





Formal help-seeking in intimate partner violence among Spanish-born and immigrant women in Spain: A focus group study

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Abstract

Intimate partner violence (IPV) is a public health problem. In Spain, although the prevalence of IPV is greater in immigrant women than in Spanish-born women, immigrant women seem to access services to a lesser extent. This study aimed to explore and compare perceptions of barriers to and strategies for seeking formal help among Spanish-born and immigrant women IPV survivors. A qualitative study was conducted based on three focus groups with women of Spanish ($n = 9$), Romanian ($n = 4$), and Latin American ($n = 4$) origin. The thematic analysis was supported by Atlas.ti. Three categories and 12 subcategories were identified: general characteristics of help-seeking behavior (e.g., children as the main motivating factor), barriers (e.g., immigrant status, fear of the perpetrator), and strategies for accessing services (e.g., increasing education). Differences in help-seeking behavior were found between groups. Relevant information for professionals to improve women's access to IPV support services is provided.

KEYWORDS

facilities and services utilization, focus groups, help-seeking behavior, immigrants, intimate partner violence, qualitative research, violence against women

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1 | INTRODUCTION

Violence against women, especially intimate partner violence (IPV), remains one of the most severe manifestations of gender inequality worldwide. Global estimates published by the World Health Organization (2018) indicate that approximately one in three women (30%) worldwide experience physical and/or sexual IPV and that up to 38% of the murders of women are committed by their intimate partners. This institution warns that IPV seriously affects women's physical, sexual, mental, and reproductive health. Therefore, it is necessary to provide comprehensive care to women who experience violence and refer them to the support services that they may need.

The prevalence of IPV varies between countries and between communities. Moreover, obtaining prevalence rates can be complicated by women's difficulties in recognizing and reporting violence. In Spain, studies, such as the European Survey on Gender Violence (Eurostat, 2022) and the Macro-survey on Violence against Women (Delegación del Gobierno para la Violencia de Género, 2020), have shown that 28.7% and 32.4%, respectively, of women aged 16 years and older have experienced lifetime IPV. In both cases, the IPV incidence was greater in women of foreign origin (34% and 45.9%, respectively) than in Spanish-born women (27.6% and 30.3%, respectively). Different studies in Spain (e.g., Sanz-Barbero et al., 2016; Vives-Cases & La Parra, 2017) and other regions (e.g., Allen-Leap et al., 2023; Robinson et al., 2021) highlight that immigrant women may be at greater risk of experiencing IPV and leaving abusive situations.

The literature indicates that women victims of IPV often have difficulties in seeking help (Puente-Martínez et al., 2023; Wood et al., 2021). Moreover, help-seeking behavior can be influenced by many factors, which may differentially affect women in more vulnerable situations, such as immigrant women. Help-seeking can be both formal (e.g., police, specific IPV services, or health services) and informal (e.g., friends, family, or community members). Turning to these sources of help, especially formal ones, is relevant for leaving abusive relationships and overcoming the consequences of IPV (Liang et al., 2005; Ravi et al., 2021). However, some data indicate that between 55% and 95% of women victims of IPV have never sought help from formal sources (García-Moreno et al., 2006). In general, women tend to turn first to informal sources, with formal sources being used more often when the impact of informal sources has been positive (Sylaska & Edwards, 2014) or in situations of severe IPV, especially in the case of immigrant women (e.g., Cuesta-García & Crespo, 2022; Lelaurain et al., 2017).

In Spain, women who experience IPV take an average of 8 years to verbalize or report their situation (Delegación del Gobierno para la Violencia de Género, 2019). Data obtained through both the European Survey on Gender Violence (Eurostat, 2022) and the Macro-survey on Violence against Women (Delegación del Gobierno para la Violencia de Género, 2020) indicate that informal help-seeking is significantly more frequent (68.7% and 77.9%, respectively) than formal help-seeking is (23.5% and 38.9%). In addition, according to data from the Macro-survey on Violence against Women (Delegación del Gobierno para la Violencia de Género, 2020), although women of foreign origin had a significantly greater incidence of IPV and reported IPV to the police significantly more (28.6% vs. 20%), they showed no differences in formal help-seeking from other services such as psychosocial services, legal services, or IPV specific services compared to Spanish-born women (34.9% vs. 32%). Therefore, it is worth asking whether immigrant status creates additional barriers for women for formal help-seeking.

In recent years, there has been increasing interest in the study of immigrant women's difficulties in seeking help. The migration process may increase the risk of IPV for women, who also face specific barriers depending on their country of origin and host country (e.g., Alencar-Rodrigues et al., 2013; Mateo Pérez, 2002). In this regard, literature reviews have found that these barriers can appear in different forms. Firstly, depending on their country of origin, women may experience problems with documentation in the host country, threats from the aggressor, or lack of awareness of their legal rights, resulting in greater fear of deportation and of losing their children (e.g., Allen-Leap et al., 2023; Hulley et al., 2023). Immigrant women may also experience additional barriers due to their economic and social status, such as economic and housing instability, dependence on the abusive partner or increased social and family isolation (e.g., Allen-Leap et al., 2023; Hulley et al., 2023). In addition, cultural and religious barriers have been found to vary due to the diversity of traditional and rigid norms in different cultures, such as the stigmatization of divorce or IPV normalization. These norms may increase emotions of guilt or shame in

women (e.g., Cuesta-García & Crespo, 2022). Finally, the role of institutions has been highlighted. Immigrant women could perceive ineffectiveness of services, discrimination, or lack of resources such as translators, which make it difficult to access services due to language problems. Moreover, they often have more difficulties in knowing the services available in the host country (e.g., Cuesta-García & Crespo, 2022). While there are similar barriers among women IPV victims, help-seeking is severely affected by immigration status (Allen-Leap et al., 2023).

1.1 | Theoretical framework

To better understand the complexity of the help-seeking process and the greater vulnerability of groups such as immigrant women, this study takes several theoretical frameworks as fundamental points of reference. On the one hand, as reflected by Puente-Martínez et al. (2023), there are various psychosocial theoretical frameworks that explain help-seeking behavior, which Sylaska and Edwards (2014) divide into three blocks. First, feminist-inspired theories or survivor theory argue that women actively engage in help-seeking, but emotions such as guilt, intermittent relationship dynamics, or institutional responsiveness may inhibit help-seeking (e.g., Ptacek, 1999). Second, process models or the transtheoretical model of change (e.g., Prochaska & DiClemente, 1984) postulate that women are more likely to seek help as they become more aware of IPV and are able to identify it. Third, the socioecological perspective (e.g., Dutton, 1995) which incorporates cultural, situational, interpersonal, and individual factors as determinants in the process.

These three theoretical frameworks agree that help-seeking behaviors are influenced by internal cognitive processes and their interactions with individual, social, and cultural contexts. All of these factors will influence the phases of help-seeking behavior (Liang et al., 2005): (1) defining the problem, (2) making the decision to seek help, and (3) selecting a help provider (formal vs. informal). For women under immigrant status, additional barriers will interact in the help-seeking process (Liang et al., 2005). For example, identifying IPV and defining the problem may be hindered by their cultural background; emotions such as guilt or shame may be more resistant due to cultural and family reasons, making the decision to seek help more difficult, or; the lack of informal support and the lack of awareness of formal support services in the host country, may prevent them from identifying sources of help.

In this sense, the ecological model (Bronfenbrenner, 1977; Heise, 1998) allows us to understand that the result of the IPV experienced by immigrant women and the difficulties in seeking help arise from their interaction between different systems: the individual (e.g., intergenerational violence), the microsystem (e.g., male dominance), the exosystem (e.g., social isolation), and the macrosystem (e.g., rigid gender roles). Recognizing the intersection of the social realities of immigrant women experiencing IPV is critical. The theory of intersectionality (Crenshaw, 1991) complements the comprehension of the previous theories by postulating that some populations experience greater oppression as a result of the interaction between sex, gender, ethnicity, class, age, disability, or sexual orientation. In the case of immigrant women, they face different situations of discrimination for being women, immigrants, and victims of IPV, among others, which interact in the different systems.

1.2 | The present study

In Spain, Organic Law 1/2004 of December 28, on comprehensive protection measures against gender-based violence, establishes that public authorities may implement measures to ensure the rights of women (Ley Orgánica, 2004). This law promotes not only preventive and social awareness-raising aspects but also a comprehensive assistance response for women who experience IPV (e.g., socioeconomic, psychological, legal, and policy measures). Moreover, it ensures that women can access the formal services of the Spanish public sector free of charge, including social services, shelters, or specific IPV services, which are staffed by specialized personnel (e.g., psychologists, lawyers, and social workers). These rights must also be guaranteed to immigrant women, even

support for the regularization of their residence in Spain, among other issues. Despite these support policies, immigrant women seem to have more difficulties and unequal use of formal services than Spanish-born women.

Recent studies have highlighted the barriers to accessing services in Spain that hinder comprehensive assistance for immigrant women, such as the lack of specialized training or culturally appropriate services; the lack of coordination and specific protocols; discrimination against immigrant women; precarious employment situations; isolation and lack of social networks; language barriers (e.g., Briones-Vozmediano et al., 2015; Martínez-Roman et al., 2017), or; distrust in the reporting process and fear of threats from the aggressor (e.g., Sanz-Barbero et al., 2016). These studies mainly collect information through surveys or testimonies by professionals. Although they provide relevant information, it is especially important to know the specific characteristics of women according to their country of origin and to collect their own first-person testimonies.

In Spain, 17.23% of the total population are foreign-born, and 13% are foreign nationals. In the Community of Madrid, these figures increase to 20.96% and 14.07%, respectively. Specifically, Latin American (9.26% from Venezuela, 9.13% from Ecuador, and 8.79% from Colombia) and Romanian (8.6%) populations are the most prevalent foreign-born populations in Spain (Instituto Nacional de Estadística [INE], 2022, 2023). Previous data indicate that both Romanian and Latin American populations may present different manifestations of IPV and help-seeking behavior (e.g., Colorado-Yohar et al., 2016; Cuesta-García et al., 2023). Among other studies, the study by Vives-Cases et al. (2014) showed a greater prevalence of current IPV in Ecuadorian women (15.57%) than in Romanian women (8.58%). In addition, Vives-Cases and La Parra (2017) showed that compared to 43.5% of Romanian women, 50% of Ecuadorian women reported having used at least one formal source of help. However, the characteristics of the Latin American population in Spain have been more extensively covered by the literature than have those of the Eastern European population.

In view of the above, the objective of this study was to analyze the barriers that immigrant women face in regard to formal help-seeking for IPV in Spain through the first-person testimonies of women and within an ecological framework (Bronfenbrenner, 1977; Heise, 1998). Women from Spain, Romania, and other countries of origin, predominantly Latin America, were taken as a reference, with a special focus on Romanian women. Specifically, this study aimed (1) to explore barriers to help-seeking and accessing services for Spanish-born and immigrant women IPV survivors in Spain and (2) to detect useful strategies to facilitate access to these services. Overall, the objective was to perform comparisons between populations and obtain an overview adapted to their specific characteristics to implement future awareness and develop prevention and intervention tools.

2 | METHODS

2.1 | Study design

A focus group, framed in the qualitative methodology, was used to achieve the aims of this study. A focus group is a carefully planned and designed informal conversation guided by a moderator with the objective of eliciting information regarding a particular underexplored area. This research practice involves a discussion in which the moderator creates a relaxed, nondirective atmosphere where opinions and ideas are pooled and mutually influenced (Krueger, 1991).

According to the literature, focus groups usually involve 7–10 participants. However, the generation of mini-groups is possible when the participants have a difficult location profile or are less willing to participate. In these cases, a group of no more than six participants is recommended and accepted (Llopis-Goig, 2004).

2.2 | Participants

Women were selected by convenience sampling with the support of the Municipal Point of the Regional Observatory for Gender Violence (Punto Municipal del Observatorio Regional de Violencia de Género [PMORVG])

of the municipality of Coslada (Madrid, Spain). The population of Coslada was taken as a reference because of both the problems detected by professionals in the municipality (Cuesta-García et al., 2023) and the high prevalence of immigrants (18.78%), specifically, those of Romanian origin (59.22% of the foreign population and 11.13% of the total population) (INE, 2022). Women were selected according to the following inclusion criteria: (1) were currently experiencing or had experienced IPV; (2) were 18 years of age or older; (3) were fluent in Spanish; (4) did not have cognitive problems or symptoms that hindered communication; and (5) did not know the other participants. These criteria were verified by the PMORVG professionals, as they were the ones who personally attended the women in the service and had access to these data.

Initially, anticipating possible dropouts, four focus groups were planned with 10 women of Spanish origin (one group), 20 women of Romanian origin (two groups), and 10 women of Latin America and other countries of origin (one group). To recruit this sample, a total of 66 women were contacted: 26 women of Romanian origin, 20 women of Spanish origin, and 20 women from Latin America and other countries of origin. Of these women, 32 agreed to participate (48%): 10 Spanish women (50%), 13 Romanian women (50%), and 9 Latin American women (45%). The main reason why Spanish women did not participate was "lack of time." Among Romanian women: difficulties in reconciling work and care ($n = 9$); personal/therapeutic reasons ($n = 2$); and other unspecified reasons ($n = 2$). In relation to women from other countries of origin: difficulties of reconciliation ($n = 9$); high risk of IPV ($n = 1$); and language difficulties ($n = 1$).

Ultimately, three focus groups were conducted in which 17 women out of the 32 who agreed to participate (53%), attended and participated: (1) Spanish women ($n = 9$; 90%), (2) Romanian women ($n = 4$; 30.7%), and (3) Latin American women ($n = 4$; 44.4%). One Spanish, nine Romanian, and five Latin American women did not attend the appointment.

2.3 | Variables and measures

A discussion guide was the main instrument used in the groups. A discussion guide is a tool that allows planning of the thematic functioning of a discussion group. Although planned, discussion guides are not structured interviews. On the one hand, discussion guides aim to provide topics to encourage conversation in groups; on the other hand, they allow ideas to arise freely among participants (Llopis-Goig, 2004).

Based on previous literature (Cuesta-García et al., 2023), the guide was structured from general to specific in three blocks (see Table 1). It was designed considering an ecological framework (Bronfenbrenner, 1977; Heise, 1998) and the help-seeking process (Liang et al., 2005). The content of the discussion guide was intended to collect data on the main characteristics of women's help-seeking behaviors. In particular, the content focused on the steps in the help-seeking process, women's experiences with formal services, women's barriers to accessing services, and women's proposals for improvement.

2.4 | Procedure

The Ethics Committee of the Complutense University of Madrid (Ref: CE_20230309-05_SOC) approved the study protocol. Before conducting the focus groups with the women, a pilot focus group with psychology students ($n = 9$) was carried out to test the guide and make appropriate modifications.

Women who had received or were receiving treatment and counseling for IPV at the PMORVG of Coslada were contacted by PMORVG professionals. Once the women agreed to participate, they were invited to one of the focus groups, depending on their nationality. Before the groups were held, up to two reminders were given to the women. To ensure the comfort and anonymity of the women, the only data collected were age and nationality.

The focus groups were carried out in Spanish, lasted a maximum of 2 h and took place between April 20 and May 4, 2023, in a room provided by the PMORVG. All the women signed an informed consent form before starting,

TABLE 1 Content of the discussion guide used for the focus groups.

Guide block	Content
Block 1: Introduction	(1) Welcome; (2) conditioning check; (3) introduction of the moderator and the observer; (4) general objective and usefulness of the group; (5) introduction to the mean topic; (6) explanation of the norms and rules of the focus group; (7) recording of the meeting and guarantee of confidentiality; and (8) introduction of the participants.
Block 2: Discussion	(1) IPV consequences and effects (e.g., How is the life of a woman who suffers IPV like? What effects, changes, consequences... can this violence have on her daily life? How are the different areas of her life affected?) (2) First steps in seeking help (e.g., What makes a woman who suffers IPV ask for help? What are the factors, motivations... to ask for help?) (3) General formal services and professional assessments: knowledge, use, usefulness, efficacy, availability, accessibility, and acceptability (e.g., Through what channels do you think women know about these services? Where do women get information about the services? To what extent do you consider that the services and professionals offer useful, adequate, quality attention?) (4) Barriers to seeking help and accessing services (e.g., What difficulties or barriers do you think women who experience IPV face in accessing these services?) (5) Strategies for seeking help and accessing services (e.g., What actions or strategies can institutions, services, and professionals implement to ensure that women victims of IPV access services, use them, trust them... What should be implemented as a priority?) (6) Populations vulnerable to IPV and seeking help (e.g., Which women are most likely to be affected by these barriers?)
Block 3: Goodbye and closing	(1) Last relevant comments and opinions; (2) thanks; and (3) exhaustive explanation of the research.

Abbreviation: IPV, intimate partner violence.

and they received no payment for taking part in the groups. The moderator was the first author, who established the topics and dialog, and the second author was the observer, who took notes and supervised the recording of the conversation. A nondirective stance was adopted, and interventions were only applied in three situations: (1) when the saturation point of the conversation was reached (Patton, 1980), (2) when the dialog was moving too far away from the research objectives, or (3) when the women were talking at the same time.

The focus groups were audiotaped and transcribed verbatim in Spanish. After the dialog was transcribed, the recording was erased to ensure confidentiality. The anonymity and confidentiality of the participants and their dialogs were ensured throughout the process.

2.5 | Data analysis

The audio recordings were literally transcribed and anonymized by the moderator and the observer. Once the transcriptions were completed, they were subsequently transferred to the text analysis program Atlas.ti version 23.4.0 (2023), a tool that was used to support the analysis.

The focus of the analysis was mainly exploratory and diagnostic. An in-depth analysis of the transcripts was carried out using traditional qualitative thematic analysis (Braun & Clarke, 2006). This method aims to identify, analyze, and report on patterns in data by reducing the complexity of texts and categorizing fragments for interpretation (Braun & Clarke, 2006; Scandroglio & López, 2007). In the first phase, a general reading was carried out to

TABLE 2 Main characteristics of the focus groups.

Group	Number of participants assistants/recruited	Age M (SD)	Date day/month	Duration (min)
Spanish women	9/10	48.3 (15.8)	20/04	117
Romanian women	4/13	44.8 (6.8)	27/04	80
Latin American women	4/9	40.5 (3.0)	04/05	111

Abbreviations: M, mean; SD, standard deviation.

identify both the themes that naturally emerged and those proposed by the researchers using the discussion guide. At the same time, the researchers selected relevant fragments in the text. In the second phase, codes that best represented the central idea were generated and assigned to the fragments based on the themes. Overlapping codes were eliminated or merged. The whole process was repeated approximately four times until a final code book and definitions were generated. Initially, a total of 160 codes were generated according to the guide and all the themes that emerged. In the final review, the number of codes was reduced to 132 to obtain a description of the groups in as much detail as possible.

Overall, based on the aspects covered in the discussion guide and the themes that emerged, a total of eight categories and 20 subcategories were identified. Specifically, 104 codes were generated for the first group (Spanish women), 84 for the second group (Romanian women), and 86 for the third group (Latin American women). In this study, three categories and 12 subcategories were developed to address the main objectives of the research. Therefore, this article presents the 91 codes corresponding to these categories. Among them, 70 codes were generated for the first group, 52 for the second group, and 60 for the third group. After finishing the codification and ensuring that each code represented the main ideas, the most representative transcript fragments (verbatim) were chosen for inclusion in this paper.

All transcripts were analyzed independently by both researchers. After each stage of analysis, the researchers discussed the findings until a consensus was reached. Through this triangulation method, the quality criteria of credibility and confirmability were ensured (Guba, 1981).

3 | RESULTS

3.1 | Characteristics of the focus groups

As shown in Table 2, a total of 17 women with a mean age of 45.6 years ($SD = 12.1$) participated in the focus groups. Women in the Spanish group were the oldest. The group of Latin American women, including women from Honduras, Peru, Colombia, and the Dominican Republic ($n = 4$), was the youngest. The highest attendance rate was detected in the group of Spanish women. In contrast, the lowest attendance rate was in the group of Romanian women. Only 4 of the 13 women who confirmed their participation, attended the group. In addition, the group of Spanish women had the longest duration and the Romanian women had the shortest duration. The groups had an average discussion duration of 100 min.

3.2 | Categories and codes

In line with the objectives of this study, the results for three main categories and their corresponding subcategories are presented below. First, the general characteristics of help-seeking behavior were analyzed. In this category, the

factors that mainly motivate women to seek help, the first sources they tend to turn to, and the main sources through which they are aware of services are presented. Second, the perceived barriers to formal help-seeking were analyzed and divided according to common characteristics (e.g., legal, social, family, or cultural barriers). Third, perceived strategies to increase service accessibility were analyzed, and also grouped according to their typology.

3.3 | General characteristics of help-seeking behavior

The most relevant verbatims of the codes included in this category can be found in Table 3. Within this category, the motivators of help-seeking behavior were explored. The most common motivator perceived by all women was their children. On the one hand, they feared their children being harmed, and on the other hand, they were worried about their children's futures (V3). In some cases, women sought help because their children encouraged them to leave the relationship and informed them of available services (V1, V2). Among the groups, the Romanian group mentioned as a motivator that the relationship could not be restored and was perceived as lost despite several attempts at reconciliation (V4). Other motivators mentioned by Spanish and Latin American women were the fear of dying (V3) and suffering from symptoms such as anxiety and sadness (V5).

Once the decision to seek help had been made, the first steps of help-seeking were explored. All three groups agreed that the police were one of the first formal services to be accessed (V7). This was highlighted mainly by women of Romanian origin, who did not mention specific IPV services or family members as the first options. In particular, immigrant women considered divorce or proposing therapy to the aggressor (V7, V9) as a first step, issues that were not mentioned by women of Spanish origin.

Finally, the sources of knowledge of formal services were explored. The three groups agreed that publicity and social media (V12), police and legal services, and specific IPV services (V11) play important roles in raising awareness of IPV services and procedures. On many occasions, women reported that they became aware of many services when they were referred to them by the police, courts, and IPV services.

3.4 | Barriers to formal help-seeking

Before exploring specific barriers to accessing services, women were asked about the perceived response of services when seeking help. In this regard, all three groups recognized strong support from specific IPV services composed of specialized professionals, such as the PMORVG. In contrast, the women reported negative experiences mainly related to legal-police resources.

Among the barriers themselves, the following six subcategories were identified from women's narratives. The most relevant verbatims of the codes included in this category can be found in Table 4. Regarding sociodemographic variables, Spanish women identified a greater number of variables. The three groups agreed that factors such as social and economic dependence on the aggressor, economic and employment status, having children, and immigration status act as vulnerability variables when seeking help (V17–V21). Specifically, Latin American women were the women who most emphasized the vulnerability of immigrant women, even highlighting the importance of the length of residence in Spain (V21). In this sense, this same group was the only one that reported legal barriers due to the specific immigrant status, such as the fear of deportation due to a lack of regular documentation in the host country (V25, V26).

Women also identified social and family barriers. All three groups mentioned the importance of having a wide social circle and feeling supported by this circle. In particular, they reported a high level of perceived judgment, blame, and misunderstanding by the people around them (V27), which prevented them from talking about IPV. Moreover, some women specified the pain they felt due to the perceived judgment and incomprehension of the women around them, such as their friends or service professionals (V28, V29). In terms of differences between

TABLE 3 General characteristics of help-seeking behavior: Code representativeness by country of origin and relevant verbatims.

Subcategory	Code	S	R	L	Verbatim
Motivators	Information from children	X	X	X ^a	"Especially for my little son (...) there were times when it affected the child a lot... and the child told me, come on mum, let's do something, come on, why don't you separate? let's go to the police." (V1, R4); "My children finally said mum, that's it (...) mum, that's it, let's go. We went about 5 times to the police... we went to the police and said let's report him. And then we regretted it and went back home (...) until we finally did it." (V2, L2).
	Children	X	X ^a	X	I was paralyzed with fear. He told me to kiss his feet and I kissed his feet like a little lamb (...) when I overcame that fear, (...) I took that step because I said... in the end, he's going to kill me and if he doesn't kill me, he's going to take my children... (V3, S8).
	Life-threatening	X		X	
	Loss of relationship		X		Well, when you can't stand it any longer and you see that there is nowhere to go in the relationship. You try everything in the relationship. You leave, or you get down to their level, and you try everything. And you can't take it anymore. (V4, R3)
	Psychological symptoms	X		X	...When I felt I couldn't take it anymore, I came here. In fact, it was here that they told me I had to report, that I couldn't go on like this. Because I was... my environment was this man and I didn't see anything else but him. My whole life was there. I had distanced myself from my family, from everything (...) That day, I woke up and I couldn't cope with my fear. It was terrible that day. And I came here (referring to the PMORVG) and they told me you have to report it, you can't be like that (...) it's not so easy to take that step... (V5, L4)
	IPV recognition			X	... I was about to be touched by this man, or he would hit me. And that was my fear (...) if he said something to me and I contradicted him, I would get very nervous and he would throw things on the floor (...) However, what motivated me more than anything else was that I started to read... to see what problem he had... because I knew I couldn't solve it. So I said, if this man dares to lay a hand on me... it will be the last. And I didn't want to go there. (V6, L1)
First steps	Divorce		X	X	Well, the first thing is the divorce or the report, it depends on how the situation arises. In my case, the report (...), they inform you of everything. (V7, R3)
	Police—report	X	X ^a	X	
	Social services		X		Usually, most of them go to the social worker to get information before they do anything. When they see something, they go to the social worker to find out some things, to see how to start and what the options are. (V8, R3)

(Continues)

TABLE 3 (Continued)

Subcategory	Code	S	R	L	Verbatim
	Propose therapy to the aggressor		X	X	I used to say to my partner: let's go to a psychologist, because I have my bad parts and you have yours. And we didn't agree (...), so I started to go to the psychologist without him and that's when he said: you talk bad about me, what do you tell him about me? And I said: Well, no, I talk about me, because I'm not well. (V9, R1)
	Family	X ^a		X	I spoke to a cousin before I took this step. The daughter of a cousin, who is a psychologist, and I told her about it. I asked her where I could go (...), she helped me a little to open the way to where I should go. I already knew about this Equality Center (referring to the PMORVG) that... I knew more or less, but I hadn't looked into it at all (...) and I came here to the Equality Center. (V10, S9)
Sources of knowledge of formal services	Specific IPV service	X		X ^a	
	Family	X		X	
	Legal-police service	X	X ^a	X	In my case, because of the report (...) they inform you about everything. And everything goes round in circles. Once you report it, you go to the social worker. From the social worker, they send you here (referring to the PMORVG). From here, they send you to other support services (...) and they inform you about everything. (V11, R3)
	Social services		X		
	Specific IPV service	X ^a	X	X	
	Publicity and social media	X ^a	X	X	Social Networks. Social networks: I follow a page from Madrid... the Madrid City Council has a kind of network... a network. So I went to them (...) and they referred me here (referring to the PMORVG). (V12, L1)
	Schools	X			In high school we have talks almost every year. And I think that all the people of my age, and even younger ones, are well aware of these services, because the Council makes sure that we really know that they can help us in many ways, and this is one of them... we are always informed about it. (V13, S7)
	Mental health services			X	I was referred here by a psychiatrist. (V14, L4)
	Other women with IPV	X	X		First, you take much from your friends. Those who have been through it before you. And then, you start to ask, for example, the social services what I should do. (V15, R1)

Abbreviations: IPV, intimate partner violence; L, Latin American group; PMORVG, Punto Municipal del Observatorio Regional de Violencia de Género (Municipal Point of the Regional Observatory for Gender Violence); R, Romanian group; S, Spanish group; V, Verbatim.

^aGroup where the code appears most often; after each verbatim, the number of the quotation and the group in which it appears (S, R, or L) are indicated in addition to the participant's number.

TABLE 4 Barriers to formal help-seeking: Code representativeness by country of origin and relevant verbatims.

Subcategory	Code	S	R	L	Verbatims
Sociodemographic variables (vulnerability)	Any woman	X ^a	X		I think that any woman who is unlucky enough to come across such a person (...) no woman, at first, will tolerate this kind of thing (...) you go little by little (...) they manipulate you so that you don't see it (...) any kind of woman, regardless of her origin, her money, her profession... (V16, S2)
	Dependence on the aggressor	X	X	X ^a	"There are many women who don't have this opportunity. As much as they want to work, there are times when they cannot. There's also a lot of fear, they say I haven't worked all my life because I'm raising my children, I'm at home (...). There are women who had worked all their lives, then they got married and stopped working." (V17, R3); "I think that's what it is... the question of... a job. For example, I didn't leave the house because I said where am I going to go? You think you can't because you have nowhere to go." (V18, L2)
	Economic and employment status	X	X ^a	X	The economic barrier is the most important one, and then if you have an ex-partner who doesn't let you live and... you have children who you have to support in school (...); you need stability for them. (V19, R1)
	Having children	X	X	X ^a	"When you are alone, in a foreign country, without moral or psychological support, without friendships... you sink." (V20, R1); "I don't know how long you've been here, but the one who comes in new, who has no friends, has a hard time (...) he comes and catches his prey (referring to the aggressor)." (V21, L1)
	Immigrant women	X	X	X ^a	"...at that time to decide to separate and in a village... which was still frowned upon in the capital, but in a village... you had to be very brave, very brave (referring to the mother of one of the participants)" (V22, S8); "In a village... in a village where things were very deeply rooted. They had no knowledge. My mother didn't know how to read, she didn't know how to write and she managed her business with strength..." (V23, S9)
	Length of residence	X	X	X	However, there are families that don't, there are families that forced us to continue, saying you got married and you must... Because it was a completely different education that we've had... The 67-year-old people who I know... It has also been another barrier. (V24, S8)
Living in a rural area	X				
Low educational level	X				
Older women	X				
Legal barriers	Fear of deportation			X	"If you are undocumented, there is a lot of fear that the center will tell the police." (V25, L1); "At the level of foreigners. There are laws that protect you. So there are a lot of girls, for example, who don't have documentation and don't know that there are laws that protect you and can give you your documentation in the situation that you are going through. Especially when there is physical violence." (V26, L1)
	Lack of documentation			X	

(Continues)

TABLE 4 (Continued)

Subcategory	Code	S	R	L	Verbatims
Social and family barriers	IPV invisibilization and minimization	X	X		Fear, they are so afraid of what others will say... They have a group of friends, for example... I know Romanian girls who have a hard time, they had a very hard time... and, in order not to feel singled out, because it has happened to me, and they talk to you very badly and treat you very badly, and you are the bad person, despite that he has already shown himself as a person. At the end of the day, the bad person is the woman, not the man. Often it's the man who says but he wasn't so bad. (V27, R1)
	Judgment, blame, misunderstanding	X ^a	X	X	"And they are women, the worst thing is that they are women.... (referring to her public defender from whom she perceived no help)." (V28, R1); "That's what's happening to me now, yes, I have neighbors, acquaintances, friends (referring to women)... who no longer speak to me, they look at me badly, they say how dare I, that he wasn't like that..." (V29, R4); "I had no friends, I didn't go out (...). For me, every day of the week was the same, I didn't know what day it was." (V30, L4)
	Women's judgment and misunderstanding	X	X ^a	X	"The close environment I think is not prepared. They don't help you. Not because they don't want to, they are not prepared to see it (...) the community either doesn't see it or is not sufficiently informed." (V31, S1); "I think that many don't know that this type of centers exist, they don't know that they exist." (V32, S4)
Lack of service knowledge	X			You regret having done it. So I am your friend, or a friend of several friends, and I am going through the same thing as you, and therefore I prefer not to do it. To continue to be under the idea that what could have happened to you, can't happen to me (...) those of us who have lived through this situation only know what will happen to us. (V33, L1)	
Negative experiences of women				At that time I was living in the village (...) I was in the middle of the pandemic, the death of a sister, in short... a bit complicated. (V34, S9)	
Pandemic	X			"When you work, sometimes you can't come..." (V35, L3); "Yes, I think that, when you work... sometimes it is a little bit complicated because (...) you have the hours in the morning and you have to ask for permission." (V36, L2)	
Work-life balance			X		
Cultural barriers	Communist regime		X		"Apart from having a macho at home... because we come from a communist country where machismo is the letter of the law and the man is God. And we can't take anything away from him... we can't take anything away from him at any time, and we always have to agree with him. And so, we, women, make ourselves small, even when we want to get
	Culture (general)	X ^a	X	X	

TABLE 4 (Continued)

Subcategory	Code	S	R	L	Verbatims
					ahead." (V37, R1); "We women have been taught to put up with it. We were taught to take care of our parents, children, siblings, everybody (...) if you had a bruise, you made it up so they wouldn't see it. We were ashamed because we thought it was our fault." (V38, S8)
Divorce stigmatization	X ^a	X			In the more religious families, they say that you have to put up with it, that once you have married a person in the church, you have to be with him, obey him... As I said, it depends more or less on whether your mother or grandmother was like that... That this happens in every home, that you have to put up with it; not to take it into account... Then, the family is shamed... (V39, R4)
IPV normalization	X	X	X		
Religion (general)	X ^a	X	X		
Language problems	X	X ^a			If you come with a person who is your husband, your spouse, your partner, and you come new, you don't know anything... The wolf comes and automatically catches its prey. Because you have a person who is not going out on the street (referring to women)... and if there are cultural barriers, it's even worse. Because if a Moroccan stays in the house, she stays in the house and doesn't learn the language... (V40, L1)

Psychological barriers	Conformity		X		They are in a comfort zone and they are content with that kind of life, nothing more. I don't think there's a barrier per se of Oh, I don't know how to express myself and I don't know how to talk my way out of this. No, they settle down and move on because they see themselves as more able to move on with a bad person than to live life on their own. (V41, R1)
	Fear (general)	X	X	X ^a	"The process of coming out of psychological violence is very difficult because, apart from the fear, the emotional inconsistency... On an emotional level you fall. You become less than what you really are. And it is very difficult if you truly love a person. It's very difficult."
	Low self-esteem	X	X ^a	X	(V42, L1); "I think so. There are women who have it harder, who are weaker (...) it depends on each woman, how strong or how weak she is; there are many who are very weak and they sink." (V43, R3).
	Violence type	X		X ^a	
	Fear of partner and consequences	X ^a	X	X	So it's not easy; it doesn't matter if you have a job, whatever you have, there are times when you reach a level of manipulation that you don't even recognize yourself or know what you can or can't do. And the fear, you know, because you say the same thing, is that if I leave him, ok, I'm free, but what about the child? what about the child?... shared custody or visitation and I leave him there, free? And let him do whatever he wants and then fight and so on. (V44, S2)
	Lack of IPV recognition	X ^a		X	
	Manipulation, guilt, and ambivalence	X ^a	X	X	

(Continues)

TABLE 4 (Continued)

Subcategory	Code	S	R	L	Verbatims
Barriers related to services and professionals	Feeling of being unprotected	X ^a	X	X	It's important to feel protected because if you don't, you can't take that step. If you are always afraid and they do not give you the security of protection, you will not take that step. Because you say what's the point if he's going to kill me when he comes out (referring to provisional detention), if I'm not protected. (V45, S8)
	Courts and laws (general)	X ^a	X	X	It is not well explained to you. Neither the procedures you have to do, or anything else. Then, of course, you do it and you trust that everything will be fine. And of course you have deadlines for everything... You don't truly understand what you have to do. I have had to come here many times to have everything explained to me in detail in the sentences (at the PMORVG). Then, the public defender... they don't look after you in the same way, they disappear. And in the end, I had to find a private lawyer to take care of everything for me. However, of course it's very complicated and you can't always rely on that. (V46, S5)
	Time of processes	X ^a	X	X	I had neighbors who called the police and wanted to report it on my behalf and they wouldn't let them. Even if they knew what was going on in my house, they couldn't report it, I had to report it myself. (V47, S3)
	Lack of knowledge of procedures/services	X	X	X ^a	And there are long waiting lists and I think it's terrible, especially for the children who have the trauma for themselves and their parents. Because the child's security is going down and now: what is going to happen to me? Because my mum is sick, my dad is in prison, and now what will happen to me? There should be much more psychological support for children. (V48, R4)
	Barriers to reporting	X ^a	X		"Many times you need not only psychological help or advice on how to separate (...) you need help with housing for example, other kinds of help, I miss them a lot (...) there is a lack of budget to help women who truly need it" (V49, S4); "You think a thousand times before you take the step and when you take it: oh, look, I took it and now what? I am left without a house, without money... because they help you for how long? Two, three, four months at the most, because then there are no resources for you, there are others (women) on their way, or worse off, or in the same situation." (V50, R1).
	Lack of financial and housing support	X	X ^a		To tell you to report, that is what everyone tells you. You tell them something and report. And that's it. Sometimes you don't want to listen because you know it will be worse. We know that we have to report, we know it... but they spend a night in jail and if there is no evidence or anything, they go out. And who are they going to go after first? They go after you or your children... (V51, S1)
	Lack of service resources	X	X ^a	X	
	Insistence on reporting	X			

TABLE 4 (Continued)

Subcategory	Code	S	R	L	Verbatims
Lack of report—protection order	X				"For example, I have a protection order. However, if you don't have it, you might not have one of these benefits (referring to emergency police assistance or telematic devices)." (V52, S2); "They make you go to certain points that... If you don't go (to the police or the courts) with the certainty that your partner has tried to kill you, they don't give you any protection that you can say I feel safe. And, even then, it's not enough." (V53, S2)
Lack of specialized services/professionals	X	X ^a		X	It's not something you can do on your own. When you ask for psychological help, they say that there are not enough... that there are not enough professionals to support you (...) psychological support is not enough. (V54, R1)
Requirements for assistance	X	X ^a			I have an unemployment benefit of 800 euros but with almost half of my unemployment I have to pay him (the aggressor) for things and I don't have anything to live on. But... if I receive this unemployment benefit... I can't receive other help, because they take away my unemployment (...) I am alone but I can manage one way or another. (V55, R2)
Subjectivity of judges and laws	X ^a			X	"I notice this lack (...) that each judge goes his own way or according to his own ideas (...) Why don't they follow the laws as they are?" (V56, S9); "In the end it is their decision (...) it is something very subjective. They don't comply with the laws objectively." (V57, S2)
Invisibility of psychological IPV	X ^a			X	Psychological abuse is very difficult to prove. I was lucky that he hit me once. So I was able to win it, just once, I won. (V58, S6)

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groups, women of Spanish origin highlighted the lack of social and family knowledge about IPV services (V31, V32). In addition, Latin American women recognized the difficulty of seeking help after hearing testimonies from other women about previous negative experiences (V33). The participants also noted the precarious conditions of work-life balance (V35, V36).

The women agreed that cultural barriers such as IPV normalization could influence help-seeking (V39). In the case of Romanian women, although some of them highlighted the Romanian communist regime as an influential factor in the current mentality and attitudes of the Romanian population (V37), some did not agree that culture was relevant. On the other hand, Spanish and Latin American women noted the language problems of immigrant women as a barrier to accessing services (V40).

Psychological barriers were also mentioned throughout the conversation. The groups agreed that fear was one of the main barriers to seeking help, in particular, fear of the consequences of reporting and of the perpetrator's reaction (e.g., hurting the woman or her children) (V44). In addition, the women noted that low self-esteem and emotions such as guilt and ambivalence prevent help-seeking (V42–V44), as does the feeling that, despite going to services, they will not be protected (V45). In the Romanian group, the participants perceived that some women do not seek help because they are content with the situation (V41).

Finally, many barriers related to services and professionals themselves were highlighted. In general, women agreed that courts and laws play a fundamental role as barriers for different reasons (V46). Among others, the difficulty in obtaining protection orders, the attitudes of judges, the fact that procedures are not well explained, the fact that laws are not adjusted to women's needs, the fact that children are not listened to, and the difficulty in proving psychological IPV were reported as barriers. In particular, Spanish women highlighted the pressure from some services and professionals to report IPV, even if the women were not prepared or if it was not what they wanted (V51). In addition, the three groups highlighted the lack of material, human, and time resources in services, such as long waiting lists and the lack of financial and housing support (V49, V50). The women also mentioned the lack of knowledge of many women about IPV services and procedures, which makes it difficult for them to seek help (V46).

3.5 | Strategies to increase service accessibility

Three subcategories regarding women's perceptions of strategies for facilitating access to services were identified. These subcategories focused mainly on the role of society, services, and professionals. The most relevant verbatims of the codes included in this category can be found in Table 5.

All three groups emphasized the importance of social and family strategies, such as increasing education from childhood to prevent and detect IPV (V59) and facilitating strategies for society and women to act in IPV situations (V61, V62). In addition, attention was given not only to the role of women as victims but also to the role of men as aggressors, focusing on the importance of educating men and providing them with treatment to prevent IPV (V63). Both issues were specifically mentioned by immigrant women. In this sense, some women of Romanian origin seemed to empathize with the possible suffering of the aggressor and his right to receive help (V64). Latin American women also mentioned the importance of increasing women's family and social circles to reduce isolation and encouraging them to seek help through the testimonies of other women (V60, V67).

Second, the groups identified psychological strategies that focused on increasing women's self-esteem and recognition of IPV to seek help (V68–V71). In particular, Romanian women seemed to assign extra responsibility to women, indicating that they should fight and make decisions on their own (V69, V70).

Finally, the strategies of services and professionals were the most frequently mentioned, especially by the groups of Spanish and Latin American women. In general, all three groups agreed that, to facilitate formal help-seeking behavior, information about services and procedures should increase (V71). They also emphasized the importance of providing specialized services and professionals (V75, V76). Latin American women proposed specific

TABLE 5 Strategies to increase services accessibility: Code representativeness by country of origin and relevant verbatims.

Subcategory	Code	S	R	L	Verbatim
Social and family strategies	Childhood education	X	X	X ^a	Education (...) in schools and high schools, there should be more talks with the children (...) or in some subjects. The subject should be dealt with a lot. Because there are girls, there are girls who... boyfriends... from the moment they start dating... because I've seen it, I've seen it in the street. (V59, S2)
	Family and social support			X	Minorities... those of us who are foreigners, are often the ones who find it most difficult to leave... those of us who are immigrants, who don't have documentation. Minorities, we are the most affected. Many times when a person (...) is in this European area (referring to native people who are in their country of origin)... they have much more support because they have their families, they have their friends, they have their children here. So it is much easier to go out. It's very difficult to be alone. (V60, S1)
	Information for society	X ^a		X	"It should be something for the whole of society. The whole of society should be informed, not just the people who, at a moment, need this type of help (...) everyone should be able to know and detect (...) they should have basic knowledge to know what is happening and know that there are places where you can go." (V61; S4); "I think that before educating the little ones, they have to educate us, the older ones." (V62, S3)
	Interventions for men and aggressors	X	X ^a	X	"They should be caught, all abusers (...) should receive compulsory therapy (...) if they are in prison, apart from the prison sentence they have received, they should go to therapy." (V63, S8); "I think we should also teach men, because we suffer and they suffer to a small extent. Men should be taught to control and respect (...) We should also have a center for them, so that they feel comfortable. Because there are bad women too, are not there?" (V64, R1)
	Listening to and empathy toward women	X			"Simply to be listened to, to be understood. The hardest thing is to be understood. Feeling judged, on top of that (...) In silence you are saying please somebody get me out of here. You speak in silence." (V65, S1); "Empathize, we have to empathize with others' problems." (V66, S8)
	Testimonies of other women IPV victims	X		X ^a	I think that meeting other people who have been through the experience helps you to open your mind a little bit more. That you are not the only one... that there are people who have been through worse things than you. And that helps you to be able to go on with your life... (V67, L1)

(Continues)

TABLE 5 (Continued)

Subcategory	Code	S	R	L	Verbatim
Psychological strategies	Increasing confidence and self-esteem	X	X	X ^a	"At the end of the day, it depends on each person: if she takes the step, if she feels capable... (...) This is a war and you have to fight it." (V68, R1); "You have to look for that confidence and take it from yourself, because if your partner hurts you, you have to stand up, yes or no (...); you choose which way to go." (V69, R1); "Those who want to take the step, make a life for themselves and look for means." (V70, R1)
	Taking responsibility/active attitude		X		...that they have information there when they file a complaint. Even if I file a complaint, they should inform us a little bit... Because most of the time they don't know (about IPV). You realize something when you get to the social worker who sends you here and there (...). When we start something, you are the last ones we get to (the PMORVG) (...). For the woman to find out, it is a little better that because almost all of them go directly to the police station, sometimes they file a report, sometimes they withdraw it... first of all, the police tell her that if you are sure, you file it. If not, you go there first and they tell you everything. (V71, R3)
Strategies of services and professionals	Increasing IPV recognition	X ^a	X	X	
	Information on services and procedures	X	X	X ^a	
	Referral to IPV services		X		
	Accompaniment by service professionals	X		X ^a	If you give this person, who is of another religion, enough tools... that they know that there is protection, that they know that they will have psychological help (...) that they explain it well, that they make them see that they are not truly alone. (V72, S3)
	Listening by service professionals	X		X	
	Information on services for migrant women	X		X ^a	
	Changing and respecting laws	X ^a		X	"I think we need to generate many more support policies for women... so that they can get out of violence" (V74, L1); "If a person is sentenced, has twenty complaints for violence, not just any type of violence, they cannot see their child. You feel that you are leaving them (the children) sold." (V74, S2)
	Consequences for the aggressor	X ^a	X		
	Continued/individualized interventions	X ^a	X		"I think it is very important to have continuity and to feel listened to, isn't it?" (V75, S7); "I still miss more centers and more qualified staff. Who are truly exclusively involved in treating people who, in general, suffer any kind of violence (...) and what I miss is that they don't individualize, that they generalize everything." (V76, S4)
	Specialized services and professionals	X	X ^a	X	

TABLE 5 (Continued)

Subcategory	Code	S	R	L	Verbatim
Financial and employment assistance Help with immigration documentation			X ^a	X	"...to have access to jobs (...) not just to register with an agency and wait... that something concrete will come up, faster." (V77, R4); "...she comes from somewhere else and is looking for help. And if she has the chance to get on here, you should give her the chance to help her with the documentation (...). If she comes here to save her life, you know, they should take that into account and be able to help her with the documentation and be able to work. Because the only way to get ahead is to be able to work." (V78, L2)
	Legal assistance	X ^a		X	"Good lawyers (...) a good association (...) so that they can advise that person." (V76, S8); "That lawyer will teach you how to report, what to do (...) to help, in general, the woman and the child. The children, who also need help. We forget about them, but they are seeing all this mistreatment, psychological or physical (...) there must be centers where there is a lot of help. And with specialized people: psychologists, lawyers, a group of people, of professionals, who can help with the problems that women have... there are more and more abusers and more deaths." (V77, S8)
Protection for women/children		X			"I think the most important thing or the most difficult thing for women is that we are not guaranteed protection. Protection for our children and for ourselves." (V78, S4); "It's important to feel protected because if you don't, you can't take that step. If you are always afraid and they do not give you the security of protection, you will not take that step." (V79, S8)
Reporting by others in the community		X			"That the person who sees it should be able to report it." (V80, S5); "That there should be more means for anyone to report it." (V81, S3)
Social and language integration				X	"I think activities, doing activities. Move the city a bit more (...) move a bit more so that people can integrate" (V82, L1); "Because if a Moroccan stays in the house, stays in the house and doesn't learn the language... the first thing the town council has to do is invite them: come, because we have Spanish classes. And do activities. Because the resources are there." (V83, L1)

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strategies for immigrant women, such as providing specific legal assistance for women with an immigrant status, such as the regularization of documentation (V78), and generating spaces for social and language integration (V82, V83). Romanian women suggested the possibility of referring women to specific IPV services for specialized assistance before reporting or taking other steps (V71).

4 | DISCUSSION

The results of this study give voice to 17 women survivors of IPV who identified several barriers to formal help-seeking and possible strategies to facilitate access to services. The main objective was to compare the experiences of Spanish-born and immigrant women, paying special attention to women of Romanian origin due to their specific characteristics and the limited literature (Cuesta-García et al., 2023). Especially interesting are the initial differences that were found among the women recruited. In general, both the Spanish and Latin American women showed a great willingness to actively discuss and exchange their opinions with the group. There was a perceived need for the women to talk about and share their personal experiences. In addition, it was not necessary for the moderator to intervene often since many of the topics to be discussed appeared automatically, and the conversation flowed naturally. In contrast, Romanian women were more resistant to sharing their testimonies and had fewer interactions which could be related to their greater resistance to sharing experiences or to language difficulties (i.e., Spanish was not their native language). Moreover, the lowest attendance to the groups was detected among Romanian women (4 out of 13). Both the low attendance and the resistance perceived during the group could also be related to factors such as mistrust or the belief that IPV is a private matter, characteristics detected by other professionals in the field (Briones-Vozmediano et al., 2016).

As it has been observed, according to the ecological model (Bronfenbrenner, 1977; Heise, 1998), the sub-categories resulting from the discussion on barriers and strategies (e.g., legal, social, family, cultural) contemplate the different systems in which women are surrounded. Barriers to formal help-seeking and leaving abusive relationships are often interrelated. Among others, individual factors such as immigrant status or recent migration to the host country interact with microsystem, exosystem, or macrosystem factors such as economic dependence on the aggressor, social isolation, low social networks in Spain, as well as lack of knowledge of rights or specialized services. Moreover, compared to Spanish women, immigrants showed more precarious socioeconomic and employment situations. In addition, although mostly perceived by Latin American women, immigrants showed an ethnic identification with a culture whose gender norms are mostly rigid and where IPV is more normalized and invisibilized. The intersection of these realities also places women in situations of greater oppression and vulnerability (Crenshaw, 1991). Therefore, when analyzing the vulnerability of immigrant women and the difficulties in the help-seeking process, this interaction must be considered to understand its impact on the phenomenon.

According to the help-seeking process (Liang et al., 2005), one of the main steps in seeking help is defining the problem. In this sense, it seems essential to encourage women to identify IPV. The group participants highlighted this element as one of the main motivators for seeking help. On the one hand, the importance of prevention and awareness-raising strategies through services such as sending information to households and providing activities in municipalities or workshops in schools was mentioned. On the other hand, the role of social and family support was emphasized. Some women reported negative experiences with individuals in their social circle, and the literature describes the importance of positive informal support, which is related to psychological benefits and a greater willingness to seek formal help (Sylaska & Edwards, 2014). Services and professionals can play a key role in educating society to increase the tools available to recognize IPV, support women, and promote empathy toward this population.

Other factors that encourage women to identify and report IPV include the risk of physical and psychological integrity or the perceived harm to their children. Several studies have highlighted that children can be both a factor of permanence and a motivator to leave the abusive relationship (Herrero-Arias et al., 2021). In the first case, a

woman may experience economic dependency or feel that she cannot raise her child without a father. In the second case, a woman may believe that there is perceived harm or danger to her children. In line with the findings of previous studies, all the groups indicated that having children is a vulnerability factor when seeking help. The Spanish group expressed fear that their children would have to spend time with their fathers alone (e.g., if the judge grants joint custody) and that the fathers might physically harm the children as revenge for the women filing the complaint. In contrast, Romanian and Latin American women expressed that having children was a factor of permanence when there were economic problems or dependence on the aggressor. However, at the same time, all women pointed to their children as the main motivator for seeking help, especially when their aggressor threatened to harm the child or when the child warned the woman about IPV. In general, women with children may be willing to sacrifice and remain in the relationship until they perceive obvious harm or danger to their children. Therefore, understanding the potential ambivalence of women and, in particular, how motherhood intersects with immigrant status is essential. As the women mentioned, protection and care resources for children should be provided for the consequent protection of women.

Once women define the problem and find motivations for seeking help, they can make decisions about the source of help. In this study, some differences between groups were found. Immigrant women showed a tendency to try to resolve the situation by proposing therapy or other solutions, such as divorce, to the aggressors. In this sense, only the Romanian women indicated as a motivator to seek help considering the relationship as lost, which could be a reflection of attempts at reconciliation, for example by encouraging the aggressor to go to therapy. Immigrant women could experience barriers to exploring other possibilities due to a lack of service knowledge, difficulties in recognizing IPV, cultural beliefs, or social isolation, which may lead to limited sources of support and more judicialized processes in cases of severe IPV (Cuesta-García & Crespo, 2022; Hyman et al., 2006). Vives-Cases and La Parra (2017) reported that 83.9% and 80.8% of women of Romanian and Ecuadorian origin, respectively, tried to talk to their partners as a first informal help-seeking step. Among the formal help-seeking strategies, consulting a lawyer and filing a report with the police were the first options reported by Romanian women (35.5% and 32.3%), while filing a report and consulting social services were the first options reported by Ecuadorian women (32.7% and 26.9%). However, it would be interesting to analyze whether this increased access to police is due to reporting by the women or other people (e.g., neighbors) because of the severity of IPV and whether the police intervene accordingly. These data can provide information to promote screening protocols and improve strategies to disseminate information about resources to immigrant women (e.g., through mailed advertisements or activities in transit areas).

As shown above, the role of IPV support services is critical in protecting women. Therefore, it is essential to know both the strengths and weaknesses of these services. In this study, women identified several barriers to seeking help, and although they agreed on a large number of factors, some specific barriers and needs were identified for immigrant women. In particular, Latin American women highlighted the difficulties faced by immigrant women to a greater extent. These difficulties included a short period of residence in Spain, not having documentation and fearing deportation to the country of origin, social isolation, difficulty in reconciling work and family life, or economic and language problems (e.g., Briones-Vozmediano et al., 2015; Hyman et al., 2009; Martínez-Roman et al., 2017).

In general, fear of deportation seems to be a common factor among immigrant women from different origins and host countries (e.g., Parson et al., 2016; Ting & Panchanadeswaran, 2009). Due to the lack of legal documentation, immigrant women fear that they will be deported and separated from their children if they report IPV. In Spain, according to Organic Law 4/2000 of 11 January regarding the rights and freedoms of foreigners in Spain and their social integration (Ley Orgánica, 2000), if IPV is reported, administrative sanctioning procedures will not be initiated or will be suspended. Moreover, this approach ensures protection for immigrant women in the event of the conviction of the aggressor. However, women are often unaware of this information or fear that they will not be able to prove that IPV is occurring and that protection will not be ensured. However, this situation may depend on the women's country of origin. In this sense, Romanian women did not identify this barrier. Among other reasons, it

may be due to the less complex administrative procedures as Romania is part of the European Union. In contrast, previous studies have found that Romanian women may have more problems if they do not have an identity card or are not registered in the municipality, which prevents them from accessing some public services (Cuesta-García et al., 2023). In general, as mentioned by the Latin American women in this study, it seems essential to provide women with specific information and legal advice depending on their situation.

In addition, although Romanian women reported culturally specific barriers, such as the precedents of the communist regime, the stigmatization of divorce, or the role of religion, they showed more resistance to recognizing the specific needs of immigrant women compared to Latin American women. Moreover, they alluded to a woman's responsibility to get herself out of an abusive situation, which can lead to feelings of guilt and shame. Some studies have indicated the persistence of traditional gender norms and the normalization and minimization of IPV among the Romanian population, in addition to considering IPV as a private matter (e.g., Brabete, 2016; Cuesta-García et al., 2023). In the case of women of Latin American origin, they seem to recognize to a greater extent the macho culture of their country of origin, showing even less tolerance to IPV (e.g., Briones-Vozmediano et al., 2016). Overall, the cultural factors, in addition to possible integration difficulties or a lack of knowledge of resources and procedures, could increase the difficulty in recognizing IPV and an individual's rights, resulting in difficulties in asking for help and expressing one's needs.

On the other hand, among the barriers identified, the three groups showed general dissatisfaction with legal resources. Although Spain has a wide network of resources to help IPV survivors, the women in this study perceived a certain lack of protection from the institutions. One of the reported needs included more specialized (e.g., psychologists, lawyers), continuous and individualized support, and strong legal protection for the women and their children. In the case of immigrant women, specific and basic needs were identified, such as facilitating access to housing or a job, providing information on available resources, providing legal advice regarding immigration, or promoting language and social integration.

The suggestions from immigrant women seem to demonstrate the importance of asking ourselves what women's basic needs are and how they can be addressed. Morton et al. (2023) reported that women victims of sexual violence prioritized safety and social support over formal help-seeking or justice. This may be consistent with the experiences of women survivors of IPV, who often do not report IPV as the first option and prefer to have their primary needs met. After these women's needs are met, it may be easier for them to leave an abusive situation. Models such as Maslow's pyramid (1943) reflect the different levels of action that can be implemented by services. Among other needs, these include fostering women's psychological well-being, providing women with economic support, providing security for women and their children, providing a supportive social circle, and ensuring that women are treated with respect, empathy, and understanding. While these are the needs of all women survivors of IPV, special attention should be given to immigrant women because of their specific vulnerability.

In view of the above, it seems essential to consider the specific characteristics of women according to their country of origin to tailor services to their needs. In this sense, as other studies have indicated (e.g., Briones-Vozmediano et al., 2015), professionals should be trained in IPV from an intercultural perspective and consider the inclusion of cultural mediators and specialists in the immigrant population in professional teams.

5 | LIMITATIONS AND STRENGTHS

Some limitations should be considered when interpreting the results. On the one hand, the small number of participants in the groups of immigrant women may limit the wide view of the target population. The reasons why women did not attend the groups, despite their confirmation, were not collected. This could lead in a possible self-selection bias in the study. However, low attendance at groups (mainly in the immigrant groups) may be a manifestation of the reasons why some women also refused to participate in the groups (e.g., difficulties of reconciliation) and of the barriers women face in breaking their silence and seeking help, even though they are

already being supported by IPV services. In addition, the literature on focus groups highlights that small groups may be appropriate when a population is difficult to access and that a single testimony is a key representation of a reference group (Llopis-Goig, 2004). Another limitation of this qualitative study is the possible social desirability bias, especially perceived in the group of Romanian women, who seemed to have more interaction difficulties. Additionally, despite the inclusion criteria, one of the Romanian women experienced language difficulties, which could have hindered her participation. On the other hand, since the responses were independent, the results cannot be generalized. However, based on the generalization criteria of qualitative studies, due to the diversity of the groups, transferability of the results may be achieved if other research findings are congruent with those of this study (Guba, 1981).

Among the main strengths of this study was the opportunity to hear the voices of women IPV survivors who can best describe their realities, barriers, and needs. In Spain, most recent studies in the area have focused on the testimonies of professionals and workers (e.g., Briones-Vozmediano et al., 2015; Cuesta-García et al., 2023; Herrero-Arias et al., 2021). Although these perspectives are essential for an in-depth analysis of service functioning, the voices of women should complement research in this area. In addition, this study has several aspects that ensure its validity and reliability: (1) the context in which the groups were conducted was familiar to the women, which may have increased their confidence and comfort; (2) the triangulation through data analysis by the two main authors and the participation in the groups of women from different countries of origin helped to ensure the credibility of the data; and (3) the detailed description of the data analysis and the provision of the codes and verbatims obtained, which ensured reliability and the opportunity to replicate the study to promote its generalizability (Guba, 1981).

6 | CONCLUSION

This study gives voice to women survivors of IPV and provides first-hand information for service professionals in Spain and other countries. Despite efforts in Spain to offer specialized IPV resources, both Spanish-born and immigrant women face several barriers to accessing these resources. Specifically, immigrant women report specific barriers, such as social and economic dependence on the aggressor, isolation, a lack of legal documentation, a lack of knowledge of their rights or the native language, and integration problems due to their immigrant status, which places them in a more vulnerable situation. Women emphasize the importance of having their basic needs met and feeling protected by institutions when leaving abusive relationships. Differences are found according to country of origin. The results highlight the importance of training professionals through an intercultural perspective to improve prevention, awareness, and service intervention strategies.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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PEER REVIEW

The peer review history for this article is available at <https://www.webofscience.com/api/gateway/wos/peer-review/10.1002/jcop.23145>.

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How to cite this article: Cuesta-García, A., Haro, B., Fernández-Lansac, V., & Crespo, M. (2024). Formal help-seeking in intimate partner violence among Spanish-born and immigrant women in Spain: A focus group study. *Journal of Community Psychology*, 52, 1193–1218. <https://doi.org/10.1002/jcop.23145>