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Experiences with Dating Violence and Help Seeking Among Hispanic Females in Their Late Adolescence

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Abstract

Hispanic females in their late adolescence appear to be disproportionately affected by dating violence, yet the majority of victims never seek out formal services. The purpose of this study was to explore the dating violence and the help-seeking experiences of Hispanic females in their late adolescence. Participants were recruited from a social service agency providing wrap-around services to individuals-and families affected by abuse in South Florida. Eleven in-depth qualitative interviews were conducted with Hispanic female victims of dating violence in their late adolescence (18 to 24 years of age) in English or Spanish. A thematic analysis of transcripts identified four major themes: (a) conflict, culture, and context influences Hispanic couples; (b) missed opportunities to accessing help; (c) pivotal moments are needed to access formal services; and (d) family matters. Participants of this study believed that dating violence was more normative in Hispanic relationships than “American” relationships. Although participants had opportunities to seek formal services early in their relationships, formal services were only sought after pivotal moments. Families played an important role in supporting or further victimizing the participants. Findings from this study can be used to inform interventions addressing both informal and formal sources of support for Hispanic female victims of dating violence in their late adolescence.

Dating violence (DV) is a prevalent public health concern affecting one out of four adolescents annually (Centers for Disease Control and Prevention [CDC], 2015). DV is defined as physical, sexual and/or emotional abuse occurring by a current or previous boyfriend or girlfriend, including stalking and other abusive behaviors communicated in person or electronically (CDC, 2015). DV appears to peak during late adolescence (18–24 years) as this is the developmental period when individuals are generally entering relationships with greater seriousness and intensity (Chen et al., 2006). Experiences of DV during this important developmental period, when physical maturity has peaked but cognitive and emotional regulatory skills are still developing, poses serious health risks and deleterious developmental outcomes (Schulenberg, Maggs, & Hurrelmann, 1997). For these reasons the late adolescence developmental period is an opportune time to direct DV prevention and intervention efforts.

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Considerable ethnic and gender based disparities exist in the experiences and consequences of DV during adolescence. Hispanic female adolescents appear to be among the sub-groups in the U.S. most widely affected. For example, according to the Youth Risk Behavior Surveillance System (2014), Hispanic females reported higher rates of physical and sexual DV in the past year (13.6%, 16.0%) than Hispanic males (7.0%, 6.7%) and non-Hispanic White female adolescents (12.9%, 14.6%) (Kann et al., 2014). Gender and ethnic based disparities for DV among Hispanic females in adolescence may be further compounded by culturally-based gender norms, immigration and acculturation related issues. These factors may serve as additional barriers in accessing social and health care services that can ultimately help identify and address DV (Denham et al., 2007; Gonzalez-Guarda, Williams, Merisier, Cummings, & Prado, 2014; Ingram, 2007). Although several dating violence prevention programs targeting adolescents have been found to be effective, they typically have not considered the risk or protective factors that may be unique to the Hispanic population (Malhotra, Gonzalez-Guarda, & Mitchell, 2015) and the experiences of DV and help-seeking behaviors in this community. This knowledge is fundamental in developing strategies to prevent, detect, and intervene with this population. Therefore, the purpose of this qualitative descriptive study was to (a) explore the experiences of DV among Hispanic females in their late adolescence, and (b) gain an in-depth understanding of help-seeking for DV among this population.

Background

Dating Violence Among Adolescents

Previous qualitative research exploring the experience of DV in adolescence has generally focused on late adolescent, college samples. College students experiencing DV have described a central experience of control by their partner, particularly through use of technology, sexual pressure and/or rape, and physical abuse (Toscano, 2014). These abusive acts can occur through an isolated event or through recurring cycles, which may remain stagnant or increase in severity over time (Martsolf, Draucker, Stephenson, Cook, & Heckman, 2012). For many college students experiencing DV, ending the relationship was difficult and often took multiple attempts (Toscano, 2014). Researchers have also described a series of emotional effects that result from DV among college students, including poor mental health, distrust of future partners, and low self-esteem. Despite these negative outcomes, college survivors of DV have also identified the ability to grow from these negative situations through an increased sense of empowerment (Amar & Alexy, 2005).

Few qualitative studies have specifically focused on the experience of DV among Hispanics. The few studies examining these experiences have exclusively focused on Mexican Americans (Haglund, Belknap, & Garcia, 2012; Williams, 2014). Mexican American adolescents have shared their perspective on beliefs of the causes of DV and have identified risk factors such as substance use, having older partners, lack of respect, and financial issues. They have also acknowledged the role that Mexican cultural norms play in influencing expectations to work out a relationship even when abuse is involved (Haglund et al., 2012). Another qualitative study comparing Mexican American and European American adolescents found that Mexican American females were particularly at risk for DV based on

their previous experiences and perceptions surrounding DV, as both a victim (i.e., sexual coercion, jealousy/controlling behavior) and sometimes perpetrator (Williams, 2014).

More research is needed to understand the manner in which cultural values and beliefs of late adolescent Hispanic females intersect with dating relationships and DV. Past quantitative research including Hispanic female adolescents suggests that immigrant status and stronger Hispanic values may be protective against DV for Hispanics, and that engaging in risky sexual behaviors and drug use may increase risk (Gonzalez-Guarda et al., 2014; Silverman Decker, & Raj, 2007). However, the manner in which these risk and protective factors play a role in the experiences of DV among late adolescent Hispanic females has not been extensively examined through research with this population.

Help-Seeking in Dating Violence

Qualitative research that has examined help-seeking behaviors of adolescents who have experienced DV suggests reluctance in help-seeking, with an overall preference for informal sources of help (i.e. peers, parents) compared to formal sources of help (i.e. law enforcement, school staff, counselors, healthcare professionals) (Gallopín & Leigh, 2009). It appears that adolescents who have experienced DV anticipate a negative response from the source of help-seeking. Three negative responses may include judgment, overreaction, disrespect, and unwanted suggestions to end the relationship (Gallopín & Leigh, 2009; Martsof et al., 2012). Adolescents also fear the potential for further abuse and feelings of embarrassment and shame as additional barriers to help-seeking (Gallopín & Leigh, 2009; Sears, Byers, Whelan, Saint-Pierre, & Dating Violence Research Team, 2006; Martin, Houston, Mmari, & Decker, 2011).

Although adolescents favor informal sources of help, there are other factors precluding help-seeking behaviors for DV. Adolescents have noted that parents could make situations worse or place blame on the adolescent for the DV (Gallopín & Leigh, 2009). Similarly, some adolescents may decide not to seek help from friends because of the concern of their friend's inability to provide help, due to their own experience of DV (Martin et al., 2011). Furthermore, perception of trust and closeness between the individual experiencing DV and the informal source of help (i.e., parents, peers) may predict whether an adolescent seeks help (Gallopín & Leigh, 2009).

Research examining the help-seeking behaviors of Hispanic adolescents who have experienced DV suggests, that similar to research with other ethnic groups, Hispanic adolescents demonstrated a preference toward seeking help from informal sources (friends being first, followed by parents) (Ocampo, Shelley, & Jaycox, 2007; Rueda, Williams, & Nagoshi, 2015; Sabina & Ho, 2014). However, it is significant to note that Hispanic adolescents may not feel comfortable intervening in a friend's DV relationship (Ocampo et al., 2007). Unfortunately, up to 40% of Hispanic adolescents who have experienced DV have not sought help from a friend or family member; of those who do seek help, 60.7% of adolescents sought informal help compared to 15.6% who sought formal help (Sabina & Ho, 2014).

Formal sources of help have been described by Hispanic adolescents as being less optimal due to a lack of trust and confidentiality (Ocampo et al., 2007). Of all formal sources of help, school personnel has been found to be the most common form of formal help-seeking (9.2%), with female gender and familism being significant predictors of formal help-seeking among Hispanic adolescents (Sabina & Ho, 2014). Despite low levels of formal help-seeking, it appears that Hispanic adolescents would be willing to talk to formal sources of help as a supplement to receiving support from informal sources (Rueda et al., 2015).

It is important to further explore which factors related to help-seeking may be unique to Hispanic females victims of DV in their late adolescence. It has been suggested that immigrant status and knowledge of formal services for DV are more salient predictors of help-seeking than actual cultural values (Sabina & Ho, 2014). For example, in a study with Hispanic immigrant women in the Midwest, authors noted that individuals who had experienced violent relationships were not initially likely to seek help from formal services due to structural barriers (e.g., limited misunderstanding of services available, differences in cultural norms surrounding violence in United States, and language barriers), along with individual feelings of shame and isolation (Reina, Lohman, & Maldonado, 2014).

Although past qualitative research has demonstrated the harmful experience of DV among diverse populations, this has largely been limited to college students (Amar & Alexy, 2005; Toscano, 2014) or Mexican American adolescents (Haglund et al., 2012; Williams, 2014). There is a gap in the literature regarding the experiences of DV among other populations such as females that are not in college and other Hispanic sub-groups. Furthermore, although the help-seeking preferences of Hispanic adolescents demonstrates an overwhelming preference for informal sources, particularly friends (Ocampo et al. 2007; Sabina & Ho, 2014), more research is needed to understand the processes involved in seeking formal help. Therefore, the current study aims to fill in these research gaps and provide recommendations for both prevention and intervention addressing DV among Hispanic females in their late adolescence.

Methods

Design

Researcher used a qualitative, descriptive design to address the study aims. This approach is appropriate when aiming to obtain a straightforward description of a phenomenon of interest (Sandelowski, 2000). The following two research questions were addressed through this study: (a) What is the experience of DV among Hispanic females in their late adolescence?; and (b) What are the help-seeking experiences of Hispanic female victims of DV in their late adolescence? A total of 11 Hispanic females between 18 and 24 years of age that reported experiencing DV were interviewed using a semi-structured interview guide. The study was approved by the University Institutional Review Board (IRB).

Sample and Setting

Participants were recruited from a large social service agency in South Florida which provides coordinated and comprehensive services to victims and families affected by

domestic violence, dating violence, sexual assault, and human trafficking. Recruitment took place between March 2014 and March 2015. The majority of individuals seeking services at this agency are of Hispanic descent (66%). Recruitment flyers were posted at the agency, and advocates and study staff informed eligible participants about the study. In order to be eligible to participate, candidates had to report experiencing dating violence, self-identify as a Hispanic or Latina female, and be between the ages of 18 to 24. Potential candidates seeking services at the agency that were in acute distress were not informed about the study until visual evidence of acute distress was no longer apparent.

Procedures

Candidates who were interested in participating in the study were asked to sign a “consent to contact form” and provide a safe phone number to study personnel. Bilingual study staff contacted candidates over the phone or spoke to them in person to provide more details about the study, assess for eligibility, and schedule interviews. Eligibility was assessed by asking the participant's age, ethnicity, and relationship status with the abuser (i.e., current or former boyfriend or girlfriend vs spouse). Interviews were all scheduled at the social service agency where recruitment took place and according to the candidate's preferred language (i.e., English or Spanish). The interviewer met with the candidate in a private room and obtained informed consent prior to initiating the interview. A semi-structured interview guide was used to explore participant experiences with DV and help seeking. The interview guide included general questions e.g., “How have your intimate or dating relationships been in the past?”; “What have you done to feel better in unhealthy relationships?” and more specific probing question (e.g., “Did you speak to anyone about the problems in the relationship?” “Did you ask for any help?”). Interviews were recorded using a digital audio recorder and lasted approximately 45 to 60 minutes.

Analysis

Interview recordings were transcribed verbatim and analyzed in their original language. Four coders reviewed the transcript ensuring that each transcript was coded by at least two independent coders that were proficient in the original language of the interview. Thematic analysis techniques were used (Vaismoradi, Turunen, & Bondas, 2013). First coders read through the transcripts without coding. Once the transcripts were familiar to the coder, meaning units (i.e., key phrases and thick descriptions of the phenomenon of interest) were highlighted. Each meaning unit was then labeled using a code. Codes were organized into categories and sub-categories. Once each coder had identified their categories and sub-categories the coders met to discuss preliminary impressions of themes until agreement was met regarding the major themes that emerged and the underlying meaning of these. The coder used NVivo 10 software to assist them with the analysis. Saturation of data was noted by the ninth interview. Two additional interviews were conducted at which time saturation was further confirmed.

Various strategies were employed to help ensure credibility and trustworthiness (Lincoln & Guba, 1985) First, the study activities were supported by a community-based participatory research relationship between the researchers and the community (i.e., both providers and Hispanic adolescents) that has involved various intimate partner violence research and

service initiatives since July 2009, thus demonstrating prolonged engagement. This prolonged engagement afforded the researchers with the opportunity to spend sufficient time in the field to familiarize themselves with the community and phenomena of interest. Second, peer debriefing was used throughout different phases of the research project. Researchers regularly debriefed with one another during the recruitment, interview and analysis phases of the study to share preliminary impressions. Researchers also debriefed with service providers not involved in the research to obtain an impartial perspective on the emergent findings and how these related to their experiences working with Hispanic adolescent survivors of DV. Finally, researchers relied heavily on the participant's own words to provide thick descriptions of themes, categories, and subcategories. When in doubt about emergent themes, the researchers went back to original quotes to make decisions about the labeling and description of themes.

Results

Overall, 11 female participants ($M = 20.8$, $SD = 2.3$; Range = 18–24 years of age) participated in the in-depth interviews, conducted in either English ($n = 7$) or Spanish ($n = 4$). Almost half of the participants were born in United States ($n = 5$), with the other participants originating from Honduras ($n = 3$), Uruguay ($n = 1$), Cuba ($n = 1$), and Puerto Rico ($n = 1$). At the time of the interview all but one participant reported having left their abusive partner ($n = 10$), with the remaining participant reporting that she was still in a relationship with the perpetrator. All the perpetrators were current or former boyfriends. Other demographic characteristics of the participants are presented in Table 1. Four themes emerged from the interviews: (a) conflict, culture, and context influences Hispanic couples; (b) missed opportunities in accessing help; (c) pivotal moments are needed to access formal services; and (d) family matters. The themes, along with the categories and subcategories supporting these themes, are illustrated in Table 2.

Conflict, Culture, and Context Influences Hispanic Couples

Participants of this study described their experiences with dating violence to include severe acts of physical, sexual, emotional, and economic abuse. Their stories included many examples of jealousy and controlling behaviors, and numerous counts of intimidation (e.g., destroying property, harming pets), which contributed significantly to the trauma they experienced. Although participants described forms of abuse that were in-line with what has been reported by women from other ethnic groups, participants believed that Hispanic women were at greater risk for DV than non-Hispanic women. There was a perception that there was more conflict, control, and violence in Hispanic intimate relationships than in “American” relationships. For example, one participant said:

...well today it is the Americans who are different, I don't know why, everywhere, and at the fair, you get in line and you see the Latinos always with a bad face or arguing [sic], and the Americans behind holding hands with a peace of mind. I don't why but it is bad.

Other participants also shared their belief that DV was pervasive in the Hispanic community yet uncommon in American intimate relationships.

The conflict and violence in Hispanic intimate relationships were often attributed to machismo. Participants believed that many, if not most Hispanic men “were very, very machista.” Machistas were described as men that controlled and abused women in order to feel superior to them. For example, participants from this study reported a great deal of economic abuse, much of which stemmed from the perpetrator controlling the victim's money or goods. In fact, many of the participants described being in relationships where they made more money than their abusive partner or that their partner was unemployed. This challenged traditional gender roles (e.g., male as the head breadwinner) in the relationship and created conflict. As one woman explained it, “when the woman is more than the husband...if the woman brings in more money, or is more hard working, or has a better position...that is a provocation.” Some of the participants had access to money through their family (e.g., mothers, sisters, grandmothers); however, partners often controlled how that money could be spent.

The Spanish-speaking participants, all of whom were immigrants, provided additional perspectives on how the context of immigration intersected with DV. Several participants perceived that they were at additional risk because they did not know the laws around DV in the United States and the resources that were available to them at no cost. They also described having negative experiences in their countries of origin when accessing help for DV (e.g., nonresponsive police and high cost for psychological support) and were therefore more skeptical about accessing services in the United States. There were also participants that immigrated because of DV experienced in their countries of origin or who were victimized during their immigration process itself. For example, one participant fled her country in fear of an abusive ex-partner who was also a gang-member and was threatening to kill her. Another participant was victimized by a partner she met while crossing the United States-Mexico border. For these Spanish-speaking women, immigration was central to their DV experience.

Missed Opportunities in Accessing Help

Participants felt that they should have reached out for help earlier in their relationship and communicated a sense of frustration with themselves for not having done so. As one participant said, “From the beginning, yes, I should have pressed charges from the beginning. It would have not gotten that far...I should have pressed charges from the day he choked me.” However, knowledge of DV services, the abuse dynamics itself, lack of interventions by both formal and non-formal sources of help, and problems with the law and law enforcement all contributed to missed opportunities in accessing needed services.

One of the main reasons why participants did not reach out earlier for help was simply due to a lack of knowledge regarding the services available. As one woman said, “I did not know a place like this existed, I had no idea... Because, you know, those things on the bus... I do not remember the number you know. I never really paid attention to it.” The lack of knowledge was particularly true for immigrant participants who expressed having less knowledge on the service and protections provided to victims in the United States. Participants felt that greater outreach efforts were needed to inform the community of the valuable resources available to victims of DV.

Yet, many participants who were aware of services still did not seek services as early as they would have liked because they had lost their sense of agency. The loss of agency was often communicated through participants' descriptions of how they lost their "voice." For example, one participant shared, "I learned to keep myself quiet. Before, I would always answer back, but there comes a point that you get so tired, that no one hits you again, nor that they scream at you any longer." The quieting of their own voices was further compounded by the isolation that resulted from being with the abuser and the abuser's controlling behaviors. This isolation appeared to be even greater for the immigrant participants, who also described physical separation from family and friends who stayed in their countries of origin.

The participants of the study identified missed opportunities for bystanders and other informal and formal sources of support to get involved. Participants felt that bystanders were generally apathetic to DV or unwilling to intervene. For example, one participant said:

I myself see an old lady on the street if she needs help, I will help her. But who else will help? It is, society must learn to care about other people because I'm telling you on the day of my last problem, I yelled help, asked for relief, my son screamed, glass was shattered, crystals broke, stones flew and no one called 911.

Participants also complained about the unwillingness of service providers to address DV. Various participants specifically complained about healthcare providers who they saw as a consequence of the physical trauma endured during the abuse. Participants wished that the healthcare providers would have made greater efforts to screen for abuse and care for their psychological trauma while they were receiving healthcare for physical conditions. For example, one woman said, "The doctors asked me. I say if the doctors would have insisted or told me more things than what they told me, but because they stopped insisting, I did not say the truth." Another woman told her story of seeking medical care after an abusive incident and feeling lonely and scared because healthcare providers had left her alone.

Finally, participants expressed their fears with DV laws and implementation of these laws by police and others involved in the criminal justice system (e.g., Department of Children and Families [DCF]) and how these interfered with their willingness to seek out help. For example, one participant shared a story where she got arrested for DV when she called to report her partner's abuse. Participants also feared contacting the police if they were under the influence of drugs. Participants who had children feared losing their children as a result of their partner violating restraining orders, being in close contact of their children, and "failure to protect" laws that come into play in situations involving minor children. As one woman explained:

...for the Department of Children and Families to come, to take away my son for a reason called Failure to Protect, because I am not protecting him? I am responsible for him having come to where I was? I am at fault for reporting a violation of a restraining order and no one does anything about it?

Participants expressed their frustration with laws and practices that penalized them for their partner's behaviors, not theirs, and therefore contributed to their re-victimization.

Pivotal Moments Are Needed to Access Formal Services

Despite the missed opportunities for accessing help, all of the women were able to find the help they needed. However, a pivotal moment needed to occur during the course of the abuse or the very early stages of help-seeking (e.g., calling 911) for them to access formal DV related services. These pivotal moments either consisted of a specific event that helped the participant realize that they she needed to ask for help (i.e., breaking point) or an intervention from others. One of the most influential individual breaking points was when participants realized that the abuse was harming someone else, particularly their children. As one woman shared and others echoed in slightly different ways, “When you mess with my child, that’s it. With my child no one can mess with.” Child-related individual breaking points included when the child observed the abuse of their mother first hand, physical abuse to the child, or when the child began to try to protect their mothers.

Many of the participants began to access services as a result of being encouraged to by someone else. Mothers who were familiar with dating violence services, mental health counselors that were caring for he participant as a result of another condition (e.g., substance abuse, eating disorder), the police, the court, and DCF were all identified as individuals that encouraged or connected the participant to formal services. For example, there was a participant who was able to access DV services through the court system. As she explained,

When I had to press the charges of the criminal, whatever, they, they put me in a room with a victim associate and she was like “how do you feel?” And I like started breaking down because I was so like irritable that day. And finally she like, tapped the glass and it broke and I was just like pouring out my feelings and she gave me amazing advice, and she is like, oh you should go here, and see how it’s like, and I was like okay. And to go on with the restraining order too so that’s when it came. And then everything, the doors opened, I guess.

The participants were very happy with the formal services that resulted from these pivotal experiences. Therefore, the experiences that influenced seeking formal services were not only crucial in initiating formal help-seeking behaviors but also improvements in their health and wellbeing. In fact many were accessing multiple types of services (e.g., mental health counseling, HIV testing, legal assistance) and provided very positive feedback on the quality of these services. Participants felt that they really benefited from knowing that they were not the only ones experiencing abuse, from efforts aimed at helping them improve their self-esteem, mental health therapy, career services and a myriad of other services that addressed their social, economic, psychological, and physical health needs.

Family Matters

Family influences were pervasive in the stories and perspectives the participants shared, especially mothers. Participants often described experiences of severe physical abuse and how their mothers were often the first person they reached out to. Sometimes, the participants’ mothers or other women in the family had experiences with DV. For example, one participant said:

You know like, I’m Cuban and I have met women my age, my background, that go through the same thing. At least once in their life, they got through domestic

violence and I know that for a fact because my mom was one of them, my aunt was one of them. Every woman, that I got in contact with, have gone through it once, but some women put a stop to it right away.

The fact that other women in their families had endured similar traumas made them feel less alone. Other female family members who had accessed formal services for DV were also able to refer them to services.

Participants also discussed the influence of their partner's mother. Sometimes the participant's mother sided with them, but other times they sided with their sons, thus contributing to the abuse tactics. For example, there was one participant who described how her partner's mother would try to counsel them on their relationship and encouraged them to seek therapy for the abuse. While another participant described how her partner's mother advised her to leave her son. Yet, there were other participants whose partner's mother would protect their sons, especially when the police got involved. In some of the cases, the involvement of the partner's mother contributed to the arrest of the victim.

Although the participant's and partner's mothers were the family members who played the biggest role, fathers, grandmothers aunts, and siblings were also identified as getting involved. Participants described the help of family members as both helpful and harmful. Helpful involvement was described by participants when they felt members of the family were able to foresee the abuse, counsel them without passing judgement for them not leaving the relationship, and able to connect them with help. Harmful involvement was identified as family members being oblivious about the abuse, when they undermined or did not sympathize with their situation, or when they turned their backs on them for not following their advice. As one participant explained:

At one point, one like, after one of the worst break ups I have experienced, um my aunt said, "you know I know you feel sad, but don't cry over trash." You know, and it didn't really help me. I mean I felt like she was criticizing my choice from the very beginning, like she knew he was trash and she didn't even say anything, and now that I am crying, now that I am sad, now that I feel like my life was destroyed she's telling me it was trash... So, um I kinda shied away from telling my family the next time.

When family involvement was harmful, it appeared to serve as a significant barrier to help-seeking. However, when the family involvement was helpful, it set the stage for participants being more open to help and reaching out to services.

Discussion

The results from this study offer insight into the experiences of late adolescent Hispanic females with DV and help-seeking behavior. Despite disparities in the occurrence and consequences of DV among Hispanic female adolescents, a minimal amount of attention has been paid to evidence based interventions addressing the unique experiences of this group. This is fundamental in informing culturally tailored interventions directed to this community. The participants of this study perceived themselves at higher risk for DV than "Americans." They viewed norms supporting conflict in dating relationships among

Hispanics, and cultural (e.g., machismo) and contextual (e.g., immigration) factors to play an important role in increasing their risk for DV. They also felt that the isolation that often resulted from DV and experiences of immigration interacted with missed opportunities for bystanders, police, and service providers to connect them to the services they needed. Nevertheless, the participants from his study were able to access both informal and formal help, and were pleased with the formal services they received. However, in order for victims to access this help they needed to experience pivotal experiences (e.g., incident that potentially harmed their child, going to court) that served to link participants to services. Family members played an important role in their experiences with DV and ability to access services.

The DV experiences of the participants of this study were very similar to what has been reported by females in their late adolescence from other racial/ethnic groups. As reported by researchers who have worked with females during this developmental period, female adolescent victims of DV experienced a myriad of types of abuse (e.g., physical, sexual, psychological) and have difficulty in leaving their abusive relationships (Toscano, 2014). The participants from this study also reported significant consequences from the DV which have been reported in other female adolescent samples including poor social, psychological, and behavioral outcomes such as isolation, low self-esteem, and substance abuse (Amar & Alexy, 2005; Haglund et al., 2012). Yet, unique to this study was the perception that Hispanic females in their late adolescence have a higher risk for DV. They believed that conflict in Hispanic couples was more normative than in non-Hispanic relationships and that gender roles around masculinity (e.g., who should be the breadwinner) contributed to these risks. The important role that gender norms plays in influencing intimate relationships have been documented by other researchers conducting intimate partner violence research with older Hispanic women (González-Guarda, Peragallo, Urrutia, Vasquez, & Mitrani, 2008; Moreno, 2007). The perception that DV is more normative in Hispanic relationships, in of itself, can potentially contribute to their risk for victimization.

The Spanish-speaking participants of this study perceived their experiences as an immigrant to be a risk factor and, for some, a consequence of DV. This contradicts quantitative research suggesting that individuals that are less acculturated and immigrants are protected against DV (Gonzalez-Guarda et al., 2014; Silverman et al., 2007). It may be that the participants of this study did not have the protective features associated with being an immigrant and lower levels of acculturation that were inherent in the other samples of adolescents included in previous research. For example, researchers who have worked with Hispanic adolescents have found that acculturation is associated with a deterioration of family values, which in turn contributes to risk behaviors such as alcohol abuse (Gil, Wagner & Vega, 2000). Family values and support may therefore help explain the risk trajectories of the Hispanic adolescent females in this study. The protective features associated with strong family values and support may have been interrupted by the DV, especially for those who immigrated as a result of the DV and were therefore also physically separated from their families. Also, some participants in this study reported harmful involvement from family members, which contributed to their negative DV experiences and ability to access help. It may be that family related variables work differently for late adolescent Hispanic females depending on the family's ability to address DV, especially when severe forms of DV are present. Future DV

research should more closely examine the effects of immigration, acculturation and cultural values associated with families to better discern mechanisms in which families can support or further harm victims of DV.

The participants of this study were more likely to seek out informal sources of help than formal sources. This similar to what others have reported in the literature (Ocampo et al., 2007; Sabina & Ho, 2014). Yet unlike what was reported in the recent study reported by Sabina and Ho, the participants in this study appeared to seek more informal help from families than friends. This may be because the participants of this study were involved with very serious types of DV and therefore more likely to seek services from people who would be less likely to judge them. Indeed, participants of this study discussed how it was helpful when their families counseled them without judgement. It is possible that informal help-seeking behaviors vary according to the severity of abuse; this should be examined further through research.

Although the participants of this study were all seeking help through formal sources, they shared experiences when they could have accessed these services earlier. In fact, pivotal experiences were involved in them accessing help. These pivotal experiences were comprised of breaking points such as an incident involving their children or criminal justice interventions (e.g., police referral, court order). The theme related to missed opportunities and pivotal moments resonates with research with adult women experiencing intimate partner violence more broadly. For example, researchers have documented missed opportunities of police and healthcare providers in addressing intimate partner violence and the desire of victims to receive better quality screening and referrals from these service providers (Belknap & Sayeed, 2003; Gonzalez-Guarda, Cummings, Becerra, Fernandez & Mesa, 2013). Also, women who have children and also experience intimate partner violence often identify their children as the reason why they left their abusive relationships (Cravens, Whiting & Aamar, 2015). Although the participants of this study were in the important developmental period of late adolescence, many experienced severe forms of DV that are observed with victims of intimate partner violence in later adulthood and many had children with previous partners. Therefore it is important to consider experiences that typically occur in later developmental periods (e.g., motherhood) when tailoring DV interventions for women in their late adolescence.

There are several factors that need to be considered when transferring the findings from this study to Hispanic females in their late adolescence. First, it is important to note that the participants from this study were all accessing services at a social service agency for their DV. The DV and help-seeking experiences of Hispanic females victims of DV who are not accessing services are likely quite different. Second, the participants of this study reported very severe types of abuse (e.g., all reported physical abuse and many had been hospitalized). The severity of abuse is likely tied to their experiences with DV and help-seeking. Third, the social definition of DV was used as eligibility criteria for this study, which entails violence perpetrated by a current or previous boyfriend (i.e., nonspouse). This social definition of DV was not entirely aligned with the legal definition of DV of the state that influences services available to victims. As such, while all participants met the social definition participants went in and out of meeting the legal definition defined as victims do

not live with the perpetrator (i.e., many lived with perpetrator at some point) and victims do not have children with the perpetrator (e.g., some participants had children with perpetrator, one was pregnant). Therefore, the experiences of the participants from this study may not be applicable to the experiences of individuals seeking services under legal definitions determined by state laws.

Despite this study's limitations, the findings from this study have important implications for screening and intervening for DV among Hispanic females in their late adolescence. Programs and services targeting this population should consider the cultural norms around relationships and gender for Hispanic adolescents. Normative expectations around conflict and male control in intimate relationships may contribute to risk for DV and help-seeking behaviors and should therefore be considered when screening and addressing DV among Hispanic females in their late adolescence. Social service, criminal justice, and healthcare providers appear to play pivotal roles in helping ensure that victims are connected to services. Training appears to be needed for these service providers to help increase the quality of screening and referrals made to DV services. However, training should not only be directed to formal sources of help. As identified in this study, informal sources such as bystanders and families play a very important role. Therefore, programs that help informal sources, especially families, provide the appropriate support for victims of DV should be developed and evaluated.

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Table 1
Selected Demographic Characteristics of Hispanic Female Participants (*N* = 11)

Characteristic	<i>M(SD)</i> or <i>n(%)</i>
Age (<i>n</i> = 11)	20.8(2.3)
Nativity	
U.S.	5(4%)
Born outside U.S.	6(54.5%)
Years in the U.S. (<i>n</i> = 11)	
< 5 years	3(%)
5 years	8(72.7%)
Race (<i>n</i> = 9)	
Black/African American	2(%)
White	7(63.6%)
Education (<i>n</i> = 10)	
< 12 years	2(18.2%)
12 years	8(72.7%)
Number of children (<i>n</i> = 11)	
0	5(4%)
1	6(54.6%)
Employed (<i>n</i> = 11)	
No	5(45.5%)
Yes	6(54.5%)
Monthly income (<i>n</i> = 9)	
< \$500	3(%)
\$500–\$999	3(%)
\$1000–\$1999	2(35.9%)
\$2000–\$2999	1(2.6%)
Health insurance (<i>n</i> = 11)	
No	7(%)
Yes	4(36.4%)

Table 2
Themes, Categories, and Sub-categories That Emerged from Data Analysis

Themes	Categories	Sub-categories
Conflict, culture and context influences Hispanic couples	American relationships are healthier than Hispanic relationships	Hispanic females at greater risk for dating violence than non-Hispanic females
	Machismo	There is more conflict in Hispanic relationships Hispanic men are jealous and controlling Men use abuse as a tactic to feel superior to women Gender norms supporting men as the breadwinner result in economic abuse
	Immigration status increases risk for dating violence	Immigrants are less likely to know laws and services for dating violence Immigrants are less likely to have friends or family in fleeing country Negative experiences accessing help for dating violence in country of origin Immigration to flee abuse Abuse during the immigration process
Missed opportunities in accessing help	Lack of knowledge	Lack of knowledge of existing dating violence services Lack of knowledge of how to access services Lack of knowledge of the abuse dynamics
	Loss of agency as a barrier to help-seeking	Abuse dynamics quiet victims Isolation from sources of help due to abuse Isolation due to immigration Losing the privilege to access/use own money Apathy from bystanders
	Lack of intervention from formal and informal sources	Healthcare providers are reluctant to screen Inadequate interventions to address trauma
	Problems with the law interfered with help-seeking	Fear of the Department of Children and Families Unwillingness to contact police if under the influence of drugs Problems with failure to protect laws when restraining orders are violated Laws re-victimize
Pivotal moments are needed to access formal services	Individual breaking points leading to formal help seeking	Abuse harms others Child witnesses abuse Abuse of children Children protecting their mothers
	Interventions from others that lead to formal help seeking	Encouragement by other survivors accessing formal services Referral from service providers to dating violence specific services Intervention from the police and criminal justice system Importance of accessing multiple formal services to improve overall health and wellbeing
Family matters	The important role of mothers	Mothers as a key to accessing services Partner's mother protecting victim Partner's mother protecting their son
	Women survivors in the family	Learning from women survivors in the family Feeling connected to other women survivors in the family
	Helpful involvement from family	Family foreseeing the abuse Counsel without judgment Connecting them to formal help
	Hurtful involvement from family	Not observing abuse Undermining the situation Apathy Turning their backs when advice was not followed