are without insurance or authorization to be in the United States (Križ, Slayter, Iannicelli, & Lourie, 2012). The fears that immigrants have are commonly underappreciated (Križ, Slayter, Iannicelli, & Lourie, 2012). Recently, many hospitals have had to use signs and brochures around the hospital in order to reassure that immigration services will not be called if an undocumented immigrant needs medical attention (Križ, Slayter, Iannicelli, & Lourie, 2012). Also, immigrants who wait to seek medical attention, usually have increased anxiety, insomnia, and reflux problems (Križ, Slayter, Iannicelli, & Lourie, 2012). Overall, immigrants are reluctant to seek medical attention due to fear of deportation.

**Criminal Justice system**

In the criminal justice system, there are a few different routes to take when dealing with domestic violence. First there is usually a call made to the police when there is a domestic dispute. When the police arrive, they will separate the two parties and try to understand what happened. Some police units have mandatory arrest laws, meaning that if they get a domestic disturbance call, then they must arrest at least one person. There are also dual arrest laws where both parties must be arrested if there is a domestic disturbance call. These types of laws make calling the police an unlikely solution for victims as they do not want to be arrested as well.
Other than home calls to the police, one option for women encountering domestic violence is to directly report the abuse to the police. Doing this can create some unpredictable consequences for domestic violence victims. When reporting to police, they may provide the victim with referrals such as: where to find peer counseling groups, individual clinical counseling, court advocacy, childcare and child development programs, bilingual services, churches, housing, employment, financial support, and also provide options for arresting the offender. One severe unintended consequence for the victim is how they may be treated by their friends and family members after reporting the abuse. The victim may not be accepted by their friends and family because it seems as though, they have betrayed their partner. Another unanticipated penalty on the victim is that their past behavior will be investigated. For example, if the victim was previously arrested for illegal behavior, they will be questioned more harshly if they are being truthful. According to Pitts (2014) reporting the abuse to the police will not end in the arrest of the offender, also the abuse may get exponentially worse after the report is made. Pitts (2014) pointed out that what the victim wants may not be achieved by reporting the abuse to the police.

Police involvement is not always a virtuous remedy for ending domestic violence. Some police involvement may actually worsen the abuse that immigrant women suffer. Pitts (2014) found that immigrant women were more likely to seek help and resolutions through an informal process, with as little law enforcement involvement as possible. This is because the objectives of the immigrant women and the objectives of the police diverge significantly. For immigrant survivors, physical safety is not always of the highest priority, whereas safety is the highest priority for law enforcement. Immigrant survivors have expressed desires for “improved economic opportunities for oneself and children, access to emotional support and improved
social capital networks, reunification with children or other relatives, skills training and educational goals, spiritual renewal, family planning, improved housing conditions, and referrals to community resources”. (Pitts, 2014) Find Page Number

**restraining order.**

One tactic that is used by law-enforcement to combat domestic violence frequently is a restraining order (RO). The restraining order was originally created to prevent DO domestic violence but is now used for a much larger range of violence. Restraining orders are common in other countries and may have other names such as “protection order”, “stay away order”, “domestic violence restraining order”, “intervention order”, “civil harassment”, or “anti-harassment order” (Benitez, McNiel, & Binder, 2010). All of these orders have the same goal; to protect persons in danger of violence. (Benitez, McNiel, & Binder, 2010).

The victim is usually the one who would apply for a restraining order based on previous abuse (Strand, 2012). However, it is a possibility for the police to apply for a restraining order on behalf of the victim (Strand, 2012). The restraining order will most likely be granted directly to a victim, but having the police on the victims’ side almost assures that the restraining order will be granted (Strand, 2012). Whenever an offender commits an act that violates their restraining order, it should be reported. However, it is uncommon that every violation is reported; also minor violations are less likely to be prosecuted even when they are reported. The violation of a restraining order may result in jail time for the offender (Strand, 2012).

Although restraining orders are used quite commonly, their effectiveness it is still inconclusive. Holt, Kernic, Wolf, and Rivara (2003) found that the use of restraining orders with domestic violence survivors is generally safe. They also found that women with a restraining
order in place were less likely to be victimized. On the contrary, Strand (2012) determined that restraining orders were generally unsuccessful in reducing victimization.

Like the health care model, reporting to police comes with the fear of deportation (Pitts, 2014). Many undocumented immigrants feel that they will be deported if they alert authorities about their abusers (Pitts, 2014). This fear of deportation makes reporting to the police less desirable than informal options. Undocumented immigrants also fear that their children will be taken away if they report their abuse to the police, which is another reason why they are less likely to report their abuse (Pitts, 2014).

**Social service organizations**

In general, social service organizations aim to provide domestic violence survivors with emergency shelter, advocacy and counseling (Dichter & Rhodes, 2011; Schechter, 1982; Vapnar, 1980). The purposes of emergency shelters are to avoid immediate threat of physical violence as well as providing short-term counseling services (Dichter & Rhodes, 2011; Schechter, 1982; Vapnar, 1980). Short-term counseling is not always provided for survivors, but when it is, the goal is to emphasize the effects that the abuse has had on the survivor. Counseling also aids in providing survivors with education on trauma recovery and rebuilding self-confidence. These are all tips on how a survivor can move on from their previously violent lifestyle with confidence (Dichter & Rhodes, 2011).

Even though the survivor has left their abusive partner and gone into a shelter, there is still no guarantee of protection. Social services only aid in assisting the survivor to gain independence and leave the unstable relationship (Anderson, 2007). In addition to short-term shelter and counseling, other ways that social service organizations could help survivors is providing them with (or help accessing) other daily needs such as drug/alcohol treatment, day
care, housing, support groups, education, welfare, food stamps, Social Security, food bank, and job training (Dichter & Rhodes, 2011; Postmus, Severson, Berry, and Yoo, 2009). This type of support is helpful to the survivors in order for them to safely leave the abusive relationship.

These support systems help because the survivor will not be mandated to have contact with the abuser for child care, money etc. as well as making them feel more autonomous in their day to day life (Bybee & Sullivan, 2005; Dichter & Rhodes, 2011; Goodman, Dutton, Vankos, & Weinfurt, 2005; Perez & Johnson, 2008). Without access to these types of services, some survivors will be forced to make contact with their abuser (which will undermine their safety) for a multitude of reasons. The principal reason as to why half of survivors make contact with their abuser after leaving them is because they do not have anywhere to live (Dichter & Rhodes, 2011; Harding and Helweg-Larsen, 2009).

**support groups.**

First, is the support group. Support groups are interventions that incorporate discussion based meetings that occur on a regular basis, such as once a week, or once a month and so on. The support group may be large or small and is typically run by one or two staff members or volunteers of the program. The support group leaders guide the discussion as well as provide accurate information with regards to topics brought up in the group (Lyon, Bradshaw, & Menard, 2016).

There are a few purposes for conducting these support groups. The first purpose is for the women to share their experiences and similar feelings with others. This is the central concept for support groups to work. This process of sharing creates a leader mentality, therefore enhancing the survivors’ self-esteem and allows them to feel a certain expertise and guide others. The next purpose of support groups is to reduce stress amongst participants. This is also achieved through
the sharing of experiences with one another. Lastly, support groups provide like-minded persons in order to create a strong support system. Creating a support system is crucial for survivors to continue living life feeling safe (Sullivan et al., 2008).

Next, support services include a variety of resources and information. The staff or volunteer members of the program are equipped to provide domestic violence survivors with support, whether it is emotional support or giving them the information to make important decisions. Support services also provide survivors with information on how to get to meetings and where and how to get other types of services, whether it be financial, legal or other.

counseling.

Counseling is one of the most important services that these programs provide. Counseling includes talking with a trained counselor that works at the program. In these sessions, the survivor discusses prior encounters of abuse and how that abuse has affected the survivor’s day to day emotions, decisions, and children. After discussing prior abuse and its affects, the counselor and survivor will try to create new ways to enhance the safety of the survivor. Counseling sessions are usually one-on-one but may include other family members. Counseling sessions are similar to support groups where they are scheduled and can be long or short term attendance periods (Lyon, Bradshaw, & Menard, 2016).

A specific type of counseling in these programs is called supportive counseling. Supportive counseling is the reassurance that the survivor is not alone, nor are they responsible for their ill-treatment. The staff members of the program also inform survivors of common reactions of distress which may include difficulty focusing, issues with sleeping, and being on edge. After informing them of these common reactions, they are provided with
information they need in order to reconcile their possible reactions (Lyon, Bradshaw, & Menard, 2016).

**Legal services.**

Lastly, legal advocacy is provided in some capacity through the program. This service gives survivors the information they need with regards to criminal or civil legal matters. This may include how to get a restraining order, immigration issues, child custody and visitation, or anything else that a survivor may need the courts assistance with. The chart posted includes different types of legal assistance for immigrant survivors (Lyon, Bradshaw, & Menard, 2016).

**Batterer intervention programs.**

One specific program of social services is called a Batterer Intervention Program (BIP). The goals of most BIPs include holding the offender responsible, cease victim blaming, and changing attitudes and beliefs towards women (Arias, Arce, & Vilariño, 2013; Lila, Oliver, Catalá-Miñana, & Conchell, 2014; Lila, Oliver, Galiana, & Gracia, 2013; Salazar, Emshoff, Baker, & Crowley, 2007). As for types of BIPs, there are numerous. However, cognitive-behavioral approaches were seen as the most effective (Arce & Fariña, 2010; Beelman & Lösel, 2006; Novo, Fariña, Seijo, & Arce, 2012; Redondo et al., 1999, 2001, 2002). Failures of the programs included two central ideas. The first is that these programs do not include the victim in the process (Gregory & Erez, 2002) and the programs do not address any possible underlying problems such as anger (Lila, Oliver, Galiana, & Gracia, 2013). Lastly, the difficulties in evaluating BIPs were the way we measure success. This was raised as an issue because some offenders’ success cannot be measured or be extremely difficult to measure such as their feelings and attitudes towards women.
Of the health, criminal justice system, and social service models, immigrants seemed to resist the health and criminal justice system models most. This was because there was a great fear of being deported and losing their children. The social service model was more accepting and had less fear associated with its practices. Because the social service model appears to be the most trusted route of seeking help, it is imperative that these services be evaluated. Many immigrants have expressed fear with regards to the police and doctors. Their view towards social service workers has less fear thus they can provide more skills to those who need it.

**How immigrant needs are different**

Many domestic violence survivors are faced with significant challenges. These challenges are likely to differ when the survivor is an immigrant. In a study by Reina and Lohman (2015), the authors qualitatively examined ten immigrant women who received a domestic violence-related social service. The women ranged in age from twenty-five to forty-two years old and have lived in the United States from five to fourteen years. At the times of the study, the majority of the participants had been separated or divorced from their abusive partner.

The individuals in the study were interviewed face-to-face and were asked to participate in a focus group. During these interviews, a few main themes emerged. The challenges that these women faced most frequently were unstable residency status, language barriers, lack of access to find jobs, racism and discrimination, and gender and economic inequality (Bø Vatnar & Bjørkly, 2010; Menjivar & Salcido, 2002; Reina & Lohman, 2015).

The unstable residency was the most common reason for women not to report their abuse to the authorities or to seek help from services. The women stated that their abusive partners would dare them to report the abuse to the police, that way the police could have them deported upon discovery of the victim’s legal status. The fear of deportation was highly debilitating for
most women. The lack of permanent lawful residence constrained their options which led to their lack of reporting.

Another major issue that survivors faced was language barriers and lack of education. Women with less education and English language proficiency had lower levels of self-confidence. These women had a hard time leaving their abusive partner because of low self-esteem. Their lack of confidence also affected their willingness to seek help elsewhere. These women wanted to learn and go to school and get a job and have a more fulfilling life.

In many parts of the United States, English is the most common language. For those who do not speak English, or do not speak English fluently, it can be a daunting task to have a casual conversation with someone. Having a casual conversation with someone with language barriers can be frightening in general, but having a conversation about seeking help from abuse, deportation fears, and fears about what will happen to their children, can cause an unbearable burden on the immigrant. With this unbearable burden on their shoulders, they can be even more reluctant to seek help from the abuse. For those who do not speak English, they have an additional barrier to face when trying to seek help from their abuse.

The next issue that many women faced was arrogance and discrimination from service providers. The women felt that the service workers did not think the immigrant women deserved the financial support that they were asking for. Because the service providers did not think the immigrant women deserved the assistance, they made the process more time consuming than necessary. The women contacted their lawyer in hopes that they would speed up the process. After the women talked to their lawyer, the lawyer talked to the service provider and was successful in accelerating the process. However, the process took significantly longer than usual due to the workers’ ignorance towards the survivor.
The last factor that led to reluctance in asking for assistance was financial situation. Several of these women were financially dependent on the abusive partner. This posed many problems for the women because they could not leave their partner. These problems especially increased when children were involved. Receiving help was more difficult for immigrant women who were economically dependent on an abusive partner. Overall, Reina and Lohman’s (2015) study shows that domestic violence survivors, especially immigrants face numerous challenges including discrimination and financial dependency. Hence, additional research is needed on how to provide better domestic violence services regarding immigrant persons.

Menjívar and Salcido (2002) stated that one challenge that immigrant domestic violence survivors face is the way they are representing their community. They felt that they needed to maintain the good ‘image’ of their community. With immigrants being portrayed poorly in the media, these women feel that it is their job not to tarnish the word ‘immigrant’ any more than it already has been. These women often have to make a choice between getting the assistance they need in order to live a healthy life or their loyalty to their cultural group (Menjívar & Salcido, 2002).

Another challenge that immigrant domestic violence survivors face is the way that they receive domestic violence assistance information (Menjívar & Salcido, 2002). They have identified informal sources as their main way of getting information as well as newspapers (Menjívar & Salcido, 2002). They suggested that it would be helpful if this information was available in their native language as opposed to English, as well.

An additional challenge that immigrant domestic violence survivors face is the cultural acceptance of social service programs. They have found that many services do not cater specifically towards the needs of immigrants and find this a hard challenge to deal with.
In a specific subset of domestic violence immigrant survivors, Mexican immigrant women were found to pursue assistance through informal places, such as family and friends (Brabeck & Guzman, 2008). This subset of women was found to have an aspiration to safeguard their family so that they would not see the violence as a problem. They also wanted to keep this issue mostly to themselves in order to keep the matter private, which is why they were more likely to seek help from close family (Acevedo, 2000; Brabeck & Guzman, 2008; Kyriakakis, 2014).

One explanation for this thought process is that there are two expectations in Latino families, they are *marianismo* and *respeto* (Kyriakakis, 2014). *Marianismo* is the expectation that women give up all that women sacrifice egotism and give their husband the utmost respect and authority no matter what (Kyriakakis, 2014). *Respeto* is the respect a woman is supposed to show her parents, specifically the father, which makes seeking help for the abuse less likely (Edelson, Hokoda, & Ramos-Lira, 2007; Kyriakakis, 2014; Perilla, 1999; Perilla, Bakeman, & Norris, 1994). As with most families, the Mexican immigrant women studies have gotten mixed reviews from their families. Some family members suggested a simple solution such as divorce, whereas as others offered similar stories of abuse and found it to be normal and suggested to not do anything about it (Acevedo, 2000; Brabeck & Guzman, 2008; Klevens et al., 2007; Molina & Abel, 2010). Because of this (mostly) negative family feedback, Wong et al. (2011) discussed how this can have a negative impact on the survivors’ mental health. Wong et al. (2011) stated that immigrant survivors were more likely to suffer from depression when compared to non-immigrant survivors. Wong et al. (2011) also discussed how perceived social support is a strong protective factor that can prevent depression symptoms. Overall, Wong et al (2011) showed that the more familial support an immigrant survivor has, the better their outcome may be.
Why immigrant women are afraid to seek help

In a study by Reina and Lohman (2015) (also mentioned previously), the authors qualitatively examined ten immigrant women who received a domestic violence-related social service. The women ranged in age from twenty-five to forty-two years old and have lived in the United States from five to fourteen years. At the times of the study, the majority of the participants had been separated or divorced from their abusive partner. Also previously mentioned, these women faced unstable residency status, language barriers, racism and discrimination, and gender and economic inequality (Reina & Lohman, 2015).

The women were afraid to report the abuse because they were afraid of losing their children, being deported, and not being able to see family anymore (Reina & Lohman, 2015). They thought that by reporting the abuse, one of these actions, or more, would occur.

Another reason why survivors were afraid to report their abuse was because of language barriers and lack of education. These women were less confident in themselves, meaning that they were afraid that no one would believe them if they tried to seek help (Reina & Lohman, 2015). They thought because they could not speak English very well that no one would take them seriously, this was the same for lack of education as well (Reina & Lohman, 2015).

Additionally, many women were afraid to seek help because of the arrogance and discrimination from service providers that they encountered (Reina & Lohman, 2015). They had been treated poorly before from organizations and felt that the workers had major biases that were prominent in their words and action (Reina & Lohman, 2015). This made the women feel afraid that the workers could possibly act on their biases and report them to authorities.

Lastly, these women were afraid to report their abuse was because of their financial situation (Reina & Lohman, 2015). The majority of these women was not in charge of the money
and had little to no control over it, which meant that they were not allowed to have much (Reina & Lohman, 2015). This meant that they could not leave their abusive partner. In most cases they felt that the only way to survive was to leave and that was impossible for them, as a result they were afraid to report the abuse because even if they did, they could not leave.

**limited language proficiency.**

For an immigrant woman experiencing domestic violence, the best way that their offender can control them is through their inadequate English language proficiency. The offender can assert this power by controlling the communication between the victim and anyone who tries to talk to them by serving as the interpreter. Menjívar & Salcido (2002) acknowledged this as the biggest barrier to seek help regarding their domestic violence.

**disparities in economic and social resources.**

Another issue in domestic violence, immigration relationships that may discourage some women from seeking help is financial resources. Relationships that have an imbalance in finances can cause even more of a reason for conflict and violence (Runner, Novick, & Yoshihama, 2009). When a financial imbalance occurs with one person making all, or most, of the money and the other person is financially dependent on the other, the person making the money tends to have all the power and control in the relationship (Runner, Novick, & Yoshihama, 2009). Other relationships that can be compared to that of a financially dependent abusive relationship could be seen in U.S. military personnel marriages, international broker marriages or online marriage services, and arranged international marriages (Runner, Novick, & Yoshihama, 2009). These types of relationships view women as submissive and obedient, which is quite stereotypical. A batterer may use the survivors’ dependent financial status as a bargaining tool to coerce them into silence (Runner, Novick, & Yoshihama, 2009).
social isolation.

Social isolation can be experienced by immigrant battered women in two main ways. They can be socially isolated within their own community because they are being controlled by their abuser, and they can also feel isolated within the general culture of the U.S. as a whole. These types of isolation can be caused by many different influences, such as beliefs about the dominant roles of men, religion, shame, and fear (Runner, Novick, & Yoshihama, 2009). Many women do not know social isolation is something they will experience as an immigrant or as a battered woman. When a woman is socially isolated, their only socialization is with their abuser which can make leaving seem even harder (Runner, Novick, & Yoshihama, 2009).

immigration status.

Runner, Novick, and Yoshihama (2009) also discussed how a woman’s immigration status may prevent her from seeking help with DOMESTIC VIOLENCE. Immigration status can be used as a tool that abusers use to coerce their partners into not seeking help. The abuser may tell the woman that he will have her deported if she tells anyone. Most women do not know that this can potentially be prevented through the Violence Against Women Act (VAWA) (Runner, Novick, & Yoshihama, 2009). However if the survivor does not know of her legal rights then the abuser still has the upper hand and can threaten her with deportation (Runner, Novick, & Yoshihama, 2009). Sometimes the survivor can be legally staying in the U.S. and not know it and this is still dangerous because the abuser can still control her with this misinformation (Runner, Novick, & Yoshihama, 2009).

Another reason that immigrant women may delay seeking help for domestic violence is that they may have immigrated recently. Paat (2014) reported that immigrants that are new to a country tend to be more cautious about abiding by laws to avoid trouble with law enforcement.
The threat of being deported and that they may not be able to stay in their new country are strong reasons for immigrant women to delay seeking help for domestic violence (e.g., Adams & Campbell, 2012; Akinsulure-Smith et al., 2013; Paat, 2014).

Battered immigrant women have typically been undereducated in regards to their legal rights. Battered immigrant women have many legal options, for example, self-petition and secure legal status. However, due to their situation, these women are uneducated about their current legal status, opportunities for education, and bureaucratic procedures (e.g., Barkho et al., 2011).

Reasons why women do not seek help for domestic violence can be because there is a social stigma, they are subjected to specific gender roles where women are to be silent, that they have made a commitment (marriage obligation), subordination, they are concerned for their children's well-being, they have had a loss of social support and emotional and economic instabilities (Ahmad, Driver, McNally, & Stewart, 2009). Any singular one of these reasons could play a part in delay of seeking help, and having two or more of these reasons may make seeking help seem impossible (Ahmad, Driver, McNally, & Stewart, 2009).

Language importance

Previous studies have shown language proficiency to affect satisfaction with domestic violence programs. In a study by Olveen, Orav, Troyen, and Burstin, (2008) the researchers examined the level of English language proficiency in relationship to their satisfaction with the program. They found that the lower the level of English proficiency, the lower their satisfaction rate was, and vice versa. Yeh and Inose (2003) found that students who had higher English language proficiency had lower acculturation stress. This means that the higher their English proficiency, the more likely they were to have a more successful acculturation process. Overall, these studies have shown the importance of language proficiency in a program. Both of these
studies support the hypothesis that predicts higher satisfaction rates for participants with higher language proficiency skills.

There have been many prior studies examining the relationship between satisfaction rates of a program and language use (Nápoles, Gregorich, Santoyo-Olsson, O’Brien, & Stewart, 2009). Many of the programs have been medical programs. Although a different service is being provided, the same concept can be applied.

Morales et al (1999) found that Spanish-speaking Latinos were more likely to be dissatisfied with their health care service when compared to English speaking persons. Morales (1999) suggested that improving communication between patient and health care provider would increase the patients’ satisfaction with their health care service (Nápoles, Gregorich, Santoyo-Olsson, O’Brien, & Stewart, 2009). Morales et al (1999) suggested using interpreters to increase communication.

In a study by Morales, Cunningham, Brown, Liu, and Hays (1999) they observed the relationship between language and patient satisfaction in regard to health care. They found a clear link that primarily Spanish speaking patients were less satisfied with their health care when compared to English speaking patients and their satisfaction of health care (Morales, Cunningham, Brown, Liu, & Hays, 1999).

In another study, Baker (2009) observed health care satisfaction with patients in an emergency room setting with interpreters. Baker (2009) found that patients who only spoke Spanish were most likely to be dissatisfied with their health care service. Patients who spoke mostly Spanish and some English were more likely to be dissatisfied with their health care service. Patients who spoke English were least likely to be dissatisfied with their health care service. Hu and Covell (1986) also had similar findings where patients who primarily spoke
English were more likely to be satisfied with their health care service when compared to patients primarily spoke Spanish (Morales, Cunningham, Brown, Liu, & Hays, 1999).

Hu & Covell (1986) stated that knowledge about patient satisfaction is key in order to provide quality medical care. In a study by Hu & Covell (1986) found that persons who spoke English were twice as likely to rate their health care as satisfactory when compared to patients who did not speak English. Hu & Covell (1986) also found that the link between language and satisfactory rate was stronger than the link between income and satisfactory rate.

**How people find services**

Previous research suggests that survivors seek out services in a number of ways including: friend(s), DV staff; including other DV programs, police, people at court, family member, social service agency staff, including homeless shelter, mental health counselor/therapist, flyer/brochure/poster, health care provider, child protective services staff, people from religious/spiritual community, TANF (welfare) staff, telephone book, on the internet, information line (e.g. Info Line), school, lawyer or legal center, jail/prison, addiction center, and Latino organization.

In previous research Lyon, Bradshaw, & Menard, (2016) found that immigrants were found to use only the following services: 911, child support, family court, lawyers, and orders of protection, police, shelters, and translators. This observation is surprising and not surprising at the same time. It is not surprising because 911 and police are the most readily available to the public and easily accessible. On the other hand it is surprising because there is previous research showing that domestic violence survivors are skeptical about police officers because they believe that some have a personal bias towards the situation and some are just too young to understand the depth of the issue (Mookerjee, Cerulli, Fernandez, & Chin, 2015).
Non-Hispanic immigrants showed greater appreciation towards the courts and other formal support services (Mookerjee, Cerulli, Fernandez, & Chin, 2015). The non-Hispanic immigrants were less likely to discuss informal support services (Mookerjee, Cerulli, Fernandez, & Chin, 2015). However, the Hispanic immigrants shied away from the courts and other formal support services and were more concerned with informal support services, which were consistent with previous findings (Kaukinen 2004; Klevens 2007; Mookerjee, Cerulli, Fernandez, & Chin, 2015). Formal support services, such as the courts, were considered less desirable because of the “intimidating environment”, where it was possible for survivors to see their perpetrator and were also difficult for the survivors to take time off from work, and finding adequate child care (Mookerjee, Cerulli, Fernandez, & Chin, 2015).

Although both immigrant and non-immigrant survivors listed police as a resource, they both felt that the police were not as sensitive as they should have been to their situation and experienced frustration with the police. The main reason that police were frustrated was because they saw the circle of violence and knew that the charges would be dropped and this whole cycle will just keep repeating itself. Domestic violence survivors also felt that some responding officers were young, inexperienced, had prejudice against their ethnic group.

Domestic violence survivors that were not born in America were more likely to have learned about domestic violence social services from a friend, family member, a flyer/brochure/poster, or a healthcare provider (cite). On the other hand, survivors who were born in America were more likely to have heard about domestic violence social services from other domestic violence social service staff members or from another source not listed (cite).

Although immigrants in general tended to prefer informal sanctions of help, there does seem to be a difference within where immigrants are immigrating from. According to
Hollenshead, Dai, Ragsdale, Massey & Scott (2006) black immigrant survivors tended to seek assistance from law enforcement rather than a center that provided services. However, European immigrant survivors were opposite and seemed to prefer service centers rather than law enforcement (Hollenshead, Dai, Ragsdale, Massey & Scott, 2006).

**Theory of intersectionality**

The theory of intersectionality has been said to be the most important concept when understanding domestic violence (Nixon & Humphreys 2010; Simpson & Helfrich 2014). Furthermore, Raya (2014) argues that having a typology for domestic violence is fundamental in order to improve intervention strategies, such as services, and policy recommendations. This theoretical framework provides a better understanding when it comes to motivations, patterns, and consequences of violence (Johnson, 2006; Raya, 2014).

Intersectionality theory was originally developed by black feminists who challenge the general conception that everyone with the same gender has the same life experience. These feminists argued that black women’s understanding of life was molded by their race and class as well as by their gender (Collins, 1990; Davis 1981). Intersectionality tries to understand how the relationship between gender, race, class, culture, and other social locations affect the social experiences and outcomes (Godoy-Ruiz, Toner, Mason, Vidal, & McKenzie, 2014).

Intersectionality is a concept that is comprised of the multiple dimensions of the hierarchal socioeconomic power structure that is influenced by race, class, and gender that results in the dissemination of discrimination subjugation and violence toward women of color, including immigrant women (Raya, 2014). Intersectionality also aims to identify ways in which identity politics, sexism, racism in patriarchy as well as structural and political positions affect women who experience domestic violence and are also women of color (Josephson, 2002; Raya,
Intersectionality also shifts the focus away from individuals and leads to a more structural consideration that accounts experiences to race, class, gender, and immigrant status hierarchies (Viruell-Fuentes, Miranda, & Abdulrahim, 2012).

Intersectionality also describes the ways in which women who belong to marginalized race, color, and gender groups experience domestic violence inversely when compared to white women (Crenshaw, 1991; Raya, 2014). Which is why examining their difference in services is of high importance.

Using the theory of intersectionality, the needs of immigrant women can start to be addressed differently. Kapur, Zajicek, and Gaber (2017) addressed domestic violence through the lens of intersectionality and have discovered that there is a need to restructure the way the public thinks about domestic violence interventions. They also stated that all current domestic violence interventions are geared towards the average, white, middle-class citizen.

The theory of intersectionality can be used to address domestic violence responses to immigrant needs. The theory of intersectionality allows us to view cultural differences and to use them as a consideration for the types of interventions necessary. Using this anti-oppressive approach, we can become more sensitive to the survivors’ race, class, and culture (Vaughan et al., 2015). Without using the theory of intersectionality as a tool to develop domestic violence solutions, there will be survivors who are overlooked and excluded from the possible benefits that could have been provided (Vaughan et al., 2015).

One example of using intersectionality as a tool to assist immigrant domestic violence survivors is to notice that many of them are family focused. With many of the survivors being family focused, they are looked down upon for seeking help outside the family (Vaughan et al., 2015). Therefore a service that could be provided to them would be to encourage the family to
come to the service provider or to encourage dialogue with the family. Also, because the family has minimal resources on domestic violence, the survivors need to be equipped with the knowledge about other supports that exist for them (Kapur, Zajicek, & Gaber, 2017; Vaughan et al., 2015).

Chapter 3 Current Study

Overall, the gaps in the literature have been how we evaluate domestic violence service with regards to immigrants and people who do not speak English. Another gap is that there has been little research on how survivors find out about domestic violence programs. This is a central part of improving ways in which to encourage seeking help through domestic violence programs. Although there has been previous research about domestic violence service satisfaction, there has been little done to evaluate the different needs of immigrant and non-English fluent survivors. This study hopes to bridge the gap between these two variables.

This study will determine how immigrants and non-English fluent survivors discover domestic violence programs. I will compare immigrants to non-foreign born persons, and non-English fluent survivors to English fluent survivors, in order to identify their differences in approach. Also, to bridge the gap between satisfaction rates, I will compare the staff satisfaction rates of immigrants to non-foreign born persons, and non-English fluent survivors to English fluent survivors, to identify if there is a difference in staff satisfaction.

The theory of intersectionality has helped bridge these gaps and provided a framework to explain the expected outcomes of this study. The theory of intersectionality has stated that people who are a different gender, culture, religion, race, economic status etc. will all have different perceptions of experiences; specifically, the experience of violence. Using this theory, I have predicted that women who identify as an immigrant and or someone who is non-English fluent
will continue to have different experiences with domestic violence services. Because these services are not tailored to meet the needs of every survivor, it is likely that they will have a lower satisfaction rate. The theory of intersectionality has provided a concrete explanation as to why women who are not foreign born and are English fluent may be provided the same domestic violence services but have a different experience when compared to a foreign born woman, and who may not speak English.

**Research questions**

Does immigration status and English language proficiency affect how domestic violence survivors come into contact with organizations providing victim services?

How do immigrant generation and English language proficiency affect satisfaction with domestic violence organizations?

**Research hypotheses**

1. Immigrants will be less likely to report hearing about the program from police or other formal sources.

2. Immigrants will be more likely to hear about the program from a family member, friends or other informal sources.

3. H0 There is no correlation between English language proficiency among immigrants and service satisfaction.

3. HA The higher the level of English language proficiency among immigrants, the more satisfied they will be with the services provided by a domestic violence organization.

4. H0 There is no correlation between generation since migration and service satisfaction.

4. HA Second and third generation immigrants will have more service satisfaction than foreign born individuals.
Chapter 4 Methods

Data

The current study uses secondary data originally collected by Jill Bradshaw, Eleanor Lyon, and Anne Menard. The data includes a sample of 1,467 domestic violence survivors who received services from domestic violence programs located in four states: Alabama, Illinois, Massachusetts, and Washington. Data collection took place between April 1 and December 30, 2010 (Lyon, Bradshaw, & Menard, 2016).

In total, there were 90 programs that participated actively in the study with a final participation rate of 31% (Lyon, Bradshaw, & Menard, 2016). The programs were recruited through contact with domestic violence coalition in each of the states. The coalitions contacted were the Asian and Pacific Islander Institute on Domestic Violence, Casa de Esperanza, the Institute on Domestic Violence in the African-American Community, and the Women of Color Network. There were two main reasons the domestic violence programs did not want to participate in the study (Lyon, Bradshaw, & Menard, 2016). The first was because the program was short on staffing due to underfunded programs and cuts (Lyon, Bradshaw, & Menard, 2016). The second reason was because the program was already participating in another study and was concerned that the participating in another study would be too stressful on the survivors (Lyon, Bradshaw, & Menard, 2016).

The survivors that participated in the study were selected through three criteria. The first criterion was that the survivor had a minimum of two face-to-face contacts with program staff within the past year (Lyon, Bradshaw, & Menard, 2016). The second criterion was that the survivor was not currently using residential services through the program (Lyon, Bradshaw, &
Menard, 2016). The third criterion was that the survivor was not currently in crisis (Lyon, Bradshaw, & Menard, 2016).

According to Bradshaw, Lyon, and Menard (2016) there was some dispute about the first criteria listed. It was argued that participants that had more use of the program (more than two visits) were more likely to have a favorable outcome and skew the results. In order to fill out the survey, the participants would have to know more about the program, hence the two face-to-face visits, and was kept as criteria.

Every participating program was requested to create a schedule and timeline for engaging the survivors about the study in hopes to encourage participation (Lyon, Bradshaw, & Menard, 2016). In order to keep things consistent, written guidelines were provided for program staff members about how to invite a participant into the study. There was a cover page and an information sheet provided that explained the study, the purpose of the study, different ways they could participate, assured participant anonymity, and even though their participation was wanted, participation in the study was voluntary (Lyon, Bradshaw, & Menard, 2016).

There were two surveys that study participants were asked to answer, the Survivor Survey, and the Program Survey. The Survivor Survey is a tool that asks 28 questions about the survivor. This survey asks questions like how the survivor discovered the program, the type of assistance they desired, and the magnitude of assistance they received. The Survivors Survey also asked demographic questions, as well as the number and length of time of in progress services as well as types of services they have taken advantage of (Lyon, Bradshaw, & Menard, 2016). Lastly, the survey asked questions with regards to the programs housing and if they have looked for housing at any other programs in the surrounding area in the past year (Lyon, Bradshaw, &
Menard, 2016). The survey also asked about the program staff and to create an itemized list of their personal goals they complete due to the services that the program provided to them.

The second survey the survivors completed was the Program Survey. This is another tool that asks 22 questions with regard to program staff and volunteer numbers, staff and volunteer race, ethnicity, culture, and language capacities. They were also asked about the staff and volunteers’ diversity and cultural competencies, as well as the characteristics about the town where the program was located.

In order to make these surveys possible, the survey was translated into ten languages (other than English) and was available to take on paper, orally, or electronically. The participants that took their survey on paper, were given a self-addressed stamped envelope (SASE) that would be delivered to the DV study research staff at the University of Connecticut (Lyon, Bradshaw, & Menard, 2016). The participants could either mail their survey or drop them in a designated area where it would be collected by program staff. All of these precautions were taken in order to ensure safety and confidentiality of the participants. There was also code numbers assigned to each program and the SASE in order to keep track of responses while protecting their anonymity (Lyon, Bradshaw, & Menard, 2016).

In this study, surveys were used for a few reasons. Surveys are the most common form of data collection that can incorporate quantitative or qualitative data (Maxfield and Babbie, 2015). Questionnaires also allows for a large amount of information to be collected at a certain point in time (Maxfield and Babbie, 2015). According to Maxfield and Babbie (2015) surveys are most appropriately used for studying individuals’ attitudes and opinions. Maxfield and Babbie (2015) also mention conducting in-depth interviews with a smaller number of individuals to address in-depth topics.
Variables

From the literature in the previous sections of this chapter, a set of independent variables can be derived that form the basis of the empirical part of this thesis. The first part of this section describes the dependent variables, and the second part lists the independent variables, followed by control variables.

Dependent Variables

How the survivor discovered the domestic violence program

Due to the way in which immigrants are viewed by the media and stereotypes, immigrants are assumed to have more fear toward law enforcement than the average person (Pitts, 2014). I predicted that this may cause immigrants to find domestic violence programs from sources other than law enforcement. This variable was operationalized by having the participants mark any and all of the following ways in which you found out about this program: telephone book, family member, police, friends, internet, domestic violence program staff, information line, people from religious or spiritual community, child protective services, social service agency including homeless shelter, mental health counselor/therapist, people at court, health care provider, TANF welfare staff, flyer/brochure/poster, and other. This list was not mutually exclusive, and therefore participants could mark more than one option of how they discovered these services.

Satisfaction with program staff

Satisfaction with program staff can be affected by many different things, such as language barriers (Olveen, Orav, Troyen, & Burstin, 2008). It is important to identify if the survivors are dissatisfied with their communication with the staff or the way they are treated by the staff in general (see operationalization method below). This variable was operationalized by
having the participants chose whether or not they “strongly agree”, “agree”, “disagree”, “strongly disagree” (Likert scale measurements) with the following statements:

- Program staff treated me with respect.
- Overall, my racial/ethnic background(s) were respected.
- Overall, my sexual orientation was respected.
- Program staff was caring and supportive.
- Overall, my religious/spiritual beliefs were respected.
- Program staff spent enough time talking about my safety.

To analyze satisfaction, I took the Likert scale measurements from all of the above statements and averaged them to get the mean satisfaction rate. Averages were calculated for all subjects who provided a valid answer to at least two of the items listed above. A high score indicates more dissatisfaction with service staff.

**Independent Variables**

**English language proficiency**

English language proficiency refers to how familiar the survivor is with the English language (Morales, Cunningham, Brown, Liu, & Hays, 1999). English language proficiency has been used as measurements in previous decades to determine the level of acculturation immigrants have achieved (Yeh & Inose, 2003). This variable was operationalized using responses to the following question “How well do you speak English?”. Participants could answer with, “Not at all (only know a few words) (1), Not well (2), Okay (3), Well (4), and Very well (5)”. To analyze English language proficiency, this variable was recoded into a dichotomous variable. The new coding for speaks English well, or fluent is (0), where it was previously coded as well (4), and very well (5). The new coding for does not speak English well, or not fluent is (1), where it was previously not at all (1), not well (2), and okay (3).

**Immigration generation**
Immigration generation can be defined as how long an individual and their family has been residing in the United States. First generation immigrants are immigrants who reside in the United States, but were born outside of the United States (Portes & Rumbaut, 2014). Second generation immigrants are people who were born in the United States and have at least one first generation parent (Portes & Rumbaut, 2014). Lastly, third generation immigrants are the children and or grandchildren of second generation immigrants (Portes & Rumbaut, 2014).

This variable was operationalized by asking the participants “What best describes how long you and your family have been in the United States (U.S.)?” The participants could then respond with one of the following, “I came to the United States from another country (1), at least one of my parents came to the U.S. from another country (2), at least one of grandparents came to the U.S. from another country (3), my ancestors were here before my grandparents (4)”. To analyze immigration generation, this variable was recoded into a dichotomous variable. The new coding is not foreign born (0) and foreign born (1).

Control Variables

To control for other factors that can influence the relationship between the independent and dependent variables, several control variables were added. The control variables were race, education, gender, economic status, age, and disability. These demographic variables have been used in previous studies in order to control for spuriousness (Hu & Covell, 1986; McCloskey et al., 2006). Race was coded as white (1) or other (0). Education was coded as high school graduate or GED (1) or other (0) and some college (1) or more (0). Gender was coded as female (1) and male (0). Economic status was coded as no trouble paying bills (0) and trouble paying bills (1). Age was coded as 17 and under (1) and not 17 and under (0). Lastly, disability was
coded as no disability (0) and disability (1). These control variables were used in the multivariate analysis.

**Analysis**

To analyze this data, two different statistical tests were used. First was Chi-square testing, followed by multiple linear regression OLS (ordinary least squares). Because the first research question looks at the relationship between two nominal variables, the Chi Square test would be most appropriate. The Chi square test results are displayed in cross-tables (cross-tabs). Chi square tests whether two categorical variables are dependent versus independent of each other. The second research question asks what things affect survivors’ satisfaction rates; therefore a different statistical test must be used. The most appropriate test for this type of question is a multiple linear regression OLS test. The dependent variable in this test is interval-ratio which is why OLS is appropriate. OLS also allows the control of other variables which is important to reduce spuriousness.

**Chapter 5 Results**

Table 1

*Descriptive Statistics*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immigrant Generation</td>
<td></td>
</tr>
<tr>
<td>First Generation Immigrant</td>
<td>39.9</td>
</tr>
<tr>
<td>Second Generation Immigrant</td>
<td>4.8</td>
</tr>
<tr>
<td>English Language Proficiency</td>
<td></td>
</tr>
<tr>
<td>Not Fluent</td>
<td>27.8</td>
</tr>
<tr>
<td>Fluent</td>
<td>67.9</td>
</tr>
<tr>
<td>Race</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>37.7</td>
</tr>
<tr>
<td>Other</td>
<td>58.6</td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>High School Graduate/GED</td>
<td>23.2</td>
</tr>
<tr>
<td>No High School Graduate/GED</td>
<td>72.7</td>
</tr>
<tr>
<td>----------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Some College or more</td>
<td>40.6</td>
</tr>
<tr>
<td>No Some College or more</td>
<td>55.4</td>
</tr>
</tbody>
</table>

**Gender**

<table>
<thead>
<tr>
<th>Female</th>
<th>92.4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>4.2</td>
</tr>
</tbody>
</table>

**Economic Situation**

| Trouble Paying Bills | 45.2 |
| No Trouble Paying Bills | 42.8 |

**Age**

| 17 or younger | 6.1 |
| 18 or older   | 90.5 |

**Disability**

| Yes Disability | 19.0 |
| No Disability  | 70.9 |

Table 1 is a descriptive table that lists the variables and demographics of the participants that participated in this research.

**Table 2**

*Chi Square Results for the Relationship between Immigration (dichotomous) and how Participants Came into contact with the Organization (%)*

<table>
<thead>
<tr>
<th>How survivors learned about the organization</th>
<th>Immigrant</th>
<th>Native</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone book</td>
<td>3.8</td>
<td>3.3</td>
</tr>
<tr>
<td>Family member</td>
<td>12.0</td>
<td>9.6</td>
</tr>
<tr>
<td>Police</td>
<td>16.4</td>
<td>15.6</td>
</tr>
<tr>
<td>Friends</td>
<td>27.2***</td>
<td>13.7</td>
</tr>
<tr>
<td>On the internet</td>
<td>3.2</td>
<td>3.1</td>
</tr>
<tr>
<td>DV staff; including other DV programs</td>
<td>14.0</td>
<td>17.3</td>
</tr>
<tr>
<td>Information line (e.g. Info Line)</td>
<td>2.1</td>
<td>1.8</td>
</tr>
<tr>
<td>People from religious/spiritual community</td>
<td>5.5</td>
<td>3.4</td>
</tr>
<tr>
<td>Child protective services staff</td>
<td>4.6</td>
<td>5.3</td>
</tr>
<tr>
<td>Service/Contact Method</td>
<td>Native Born</td>
<td>Immigrants</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Social service agency staff, including homeless shelter</td>
<td>8.2</td>
<td>7.1</td>
</tr>
<tr>
<td>Mental health counselor/therapist</td>
<td>7.5</td>
<td>6.5</td>
</tr>
<tr>
<td>People at court</td>
<td>11.8</td>
<td>12.2</td>
</tr>
<tr>
<td>Health care provider</td>
<td>7.7***</td>
<td>3.4</td>
</tr>
<tr>
<td>TANF (welfare) staff</td>
<td>2.9</td>
<td>5.0</td>
</tr>
<tr>
<td>Flyer/brochure/poster</td>
<td>7.9***</td>
<td>4.1</td>
</tr>
<tr>
<td>Other</td>
<td>9.9</td>
<td>18.3***</td>
</tr>
</tbody>
</table>

Notes: *p < .05, **p < .01, ***p < .001

Table 2 is a Chi Square result table that found statistical significance for the relationship between immigration, using dichotomous variables, and how survivors came into contact with the program. Immigration generation was statistically significant in predicting three ways in which a survivor came into contact with the program. Immigration generation had a statistically significant effect in predicting that survivors would use friends as a way of program contact; specifically 27.2% of immigrants used friends as a way of contact with the program, compared to 13.7% of native born survivors using friends as a way of contact. Immigration generation also had a statistically significant effect in predicting that survivors would use health care providers as a way of program contact; specifically 7.7% of immigrants used health care providers as a way of contact with the program, compared to 3.4% of native born survivors using health care providers as a way of contact. Lastly, Immigration generation also had a statistically significant effect in predicting that survivors would use flyers/brochures as a way of program contact; specifically 7.9% of immigrants used flyers/brochures as a way of contact with the program, compared to 4.1% of native born survivors using flyers/brochures as a way of contact. Overall, this table identified friends, health care provider, and flyers/brochures as ways in which
immigrants were more likely to come into contact with the program when compared to native born persons.

Table 3

*Chi Square Results for the Relationship between Immigration and how Participants Came into Contact with the Organization (%)*

<table>
<thead>
<tr>
<th>How survivors learned about the organization</th>
<th>First Gen</th>
<th>Second Gen</th>
<th>Third Gen (native)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone book</td>
<td>3.8</td>
<td>5.9</td>
<td>3.0</td>
</tr>
<tr>
<td>Family member</td>
<td>12.0</td>
<td>12.9</td>
<td>9.2</td>
</tr>
<tr>
<td>Police</td>
<td>16.4</td>
<td>10.0</td>
<td>16.3</td>
</tr>
<tr>
<td>Friends</td>
<td>27.2***</td>
<td>10.0</td>
<td>14.1***</td>
</tr>
<tr>
<td>On the internet</td>
<td>3.2</td>
<td>2.9</td>
<td>3.1</td>
</tr>
<tr>
<td>DV staff (including other DV programs)</td>
<td>14.0</td>
<td>18.6</td>
<td>17.1</td>
</tr>
<tr>
<td>Information line (e.g. Info Line)</td>
<td>2.1</td>
<td>4.3</td>
<td>1.5</td>
</tr>
<tr>
<td>People from religious/spiritual community</td>
<td>5.5</td>
<td>5.7</td>
<td>3.1</td>
</tr>
<tr>
<td>Child protective services staff</td>
<td>4.6</td>
<td>5.7</td>
<td>5.3</td>
</tr>
<tr>
<td>Social service agency staff</td>
<td>8.2</td>
<td>10.0</td>
<td>6.7</td>
</tr>
<tr>
<td>(including homeless shelter)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health counselor/therapist</td>
<td>7.5</td>
<td>8.6</td>
<td>6.3</td>
</tr>
<tr>
<td>People at court</td>
<td>11.8</td>
<td>17.1</td>
<td>11.7</td>
</tr>
<tr>
<td>Health care provider</td>
<td>7.7**</td>
<td>4.3**</td>
<td>3.3</td>
</tr>
<tr>
<td>TANF (welfare) staff</td>
<td>2.9</td>
<td>4.3</td>
<td>5.1</td>
</tr>
</tbody>
</table>
Table 3 is a Chi Square result table that found statistical significance for a few variables. A more detailed measure of immigration status results in low cell counts in some cases. The results of chi-square table should be interpreted with caution. Immigration generation had a statistically significant effect in predicting that survivors would use friends as a way of program contact; specifically 27.2% of first generation immigrants and 14.1% of third generation immigrants used friends as a way of contact with the program, compared to 10.0% of second generation immigrant survivors using friends as a way of contact. Immigration generation also had a statistically significant effect in predicting that survivors would use health care providers as a way of program contact; specifically 7.7% of first generation immigrants and 4.3% of second generation immigrants used health care providers as a way of contact with the program, compared to 3.3% of third generation immigrant survivors using friend health care providers as a way of contact. Lastly, immigration generation also had a statistically significant effect in predicting that survivors would use flyers/brochures as a way of program contact; specifically 7.9% of first generation immigrant survivors and 7.1% of second generation immigrant survivors used flyers/brochures as a way of contact with the program, compared to 3.8% of third generation immigrant survivors using flyers/brochures as a way of contact.

Table 4

<table>
<thead>
<tr>
<th>How survivors learned about the organization</th>
<th>Fluent in English</th>
<th>Not Fluent in English</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flyer/brochure/poster</td>
<td>7.9**</td>
<td>7.1**</td>
</tr>
<tr>
<td>Other</td>
<td>9.9</td>
<td>12.9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>18.9***</td>
</tr>
</tbody>
</table>

Notes: *p < .05, **p < .01, ***p < .001
<table>
<thead>
<tr>
<th>Source of Information</th>
<th>Non-English</th>
<th>English</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone book</td>
<td>4.3</td>
<td>3.1</td>
</tr>
<tr>
<td>Family member</td>
<td>11.3</td>
<td>11.1</td>
</tr>
<tr>
<td>Police</td>
<td>17.4</td>
<td>15.1</td>
</tr>
<tr>
<td>Friends</td>
<td>30.4***</td>
<td>15.0</td>
</tr>
<tr>
<td>On the internet</td>
<td>2.5</td>
<td>3.4</td>
</tr>
<tr>
<td>DV staff; including other DV programs</td>
<td>11.3</td>
<td>18.8***</td>
</tr>
<tr>
<td>Information line (e.g. Info Line)</td>
<td>1.2</td>
<td>2.0</td>
</tr>
<tr>
<td>People from religious/spiritual community</td>
<td>6.6***</td>
<td>3.5</td>
</tr>
<tr>
<td>Child protective services staff</td>
<td>6.1</td>
<td>4.6</td>
</tr>
<tr>
<td>Social service agency staff, including homeless shelter</td>
<td>7.4</td>
<td>7.6</td>
</tr>
<tr>
<td>Mental health counselor/therapist</td>
<td>7.6</td>
<td>6.6</td>
</tr>
<tr>
<td>People at court</td>
<td>12.3</td>
<td>12.0</td>
</tr>
<tr>
<td>Health care provider</td>
<td>9.3***</td>
<td>3.6</td>
</tr>
<tr>
<td>TANF (welfare) staff</td>
<td>2.9</td>
<td>4.6</td>
</tr>
<tr>
<td>Flyer/brochure/poster</td>
<td>8.1</td>
<td>4.6</td>
</tr>
<tr>
<td>Other</td>
<td>8.1</td>
<td>17.4***</td>
</tr>
</tbody>
</table>

Notes: *p < .05, **p < .01, ***p < .001

Table 4 is a Chi Square result table that examined the relationship between English language proficiency, using dichotomous variables, and how participants learned about the organization. English language proficiency was statistically significant in predicting some ways in which a survivor came into contact with the program. English language proficiency had a statistically significant effect in predicting that non-English fluent survivors would use friends as a way of program contact; specifically 30.4% of non-English fluent survivors used friends as a way of contact with the program, compared to 15.0% of English-fluent survivors using friends as a way of contact. English language proficiency also had a statistically significant effect in predicting that English-fluent survivors would use domestic violence program staff as a way of contact.
program contact; specifically 18.8% of English fluent survivors used domestic violence program staff as a way of contact with the program, compared to 11.3% non-English fluent survivors using domestic violence program staff as a way of contact. English language proficiency also had a statistically significant effect in predicting that non-English fluent survivors would use religious or spiritual groups as a way of program contact; specifically 6.6% of non-English fluent survivors used religious or spiritual groups as a way of contact with the program, compared to 3.5% English-fluent survivors using religious or spiritual groups as a way of contact. English language proficiency also had a statistically significant effect in predicting that non-English fluent survivors would use health care providers as a way of program contact; specifically 9.3% of non-English fluent survivors used health care providers as a way of contact with the program, compared to 3.6% of English-fluent survivors using health care providers as a way of contact. Lastly, English language proficiency also had a statistically significant effect in predicting that non-English fluent survivors would use flyers/brochures as a way of program contact; specifically 8.1% of non-English fluent survivors used flyers/brochures as a way of contact with the program, compared to 4.6% of English-fluent survivors using flyers/brochures as a way of contact. This table found statistical significance for a few variables. Survivors who were not fluent in English were more likely to find organizations through friends, people from religious/spiritual community, health care providers, and flyers/brochures; whereas survivors who were fluent in English were more likely to find the organization through domestic violence staff.

Table 5

Chi Square Results for the Relationship between English Language Proficiency and how Participants Came into Contact with the Organization (%)
<table>
<thead>
<tr>
<th></th>
<th>few words</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone book</td>
<td>2.9</td>
</tr>
<tr>
<td>Family member</td>
<td>11.3</td>
</tr>
<tr>
<td>Police</td>
<td>23.9</td>
</tr>
<tr>
<td>Friends</td>
<td>29.6***</td>
</tr>
<tr>
<td>On the internet</td>
<td>2.1</td>
</tr>
<tr>
<td>DV staff (including other DV programs)</td>
<td>7.0</td>
</tr>
<tr>
<td>Information line (e.g. Info Line)</td>
<td>0.0</td>
</tr>
<tr>
<td>People from religious/spiritual community</td>
<td>5.6</td>
</tr>
<tr>
<td>Child protective services staff</td>
<td>5.6</td>
</tr>
<tr>
<td>Social service agency staff (including homeless shelter)</td>
<td>7.0</td>
</tr>
<tr>
<td>Mental health counselor/therapist</td>
<td>3.5</td>
</tr>
<tr>
<td>People at court</td>
<td>9.9</td>
</tr>
<tr>
<td>Health care provider</td>
<td>4.9</td>
</tr>
<tr>
<td>TANF (welfare) staff</td>
<td>2.8</td>
</tr>
<tr>
<td>Flyer/brochure/poster</td>
<td>7.0</td>
</tr>
<tr>
<td>Other</td>
<td>9.2</td>
</tr>
</tbody>
</table>

Notes: *p < .05, **p < .01, ***p < .001

Table 5 is a Chi Square result table that examined the relationship between English language proficiency and how participants learned about the organization. English language proficiency had a statistically significant effect in predicting that survivors who had a low English language proficiency would use friends as a way of program contact; specifically 29.6% of survivors who only know a few words of English, 36.6% of survivors who did not speak English well, and 25.2% of survivors who spoke English okay used friends as a way of contact with the program, compared to 14.7% and 15.0% of survivors who spoke English well and very well (respectively) used friends as a way of contact. Again it is important to note that results of
chi-square table should be interpreted with caution. English language proficiency also had a statistically significant effect in predicting that survivors who had high English language proficiency would use domestic violence program staff as a way of program contact; specifically 19.2% of survivors who spoke English very well used domestic violence program staff as a way of program contact, compared to 14.7%, 15.6%, 11.5%, and 7.0% of survivors who spoke English well, okay, not well, and only a few words (respectively) used domestic violence program staff as a way of program contact. English language proficiency also had a statistically significant effect in predicting that survivors who had medium to medium-high English language proficiency would use the information line (211) as a way of program contact; specifically 3.0% of survivors who spoke English okay and 6.3% of survivors who spoke English well used the information line (211) as a way of program contact, compared to 1.6%, 0.8%, and 0.0% of survivors who spoke English very well, not well, and only a few words (respectively) used the information line (211) as a way of program contact. English language proficiency also had a statistically significant effect in predicting that survivors who had a medium range of English language proficiency would use health care providers as a way of program contact; specifically 11.5% of survivors who spoke English not well, 11.9% of survivors who spoke English okay, and 5.3% of survivors who spoke English well used health care providers as a way of program contact, compared to 3.4%, and 4.9% of survivors who spoke English who knew only a few words and very well (respectively) used health care providers as a way of program contact.

Table 6

*OLS Regression Results showing how Immigrant Generation affects Survivors’ Satisfaction with Staff*

<table>
<thead>
<tr>
<th>Variables</th>
<th>B</th>
<th>se</th>
<th>β</th>
</tr>
</thead>
</table>
Table 6 is an OLS multiple regression result table that found no overall statistical significance for the immigration generation effects on satisfaction. Even though there was no statistical significance for the language variable, there were a few other variables that were found to predict satisfaction. The first variable that was found to predict satisfaction was race (b=.118). Race had a statistically significant effect on satisfaction. Specifically any race other than white was more likely to feel dissatisfied with the service staff they received. The second variable that was found to predict satisfaction was gender (b=-.081). Gender had a statistically significant effect on satisfaction. Specifically, males were more likely to feel dissatisfied with the service staff they received. The third variable that was found to predict satisfaction was disability (b=.082). Whether or not someone identified as having a disability had a statistically significant

<table>
<thead>
<tr>
<th>Variable</th>
<th>Coefficient</th>
<th>Standard Error</th>
<th>t-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Constant)</td>
<td>1.347</td>
<td>.087</td>
<td></td>
</tr>
<tr>
<td>First Generation Immigrant</td>
<td>-.034</td>
<td>.037</td>
<td>-.038</td>
</tr>
<tr>
<td>Second Generation Immigrant</td>
<td>-.049</td>
<td>.061</td>
<td>-.025</td>
</tr>
<tr>
<td>Race (white or other)</td>
<td>-.105</td>
<td>.036**</td>
<td>-.118</td>
</tr>
<tr>
<td>Education (High School Graduate/GED)</td>
<td>.057</td>
<td>.040</td>
<td>.056</td>
</tr>
<tr>
<td>Education (Some College or more)</td>
<td>.035</td>
<td>.037</td>
<td>.040</td>
</tr>
<tr>
<td>Gender (Female)</td>
<td>-.190</td>
<td>.078*</td>
<td>-.081</td>
</tr>
<tr>
<td>Trouble Paying Bills</td>
<td>.022</td>
<td>.028</td>
<td>.025</td>
</tr>
<tr>
<td>Age (17 or younger)</td>
<td>-.032</td>
<td>.090</td>
<td>-.013</td>
</tr>
<tr>
<td>Do you consider yourself to have a disability?</td>
<td>.090</td>
<td>.035*</td>
<td>.082</td>
</tr>
</tbody>
</table>

Notes: N=1,047, R²=.021, *p < .05, **p < .01, ***p < .001; high scores indicate less satisfaction with the program staff
effect on satisfaction. Specifically, participants who identified as not having a disability were more likely to feel dissatisfied with the service staff they received.

Table 7

*How English Language Proficiency affects Survivors’ Satisfaction with Staff*

<table>
<thead>
<tr>
<th>Variables</th>
<th>B</th>
<th>se</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Constant)</td>
<td>1.353</td>
<td>.090</td>
<td></td>
</tr>
<tr>
<td>Fluent in English</td>
<td>-.002</td>
<td>.045</td>
<td>-.002</td>
</tr>
<tr>
<td>Race (white or other)</td>
<td>-.105</td>
<td>.037**</td>
<td>-.117</td>
</tr>
<tr>
<td>Education (High School Graduate/GED)</td>
<td>.055</td>
<td>.041</td>
<td>.054</td>
</tr>
<tr>
<td>Education (Some College or more)</td>
<td>.034</td>
<td>.039</td>
<td>.039</td>
</tr>
<tr>
<td>Gender (Female)</td>
<td>-.195</td>
<td>.079*</td>
<td>-.082</td>
</tr>
<tr>
<td>Trouble Paying Bills</td>
<td>.022</td>
<td>.028</td>
<td>.025</td>
</tr>
<tr>
<td>Age (17 or younger)</td>
<td>-.035</td>
<td>.092</td>
<td>-.014</td>
</tr>
<tr>
<td>Do you consider yourself to have a disability?</td>
<td>.091</td>
<td>.035*</td>
<td>.082</td>
</tr>
</tbody>
</table>

Notes: N=1,040, R^2= .021, *p < .05, **p < .01, ***p < .001; high scores indicate less satisfaction with the program staff.

Table 7 is an OLS multiple regression result table that found no overall statistical significance for the language effects on satisfaction. Although there was no statistical significance for the language variable, there were a few other variables that were found to predict satisfaction. The first variables that was found to predict satisfaction was race (b=-.117). Race had a statistically significant effect on satisfaction; specifically any race other than white was
more likely to feel dissatisfied with the service staff they received. The second variable that was found to predict satisfaction was disability (b=.083). Whether or not someone identified as having a disability had a statistically significant effect on satisfaction; specifically, participants who identified as not having a disability were more likely to feel dissatisfied with the service staff they received.

**Chapter 6 Discussion**

This thesis has attempted to fill some gaps in the current literature on the role that immigration status plays in contact and satisfaction with domestic violence services. The first gap is that there has been limited research on how immigrants and persons with a low English language proficiency levels come into contact with social service organizations. In the current research, there is literature on how foreign born persons find social service organizations, but not immigrants, specifically. In researching this, I can enhance the ways in which immigrants find these services.

The second gap in the literature occurs between immigration and language and social service satisfaction rates. Currently, there is existing research on the satisfactions rates of social service organizations, but not specifically for immigrant persons. There is also literature on how immigrant survivor needs are different than foreign-born survivor needs when it comes to domestic violence. The gap occurs between these two variables of immigrant and satisfaction in that no one has looked at the way in which immigration status and language barriers have an effect on satisfaction rates with social service organizations (if there is any). However, there is a large body of literature on language and its effects on health care satisfaction. This thesis can add to the gap in literature where immigration status and language proficiency meet.
After analyzing the data, there were some expected findings and some unexpected findings. The expected findings were that immigrants and people who spoke little to no English were more likely to find social service organizations through friends. This was expected because immigrants have been known to have little support from family as mentioned in the literature review. It is also possible that immigrants have depended on friends more because their friends may be foreign-born and have more knowledge about the organizations that can help in the area. Or, their friends speak the same language as them and can communicate better. Another explanation would be that the immigrant survivors’ family is still in a different country and therefore cannot provide any assistance.

One unexpected finding was that immigrants and people who spoke little to no English were more likely to find out about services through a health care provider when compared to a foreign-born person. One explanation for this finding is that they may have been injured in a domestic attack where medical attention was necessary, where it was recognizable that domestic violence was occurring, and a health care provider could have easily given them information about social service organizations. Another unexpected finding was that immigrants and people who spoke little to no English were more likely to find services through flyers/brochures when compared to foreign-born persons. One possible explanation for this is that they simply did not know these services existed/were available until they saw the sign for it. Also, people who spoke little to no English were more likely to find out about the organization through a religious or spiritual group. This again can be attributed to the fact that they most likely speak the same language as them. Another unexpected finding was that persons who were fluent in English were more likely to find the organization through domestic violence staff. This this can be attributed to the outreach done by the program staff. This means that they were doing well, but only with
English speaking persons. (Enhancing outreach for non-English speaking persons will be discussed more in the policy implications section).

Another unexpected result was that there was no statistical significance for immigration generation or English language proficiency and their effects on satisfaction rate. The literature did not touch upon this, and were very surprising results. One suggestion for this finding would be that the use of measurement could have had an impact. The way that satisfaction was measured was through satisfaction of the staff, not the program/organization. Some of the Likert scale statements were asking if their gender, views, and culture were respected etc. These results could simply implicate that the staff was very respectful. For future research suggestions, one should evaluate satisfaction with the program/organization. This may produce different results.

**Limitations of this study**

Although this research included a small population of immigrant domestic violence survivors, there are still limitations. First of all, most articles in the literature section observed Latinas as their sample. This is a slight issue because as noted earlier, the highest influx of immigrants are from India followed by China according to Zong and Batalaa (2017). One possible explanation for this is assimilation. It is possible that the Latina immigrants have assimilated better and therefore are searching for help. Whereas maybe the Indian and Chinese immigrants do not feel as assimilated and therefore do not feel comfortable enough to reach out for assistance.

The next issue encountered was that this movement is heterosexually led. This was an issue mainly because of housing situations. Providing housing is one aspect that domestic violence services assist with, however these houses are almost always all men or all females. For example, this would be an issue for a lesbian woman because she most likely does not want to
live in a house full of women because that is who she is afraid of. This would be the same for a gay man entering a house occupied by battered men. Being in this situation may cause the survivors more unnecessary psychological harm and damage.

Another small service previously mentioned is called the batterer intervention program (BIP). BIP’s are designed to teach heterosexual men how to not disrespect women and to treat them as equals. This clearly would not help a gay man because the program is based on the treatment of women. Overall, this is another example of how domestic violence services primarily cater to heterosexual persons with disregard for homosexual persons.

Hammond, (1989) Renzetti, (2001) and Simpson and Helfrich (2014) have agreed that domestic violence programs also use sexist language that alienates the gay community in a general context. This sexist language and sexist programming has enhanced the gay community’s fear of discrimination, stigma, and possible danger of future violence (Girschick, 2002; Renzetti, 2001).

The last issue that arose was the way in which programs are being created. The research in the past has tried to explain domestic violence using one cause (Bent-Goodley, 2005). However, there does not seem to be just one cause, therefore there is not one answer or program. Once the relationships between the causes of domestic violence are understood, creating a contextual understanding, then there can be discussion about the way in which programs can be created using different causes and dynamics of domestic violence (Bent-Goodley, 2005).

There were also limitations with the data that was used for this research. This data was collected in 2010 which was eight years ago, which means it is not the most recent data. Also, there could have been other social factors occurring in 2010 that may have affected use of domestic violence organizations, the way that immigrants were observed etc. Also, this data only examined four
states (Alabama, Illinois, Massachusetts, and Washington) in the United States. One issue with this is that the states with the highest immigration populations are California, Florida, Hawaii, Illinois, Michigan, New Jersey, New York, Ohio, Texas, and Washington. This can be looked at as a positive or negative because two out of the four states where data was collected have high immigration populations and two out of the four states have low immigration populations. Overall, more states in general should have been considered for data collection for a bigger possible sample size in order for results to be more generalizable.

**Future Policy Implications**

Culturally specific domestic violence agencies were suggested by Gillum (2009) for a multitude of reasons. One main push for culturally specific agencies would be the theory of intersectionality. As previously mentioned, the theory of intersectionality is that a person’s experiences are dependent on their different statuses such as gender, race and ethnicity, age, income, religion, sexual identity, sexual orientation, and disability. Immigrant survivors hold at least two of these intersectionalities which are why it is important to have culturally specific service centers. Because these women hold at least two of these statuses, they complicate the violence they have experienced which has affected the way to treat their specific type of violence (“Intersectionality and Intimate Partner Violence,” n.d.). Having culturally specific services would be very beneficial to immigrant survivors because their needs would be tailored to and would most likely have better outcomes than a general domestic violence service center (“Intersectionality and Intimate Partner Violence,” n.d.).

Culturally specific centers utilize language and settings that the immigrants are familiar with and have acquired a staff who have similar culture to the immigrant population. The culturally specific centers are intended to accommodate culture-specific values, norms, attitudes,
expectations, and customs that the immigrant population can familiarize themselves with and therefore have better satisfactory outcomes (Alcalay et al., 1999; DeLamater et al., 2000; Gillum, 2009; Nicholson & Kay, 1999).

Gillum (2009) noted that the main reason why domestic violence services fail in regards to assisting racial and ethnic minority persons was because of language. Language followed by cultural differences, prejudice and racism were all accompanied as reasons why this population was not receiving proper assistance from domestic violence services (Gillum, 2009).

Domestic violence service providers generally focus on the language spoken by the majority of the serving population. If a community wishes to reach out to a new population, such as immigrants, Gillium (2009) suggested that “pamphlets, posters, and other outreach and education materials” should be made available in the language of desired participants Gillium (2009) also suggested to hire bilingual service staff members. Lastly, Gillium (2009) suggested providing cultural competence training for staff members on a regular basis. These suggestions allow immigrants to feel more accepted and willing to come forward with their problems.

Another future suggestion for domestic violence service locations would be to have translators on site, or to have them easily accessible. The best option would be to have all staff speak a different language; however, this is not always possible either. This shows that the more languages that the staff speaks, the more likely clients will be to have a better experience with the program as a whole.

Using the results of this research, one implication for future domestic violence services to implicate is better outreach for persons who do not speak English very well. According to the results, only people who spoke English very well were more likely to find the organization through a staff member. This means that the staff member spoke to the survivor in order to get
them into the organization. This also means that the staff is not executing outreach services for people who do not speak English well. Overall, outreach should enhance with more staff that is able to speak languages other than English.

**Conclusion**

Overall, the theory of intersectionality has played an immense role in this thesis. The theory of intersectionality has provided a framework that explains why immigrant women experience domestic violence differently than a non-immigrant. Intersectionality explains that everyone has perceives experiences differently, especially when someone is female, a minority, and in poor economic status. Some difficulties that immigrant women face are unstable residency, poor economic status, language barriers, lack of education, social isolation, immigration status, and arrogance and discrimination from service providers. These difficulties are different when compared to a non-immigrant and require different approaches in order to help them. Because their needs are different, the services being provided need to be different as well.

The health care system and the criminal justice system approaches have created a lot of stress for immigrant women. This is because they fear that these sources are too formal and require their legal status to be disclosed, leading to possible deportation. For this reason, social services were examined more closely in this thesis because previous research has shown that it affects more immigrant women survivors. The most prominent issue that was observed in the literature was how much language can affect a survivors’ satisfaction with staff, services provided, and overall outcomes.

For this research, data from the Multi-State of Meeting Domestic Violence Survivors’ Needs through Non-Residential Services and Supports, 2010 was analyzed using Chi Square
tests and OLS multiple regressions through Statistical Package for the Social Sciences (SPSS). Overall, the data showed that immigrants were more likely to come into contact with the program through way of friends, health care providers, and flyers/brochures when compared to native born persons. Persons who were not fluent in English were more likely to find organizations through friends, people from religious/spiritual community, and health care providers; whereas persons who were fluent in English were more likely to find the organization through domestic violence staff. There was no statistical significance for English language proficiency and its effects on satisfaction rate, but some significant identifiers of satisfaction rates were race, gender, and disability. There was also no statistical significance for immigration generation and its effects on satisfaction rate, but some significant identifiers of satisfaction rates were race and disability.

Because domestic violence is still a prominent form of abuse in the United States as well as globally, and immigration rates are continuing to rise, evaluating these services must continue to grow and improve. Growth and improvement can occur at all variations of responses to domestic violence including health care, police, social services, as well as society’s’ overall attitude towards immigrants. Improving these responses to domestic violence can improve many women and their families’ quality of life. Improving quality of life was the most important goal of most domestic violence services. Therefore, any effort to improve this goal is critical to society and imperative to enhance this populations’ quality of life.
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