

CULTURAL ADAPTATION OF A CAREER DEVELOPMENT INTERVENTION
FOR LATINA IMMIGRANT INTIMATE PARTNER VIOLENCE SURVIVORS

by

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DISSERTATION ABSTRACT

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Title: Cultural Adaptation of a Career Development Intervention for Latina Immigrant Intimate Partner Violence Survivors

Intimate partner violence (IPV) is a worldwide public health crisis that brings long-lasting consequences to victims' mental and physical health as well as vocational and economic development. Limited extant research shows that the impact of IPV precludes women's involvement in career and vocational development activities that may be crucial to helping victims escape abusive relationships. Considerably less is known about immigrant Latinas' experiences of IPV and how those experiences impact their vocational development and economic mobility, and what prevention and intervention efforts are most effective at remedying these impacts. No current intervention focuses on helping Spanish-speaking Latina immigrant IPV survivors explore and identify the impact of IPV on their work skills identification, self-esteem and self-efficacy in engagement in vocational development, and career and economic development. To address APA's mandate to bridge gaps in practice and intervention for diverse populations, scholars in recent decades have undertaken the task of culturally adapting existing psychological health interventions. The purpose of this dissertation study was to complete Phase 3 of the Heuristic Framework for cultural adaptations with a focus group qualitative research design and constructivist/interpretivist paradigm to examine the

validity of the preliminary adaptation version of the ACCESS vocational intervention for Latina immigrant IPV survivors. The results of this study inform Phase 4 refinements necessary to further increase the cultural validity of ACCESS.

Focus group and session data were analyzed using inductive conventional qualitative content analysis. Results indicate the preliminarily adapted version of ACCESS is culturally relevant for unique and intersectional vocational development needs of Latina immigrant IPV survivors and that few changes are required to refine the intervention in the next phase of the cultural adaptation. Data themes also confirmed extant literature findings; that barriers such as lack of English skills, xenophobia and racism, and documentation status negatively affected participants' work experiences, choices, and goals. Furthermore, participants expressed that in addition to the IPV that they experienced, aspects of *familismo*, traditional gender role expectations, and their role as mothers impacted their decisions about when to work and what type of work they pursued.

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CHAPTER I

INTRODUCTION

Intimate partner violence (IPV) is a worldwide public health crisis that affects women disproportionately (World Health Organization [WHO], 2016). In the United States alone, an estimated 1700 women experience IPV daily and 1300 women die annually at the hands of their abuser (Catalano, 2013). The consequences of IPV on victims and their children's mental and physical health as well as vocational and economic development are far-reaching (Beauchaine & Hinshaw, 2013; Black et al., 2011; National Coalition Against Domestic Violence [NCADV], 2015; WHO, 2016). Negative consequences include physical injury, increased risk for acquiring communicable diseases, poor mental health outcomes, and behavioral problems.

Limited extant research shows that experiences of IPV precludes women's involvement in work and vocational development activities that provide skill development, financial resources and stability, and upward economic mobility (Chronister & McWhirter, 2006; Lantrip, Luginbuhl, Chronister, & Lindstrom, 2015; Morris, Shoffner, & Newsome, 2009) as well as access to the financial resources that may help victims escape abusive situations (Chronister, 2007; Postmus, Hetling, & Hoge, 2015). Considerably less is known about immigrant Latinas' experiences of IPV and how those experiences impact their vocational development and economic mobility, and what prevention and intervention efforts are most effective at remedying these impacts. Extant research conducted with immigrant IPV survivors suggests that abuse rates are comparable to that of nonimmigrant peers; however, rates may not reflect the true

prevalence and full scope of the consequences of IPV. Immigrants are less likely to report IPV experiences and seek help, and there are fewer intervention efforts designed and tested with this population (Falicov, 1998; Harway et al., 2002; Perilla, 1999; Pitts, 2014; Reina, Lohman, & Maldonado, 2014; Vidales, 2010). To date, few researchers have attended to the impact of IPV on immigrant Latinas' work or how the confluence of immigration and abuse influence vocational development intervention needs.

Examining the intersection of Latina immigrant women's IPV experiences and vocational development is critical to comprehensively address the factors that are shown empirically to perpetuate IPV and its long-term negative consequences (Chronister, 2016; Chronister & Aldarondo, 2012; Yakushko, Backhaus, Watson, Ngaruiya, & Gonzalez, 2008). Yet, scholars have not examined empirically the impact of IPV on Latina immigrant survivors' well-being, and in particular, their economic and vocational development. The absence of immigrant women survivors in such research limits our understanding of the impact of IPV on Latina immigrant women's vocational and economic wellbeing, and the types of interventions and timing of those preventive interventions that would be most useful for this population (Bernal & Domenech-Rodriguez, 2012; Perilla, 1999).

The purpose of this dissertation study was to complete the third phase of the Heuristic Framework for cultural adaptations to create a culturally responsive vocational development intervention that addresses the unique IPV experiences and contextual barriers that influence the vocational development and economic stability of Latina immigrant IPV survivors. I used a focus group qualitative research design with a constructivist/interpretivist paradigm to examine the validity of the preliminary

adaptation changes made to the ACCESS vocational intervention (Chronister, 2013) for Latina immigrant IPV survivors. I completed this study with funding provided by the University of Oregon's Center for Latino and Latin American Studies (CLLAS) and in collaboration with Centro Latino Americano (Centro) in Eugene, an organization that provides a range of services to the Latino community in Lane County.

Participants were adult, Spanish-speaking immigrant Latinas who experienced or were currently experiencing IPV. I collected qualitative data from all of the ACCESS intervention group sessions and a focus group via audio recordings. DataGain transcribed audio-recorded sessions and I used conventional qualitative content analysis and independent coding to identify themes to assess the cultural relevance of the preliminarily adapted version of ACCESS based on participant direct responses to focus group questions and experiences of IPV and immigration in relation to vocational development. It was hoped that this adapted version of ACCESS would be culturally valid and that study results would inform changes required for Phase 4 of the adaptation model. In addition, it was hoped that study results would produce important, new knowledge about the career development needs of Latina immigrant IPV survivors as well as advance the development of culturally relevant career interventions for this population.

CHAPTER II

LITERATURE REVIEW

One in three women around the world will experience some form of intimate partner violence (IPV) during their lifetime (WHO, 2017). IPV describes a range of violent behaviors perpetrated against an intimate partner or ex-partner that include physical and sexual violence, stalking, coercion, psychological aggression, and economic restriction (Black et al., 2011). The prevalence and impact of IPV are far-reaching and devastating, often resulting in negative consequences that persist over time and affect survivors and their children (Black et al., 2011; Catalano, 2013; NCADV, 2015; WHO, 2016). *Domestic violence* and *partner abuse* are often used in extant literature to describe IPV. For this dissertation study, however, I use intimate partner violence or IPV to describe all forms of abuse or violent acts perpetrated upon a current or ex-intimate partner.

This literature review is organized as follows. I will begin by describing the scope of IPV to include statistics on reported incidents of IPV across subgroups and the myriad IPV consequences experienced by women and their children. Next, I will discuss the unique systemic and sociocultural factors that shape the IPV experiences of immigrant Latinas. In the following section, I will outline how IPV impacts survivors' vocational development and provide a brief overview of the limited extant research and interventions focusing on work development in immigrant Latinas IPV survivors. Next, I will outline cultural adaptation models used to fill gaps in practice, with a specific focus

on how I will use the Heuristic Model for cultural adaptation to adapt ACCESS, a career development intervention for survivors with immigrant Latinas.

Scope of IPV

In the United States, an average of 20 people are victimized by an intimate partner every minute (Black et al., 2011). It is important to note that persons of all genders experience IPV, with one in four women and one in ten men reporting IPV victimization nationally (NCADV, 2015). Furthermore, statistics represent only reported cases of abuse that often do not include typically underrepresented groups such as homeless, immigrant, and incarcerated populations. Overall, women experience all typologies of IPV at higher rates (Catalano, 2013; NCADV, 2015; WHO, 2016) with women ages 18 to 24 experiencing the highest rates of abuse (Black et al., 2011). With regard to the specific types of abuse, one in seven women have been stalked by an intimate partner and one in four have been severely physically harmed (Black et al., 2011).

Researchers have also documented differences in IPV rates across racial and ethnic subgroups. For example, statistics suggest that Black, Asian, and Pacific Islander women experience IPV at disproportionately high rates compared to women of other races and ethnicities (Cho, 2012; Women of Color Network, 2006). Other literature suggests that Latinas experience slightly higher IPV rates than White women (Black et al., 2011, Women of Color Network, 2006). Though statistics provide information as to the prevalence of IPV, it is widely considered that statistics on IPV often do not accurately represent the true frequency of IPV as many factors skew results. Cho (2012), for example, found that age and financial security were factors that contributed to differences in IPV rates among racial and ethnic groups and that differences in IPV rates

were significantly decreased when controlling for such sociodemographic factors. Additionally, Chronister and Aldarondo (2012) found that in immigrant populations, differences in rates decrease substantially when access to economic resources and time since migration are considered. Still other key factors such as data collection methods and reporting rates affect statistical data and must be considered when measuring the prevalence of IPV.

The rates at which women report IPV are significantly influenced by an array of factors across women's ecologies. Emotions including fear of retaliation or of police involvement (Rogerson 2012; Women of Color Network, 2006; Zarza & Adler 2008), shame (Black et al., 2011), religious beliefs, and loyalty to the abusive partner (West, 2003; Vidales, 2010) have been identified as common factors that influence women's decision to report. Within immigrant survivors, factors unique to immigration experiences such as lack of legal status, lack of English speaking skills, and lack of knowledge of IPV laws, in addition to the previously mentioned factors, xenophobia, racism, and political climate hostile towards immigrants decrease formal reporting of abuse (Aldarondo, Kantor, & Jasinski, 2002; Ammar, Orloff, Dutton, Aguilar-Hass, 2005; Mars Fuchsel, 2013).

The ways in which researchers collect IPV incidence and prevalence data also affect what we know about IPV. Differences in data collection methods such as recruitment, question format, and language greatly influence how participants respond (National Latin@ Network 2017). Furthermore, psychometric properties of questionnaire items normed on non-diverse populations are likely worded in a manner that is not culturally relevant or inclusive of diverse populations (Ahrens, Rios-Mandel, Lopez, &

Libier, 2010; Chitkara-Barry & Chronister, 2015; Cho, 2012). Additionally, current immigration laws that foster fear of disclosing abuse and differing definitions of IPV and related concepts between researchers and culturally different participants also drive down rates (Cho, 2012; National Latin@ Network 2017). Beyond its widespread prevalence, the consequences of IPV are varied and devastating.

IPV incidence and prevalence rates show that IPV affects many women and their families and communities. Researchers and clinicians who work with IPV survivors understand that prevalence rates may not account for all IPV experiences because several factors including data collection, fear of reporting, and overlooking underserved populations yield statistics that do not capture the full scope of the problem. Moreover, due to factors related to immigration and racism, we have an even more limited understanding of the prevalence of IPV and its consequences for immigrant women. The following section will describe the impact of IPV across multiple domains of women's well-being and will focus on the impact for Latina immigrant survivors, in particular.

Consequences of IPV

Social scientists have long worked to uncover the negative consequences of IPV and have consistently concluded that the impact of IPV on women is serious and long lasting (Black et al., 2011; Catalano, 2013; NCADV, 2015; WHO, 2016). With regard to the physical impact of IPV on women, national surveys administered by Department of Justice (DOJ) scientists reveal that 13 percent of all IPV-related injuries were serious in nature and 18 percent of women sought medical treatment (Catalano, 2013). Among the physical harms reported by survivors are overall decreased physical functioning, bruises, broken bones, lacerations, chronic illness and pain, and injuries that range from minor to

fatal (NCADV, 2015; WHO, 2016). Nationally, 40% of female homicides were committed by an intimate partner (Catalano, 2013). Furthermore, women who experience IPV are at a greater risk of dying from AIDS-related illnesses (WHO, 2016).

The wounds resulting from IPV, however, are often not visible. Women who experience IPV report myriad mental health consequences that include eating and sleeping difficulties, anxiety, and Post Traumatic Stress (PTSD) and other stress related disorders (CDC, 2010; NCADV, 2015; WHO, 2016). Survivors are also twice as likely to develop depression (WHO, 2018). Furthermore, the mental health and emotional toll of IPV place survivors at higher risk of developing addictions to drugs (Garcia-Moreno, Pallitto, Devries, Stöckl, Watts, & Abrahams, 2013) make them twice as likely to develop problem drinking behavior (WHO, 2018) and increase their risk of attempting and completing suicide (WHO, 2016).

It is important to note that IPV is a community-wide problem that not only affects abused women. For example, physical and mental consequences, similar to those reported by survivors, have been documented in one in fifteen children who are exposed to IPV (Hamby, Finkelhor, Turner & Ormrod, 2011). Beauchaine & Hinshaw (2013) found that children who were exposed to IPV exhibited decreased emotion regulation, increased externalizing behavior problems, and had an increased risk of experiencing co-occurring child maltreatment. The effects of IPV, unfortunately, produce harmful impacts across all domains for both women and children that are long-lasting (Hamby et al, 2011; WHO, 2016) and result in great costs to society.

The overall impact of abuse bears great economic consequences with costs exceeding eight billion dollars annually as of 2003 directly resulting from work days lost

and money spent to address the medical and mental health effects suffered from abuse (Max, Rice, Finkelstein, Bardwell & Leadbetter, 2004). Women reported a loss of nearly eight million paid workdays lost and decreased productivity, both in work and home tasks, directly resulting from IPV (CDC, 2003; Harway et al., 2002). These effects are not only the result of physical injuries, but also of economic restriction, a tactic abuser use to control victims through withholding access to finances and limiting career and vocational development (Harway et al., 2002).

As previously mentioned, we do not fully know the scope and impact of IPV because accurate data collection is difficult for reasons discussed previously. Researchers know even less about the complete extent and consequences of IPV in immigrant populations. The dearth of extant literature suggests that immigrant survivors experience IPV differently and researchers have proposed and sought to understand the unique factors that shape IPV prevalence and consequences in these populations. The next sections will focus specifically on the experiences and factors thought to influence IPV in Latina immigrant survivors.

Latina Immigrants' Experiences of IPV

Differing research results aimed at capturing IPV occurrence rates in Latino populations reinforce that we have yet to fully understand the complete scope of IPV with Latinas in general and especially with immigrant subgroups. Overall, researchers have reported varying rates of IPV with some findings suggesting Latina immigrants are less likely to experience IPV compared to their U.S. born Latina counterparts (Aldarondo et al., 2002; Sabina, Cuevas, & Zadnik, 2015) and others indicating Latinas experience IPV at similar rates as women in other ethnic groups (Black et al., 2011; Women of Color

Network, 2006). Despite differences in rates with regard to IPV statistics, extant literature consistently demonstrates that Latinas experience poorer overall outcomes after experiencing IPV. Edelson, Hokoda, & Ramos-Lira (2007) found that Latina survivors who experienced IPV reported significantly worse trauma symptoms and self-esteem. Other research suggests Latina survivors are twice as likely as other survivors to experience depression (Bonomi, Anderson, Cannon, Slesnick, & Rodriguez, 2009). Researchers have proposed that immigrant Latina survivors experience prolonged exposure to IPV and subsequent worsened mental and physical health outcomes and suggest this may be in part due to decreased likelihood of reporting abuse (WHO, 2016). Additionally, because immigrant IPV survivors are less likely to report to formal or legal entities, they may not be aware of available resources (e.g., restraining orders, U-Visas) and other services that may help interrupt the cycle of abuse. Research also demonstrates that immigrant women's experiences of IPV often increase shortly after migration due to depression, parenting stress, alcohol use, and trauma (Chronister & Aldarondo, 2012; Dutton, Orloff, & Aguilar-Haas, 2000) and with assimilation to U.S. culture because of shifts in redistribution of power in the relationship and changes in gender roles (Sabina et al., 2015). Provided the unique IPV scope and consequences on the well-being of Latina immigrant survivors, it is important to review the distinctive contextual factors that shape IPV experiences, responses, and impact in this population.

Research focused on the experiences of immigrant IPV survivors is sparse; however, extant literature highlights key contextual factors influence IPV experiences for all survivors, immigrant survivors face a distinctive pattern of interacting factors that uniquely shape their IPV experiences (Perilla, 1999; Shetty & Kaguyutan, 2002; Vidales,

2010; Zarza & Adler, 2008). Many of these factors are the result of the convergence of immigration and cultural factors that intensify their IPV and keep this subgroup of women trapped in abusive relationships (Zarza & Adler 2008). Extant literature identifies contextual factors of isolation, economic restriction, and legal status, and the cultural values related to gender expectations and family as those that most strongly and uniquely influence Latina immigrants' experiences of IPV. The following sections detail extant research on the unique factors that affect immigrant women's experiences of IPV and require scholarly attention to create more culturally inclusive and effective IPV preventive interventions.

Service System Factors

Legal status. This section focuses on legal status as a contextual factor that significantly impacts survivors' experiences of, and responses to, IPV. The federal government confers a variety of legal statuses upon immigrants that include permanent and temporary status, and that of undocumented status, each of which greatly affect the degree to which individuals can integrate into society. Those with undocumented status are afforded the least amount of legal protections and the greatest amount of constrain in their abilities to participate fully in work and educational endeavors (The Integration of Immigrants, 2015). As such, legal status is a contextual factor that, in the context of abuse, affects survivors' similarly. To control women, abusers often threaten to report women's lack of legal status to keep them from reporting IPV or leaving these abusive romantic relationships (Perilla, 1999; Reina et al., 2014; Vidales, 2010). For example, Barcelona de Mendoza (2001) found that abuse rates are higher for immigrant women married to citizens compared to immigrant women married to immigrant partners. In

these relationships, it is not uncommon to find that abusers prevent survivors from engaging in steps toward legalizing their residency including, withholding their documentation and withdrawing their sponsorship of their legalization process if they leave the relationship (Barcelona de Mendoza, 2001; Vidales, 2010). In addition, abusers threaten to alert immigration officials if women report abuse (Shetty & Kaguyutan, 2002). For survivors who lack legal status, barriers to reporting, seeking help, and leaving relationships are exacerbated.

One of the key ways that legal status influences victims' help seeking is by decreasing their access to resources. Undocumented survivors are more likely to lack medical insurance, have fewer economic resources, and live in poverty. In turn, women are less likely to see healthcare providers who may help identify that IPV is occurring and assist with women securing women resources (Zarza & Adler 2008).

Legal status also greatly influences victims' formal report of IPV and supersedes language barriers such that women without documentation are less likely to report abuse even when services were offered in their language (Vidales 2010). When either the survivor or abusive partner are undocumented, a survivor is less likely to report that IPV is occurring (Messing et al., 2015; Shetty & Kaguyutan, 2002) because of fear of deportation and mistrust that police and legal entities will not respond fairly to the survivor and the abusive partner (Rogerson, 2012; Zarza & Adler 2008). These fears are founded as women have been deported when in the process of reporting abuse or accessing help (Gonzales, 2017).

In the case when victim supports and pathways to legalized status arise, extant literature suggests that informing clients of such resources is often insufficient,

furthermore, these supports often come at a great personal cost that sometimes deter women from using them (Integration of Immigrants, 2015; Villalon, 2010). U Visas, also called Victims of Criminal Activity Visas, are granted to survivors if they were victims of crimes in the U.S. and experienced great physical and mental consequences of abuse. Although U Visas have helped a great deal of women, researchers have found that often, social service agencies do not adequately inform survivors of this resource or of the heavy requirements to access legalization that requires survivors to actively participate in the investigation or prosecution of their abuser (Integration of Immigrants, 2015; Villalon, 2010). Survivors' decision to remain quiet about their abuse, however, is impacted not only by laws about immigration and legal status, but by the societal attitudes these laws fuel that place undocumented survivors in a vulnerable position. Negative societal attitudes and harmful government policies regarding immigration have forced undocumented survivors to keep their IPV experiences quiet for fear of being deported, separated from their children, or of having their partners deported (Burnett, 2017; Harway et al., 2002). Androff and Tavassoli (2012) found that increases in deportations targeting women without obvious justification and police officers' increasing involvement in enforcing immigration policies greatly reduce the likelihood that women reported abuse or crimes of any kind (Burnett, 2017).

Language. Immigrant women who do not speak English fluently experience language barriers that increase isolation, reduce their access to resources, and limit their options for finding work (Harway et al., 2002; Perilla, 1999; Zarza & Adler 2008). Lacking fluency to read or speak English drastically decreases the likelihood that survivors are aware of social services and medical care focused on helping IPV survivors.

A substantial number of agencies are generally unprepared to offer services in different languages and that are culturally relevant and inclusive (Perilla, 1999). Reina, Lohman, and Maldonado (2014) found that when service agencies are unprepared to offer culturally relevant services to immigrant women, and in different languages, agency staff are less likely to respond effectively and, instead, worsen immigrant survivors' isolation. That is, immigrant survivors are less likely to access services in the future when their initial help-seeking experiences are negative. Extant literature provides several examples of instances in which survivors are re-victimized when they come into contact with agencies that do not provide services in their language. Example re-victimization scenarios include police and medical staff using abusive partners to translate for the victim and social services agency staff not informing survivors of their rights in a language that women understand (Ammar et al., 2005; Vidales, 2010).

Intervention services to assist survivors are most often carried out in community based settings but are often comprised of theoretical paradigms, staff, and policies that are grounded in westernized, white feminist values about IPV that are often incongruent with the experiences and goals of Latina immigrant survivors (Chitkara-Barry & Chronister, 2015; Chronister & Aldarondo, 2012; Villalon, 2010). Such services often assert set ideas about power and control, mandate that women should leave their abusive partners, and emphasize individualistic ideals of empowerment (Chronister & Aldarondo, 2012; Chronister, Knoble, & Bahia, 2013; Perilla, 1999). Moreover, service providers working from westernized and White feminist frameworks are more likely to overlook the intersecting identities and issues racially/ethnically diverse and immigrant survivors face and may neglect to attend to these in their work with these survivors (Chronister &

Aldarondo, 2012; Perilla et al., 2012; Vidales, 2010; Villalon, 2010). Stances that neglect the full contextual aspects survivors face deter women from continuing to seek help, mirror oppressive cycles they encountered prior to seeking help, and at best, provides them with less effective services.

Sociocultural Factors

Familismo. The collectivistic nature of Latino families fosters strong loyalties (Zarza & Adler 2008). This value for loyalty, called *familismo*, emphasizes family cohesion, interconnectedness, and cooperation between nuclear and extended family members and close family friends (Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002). With *familismo* comes an expectation that the needs of the family will take precedent over the needs of the individual (Perilla, 1999). The influence of *familismo* on survivors of IPV is evident in their reporting and help seeking behavior. For example, women experiencing IPV who strongly endorse *familismo* are less likely to report abuse to law enforcement (Mars Fuchsel, 2013). The decrease in formal reporting is a function of trying to keep the family together because the family is often a source of support and strength (Zarza & Adler, 2008). Additionally, women are less likely to report because the needs of the family supersede the needs of the individual; instead, women often endure abuse so as not to break up their family and expose their abusive partner to criminal and legal consequences (Mars Fuchsel, 2012; 2013; Perilla, 1999). Such loyalties have been called racial loyalties as well (e.g., West, 2010) because women understand how law enforcement, criminal justice and other service systems may unfairly treat their abusive partners and families. These fears are often confirmed when, due to sociopolitical climates that are hostile to immigrants, abusers and survivors who report

may face immediate deportation and racism, thus negatively affecting the family unit (Messing, et al., 2015; Vidales, 2010). Women also may not formally report IPV because IPV is not considered a crime by many, but rather IPV is thought of as a family matter that the family should resolve (Kulkarni et al., 2012; Perilla 1999).

Gender roles. The importance of keeping families together often dictates that certain gender expectations be met to maintain the integrity of the family structure (Kasturirangan & Williams, 2003). Extant literature on IPV and Latino communities identifies that key traditional gender roles such as the expectation that women must serve men (Kasturirangan & Williams, 2003) and respect their authority as the head of the household (Edelson, Hokoda, & Ramos-Lira, 2007) commonly sustain patterns of IPV. For some immigrant Latinas, gender expectations may be influenced by religious values. Scholars often identify *marianismo*, a term that stems from Catholicism's Virgin Mary (Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002), as a key influence on survivors' decision to report abuse or leave an abusive relationship. Although Western thinking and cultural values evident in the U.S. as well as Latino cultures reinforce patriarchal ideals that strictly define gender roles, the close tie between religion and traditional female gender roles often found in Latino communities uniquely shape men and women's expected behaviors and responses to abuse (Ellison, Trinitapoli, Anderson & Johnson, 2007; Shetty & Kaguyutan, 2002). Values regarding gender roles that are asserted via religion in Latino countries direct women to be self-sacrificing and loyal to their families and to endure adversity in silence, leaving problems in God's hands (Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002; Vidales, 2010). Religious values also are used to reinforce that dissolution of marriage is not an option (Barcelona de Mendoza, 2001); a

value that has been identified as most significantly compelling Latinas to stay in abusive relationships (Kasturirangan & Williams, 2003; Mars Fuchsel, 2012). Furthermore, cultural scripts about gender may reinforce male dominance or unequal power distribution in romantic relationships as the norm (Perilla, 1999; Reina, Lohman, Maldonado, 2014).

Sociocultural Factors in Interventions

It is important to note extant literature has found that the influence of sociocultural factors on IPV survivors is not always negative. Loyalty to family and the expectation for women to be good mothers compels survivors to report abuse or leave when other family members and children are in danger (Kasturirangan & Williams, 2003). This also is the case if children or other family members were present during an abuse incident (Mars Fuchsel, 2012; Pitts, 2014). Additionally, traditional gender roles also encourage women to be hardworking, brave, and responsible (Kasturirangan & Williams, 2003), all of which can be helpful to survivors as they work to reach their goals. With regard to *familismo*, researchers found that this cultural value promotes a sense of belonging and support, which may be a value to incorporate into social service and intervention adaptations for this population (Reina, 2014). For example, Latinas who highly value *familismo* often create close friendships that offer emotional and logistical support such as childcare and transportation (Zarza & Adler, 2008).

Summary

The interplay of service systemic barriers and sociocultural factors contribute significantly to Latina immigrant IPV survivors' isolation. Isolation, a common control tactic used by abusers, distances victims from family, friends, and other support networks

so that victims receive less emotional, financial, and other forms of support; friends do not witness the abuse and its impact; and victims and supportive individuals report abuse less frequently (Harway et al., 2002; Reina Lohman, Maldonado, 2014). Extant literature on Latinas and IPV reveal that Latina survivors identify sociocultural factors such as *familismo* and traditional gender roles as greatly influencing their IPV experiences and help seeking. These factors outline norms and expectations around acceptable gender roles and behaviors and family unity and often sway a survivors' decision to report and to seek help. Latina's responses to abuse, however, are further affected by language barriers and legal status, which intensify women's IPV experiences. The convergence of the cultural and immigration factors place Latina immigrant survivors in a uniquely vulnerable position for re-victimization that necessitates a treatment approach that addresses the full scope of the factors contributing to abuse, reporting, and help-seeking. Furthermore, these structural barriers decrease available employment opportunities that are often identified as necessary to leave an abusive relationship.

IPV and Women's Vocational Development

There is a dearth of extant research documenting how IPV impacts women's vocational development, and of that extant research almost none has included examinations of how IPV impacts Latina immigrant women's vocational development, with the exception of Yakushko & Chronister, (2005). We know that IPV affects women's physical, psychological, and emotional ability to engage in work and attain economic stability and mobility. Abusers often control women's vocational development by harassing them at work, impeding work attendance, and sabotaging their ability to perform job tasks (Chronister & McWhirter, 2004; Postmus, Hetling, & Hoge, 2015;

Wettersten et al., 2004). The psychological impacts of IPV negatively influence women's self-concept related to work such that they are less likely to identify relevant job skills they may possess (Chronister, 2013; Wettersten et al., 2004). The aspects of control within abuse may also preclude women's abilities to engage in work-seeking activities such as attending job interviews or in work event such as trainings (Morris, Shoffner, & Newsome, 2009; Wettersten et al., 2004). Decreased self-esteem resulting from abuse may impact women such that they doubt their own ability to carry out work tasks, and as a result, perform poorly at work (Chronister, 2013; Lantrip, et al. 2015; Wettersten et al., 2004). Furthermore, this effect of IPV on work development has been observed regardless of women's educational and career attainment (Lantrip, et al. 2015). Wettersten et al., (2004) found a bidirectional relationship between IPV and work stability in which IPV precludes a woman's capacity to maintain stable employment, and that lack of stable employment hinders her ability to leave an abusive relationship. Several scholars have validated Wettersten et al.'s findings; that is, the direct and indirect effects of IPV negatively affect women's ability work and maintain stable employment. Yet, economic resources and self-efficacy are two factors that most significantly predict that women will be successful at escaping an abusive situation or seeking help (Chronister & McWhirter, 2006; Showalter, 2016; Tjaden, & Thoennes, 2000). Thus, assisting survivors in increasing self-efficacy and access to economic resources through stable employment is crucial to interrupting the IPV cycle.

Vocational Development Interventions and Latina Immigrants

Spanish-Speaking Latina immigrant IPV survivors experience a unique pattern of cultural and contextual factors (Chronister & Aldarondo, 2012; Perilla, 1999; Vidales,

2010) that necessitate the adaptation of existing interventions to acknowledge and use cultural and contextual strengths to challenge oppressive realities, facilitate healing, and promote equitable access to social and economic resources (Chronister & Davidson, 2010). Though researchers have started to attend to the manner in which IPV influences women IPV survivors' vocational development, very little research exists that explores this impact with immigrant survivors (with the exception of Yakushko & Chronister, 2005). The limited extant research on Latina immigrants' work experiences suggests that the following are common features: a large number of stressors, high levels of exposure to safety risks, harassment, and isolation (Eggerth, DeLaney, Flynn, & Jacobson, 2012). Immigrant women have also reported being under constant stress from multiple sources, and indicated that this stress was present even before leaving their home country. It is notable that isolation also characterized immigrant Latinas' experiences at work (Eggerth et al., 2012). For immigrant IPV survivors, available employment options are further decreased by factors resulting from the intersection of abuse and immigration (Chronister & McWhirter, 2004; Messing et al., 2015; Perilla, 1999; Vidales, 2010). The lack of work opportunity is not necessarily the product low educational attainment but can also be a result of loss of professional status when their credentials and degrees are not honored in the U.S (Yakushko, 2006). Undocumented legal status further decreases economic empowerment for undocumented survivors who are not able to access employment or government support resources that require a social security number (Vidales, 2010). This lack of access to financial resources common to the immigration experience of many women affects their decisions to report abuse, seek help, and leave an abusive situation (Chronister, 2003; Vidales, 2010). The omnipresence of isolation,

unique cultural values, and immigration experiences with which these women contend, along with the impact of abuse emphasize the importance of adapting and implementing interventions that target survivors' contexts in a comprehensive manner.

During the past 15 years, greater attention has focused on mitigating the impact of IPV on women and preventing re-victimization via interventions designed to increase their vocational self-efficacy, work skills, and economic outcomes (Allstate Foundation; Chronister, 2006; Postmus et al., 2015). Vocational development trajectories for immigrant women, however, cannot be assumed to be identical to that of non-immigrant women IPV survivors, with whom most research on the intersections of IPV and economic and vocational development has been conducted, to date. Thus, the purpose of this study was to use the Heuristic model for cultural adaptations (Barrera & Castro, 2006) to adapt the Advancing Career Counseling and Employment Supports for Survivors (ACCESS) intervention (Chronister, 2013), to create a culturally responsive vocational development intervention that addresses the unique IPV experiences and contextual barriers affecting the vocational development and economic stability of Latina immigrant IPV survivors. The results of this study will determine what changes could be made to improve the cultural adaptations of this intervention and prepare for full-scale testing of ACCESS.

Cultural Adaptation and IPV Interventions

The absence of integrated, IPV interventions that are culturally inclusive and provided in Spanish for Spanish-speaking Latina immigrant IPV survivors is notable (Chronister, 2006; Perilla, Serrata, Weinberg, & Lippy, 2012; Postmus et al., 2015). The lack of these types of programs for Spanish-speaking Latina survivors creates a disparity

in their access to services and ability to participate in interventions that reduce their re-victimization risk and promote their economic, health, and social well-being. The fifth guideline of the APA's Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists (2002) asserts that multiculturally competent therapists are encouraged to examine the cultural appropriateness of interventions and expand these interventions to include culture-specific strategies. To address this mandate, therapists in the recent decades have undertaken several strategies to culturally adapt existing psychological health interventions.

To date, there are a few intervention programs that have been created to improve psychological health outcomes for Spanish speaking Latina immigrant IPV survivors (Mujeres Latinas En Acción, n.d.; Perilla, Lavizzo, & Ibañez, 2007), and an even smaller number designed to address immigrant Latina women's economic outcomes and work skills (Alianza, n.d.; Violence Intervention Program, n.d.). These extant programs help women learn how to monetize their current informal work activities, manage their finances, network with potential partners and clients for their entrepreneurial ventures (Alianza, n.d.), and develop formal and informal job seeking skills (Violence Intervention Program, n.d.). To date, researchers have not tested the efficacy of the economic empowerment program within the Violence Intervention Program and the Alianza program appears to no longer exist. The above-mentioned programs fill important gaps in practice and provide much needed services to survivors. A focus on building skills alone, however, does not sufficiently address the manner in which IPV constrains women's abilities to identify skills and decreases self-esteem around vocational development activities (Chronister, Harley, Aranda, Barr, & Luginbuhl 2012; Chronister

& McWhirter, 2006). The ACCESS intervention is unique in that it attends to survivors' work and financial skills as well as career development in one integrative intervention to improve survivors' economic stability, independence, and overall well-being over time (Chronister & McWhirter, 2003; Postmus et al., 2015; Wettersten et al., 2004). No current intervention focuses on helping women explore and identify the impact of IPV on the work skills identification, self-esteem and self-efficacy in engagement in vocational development and career and economic development of Spanish-speaking Latina immigrant survivors of IPV. This intervention study seeks to address this gap by culturally adapting ACCESS to address this population's intersecting experiences of gender, IPV, work, and immigration to provide access to help sooner, thereby, interrupting the cycle of violence. This dissertation study involved the use of the Heuristic Framework for cultural adaptation (Barrera & Castro, 2006) to test preliminary adaptations of the ACCESS, an intervention designed to address IPV's impact on vocational engagement, self-esteem, skills identification to increase self-efficacy and economic stability over time.

A description of both the cultural adaptation model and ACCESS intervention are provided in the following sections. Because the cultural adaptation proposed in this project will focus on Spanish speaking immigrants, some of the factors outlined below may not fully capture how these values present in indigenous and other non-Spanish speaking immigrant IPV survivors from Latin America. These subgroups of survivors deserve a separate cultural adaptation aimed at their specific experiences and contexts that are outside the scope of this project.

Heuristic Model of Cultural Adaptation

The heuristic framework for cultural adaptations, developed by Barrera and Castro (2006), built on themes Lau (2006) identified in her selected and directed approach to cultural adaptations that focused on improving participant engagement and outcomes. Lau also asserted that intervention adaptations should include only those changes that are necessary to meet the needs of the target population (Barrera & Castro, 2006; Lau, 2006). Barrera and Castro (2006) expanded on these themes to create their framework, which is comprised of four stages, (a) Phase 1, information gathering; (b) Phase 2, preliminary adaptation design; (c) Phase 3, preliminary adaptation tests; and (d) Phase 4, adaptation refinement.

The Heuristic Framework for cultural adaptation outlines four stages necessary to adapt an intervention where information and feedback gathered in each stage informs the modifications made in the subsequent stage. The first stage of the model is *information gathering*. During this phase, researchers engage in activities aimed at gathering information to establish the need for cultural adaptation and the intervention changes needed to increase cultural fit for the targeted population (Barrera & Castro, 2006; Barrera, Toobert, Strycker, & Osuna, 2012). Activities that accomplish this task include reviewing extant literature on the topic, collecting information from potential participants and experts from the population being studied, and forming relationships with stakeholders. The second stage of the model is *preliminary adaptation design*, and entails researchers taking information gathered from the first phase to change intervention procedures and structure. The goal of this stage is to prepare the intervention for pilot testing during stage three. The third stage of the model is *preliminary adaptation tests* and entails pilot testing the intervention created in stage two. The goal of this adaptation

step is to gather information about further changes that must be made to increase cultural fit through pre- and posttest measures or verbal qualitative feedback provided by participants (Barrera et al., 2012). The final model stage and task is *adaptation refinement*. The goal of the last stage is to utilize the results of the third adaptation stage to make changes necessary to refine the intervention and further increase cultural fit (Barrera & Castro, 2006). The resulting intervention can be tested for further refinement if it is deemed necessary.

Table 1

Application of the Heuristic Model to ACCESS

Heuristic model	Application to ACCESS
<p>Phase 1: Information Gathering</p> <p>Extant literature on the topic is reviewed. Information can also be collected from potential participants, experts, and stakeholders</p>	<p>Literature review of:</p> <p>Qualitative research with immigrant IPV survivors Existing interventions addressing IPV in immigrant women</p> <p>Existing interventions addressing vocational development with IPV survivors</p>
<p>Phase 2: Preliminary Adaptation Design</p> <p>Information gathered in the first phase is used to make changes to the intervention.</p>	<p>Changes to ACCESS based Phase 1 results</p> <p>Provision of food and childcare</p> <p>Referrals to legal and English language services</p> <p>Replacing CIS SKILLS job search with O*NET's Mi Próximo Paso</p> <p>Replacing Power and Control Wheel with Power and Control Wheel for Immigrant Women</p>

Table 1 continued.

Phase 3: Preliminary Adaptation Tests	Intervention testing using focus group qualitative research design
The intervention produced in the previous stage is tested with the goal of gathering information to determine effectiveness of the intervention and any additional changes that must be made.	
Phase 4: Adaptation Refinement	Changes will be made to ACCESS based on the qualitative results of this study. The refined version of ACCESS will be tested using mixed methods.
Results of the third adaptation stage will direct changes necessary to refine the intervention and further increase cultural validity	

Barrera and Castro (2006) identified that the stages of the Heuristic Framework for cultural adaptation and clinical judgment should be used to determine both the intervention to adapt as well as the changes to incorporate. Scholars within cultural adaptation work add that in selecting interventions to adapt, researchers should examine intervention efficacy on the primary issue being addressed and flexibility on factors that address cultural relevancy while maintaining fidelity (Bernal & Domenech-Rodriguez, 2012). The following section will describe the ACCESS intervention's efficacy and features that make it an appropriate intervention for adaptation for Latina immigrant IPV survivors.

The ACCESS Intervention

The intervention that was the focus of my cultural adaptation was ACCESS, which stands for Advancing Career Counseling and Employment Support for Survivors (Chronister, 2013). ACCESS was created originally by Dr. Krista Chronister in 2000 to

bridge the gap between IPV, mental health and career counseling services, and vocational research. Dr. Chronister developed ACCESS after working for several years with women and child victims of IPV in a domestic violence shelter setting. She observed that many women entered domestic violence shelters and then left, only to return six to twelve months later. In an effort to help end this “revolving door” of service utilization, Dr. Chronister began to investigate how economic resources and work contributed to women’s ability to escape an abusive relationship permanently. Her investigations led to the formation of collaborative partnerships with domestic violence agency staff, women survivors, mental health service providers, faculty, and graduate students to co-create the ACCESS intervention.

The primary aim of ACCESS is to improve survivors’ vocational and economic outcomes and reduce their risk for violence recurrence by addressing the intersections of women’s IPV experiences and vocational development and rehabilitation needs (Chronister & McWhirter, 2006). ACCESS is the first and only preventive intervention designed to enhance survivors’ rehabilitation and reduce their revictimization risk by concurrently addressing their mental health and career development needs. ACCESS comprises five sessions and all five critical career intervention components identified by researchers, in a meta-analysis over 40 years of career intervention research, as contributing to most effective career outcomes of (Brown & Krane, 2000; Wampold et al, 2010). The five intervention components used by ACCESS are: (1) information about academic and work worlds (provided through Career Information System technology), (2) attention to support, (3) role models (i.e., group members and facilitators), (4) individualized assessments and feedback, and (5) vicarious learning opportunities (i.e.,

activities to enhance mindfulness skills, development of capacities to access and engage support, and decision-making competencies). The theoretical foundation of ACCESS includes Social Cognitive Career Theory (Lent, Brown & Hackett, 1994), Feminist Therapies (Brown, 2010), and Counseling for Empowerment (Comás-Díaz, 1994; Martin-Baró, 1994; McWhirter, 1994) and a critical consciousness framework (Freire, 2000). The following section summarizes a unique feature of the ACCESS intervention program, the incorporation of intervention content and facilitation techniques that increase participants' critical consciousness development.

Critical consciousness. A unique component of ACCESS is the use of critical consciousness facilitation techniques to explore how interpersonal relationships, particularly violent relationships, and other contextual factors impact survivors' health and vocational and economic development. According to Freire, critical consciousness involves "learning to perceive social, political, and economic contradictions, and to take action against the oppressive elements of reality" (p. 19) (Freire, 2000). Within ACCESS, critical consciousness raising group facilitation techniques are used to foster women's greater awareness of self (identity), others (context), and the relation of self to others (power dynamics), and accordingly, improve women's work and life skills, knowledge, and volition (Chronister, 2006).

The five processes are: (a) *dialogue*, the collaborative process between women in the group and the group facilitator wherein facilitators encourage women to discuss their experiences and give respectful, honest, and constructive feedback to group members trusting that participants bring valuable skills and experiences to group; (b) *group identification*, involving facilitation of women's group identification and interaction by

dialoguing about women's social and shared identities to foster a cohesive, safe, and supportive environment in which women can talk about their shared and diverse experiences and receive validation from group members; (c) *posing problems and identifying contradictions* are where facilitators and women work together to present, discuss, and sometimes resolve problems or contradictions to allow women to learn about themselves, become more aware of others' impact on their beliefs about themselves and the actions they take, discover their strengths, and redefine their experiences in ways that are empowering; and (d) *power analysis*, wherein group facilitators and women collaboratively examine the abusive tactics, distribution of power in their families, at work, in social service and government agencies, and in their cultural communities to help women observe what power and control various people and communities have in their lives, and how that power has impacted them, positively and negatively; (e) *critical self-reflection*, in which facilitators reflect on how their power and privilege affect their relationships with women in the group and how they facilitate ACCESS program groups that allow participants to increasing awareness of their own privilege, power, strengths, weaknesses, biases to help them build relationships with other group members that are empowering, respectful, and honoring of differences (Chronister & McWhirter, 2006; Crosby & Hereck, 1987; Freire, 1970; Gutierrez, 1991; Martín-Baró, 1994; McWhirter, 1994,1997). These critical consciousness development components require facilitators to adapt the intervention to the unique experiences, values, and needs of the women that they are serving.

Critical consciousness has been associated with increased self-efficacy and decreased self-blaming for perceived skills deficits (Perilla et al., 2012; Yakushko et al.,

2008). Perilla (1999) argues that incorporating critical consciousness development activities and collaborative exploration and conversation into interventions with Latina clients is essential. She posits that critical consciousness facilitates an analysis of societal challenges and power structures that increase women's awareness of their right to have their perspectives validated (Perilla, 1999). Through collaborative conversations on power and control in relationships across women's ecology, women increase their critical consciousness of how power and control manifest in their lives and affect their work and career development (Chronister, Linville, Vargas & Baraga, 2018); Chronister et al., 2004; Perilla et al., 2012).

Intervention Feasibility and Effectiveness

Researchers across the U.S. have implemented and empirically examined ACCESS for the past 15 years with IPV survivors in community-based agency services and educational settings. The effectiveness of ACCESS was examined in two small experimental studies (Chronister & McWhirter, 2006; Davidson, Nitzel, Duke, Baker, & Bovaird, 2012). The first pilot study was an experimental examination of the ACCESS intervention conducted in Eugene, Oregon, with a community sample of 73 adult female IPV survivors (Chronister & McWhirter, 2006). Women were assigned at random to one of three experimental groups: standard ACCESS intervention, standard plus ACCESS intervention with critical consciousness group facilitation techniques incorporated, or a wait-list control group. Relative to controls, standard ACCESS participants at posttest reported higher career-related self-efficacy, and standard plus ACCESS participants also reported higher critical understanding of IPV impact on their well-being. At two-month follow-up, standard plus ACCESS participants reported more progress toward achieving

their goals (Chronister & McWhirter, 2006). The standard plus ACCESS intervention is the intervention proposed for this study and is used by more than 25 different agencies across the United States. The second pilot trial was conducted in Lincoln, Nebraska, and used a pretest-posttest design to examine the effectiveness of the ACCESS intervention with a community sample of 73 adult female IPV survivors (Davidson et al., 2012).

Women reported at posttest and two-month follow-up significant improvements in career self-efficacy, perceived vocational barriers and supports, trauma symptoms, anxiety, and depression. At follow-up, participants also reported improvements in perceived financial support compared with pretest scores (Davidson et al., 2012). Recently, the Federal Bureau of Prisons identified ACCESS as one of several gender-responsible programs to implement in its treatment facilities to help women build life skills for successful reentry into society. The ACCESS PI will work closely with facilities nationally to ensure intervention fidelity and will test the effectiveness of ACCESS at five prisons. The effectiveness and feasibility of the ACCESS intervention, SCCT's focus on contextual barriers, and analysis of power dynamics in critical consciousness makes ACCESS an ideal intervention for cultural adaptation with Latina IPV survivors.

Experimental results show that ACCESS, in comparison with another treatment and a no-treatment control group, produces significant improvements in survivors' career self-efficacy, outcome expectations, critical consciousness, perceptions of career supports, hopefulness, trauma symptoms, anxiety, depression, and behavioral progress toward their goals (Chronister & McWhirter, 2006; Davidson et al., 2012). Results also suggest that ACCESS can be feasibly implemented in community settings, and has a direct effect on behavioral, cognitive, emotional, and vocational dimensions of IPV risk

and resilience post-intervention and at two-month follow-up (Chronister & McWhirter, 2006; Davidson et al., 2012). ACCESS' success across different communities may be attributed to the adaptable and flexible nature of the intervention as well as to the manualized facilitation processes that explore participants' unique IPV and career development experiences. The focus on exploring experiences specific to participants guides goal setting, discussion, and support such that the intervention lends itself to use with a variety of populations. Furthermore, this combination of guided flexibility, implementation feasibility, effectiveness in different communities makes the intervention appropriate for adaptation for Latina immigrant IPV survivors. The following sections will describe the activities and results of the cultural adaptation organized into the four phases of the Heuristic model.

Pre-study Adaptation Activities

Phase 1: Information Gathering

For the first phase of the adaptation, *information gathering*, I conducted a search of published scientific literature from September 2014 to January 2018 using electronic databases WorldCat, Academic Search Premier, ERIC, PsycInfo, and LibrarySearch. The keywords I used were 'IPV/abuse/domestic violence', combined with 'Latina/immigrant'; 'vocational development/career development', combined with 'Latina/immigrant'; 'IPV/abuse/domestic violence', combined with 'vocational development/career development'; and 'IPV/abuse/domestic violence', combined with 'cultural values/gender roles/familismo'. The articles I collected from these searches included studies on Latina IPV survivors, career development needs of immigrant women, career development needs of IPV survivors, and descriptions of programs for

Latina immigrant IPV survivors designed by experts who specialize in working with Spanish speaking Latina immigrant women. The studies that were reviewed focused on increasing our understanding of the vocational development needs of immigrant Latina IPV survivors as well as to gather information on extant interventions and recommendations for best practices. As stated in the previous chapter, our literature review revealed a small body of literature focused on the Latina immigrant IPV survivors' and even fewer focused on their vocational development needs. Similarly, a few existing interventions were found that focused on increasing the financial literacy of immigrant Latina survivors. The literature revealed that Latina immigrants experience a unique combination of barriers when their experiences of IPV intersect with the experiences of abuse that shape their experiences of IPV such that they likely experience increased isolation and economic restriction. Although I could not find any published intervention that focused IPV survivors' vocational development, experts working to develop interventions with Latina PV survivors, more generally, shared recommendations for best practices when working with this population. The following sections outline these recommendations by theme; these recommendation themes informed the adaptations that I made to ACCESS and tested with this dissertation study.

One of the most preeminent scholars working in IPV intervention with Latinx communities is Dr. Julia Perilla at the University of Georgia. Her intervention, *Caminar Latino*, focuses on a collectivistic approach to addressing the needs of families experiencing IPV through working with survivors, their children, and their partners. Other scholars such as Yakushko, Vidales, and Chronister, ACCESS' creator, focus on researching the how IPV experiences, responses, and needs are uniquely impacted by

immigration and Eggerth and colleagues focus on the work experiences of immigrant Latinos. Few scholars, with the exception of Chronister, Morris, and Yakushko, examine IPV, immigration, and work. A review of the work of these scholars revealed have recommendations about how to make IPV preventive interventions most culturally inclusive or valid for Latina survivors. Authors recommend to do so include allowing participant voices to guide intervention focus and goals (Chronister & Davidson, 2010; Perilla et al., 2011; Yakushko & Chronister, 2005) and building partnerships with community agencies closely tied to the Latino community to recruit and implement interventions. Immigrant survivors may be slow to trust and are less likely to seek career counseling provided in a more traditional manner (Chronister, Wettersten & Brown, 2004; Perilla, 2003; Yakushko & Chronister, 2005). These scholars also noted that attending to providing food and childcare, providing ongoing referrals to social services, and securing the intervention site before career exploration begins may be necessary as survivors may be more focused on addressing immediate needs and safety (Chronister & McWhirter, 2004; Eggerth et al., 2012; Morris, Shoffner, & Newsome, 2009). Furthermore, because immigrant survivors may focus more on meeting the basic needs of their families rather than self-actualization, it will be necessary to amplify traditional views of career development and interventionist definition of work to include informal work activities (Chronister et al., 2004; Eggerth et al., 2012; Yakushko et al., 2008). With regard to systemic barriers, scholars noted that learning English and legalizing status were important to participants as they considered these necessary to increase the likelihood of being able engage in work finding activities and would amplify the type of work available to them (Perilla, 1999; Vidales, 2010; Yakushko et al., 2008).

Furthermore, the literature often cited lack of legalized status as a significant barrier to help seeking that also decreased trust in legal and service agencies thus connecting and providing guidance for women in the process of accessing legal and other necessary service agencies was strongly recommended (Perilla, 1999; Vidales, 2010; Villalon, 2010). Extant literature on Latina IPV survivors revealed that although researchers often focus on cultural values of *familismo*, *marianismo*, and religion as risk factors that increase IPV, these values may serve as sources of strength and healing (Ellison et al., 2007; Molina et al, 2009; Perilla, Frndak, Lillard, and East, 2003; Vidales, 2010. Thus, interventionists should seek to understand participants' cultural values and consider how these shape goals and provide strengths towards meeting those goals.

The literature review I conducted revealed recommendations aimed at increasing the cultural relevancy of interventions and treatments for Latina immigrant survivors. These recommendation themes addressed incorporating consideration of cultural factors such as values, systemic barriers related to immigration such as legal status, and abuse concerns such as safety. The following sections will outline the adaptations made to the ACCESS intervention prior to this dissertation study as well as to the changes we made based on the recommendation themes found in our literature review.

Phase 2: Preliminary Adaptation

To address the goals of the second phase of the adaptation, *preliminary adaptation design*, Dr. Chronister, the dissertation chair, and I spent the past year considering and incorporating changes to the ACCESS intervention. The changes were based on the themes identified in Phase 1 and that were related to systemic barriers impacting immigrant Latinas such as ongoing referrals to legal resources, English

courses, and incorporation of cultural values. During the past five years, Dr. Chronister has made preliminary adaptations to ACCESS for Spanish-speaking Latina survivors. She supervised one of her doctoral students who conducted a focus group with Centro Latino Americano clients to explore what Latinx immigrants identified as their work and vocational development needs. In addition, she worked closely with Magali Morales, M.S., a former Womenspace and SASS staff member as well as certified language translation specialist, to culturally adapt the curriculum. Dr. Chronister's initial changes included: a) translation of all ACCESS intervention materials into Spanish; b) changes in wording where needed to emphasize relational and communitarian references rather than individualistic themes; c) changes in vocabulary throughout the manual for words and ideas that did not translate well from English to Spanish; and d) addition of text that provided more specific examples relevant to Latina IPV survivors provided to facilitators (Chronister, 2013). Centro employees and UO Counseling Psychology doctoral students who were native Spanish speakers translated the curriculum and made content adaptations.

The second pre-adaptation change was the formation of a partnership with Centro Latino Americano, which has a long history of service to and established relationship with the Latino immigrant community in Lane County. Centro is one of the largest nonprofit agencies specializing in work with the Latino population in the state of Oregon (Martinez & Eddy, 2005) and provides a range of services that include mental health therapy, alcohol and drug counseling, social services, youth mentoring, and wraparound services. I began building this collaborative relationship with Centro in June of 2014 when I started working on contract as a Qualified Mental Health Professional. My

contract duties included providing therapy in English and Spanish to adults, children, and families and collaborating with other service workers to provide continuity of services. Centro allowed me to use their facilities to conduct the ACCESS groups and all study activities. My collaboration with Centro on this project is of great importance because, as mentioned in the literature review of Phase 1, building trust, decreasing barriers to accessing services, and working with community stakeholders are factors identified by experts in IPV in immigrant survivors that are known to increase success in interventions with immigrant communities. Centro's work in the community over four decades has helped the agency establish visibility and trust with the Latino community. Given the current political climate characterized by hostility towards immigrants and reported cases of deportations of IPV survivors upon reporting (Burnett, 2017; Gonzales, 2017), it is important that I collaborated with an agency that is known to the Latino community living in Lane County as a place where they can access help. Additionally, Centro's connections to other community agencies facilitated the process of referring clients to services aimed at reducing short and long-term barriers, such as lack of food or clothing language and legal status barriers.

Based on the results of Phase 1 literature review indicating the unique intervention needs of Latina immigrants and IPV survivors, we made the following changes: a) provision of food and childcare, b) manualized referrals to legal services and English language classes c) replacing CIS SKILLS job search with O*NET's Mi Próximo Paso, and d) replacing Power and Control Wheel with Power and Control Wheel for Immigrant Women. These changes address barriers to intervention engagement and attendance and also add activity frameworks that extant literature suggest would be more

culturally appropriate for Latina immigrant survivors. I outline the ACCESS adaptations that were made as part of Phase 1 and 2 in Table 2. This dissertation study involves Phase 3 cultural adaptation of ACCESS, and the study methods used to complete Phase 3 are detailed in the next chapter.

Table 2

Preliminary Adaptations for Spanish-ACCESS

ACCESS Session	ACCESS activity	Preliminary Spanish-ACCESS changes
1	Identifying skills using CIS SKILLS sheet	Identifying skills using CIS SKILLS sheet
2	Exploring vocational interests and choices using CIS SKILLS activity results	Exploring vocational interests and choices using O*NET's Mi Próximo Paso
3	Exploring power dynamics using Power and Control Wheel	Exploring power dynamics using Power and Control Wheel for Immigrant Survivors
4	Identification and connection to sources of support using Equality Wheel	Identification and connection to sources of support related to cultural values
5	Short- and long-term goals and objective setting	Short- and long-term goals and objective setting
Intervention processes		Preliminary Spanish-ACCESS changes
	Recruitment	Manualized omission of paperwork assessing participant legal status
	Engagement	Provision of childcare Referrals to social services case managers Referrals to legal resources Provision of food

CHAPTER III

METHODS

The purpose of this dissertation study was to use the Heuristic framework (Barrera & Castro, 2006) to test preliminary adaptations of the ACCESS intervention to create a culturally responsive vocational development intervention that addresses the unique IPV experiences and contextual barriers affecting the vocational development and economic stability of Latina immigrant IPV survivors. The results of this study will determine what changes could be made to improve the cultural adaptations of this intervention and prepare for full-scale testing of ACCESS. This chapter provides an overview of the study methods that I utilized to complete this dissertation study.

Research Design

I used a focus group qualitative research design to understand the cultural fit of the preliminarily adapted version of ACCESS (Creswell, Plano Clark, et al., 2003). Using a constructivist-interpretivist research paradigm (Ponterotto, 2005), I collected qualitative data using a semi-structured focus group format to assess the validity of the intervention implementation procedures and curriculum activities for this sample of Latina immigrant IPV survivors. I used conventional qualitative content analysis to analyze all focus group and group session data (Hsieh & Shannon, 2005).

Participants

Latina Immigrant IPV Survivors

Participant inclusion criteria were: (a) identified as a Spanish-speaking immigrant, (b) identified as an IPV survivor (current or past experiences of IPV), (c) identified as female, (d) age 18 or older, (e) completed Centro Latino Americano agency intake

appointment and intake forms, and (f) attended, at minimum, the first ACCESS group session. I excluded participants who were experiencing active psychosis. There were no other exclusion criteria.

I offered the ACCESS intervention three times from December 2017 to March 2018 with a total of 12 participants for the entire study. All participants ($n = 12$) were of Mexican origin and their ages ranged from 31 to 50 years ($M = 39.25$, $SD = 6.77$). All participants were mothers and 11 had between 1 and 5 children under the age of 18 years (age range = 2 months to 17 years; $M = 8.27$, $SD = 4.79$). With regard to marital status: 1 participant was widowed, 4 were separated, 5 were married, and 1 was single at enrollment into the study. Participants' highest educational attainment was: 2 attained some college credit, 1 GED, 1 high school diploma, 3 completed 8th grade, 2 completed 6th grade, and 1 completed 3rd grade. Current employment reported by participants at the time of study participation included: 3 employed full time, 3 unemployed, and 6 part-time work. Participants' self-described work included cleaning, childcare, independent consultants, agriculture, and social service positions.

ACCESS Facilitators

I, along with another UO College of Education graduate student, co-facilitated all three ACCESS groups under the supervision of Krista Chronister, Ph.D., dissertation chair, principal investigator (PI), and creator of ACCESS. Both the co-facilitator and I are bicultural of Mexican descent, fluent in Spanish, and identify as female. My co-facilitator is a doctoral student in School Psychology and has over five years of clinical experience including practicas in Lane County schools and previous experience facilitating groups with adolescents and parents in both English and Spanish. I am

currently a doctoral candidate in counseling psychology and have more than five years of experience providing mental health services to Spanish-speaking immigrant populations in Texas. My experience also includes developing curriculum to train adults to work with child sexual abuse survivors. I have also been a contracted Qualified Mental Health Professional at Centro Latino Americano for the past four years.

Measures

ACCESS group facilitators administered a two-page questionnaire, written in Spanish, to participants during the last ACCESS group session. Although I did not analyze the quantitative data as part of this dissertation study, I administered the questionnaires to gather qualitative information from participants about the fit of the questionnaire items and their overall experiences completing the questionnaire. It took participants 10 minutes or less to complete the questionnaire. Dr. Chronister had all questionnaire items translated into Spanish and back translated.

Demographic Information

I used a total of eight original items to ask about participants' age, country of origin, education level, employment status, number of children in the home, and income.

ACCESS Post Intervention Questionnaire

Vocational Skills Self-Efficacy (VSSE-R; McWhirter & Chronister, 2003). I administered eight items from the Vocational Skills Self-Efficacy Scale-Revised (McWhirter & Chronister, 2003), a measure designed to assess participants' confidence with a range of vocational activities. The VSSE-R is a 31-item revision of McWhirter's (1997) original 35-item VSSE measure. All items are prompted with, "Durante el mes pasado, cuan a menudo se ha sentido". Sample items are, "confianza en su valor como

empleado y sus habilidades profesionales, capaz de encontrar información sobre las carreras que le interesan, and capaz de identificar las prioridades en su trabajo/Carrera.” Response options range along a Likert-type scale ranging from (1) *nunca/never* to (5) *siempre/always*. Scores may range from 8-40, with higher scores indicating greater vocational self-efficacy. These eight items have been used previously in research with adult women survivors of IPV (Chronister et al., 2018) and demonstrated strong reliability ($\alpha = .92$) with a sample of adult women survivors.

Work Volition Scale (WVS; Duffy, Diemer, Perry, Laurenzi, & Torrey, 2012). I administered five items from the 13-item Work Volition Scale (Duffy et al., 2012) to assess participants’ perceived ability to make work choices despite constraints. The WVS is a measure that assesses work volition across three subscales: (a) Volition, (b) Financial Constraints, and (c) Structural Constraints (Duffy et al., 2012). All items are prompted with, “Cuan de acuerdo esta con los siguientes comentarios”. Sample items are “Debido a mi situación financiera, necesito trabajar en cualquier empleo disponible.” and “No me gusta mi trabajo, pero sería imposible encontrar un trabajo nuevo.” Response options range along a Likert-type scale ranging from (1) *completamente en desacuerdo/strongly disagree* to (7) *completamente de acuerdo/strongly agree*. Higher scores indicate higher work volition. With a sample of 185 adults, WVS authors calculated, for the English language measure, an internal consistency reliability of $\alpha = .86$ for the total WVS scale, $\alpha = .78$ for the Volition subscale, $\alpha = .81$ for the Financial Constraints subscale, and $\alpha = .70$ for the Structural Constraints subscale (Duffy et al., 2012). Chronister et al. (2018) calculated a reliability coefficient of $\alpha = .75$ for these five items with a sample of adult women IPV survivors.

Critical Consciousness of Domestic Violence Measure (CCDV; Chronister & McWhirter, 2006). I administered three items from the original 20-item Critical Consciousness of Domestic Violence Measure (Chronister & McWhirter, 2006) to assess participants' awareness of the impact of IPV on their vocational development. All items are prompted with "Mis experiencias intimas con la violencia doméstica han". Measure items are "*influenciado en mí una falta de confianza en poder exitosamente cumplir con mi empleo/carrera/educación*", "*influenciado el tipo de empleo/carrera/educación que me interesa*" and "*influenciado mi decisión en lograr un empleo/carrera/educación específica.*" Response options range along a Likert-type scale ranging from (1) *completamente en desacuerdo /strongly disagree* to (4) *completamente de acuerdo/strongly agree*. Scores range from 0–80 with higher scores indicating higher critical consciousness. The CCDV has shown adequate internal consistency reliability (.86), and convergent validity ($r = .32, p < .01$) with the Learned Helplessness Scale (Quinless & Nelson, 1988) as calculated with a sample of 75 women IPV survivors residing in domestic violence shelters across the U.S. (Chronister & McWhirter, 2004). Chronister et al. (2018) calculated an internal consistency reliability of $\alpha = .86$ for these three CCDV items with a sample of adult women IPV survivors.

Brief Symptom Inventory (Derogatis, 1975). I administered 14 items from the original 90-item Brief Symptom Inventory (Derogatis, 1975) to assess participants' psychological distress, including trauma related symptoms (anxiety, depression, difficulty sleeping) experienced during the past month. All items are prompted with, "Durante el último mes, cuan a menudo ha experimentado con". Sample questions are "sentirse triste y/o deprimido", "dolores digestivos/ de estómago", and "dolores de cabeza." Response

options range along a Likert-type scale ranging from (1) *nunca/never* to (5) *siempre/always*. Higher scores indicate a higher number of symptoms experienced. Chronister et al. (2018) calculated an internal consistency reliability estimate of $\alpha = .75$, for these 14 BSI items, and with a sample of adult women IPV survivors.

Vocational activity engagement. I administered 13 self-report items from an original measure to assess participants' current engagement in vocational development activities. All items are prompted with, "Durante el ultimo mes ha". Response options are *yes* or *no*. Sample items are, "solicitado a un empleo/entrenamiento", "abandonado algún trabajo o entrenamiento", and "completado alguna actividad para obtener experiencia laboral/educativa". Chronister et al. (2018) calculated an internal consistency reliability coefficient of $\alpha = .86$, for these 13 items, with a sample of adult women IPV survivors.

Focus group questions. I administered three focus group questions at the end of each of the five ACCESS sessions: 1) What aspects of the intervention were most helpful?; 2) What aspects of the intervention were not helpful?; and 3) What changes should we consider making to improve the intervention's fit with the abuse experiences of Latina immigrant survivors? Currently, no standardized focus group questions exist in cultural adaptation frameworks. Several scholars, however, have used versions of questions aimed at assessing participants' impression of the helpfulness of intervention sessions and activities (Lewin, Hodgkinson, Waters, Prempeh, Beers, & Feinberg, 2015; Osuna et al., 2011; Valentine, et al., 2017). Participants' narrative responses were recorded for qualitative analysis.

Procedures

Setting

I conducted all study activities associated with Phase 3 of the Heuristic model (Barrera & Castro, 2006) at Centro. Centro Latino Americano is a nonprofit agency that specializes in providing services to Latino immigrant clients residing in Lane County, Oregon. I conducted group sessions in a conference room located in the Centro Latino Americano agency building (944 W 5th St. Eugene, OR 97402), down the hallway from the childcare room, and in a computer lab when ACCESS sessions required computer and internet access to complete intervention activities. During the course of the study there were no threats to the safety of participants, children, or research team members.

Sampling and Recruitment

I recruited participants using purposive sampling. I employed the following recruitment methods: (a) the Centro mental health intake coordinator verbally informed current and prospective clients about the ACCESS groups and research study if they reported current or past IPV during a Centro mental health intake; (b) I posted study flyers (see appendix A) in the offices of social service agencies located in Lane County and who refer clients to Centro; and (c) I distributed flyers via email to collaborative Lane County grant partners and social service agencies in Lane County; (d) I also distributed flyers by email and in person drop-off at all social service, legal, educational, and healthcare agencies that IPV survivors can access in Lane County (e.g., Legal Aid, Lane Community College, Peace Health, Center for Family Development counseling services). The information contained in the flyer included my phone number, which was linked to a confidential voicemail box, and information that the study was for IPV

survivors and that food and childcare were provided. The flyer did not share the location of study activities for participant safety.

Individuals who responded to posted flyers, or who expressed past or current experiences of IPV to the Centro mental health intake worker, called me - the project coordinator - using the phone number provided. I screened the participants using the following activities. First, I scheduled an *informational meeting* where I (a) reviewed the time commitment for the five-session ACCESS group intervention, (b) asked the eligibility criteria questions, (c) answered the participant's questions, and then (d) asked the participant to complete Centro intake paperwork comprised of a two-page *demographic questionnaire*. If in this informational meeting the participant agreed to participate, I *obtained verbal consent* by reading the consent script (Appendix B). Second, after participants consented to participate, I called them to inform them of ACCESS group dates and times. Study participants consented verbally to audio recording of each ACCESS group session. Participants had the option to refuse audio recording of the group sessions, and so if even one group member did not wish to be audio recorded, then the entire ACCESS group session would not be audio recorded.

ACCESS Intervention Administration

My co-facilitator and I offered ACCESS three different times between December and March. Group times during December included one in the morning and one in the evening, and we offered the third group during March in the afternoon. We varied group times to increase the accessibility of the groups for participants. During the first group session, we read the consent script (Appendix B) and obtained verbal consent to audio record sessions. At the beginning of each group session, we informed women when we

were going to start recording. Group intervention sessions followed the format outlined in Table 2. Dr. Chronister provided all intervention manuals and participant workbooks. For each intervention session, Centro staff provided childcare. Additionally, we provided food to participants and their children at every session. All the above-mentioned supports (childcare, food, materials) were provided through funds from a faculty-student research grant from University of Oregon's Center for Latino and Latin American Studies.

Focus Group

To gather data on participants' ACCESS intervention experiences, including perceived cultural relevance and validity, we used two different data collection strategies: (a) we asked focus group questions at the end of every ACCESS intervention session that focused on understanding what parts of the intervention were helpful and not helpful and what changes should be made in the future to increase cultural relevance: 1) What aspects of the intervention were most helpful?; 2) What aspects of the intervention were not helpful?; and 3) What changes should we consider making to improve the intervention's fit with the abuse experiences of Latina immigrant survivors? and (b) we provided participants with a 20 minute period at the conclusion of the fifth group session that focused on reflecting on their experiences with the intervention as a whole. Responses were audio recorded and, along with all collected data, stored securely in the PI's office at the University of Oregon. Participants were compensated \$40 cash for their participation in the ACCESS session focus group at the end of the fifth session.

Data Analyses

I collected a total of 30 hours of qualitative data during the 14 ACCESS sessions that we offered from December and March. DataGain, a company that offers technology and research services including transcription, translation, and interpretation transcribed all 30 hours of data. DataGain provided the transcripts in Spanish. After transcription, a trained research assistant, selected due to their experience in qualitative methods, past clinical experiences working with IPV survivors, and bilingual/bicultural identity that I deemed necessary for thorough analysis of project data (Charmaz, 2014), and I independently coded the transcribed sessions. Coding was first conducted on two of the three intervention groups ($n = 5$) using conventional qualitative content analysis and an inductive open coding approach (Hsieh & Shannon, 2005; Ponterotto, 2005). That is, we developed coding categories directly from data that we reviewed. Extant literature on qualitative content analysis suggests this method is an appropriate option when limited extant theory and literature related to the phenomenon under examination exists (Hsieh & Shannon, 2005; Valentine, et al., 2017). Due to the dearth of research on the cultural validity of career development interventions for Latina immigrant IPV survivors, I chose conventional qualitative analysis to examine the cultural validity of the adapted ACCESS version. My coding assistant and I then met to review codes, group codes into categories, and identify code disagreement. I calculated coder reliability prior to discussing and resolving disagreements by dividing the number of total codes by the number of codes in

agreement (Weber, 1990). Coder reliability was calculated at > 85% for all sessions.

Because reliability was strong, it was not necessary for me to revise coding rules.

We coded data for two purposes: (a) to identify participants' experiences with the ACCESS intervention activities, their perceptions of its cultural relevance, and suggestions of changes for adaptation refinement and (b) to identify if the intervention drew out discussions about how the factors related to immigration, abuse, and cultural values compounded and influenced participants vocational development experiences. For the both purposes, we utilized Weber's (1990) guidelines for conventional content analysis wherein sentences were our units of analysis, category definitions were mutually exclusive, that is there could be only one code per unit of analysis, coders met to test the strength of these coding rules to ensure both coders understood the coding scheme. We analyzed session data activities to confirm what scholars have theorized as the intersections of participants' immigration, IPV, and vocational development experiences. We analyzed the focus group data, containing responses to focus group questions asked at the end of each ACCESS session, to solicit participants' perceptions of how culturally relevant were ACCESS activities and the intervention structure.

Once codes were grouped into categories and disagreements resolved, the coding assistant and I met to organize the categories and themes into a codebook that served as the guide for coding the final intervention group sessions ($n = 6$). After we completed all coding, the coding assistant and I reviewed and resolved new disagreements and reviewed transcripts until no new categories emerged. Data were triangulated with Dr. Chronister to recommend ACCESS changes for Phase 4 of the adaptation model.

CHAPTER IV

RESULTS

I present the study results by study aim: (a) to determine the cultural relevance of ACCESS session activities and intervention processes for Latina immigrant IPV survivors and (b) to identify the impact of IPV and immigration on Latinas' vocational development. Inductive conventional qualitative content analysis of the ACCESS session transcript and focus group data suggest that the preliminary ACCESS adaptations were culturally relevant and that there are few changes to recommend for the refinement cultural adaptation stage (Phase 4). Results also confirmed extant theoretical and empirical scholarship indicating that Latina immigrant women's experiences of IPV and immigration, together, compound or intensify the negative impacts on each experience on Latina immigrant survivors' vocational development.

The Cultural Fit of ACCESS

In this section, I provide the themes identified from participants' verbal responses to three focus group questions that we asked at the conclusion of every ACCESS session. I asked questions that solicited participants' thoughts about the cultural validity of the ACCESS intervention curriculum activities and implementation procedures for Latina immigrant IPV survivors as well as solicited their recommendations for how ACCESS could be changed to better address the needs of Latina survivors. Changes we made to the intervention prior to this adaptation phase included manualized provision of childcare and food, ongoing referrals to English language and immigration attorneys, replacement of CIS SKILLS job search with O*NET's Mi Próximo Paso, and replacement of the Power

and Control Wheel with the Power and Control Wheel for Immigrant Women. All participant quotes are verbatim. I provide code frequencies in Table 3.

Table 3

Frequency Count of Spanish-ACCESS Focus Group and Session Themes

Compounding Factors

IPV	80
Few English language skills	81
Legal status	33
Racism and xenophobia	16
Gender role expectation	44
Familismo	29
Lack of education	34
Limited finances	14

Helpful Intervention Activities

Learning about self	5
Acknowledging accomplishments	6
Recalling forgotten goals	5

Recommendations for Changes

Modify language	9
Amplify recruitment strategy	8

Helpful Aspects of the ACCESS Intervention

The first question that we asked participants at the conclusion of each ACCESS session was “What parts of the session did you find helpful?” Scholars have asked similar questions when conducting cultural adaptation research using the Heuristic framework (Lewin, et al., 2015; Osuna et al., 2011; Valentine, et al., 2017). I included this question in my dissertation study because I wanted to know what intervention components were helpful and should remain as part of future refinements of the ACCESS-Spanish curriculum.

Overall, participants reported that they valued their experiences in ACCESS.

Participant 5: *“Porque yo no quiero hablar de más, yo me siento muy bien, la paso bien con ustedes, como si nos conociéramos de tiempo”*

Participant 4: *“Lo que hubo maravilloso”*

Participant 1: *“Estuvo muy bonito, gracias”*

Participant 7: *“Sí, porque yo digo que este grupo, donde venimos, es como cargarte de la batería, prepararte allá afuera, porque muchas veces no es nada más tu casa, a veces hay abuso de afuera, con la gente del trabajo nomás porque anda de malas”*

Although they indicated they liked the intervention as whole, participants identified specifically that the CIS SKILLS sheets, O*NET’s Mi Proximo Paso’s job search, and goal setting activities were very helpful. We coded participants’ descriptions of the value of these activities into the following themes: learning about self, acknowledging overlooked accomplishments, and recalling and returning to goals.

Learning about self. ACCESS participants valued the CIS SKILLS, O*NET’s job search, and goal setting activities because the activities allowed them to learn about themselves. With regard to the CIS SKILLS worksheet, participants reported learning to

identify their skills and which specific skills they used to achieve certain vocational tasks and goals. Participants also indicated that they enjoyed the O*NET job search because it allowed them to explore jobs that had previously piqued their interest, but that they had put aside and forgot about after they became mothers. The job search activity also provided an opportunity for participants to explore jobs they had not considered (i.e., job training requirements, work tasks), but that came up on their CIS SKILLS results, and to make more informed decisions about work goals.

Participant 10: *“Aprendí mucho de mi misma”*

Participant 1: *“Nos dio la oportunidad de identificar nuestras habilidades, porque hacemos muchas cosas que estamos acostumbradas a hacer de todo”*

Participant 6: *“Y ahora, pues, aprendimos que hay muchas oportunidades de trabajo, superación”*

Participant 4: *“Y realmente, luego no nos desarrollamos, o sea, en nuestras habilidades como uno quería por cosas de la vida diaria”*

Acknowledging accomplishments. Participants shared that completing the CIS SKILLS sheet also allowed them to identify accomplishments that they did not identify previously as accomplishments. They noted that they did not often perceive things that they did as accomplishments because they pursued goals out of need primarily and/or the noteworthiness of their accomplishments were overshadowed by their focus daily on their families’ needs and routines. For example, half of the participants shared that they taught themselves how to drive in order to meet their children’s needs and no one was available or willing to teach them. These participants reported that the CIS SKILLS discussion made them realize that teaching themselves to drive was an accomplishment that required

many different skills. Most participants, rather, felt that they were doing what any mother should do for their children and that teaching themselves how to drive was not particularly noteworthy. Participants shared that taking time to explore and identify unacknowledged accomplishments helped them notice more of their strengths and helped them feel more confident.

Participant 10: *"Nos dio la oportunidad de identificar nuestras habilidades"*

Participant 1: *"Porque a veces vive uno una vida diaria y no analizamos, no solo lo de uno mismo, lo que uno hace a veces, son a veces logros que uno piensa que no tienen validez o va viviendo uno a veces como... a veces con los problemas, nada más vivir por... bueno, no vivir por vivir, porque la vida es bonita, pero a veces como que no piensa uno en las cosas, como "me pasó esto, hice esto", pues, no, entonces ahora sí pienso "es un logro más", a veces cuando logro mantener la casa limpia digo "eso es un logro", porque a veces necesita uno tiempo, dedicación y no dejar de hacer otras cosas"*

Participant 2: *"Es mucho más fácil verle los logros a otras personas que notarlas de uno mismo"*

Participant 3: *"Y a veces, tal vez, no es algo tan obvio y no es algo que se nota tanto, pero a veces, para algunas personas, algo pequeño es un logro"*

Recalling and returning to goals. Participants shared that the goal identification and planning exercises increased their clarity about their future vocational goals and the tasks required to attain those goals. Specifically, participants noted that the exercises helped them remember goals that they had set aside after they became mothers and tended to other life priorities. Some participants also indicated that the exercise allowed

them to return to goals they were postponing due to financial constraints and various fears.

Participant 4: *“Sí, a la fecha para no andar ahí tonteando, sino saber bien lo que uno va hacer”*

Participant 5: *“Y acuérdate que esa es tu meta porque se te olvida porque muchas veces nomás decimos y decimos que hacemos, sí hablamos muy bien de que estamos... sí lo voy a hacer que no sé qué, pero pasa algo en nuestro camino y para abajo. Pero yo digo, si es nuestra meta pues mientras no haya muerte tienes que continuar lo que quieres hacer”*

Participant 6: *“Sí, porque el miedo te acorrala, y hasta ahí te quedas, porque hay tantas cosas buenas que puedes aprender, pero si dejas que el miedo te controle...”*

Participant 1: *“Que nosotros somos muy conformistas, ¿no? Con lo que funciona, funciona, y no nos desenvolvemos en lo que realmente queremos, a veces las circunstancias de la vida, lo económico, el tiempo, los niños, o sea, muchas cosas”*

Childcare is critical. Participants noted that the provision of childcare enabled them to attend ACCESS intervention sessions. Some participants reported that they did not have reliable childcare and would not have been able to attend ACCESS if they were not able to leave their children with someone they trusted. Overall, six of the 15 participants used childcare services.

Participant 5: *“Sí, pues, eso es lo más principal para mí igual porque estoy aquí y las niñas están seguras abajo con su niñera. Y la señora pienso que los cuida muy*

bien porque los sigue bastante, más que en la escuela. Pero sí, es lo más principal cuando estamos en clase porque, como le voy a volver a decir, no es fácil ¿verdad? Los hijos. En mi caso no los dejaría donde sea.”

Participant 2: *“Yo no tengo niños chiquitos ahorita conmigo, pero hay muchas personas que necesitan y eso es muy bueno porque el cuidado de niños muchas veces previene a las personas de participar, porque dicen: no, ¿cuánto voy a pagar? O luego, si trabajan, los dejan en el día y otra vez dejarlos en la tarde, entonces es bonito que tengan...”*

Unhelpful Aspects of the ACCESS Intervention

The second question we asked participants was, “What aspects of the intervention were not helpful?” Participants did not identify anything as unhelpful, but they did share recommendations for intervention changes, which I summarize in the next section.

Recommendations for Changes

The final question that we asked participants at the end of each ACCESS session was, “What changes should we consider making to improve the intervention’s fit with the abuse experiences of Latina immigrant survivors?” Participants’ recommendations were few and were categorized into themes of *modify language* and *amplify recruitment strategy*.

Modify language. A few participants reported that some of the terminology used throughout the ACCESS participant workbook, on intervention activity worksheets and study measures, and by facilitators was difficult to understand. They expressed that some words were uncommon in everyday conversation and were too “academic”.

Participant 1: *“Sólo son un poquito académicas, todas las preguntas”*

Participant 8: *“Que significa la palabra ‘espectativa’”*

Participant 9: *“Yo no se que significa esa palabra”*

Participant 5: *“Similitudes... esa palabra no la entiendo”*

Some participants noted that in addition to modifying language that we use to facilitate the groups and on ACCESS materials, we could also have participants complete ACCESS written assignments together as a group so that women could help each other, and facilitators could check in with participants working in groups to see if any participant needed a word explained/defined.

Participant 9: *“O sea que te pongas ahí y lo leas y que te expliquen más o menos porque hay muchas palabras que quizás lo estamos haciendo pero no lo entendemos”*

Participant 8: *“Y hacerlo todos en grupo”*

Participant 8: *“Y si no se puede entonces hacerlo entre todo el grupo ¿no? Como decir, vamos a ver la fortaleza número uno y ya como a leerlo y luego ya vamos checando los puntos y luego ya Okey, vamos a seguir la segunda fortaleza,”*

Amplifying recruitment strategy. Participants also recommended changes with our participant recruitment strategies. Participants felt that more women should know about the group and that we should publicize the group more widely and using different methods.

Participant 4: *“Pienso que a veces un poquito más de publicidad”*

Participant 1: *“Le falta publicidad para que puedan venir mas personas”*

Participant 2: *“Cómo hacer más publicidad para que llegue más gente. Así yo llegué con una amiga acá. Así me dijeron de este programa, si no pues yo no hubiera sabido”*

Two participants indicated that the radio was a good option to publicize ACCESS because the Latino community in Lane county often used the radio to access events information.

Participant 2: *“Incluso hay otros lugares, como las iglesias, pero no sé”*

Participant 5: *“Yo pienso que por todos lados. O sea que ahora sí que no importa la religión, su cultura, ni nada”*

Participant 4: *“Exacto. Una de las cosas es la radio”*

Participant 3: *“Locutores, ¿verdad? Ellos son... bueno, no sé si tienes a Alex* [researcher note: Alex is a well-known DJ in Lane County]”

Participant 1: *“Claro, Alex, sobre todo, Alex, él ayuda mucho a la comunidad”*

A few other participants offered to spread the word about ACCESS and often used the phrase *“correr la voz”*, a phrase that highlights the importance of ‘word of mouth’ recruitment in collectivistic groups like the Latino community. It is notable that in this study, word of mouth was an unintended recruitment strategy that naturally came about as three participants passed the word to their acquaintances after they began the intervention. In total, six participants, half of our sample, took part in the study after being recruited via word of mouth from acquaintances.

Participant 2: *“Yo puedo correr la voz”*

Participant 5: *“No es fácil de que vengan aquí, porque así es como está la situación y a todo mundo le da miedo. Salgo con una, salgo con otra, o hasta me*

termino fuera de aquí, o sea, mucho miedo tiene la gente ahorita, pero eso no nos va a detener. Tenemos que luchar día a día, porque tampoco nos podemos quedar aquí, traumatados, sentados con las manos cruzadas. Si nos van a sacar, nos van a sacar; si vamos a estar aquí, vamos a estar aquí, vamos a luchar. Ajá, porque... pero pues a correr la voz los que quieran venir, no cuestan ni pagan, como les digo, aquí nos ayuda a crecer”

Other recommendations. Participants identified other recommendations too infrequently to be categorized into distinct themes, but their recommendations are important and shared here. Two participants indicated that they wanted facilitators to spend more time explaining and foreshadowing the purpose of the CIS SKILLS assessment so that they felt less confused about the purpose and utility of the assessment. Another participant noted that she was anxious about using the computer and so she recommended that facilitators reassure participants that they will have help with using the computer and O*NET website.

Summary

Dissertation study results revealed that participants valued participating in the ACCESS intervention and found that the intervention activities promoted their learning about themselves, identification of their accomplishments, and revisiting of their vocational goals. Participants also shared that on-site childcare was critical for them to participate in the ACCESS intervention. Although participants did not identify any intervention aspects as unhelpful, they recommended that we modify intervention language, amplify participant recruitment, and clarify the purpose of intervention activities when we offer ACCESS to Latina immigrant IPV survivors in the future.

Compounding Factors Affecting Latina Immigrant Survivors

Our review of the extant literature for Phase 1 of this cultural adaptation revealed the complex constellation of factors that intensify the impact of immigration, culture, and IPV on Latina immigrant survivors' vocational development. My analysis of the discussions in which participants engaged in response to ACCESS activities and facilitation strategies showed that ACCESS addressed many of the sociocultural, immigration, and IPV factors as well as compounding of these factors, on Latina immigrant IPV survivor participants' vocational development. In the following section, I provide the themes that emerged from participants' verbalizations during each of the five ACCESS intervention sessions.

IPV

Participants indicated that they experienced different types of IPV - physical, emotional, and sexual abuse – and that these types of IPV negatively affected their work, constricted their vocational development, and limited their access to money. With regard to work and vocational development, participants shared that abusers often controlled if, when, and where they could work as well as how they interacted with their work colleagues. One participant reported leaving a job she held for over a decade after growing tired of her partner stalking her at work.

Participant 1: *“Embarazada..enferma...me mandó a que fuera a trabajar,”*

Participant 11: *“Llegó la fecha en que simplemente me puse a llorar, y decía*

“¿será posible que un dólar yo no pueda traer para comprarme un antojito?” y

yo me acuerdo y digo “está feo”, sí, está tremendo. Emm, después, él no me dejaba trabajar tampoco”

Participant 8: *“Yo, de la manera en que me afectaba el trabajo, por ejemplo, este... En uno de mis trabajos, este... mi esposo llegó a trabajar ahí en un turno en la tarde. Yo trabajaba pues de 9 a 5, de 9 a 6, dependiendo y él entraba a las 3:30 o 4 de la tarde, entonces este... en ese poquito tiempo que él estaba pues me afectaba mucho porque nada más me miraba y me controlaba con la pura mirada, como no hagas nada, no hables.”*

Participant 9: *“Pasa una hora y ya tengo como 3, 4 textos o llamadas y dice, ¿ya vienes? ¿A qué horas vienes? “Una vez que yo veo el texto o la llamada aunque yo esté aquí ya mi mente está como que ya no me puedo enfocar, ya no puedo estar tranquila aunque sea a distancia, por medio del teléfono siento el control de mi mente.”*

Participant 2: *“Entonces, yo, como en mi posición atendía a veces a los vendedores, a los técnicos de los químicos y venían, y un día había una junta, como la junta de empleados, y en ese momento llegó el técnico de las máquinas de lavandería y vino a revisar las máquinas y como yo lo conocía y ya me dijo, hola Rosy, cómo estás, pero así nada más, hablando, mi esposo nada más se me quedó mirando así y pasó rato, terminó la junta, el técnico se fue, la junta terminó y todo, y llegó a la oficina mi esposo y sí, entonces así te la pasas, visitando hombres”*

Participants also noted that abuse negatively affected their self-esteem and that this decrease in self-esteem - coupled with lack of work experience and work qualifications (i.e. documentation, skills), made finding work very difficult. In turn, their

lack of ability to find work and earn money for their family increased their dependency on their abusive partner.

Participant 9: *““No sé trabajar”, todo lo hacía él, todo dependía de él”*

Participant 7: *“Pues, yo pienso que tu autoestima se pone más, como más baja, vas de una forma u otra forma a buscar trabajo, pero la gente ahorita, la mayoría, donde contratan gente, te escanean de pies a cabeza, cómo te ves, y, bueno, donde yo trabajé ahí nos enseñaron también, porque nos daban clase, dijeron que es mejor decir la verdad de qué es lo que está pasando para poder ayudarte, y eso pasa muchas veces, nuestra autoestima baja y ahí vamos así con la cara... estás a punto de llorar en frente de ellos, “dame un trabajo, es que estoy así”, pero no puedes soltar todo lo que vas, ¿verdad?”*

Participant 8: *“Yo pienso que, como a mí, digamos, yo pienso que en nuestra seguridad de nosotras mismas, en nuestra autoestima es donde más a veces uno quiere hacer daño”*

For one participant, the impacts of IPV resulting from years of abuse causes her fear of strangers and fear of being harmed that stops her from accessing healthcare and social services resources.

Participant 9: *“Porque en la relación de violencia doméstica hay mucho temor para mí A abrirme con las demás personas, como por ejemplo al hacer una cita, me da miedo hacer citas, Hablar con una persona que yo no conozco. Siento que al tener contacto con esa persona me va a agredir, o sea, me siento atemorizada”*

Few English Language Skills

Participants most frequently identified language as the barrier that had the greatest impact on their experiences. Participants shared that their lack of English language skills limited the number and types of jobs available to them and negatively influenced their perception of their own qualifications for specific jobs. Participants also prioritized learning English as a foundational goal necessary to achieve all of their other vocational goals, which delayed their vocational development timelines notably and, again, increased women's dependency on their abusive partners. Participants also identified that access to resources, such as healthcare, was restricted because few services in Lane County are provided in Spanish.

Participant 5: *“Qué tanto sabes de inglés, todo eso preguntan”*

Participant 2: *“Intenté ir a Lane para aprender inglés, pero yo no sé si sea mi capacidad o... no me podido aprender bien, este, como un 70%, pero quisiera más, aprender bien”*

Participant 11: *“Ya un tiempo que vaya yo agarrando más o menos de inglés, y pues ya empiezo a trabajar”*

Participant 7: *“Pues, las metas. Lo que yo veo, pues, buscándole, entrando al año tengo que buscar una clase de inglés.”*

Participant 12: *“Mi deseo ha sido tomar las clases de CNA, ayudante de enfermero, entonces sé que me hacen falta dos pasos más para llegar a esas clases, que es el inglés y no tengo el GED, entonces necesito el... el GED y necesito estudiar un poquito más el inglés, porque sé que las clases de CNA son inglés, que si fueran en español, de inmediato me dijeran “Mañana empiezan” y yo ya estuviera ahí”*

Participant 7: *“Porque si no estoy preparada, no hablo inglés, ¿en qué le tiro?”*

Legal Status

Participants identified legal status as a sociocultural factor that posed a barrier to their work and vocational development and influenced their ability to meet their family's needs. Responses related to vocational development described how obtaining legal status significantly broadened available work opportunities. Women who had not yet obtained legal status identified documentation as necessary to reaching their vocational goals.

Participant 7: *“Ya tengo mis documentos, ya con eso ya te abre la puerta”*

Participant 9: *“Bueno, pues yo en dos años mi meta es tener papeles, y bueno, pasarme, tener como se dice... seguro bueno, sí. Y tener una casa y mejorar, tener más trabajo para salir adelante y cumplir mis metas que yo quiero”*

Other participants who had yet to legalize their status noted that a lack of documentation precluded their ability to obtain driver's licenses and increased their anxiety about possibly getting stopped by police. Participants indicated they were forced to face this anxiety in order to attend to their family's needs and care for their children. Another participants noted that she was not paid for doing work that otherwise would have been remunerated had she been documented.

Participant 1: *“No traigo licencia, pero, pues, la necesidad... las necesidades, que son muchas”*

Participant 9: *“Y mi tercer objetivo es arreglar por mi niña, que... mi niña tiene problemas, es una niña incapacitada, y muchas personas me han dicho que puedo hacerlo, pero he tratado con abogadas pero como que aquí en este... aquí en Oregon no se da mucho esa ayuda con ese problema”*

Participant 5: *“La cosa es que el gobierno iba a pagar y yo no tenía mis documentos”*

Racism and Xenophobia

Participants reported experiencing racism and xenophobia at work and school, and these experiences negatively affected their vocational development and discouraged them from pursuing training in the fields in which they were interested. In work environments, xenophobic remarks and hostility from coworkers caused them to feel vulnerable to accusations that could lead them to lose their jobs.

Participant 3: *“Buscan el más débil a quien echarle la culpa de eso. Y luego lo miran a uno, más a uno que es hispano”*

Participant 7: *“Entre uno somos como raros, racistas, muy racista, llegó él y me dijo ‘tú no puedes trabajar aquí, tú no hablas inglés, no sabes esto, no sabes esto y no sabes esto’”*

Participant 5: *“Él me contestó, me dijo, no, no voy a trabajar, tú eres mexicana y tienes que trabajar más,”*

In educational/training environments, participants reported experiencing racism in the form of discouragement away from types of work that interested them and in lack of support completing homework when in class. Participants’ described that these racialized experiences dissuaded them from persisting toward their vocational goals and decreased their confidence that they possessed skills necessary for their desired work.

Participant 5: *“Yo me di cuenta que era mucha la diferencia porque uno pide ayuda y te dicen ahorita, y van y le ayudan a los demás, a los güeros, y uno está*

ahí y van y yo agarraba mi libro y lo empacaba y me iba a mi casa y hacía la tarea como podía”

Participant 2: *“Por ejemplo, quería yo explorar, qué quiero yo, que hiciera una carrera, que puedo ayudar, que me siento bien, pero que también gano bien dinero. Entonces yo dije “pues, ya estoy aquí, voy con la consejera del colegio” entonces yo fui y le dije esa opción, y me dijo “¿qué te gustaría?”, le digo “pues, tal vez me gustaría ser trabajadora social, consejería”, le digo, ya le platicué lo mismo que estoy haciendo en el trabajo y me dice “consejería no te recomiendo, no creo que es algo que tú quieres hacer, porque es un trabajo que hay mucho sentimiento, hay muchos problemas con la gente y no se gana mucho dinero y también te traes muchos problemas a la casa y te vas a enfermar, vas a tener ansiedad, vas a tener dolores de cabeza y es algo que pienso que no es muy bueno”*

Participant 10: *“Y me dieron la beca y todo, pero... para CNA, pero la maestra era bien racista. No nos apoyó”*

Participant 2: *“Hubo un tiempo que yo estuve muy interesada, como que me nacía de ser un paralegal o asistente de abogado” y me dijo “en primera, tu inglés, pues, es bueno, si sabes, pero para ir al colegio... y leyes es muy complicado, no creo que tú puedas hacer eso porque inglés es tu segundo idioma, es muchísimo tiempo, es mucho dinero, y para ti creo que no es una opción” y cuando le dicen a uno eso, se lo cree”*

Gender Role Expectations

Participants described how cultural and familial messages about gender and family relationships dictated what duties and obligations they were expected to fulfill, and reinforced that women should prioritize family and children over self. These social expectations shaped participants' vocational development and IPV experiences.

Participant 6: *“Sí, yo sé, ay qué egoísta eres, por qué eres tan egoísta o por qué no estás con tus hijos. Por qué no estás con tu esposo. Entonces, nos hacen sentir... bueno, a mí... me hacen sentirme culpable o mal si yo me iba al cine sola o si yo me tomaba un café sola y a veces creo que en ocasiones me sentía como con miedo a hacer esas cosas sola porque a otra gente pensaba que yo estaba haciendo algo malo cuando en realidad estoy haciendo algo sano para mí. Para mi mente y para mi persona”*

Participant 7: *“La chiquita en todo momento anda conmigo, no la deajo cae en la mujer, aunque trabaje, que cuide a los niños, limpiar la casa”*

Participant 4: *“O sea, muchos hombres nomás miran: me tienes que ayudar económicamente, pero ellos no ponen nada de su parte para ayudar con la limpieza de la casa. O al menos si no ayuda, al menos que no tiren”*

Participants also indicated that their values regarding maternal obligations to their children greatly influenced their work choices and their timelines for reaching their vocational goals because they prioritized caring for their children or securing trustworthy childcare.

Participant 4: *“Este es mi trabajo, lo que hago ahorita, con amigas, conocidos, y todavía sigo trabajando, y aparte soy mamá de 5 hijos. Por eso yo digo, mejor en*

2 años cuando él ya esté listo, porque no quiero dejarlo chiquito ahora y no quiero trabajar nada más para trabajar como que no”

Participant 7: *“Sí porque, pues, es lo más importante ahorita, los hijos. Tener la prioridad ahorita para buscar tu estudio, buscar tu trabajo, dónde van a estar ellos es lo principal*

Participant 5: *“Tengo que buscar a qué horario tengo que entrar y con quién tengo que dejar las niñas para ir acomodando el horario del trabajo y clases”*

Participant 11: *“Y pues en ese tiempo mi niño el chiquito ya va a tener cinco o seis años, ya voy a trabajar de tiempo completo, llegar en la tarde, recogerlos, y pues ojalá en esos dos años pues hacer algo allá en México”*

Participant 1: *“Yo tengo muchas ganas de terminar el GED, pero a veces me enfoco más en mis cosas de la casa, de mis hijas, de mis padres, entonces a veces como que a eso no le doy importancia y sí quiero, quiero lograr sacar mi certificado, pero es un poquito complicado”*

One participant reported losing her job because she took her children to their school/ health appointments.

Participant 12: *“Yo dije “bueno, yo lo único que les puedo decir es que tengo que atender a mis niños, yo tengo mi familia y yo pienso que si mi horario termina a la una y media, yo puedo atender a mis hijos más tarde”, pero no porque... yo digo “¿a las cinco a dónde voy a hacer citas?”, yo tengo que atender a mis niños, entonces pasó eso que me dijeron, días antes me dijeron “si tú tienes una cita antes de las cinco, entonces vas a perder el trabajo” y sí, perdí mi trabajo. Sí, perdí mi trabajo”*

Participants also noted that their abusive partners used gender expectations to exert their dominance and control as well as reinforce women's submission/subservience.

Participant 4: *“Lo que yo veo, a veces el hombre es muy machista, y a veces él toma su papel y “el que manda soy yo” y más si no trabajas, entonces él te quiere manejar a su modo”*

Participant 5: *“Y lo mismo con mi esposo llegué y me manejaba como si fuera una niña”*

Participant 12: *“Mi exesposo decía, cuando hacía algún abuso, él decía, yo le decía “¿esto por qué lo haces? Yo no soy un animal” o “¿esto por qué lo haces?” decía “firmaste, y el día que tú firmaste, yo no te obligué a firmar, entonces tú tienes que hacer lo que yo te diga”*

Familismo

Participants' responses regarding *familismo* were divided into descriptions about how the cultural value was a barrier and a source of support. Some participants noted that their own values as well as messages that they received from their families reinforced the ideas that women should endure abuse to keep the family together and to help their children have a better future.

Participant 7: *“Allá en el pueblo, o antes era “¿por qué?”, “para que no le des un mal ejemplo a tus hijos hay familia por medio, tenemos que buscar en qué forma hacer toda esa parte, porque la base principal es... con familia tiene uno que tener todo en un orden”*

Participant 5: *“No puedo estar viviendo así, dice uno, pero muchas veces tenemos que pensar en los niños porque los dañamos toda su vida”*

Participant responses also identified *familismo* as a cultural value that brought them support from family members and promoted a sense of trust among family members. Some participants also noted that, in cases when family members learned that they were experiencing IPV, they encouraged women to protect themselves and to not stay with their abusive partner.

Participant 9: *Dijo mi hermana “te vas a ir conmigo” y él ya me había dicho “si te vas, primero te mato antes de que te largues” y ya la última vez le dije “pues, mátame, porque yo me voy a ir”, porque cuando tú ya vas a alguien que llega a rescatarte, te sientes con valor y yo cuando vi que llegó mi mamá y llegó mi hermana, y él me dijo “diles que yo no te pegué” y yo “sí me pegaste” y decía “no, no, dile que no” y mi hermana bien enojada lo agarró de aquí, lo agarró, aquí estaba un pozo y le dijo “te voy a aventar”, le dijo “tú sabes que a una mujer se le respeta, a una mujer se le cuida, tú sabes que las mujeres somos como pétalos de rosa”*

Participant 12: *Yo decía “si lo dejo, mi suegra se me va a echar encima”. Cuando me alivié de la más chiquita, ella me atendió, cuando ya ves cuando ya te dejan los 40 días cuando una tiene a sus bebés, ella me dijo “vamos a la casa para bañarte” y fuimos, me llevó a su casa, y cuando ella me empezó a quitar la ropa, me miró y dijo “mira nomás cómo te tiene”, toda, estaba bien moreteada, y me dijo ella “no seas tonta, regalazo que te dé, regrésela” y yo le decía “no, ¿cómo va a creer? No, no, no”, “no te le dejes”, pues así fue cuando yo empecé a defenderme*

Women shared that family members' support significantly increased their self-esteem and fueled their persistence toward their vocational goals.

Participant 1: *“Siento apoyo de una de mis hijas. Pues, tengo mucha comunicación con ella, y usualmente salimos de acuerdo las dos en las metas que tenemos ella y las que tengo yo. Y nos apoyamos mutuamente”*

Participant 4: *“Pero claro, no es lo mismo con mi mamá. ¿Por qué? Porque ella es incondicional. O sea, ya es algo, a cualquier hora puede ser. En las buenas, en las malas. Y no te sientes juzgada, de decir va a hablar de mí”*

Participant 5: *“‘Mami vamos a trabajar, yo sé que te entraron a robar malas personas, pero vamos a trabajar, tú puedes, yo te voy a ayudar’, me decía y le digo, ay, Dios me está hablando. Pues sí, verdad, vamos a trabajar. Entonces es ella la que me apoyó mucho otra vez para levantarme.*

Lack of Education

Participants identified that their lack of education was a barrier that negatively affected their vocational development, particularly when the type of work they wanted required a high school diploma or equivalent. Lack of education definitely slowed participants' vocational development timelines.

Limited Finances

Participants described that a lack of finances negatively affected their access to resources and ability to engage in vocational development activities. Responses, particularly from participants who were single after leaving an abusive relationship, described that a lack of financial support from their former partner often meant that they were the sole providers in their homes and for their children. This lack of support

required them to work full-time to earn enough money for their families – if they were able to find work – and limited their availability to participate in training programs and classes that would help them gain skills necessary for more desirable work. Moreover, these participants noted there was often little, if any, money that they could allocate toward training for a job of their choice. Limited finances also influenced participant timelines for reaching vocational goals as they often perceived a need to establish financial security before undertaking goals for work that interested them. One participant also reported that lack of money also limited her access to healthcare, which in turn affected her ability to work.

Participant 5: *“Comencé y cuando me di cuenta que ya comencé a dar pasos otra vez como niños, yo no fui al doctor, yo no fui porque, uno, no tenía aseguranza, no tenía dinero”*

Participant 12: *“Bueno, pero si es un programa dentro del cual pudieran buscar ayudas, para la comunidad, creo que sería muy favorable pasara saber dónde van a dar las clases, o si hay manera de obtener, ¿sí?, a bajo costo. O si no, dijo alguien, “gratis” [risas]. Sí, porque a veces el signo de pesos nos detiene, porque decimos, me hace falta para esto, no puedo, no tengo, y ya se queda uno ahí”*

Participant 2: *“Para mí, lo que se me hace difícil es porque yo tengo que trabajar tiempo completo, eso es lo más difícil”*

Participant 4: *“Como pienso yo, de ahí pienso yo, hay que organizarse en lo económico con el dinero, sacar números, cuentas”*

Summary

Findings from inductive conventional qualitative content analysis of focus group and session data revealed that the preliminarily adapted version of ACCESS was culturally relevant for the vocational development needs of Latina immigrant IPV survivors. Results indicate there were no aspects of the intervention that participants perceived as unhelpful and that few changes are required to refine the intervention in the next phase of the cultural adaptation. Our findings also support that the ACCESS intervention elicits discussions about the uniquely interacting and compounding factors that influence the vocational development of Latina immigrant IPV survivors. Data themes confirmed extant literature findings; that barriers such as lack of English skills, xenophobia and racism, and documentation status negatively affected participants' work experiences, choices, and goals. Furthermore, participants expressed that in addition to the IPV that they experienced, aspects of *familismo*, traditional gender role expectations, and their role as mothers impacted their decisions about when to work and what type of work they pursued.

CHAPTER V

DISCUSSION

The purpose of this dissertation study was to (a) determine the cultural responsiveness of the adapted Spanish-ACCESS intervention (Phase 3 of Heuristic cultural adaptation framework) and (b) to identify the impact of IPV and immigration on Latinas' vocational development. The results of this study identify refinements required to increase the intervention's cultural fit (Phase 4 of Heuristic cultural adaptation framework) and prepare the intervention for full-scale testing to create a culturally responsive vocational development intervention that addresses the unique IPV experiences and contextual barriers affecting the vocational development and economic stability of Latina immigrant IPV survivors. Participants included 12 adult Latina immigrant IPV survivors living in Lane County. Qualitative data collected throughout ACCESS intervention sessions and during focus groups suggest that ACCESS, with preliminary changes made in Phase 2, is culturally responsive to Latina immigrant IPV survivors' vocational and mental health needs and addresses the unique impact of IPV, immigration, and other sociocultural factors on participants' vocational development.

Meeting Intervention Aims

Overall study results confirm prior English-ACCESS intervention outcome research conducted with other samples of IPV survivors (Chronister, et al., 2018; Chronister & McWhirter, 2006; Davidson et al., 2012) and research conducted with other Latina immigrants (Barcelona de Mendoza, 2001; Chronister & Aldarondo, 2012; Mars Fuchsel, 2012; 2013; Perilla, 1999; Reina et al., 2014; Rogerson, 2012; Vidales, 2010; Villalon, 2010). Women noted that participating in the adapted Spanish-ACCESS

intervention contributed to their learning more about themselves and their accomplishments as well as how immigration, gender role expectations, and other sociocultural factors affected their vocational development and general well-being. Dissertation study results also show that ACCESS participants discussed many of the same IPV, work, and immigration experiences that other authors have documented with Latina immigrant IPV survivors (Chronister & Yakushko, 2005; Perilla, et al., 2012; Stephen, 2016, 2018; Yakushko et al., 2008).

These study results provide initial evidence that we implemented the Spanish-ACCESS intervention with fidelity and that the theoretical and empirical foundation of the ACCESS intervention is relevant to the vocational experiences and needs of Latina immigrant IPV survivors. As described in Chapter 2, ACCESS is grounded in tenets of SCCT, critical consciousness development, feminist theory, counseling for empowerment, and group counseling (Brown, 2010; Comás-Díaz, 1994; Lent, Brown & Hackett, 1994; Martin-Baró, 1994; McWhirter, 1994). Dissertation study results provide promising evidence that these theoretical roots are, in fact, relevant to the vocational development of Latina immigrant IPV survivors. Moreover, the five-session structure of ACCESS and incorporation of all five critical career intervention components (Brown & Krane, 2000; Wampold et al, 2010) also proved to be useful for present study participants.

In the remainder of this chapter, I explore in-depth the evidence indicating how the Spanish-ACCESS intervention cultural adaptations were relevant for Latina immigrant IPV survivors and implications for further intervention adaptation and testing. Completion of this dissertation study ends Phase 3 of the Heuristic Model of cultural

adaptation. These study results provide the foundation for the final stage of the cultural adaptation, which include intervention refinement and large-scale testing to increase ACCESS' cultural responsiveness to the needs of Latina immigrant survivors.

The primary objective of ACCESS is to improve survivors' vocational and economic outcomes and reduce their risk for violence recurrence by addressing the intersections of women's IPV experiences and vocational development and rehabilitation or mental health needs (Chronister & McWhirter, 2006). We pursued this objective via five primary intervention aims: to facilitate women's a) exploration and identification of their vocational interests, b) identification, development, and use of vocational skills, c) identification and planning of their short- and long-term career goals, d) knowledge of various vocational opportunities, and e) connections with community resources and support networks.

A unique component by which ACCESS achieves the intervention aims is with the use of critical consciousness development activities and group facilitation techniques. Critical consciousness is the awareness of the impact of power dynamics and oppressive systems in one's life as well as an awareness of how one can navigate these systems. In ACCESS, critical consciousness is increased through (a) dialogue; (b) group identification; (c) posing problems and identifying contradictions; (d) power analysis; and, (e) critical self-reflection, and involves the exploration of how relationship contexts, and other contextual factors, affect survivors' health and vocational and economic development (Chronister, 2006; Chronister et al., 2018). Empirical evidence shows that increased critical consciousness is associated with decreased self-blame and increased identification of skills and self-efficacy (Chronister & McWhirter, 2006; McWhirter

2004; Perilla et al., 2012; Yakushko et al., 2008). Although study data were not analyzed to identify the presence of critical consciousness factors and measure participants' critical consciousness development, present study data show that participants *dialogued* with each other, *identified as a group* along multiple identities, and *posed problems* associated with their experiences of IPV, immigration, and a myriad of sociocultural factors.

The Spanish-ACCESS intervention is also manualized and has features built-in to the curriculum so that ACCESS facilitators may adapt intervention activities and facilitation processes to the unique characteristics and needs of each group of survivors who participate in the intervention. These two factors, a manualized curriculum and adaptability, supported implementation fidelity and cultural validity. Intervention scientists have long purported that two optimal factors of empirically-based interventions are that they are manualized and yet flexible enough to be adapted to each participant sample (Bernal, 2006; Brown & Krane, 2000; Wampold et al, 2010). The facilitators' adaptation of the intervention, as well as adherence to the manualized curriculum, clearly encouraged women to connect with each other; explore the intersections of their IPV, immigration and work experiences; and gain greater awareness and understanding of how the intersections of these experiences affects their development. These dissertation study session data underscore scholars' rich descriptions of Latina immigrant IPV survivors' lives and the myriad of contextual factors that interact to create distinctive and complicated effects on Latinas' vocational development and overall well-being (Chronsiter & Aldarondo, 2008; Harway et al., 2002; Mars Fuchsel, 2013; Perilla, 1999; Shetty & Kaguyutan, 2002; Stephen 2016, Villalon, 2010; Zarza & Adler, 2008). Vidales (2010) called this distinct experience a "multifaceted plight" characterized by a complex

interplay of identities and resultant factors that impact and compound each other, creating unique and intricate IPV experiences and service needs. In the following section, I explore the intervention adaptations that participants recommended and the implications of these results.

Cultural Adaptations to Retain

Participants did not identify any intervention activities as unhelpful. Their direct responses to focus group questions specifically noted that the CIS SKILLS, Mi Próximo Paso's job search, and goal setting activities as helpful because the activities allowed them to recognize their accomplishments and skills, remember forgotten goals, and learn more about themselves. I hypothesize that the concrete nature and newness of these three activities likely left an impression on the participants that made these three stand out more than other session activities. To my knowledge, local service agencies working with Latina immigrant survivors do not use the CIS platform or the O*NET Mi Próximo Paso's job search website. This platform, website, and the corresponding CIS SKILLS assessment, therefore, were new to all participants and likely made a strong impression as a result.

Participants' responses also indicated that the goal setting activity were of great value because it allowed them to consider their interests and goals that had been postponed or forgotten. It is noteworthy that this activity also resulted in participants speaking most frequently (see Table 3, p. 59) about how their vocational development was constrained by compounding and interacting factors such as immigration, legal status, language, racism, gender role expectations, lack of finances and support, and IPV. These themes are consistent with the limited, extant published scholarship on the

vocational development of immigrant populations (Chronister, 2006; Serdarevic & Chronister, 2005; Yakushko, et al., 2018). For example, Yakushko & Chronister (2005) and Serdarevic & Chronister (2005) purport that Latina immigrants contend with limited work opportunities and underemployment as a direct result of lacking legal status, racism, and invalidated education and work experiences in their home countries.

Perhaps as participants were encouraged to explore their goals and describe where they saw themselves in two years, they were compelled to direct their thoughts toward the factors in their own lives with which they had to contend to bring their goals to fruition. The goal setting activity also may have been particularly impactful and helpful because it provided the group with an opportunity to discuss the supports that women would need, and barriers that women would encounter, in pursuit of their goals.

Additionally, it may be that participants valued the CIS SKILLS, the Mi Próximo Paso job search, and goal setting activities because the activities raised their critical consciousness of how their personal and professional development were being affected and encouraged them to reconsider their vocational interests and goals.

Facilitators observed participants responding positively to other ACCESS intervention components and adaptations, but participants did not speak about these components and adaptations during the focus group. It seems important to provide my observations of their positive reactions. First, the ACCESS manual was adapted to include referrals to social services available in Spanish, English language learning programs, and immigration attorneys. Several participants relied on these resource referrals. I consider this intervention adaptation to be critical because it responds to the compounding effects of immigration and IPV on Latina immigrant survivors' vocational

development. Second, participants responded very well to the Power and Control wheels as evidenced by their explorations of how power and control dynamics associated with IPV and, to some extent, immigration influenced their work development. These discussions also encouraged women to explore the lack of support they experienced after leaving abusive partners, and the impact on their vocational development. For example, participants who left their abusive relationships identified that they could not count on consistent support from their former partners both financially and with caring for children. As a result, they had limited time and money to dedicate to schooling or vocational training. It is likely that participants did not identify the Power and Control and Equality wheel discussions as helpful because all of them had consistent exposure to these wheels prior to participating in ACCESS. For example, most participants were clients of Womenspace and/or Sexual Assault Support Services and were very familiar with these wheels and associated activities and discussions. Provided that these activities were not novel like CIS SKILLS, Mi Próximo Paso, and the goal setting activities participants may not have thought to mention the activities during the focus group or may not have thought of the wheel activities as distinct to ACCESS.

Future ACCESS Intervention Adaptations

Although participants did not identify any ACCESS components as unhelpful, it is important to consider some factors that may have influenced these specific results. It is possible, for example, that participants' cultural values may have made them hesitant to communicate with service providers their dislike of activities because they may have perceived facilitators as experts, having more power, and as affecting their access to services. My employment with Centro likely reinforced the idea that expressing anything

negative might affect their access to services. In the following sections, I discuss participants' recommendations for how we can improve ACCESS to better serve Latina immigrant IPV survivors.

Language. Participants most frequently cited that the language used throughout the ACCESS materials and study questionnaires was too advanced or academic for them to understand, especially when using vocabulary specific to their vocational skills development and career expectations. Although not all women reported that the language was difficult, it will be important that facilitators of future ACCESS groups be aware of participants' educational attainment and Spanish fluency in order to adapt the intervention activities accordingly. It is recommended that questionnaire items be modified to a lower reading level. For example, the item “Durante el último mas ha creado o actualizado su currículo vitae” could be edited to read “Durante el último mes ha creado o actualizado su resume”.

With regard to the CIS SKILLS assessment, facilitators should use their clinical judgement to determine whether or not it is appropriate to complete the assessment as a group or read the items to individual participants who may have difficulty reading or understanding written materials. Utilizing flexibility with reading materials to participants and clarifying definitions is recommended for all intervention written materials. Facilitators may also do well to consult Spanish language thesauri to broaden their knowledge of vocational development language that they can use during intervention delivery.

Participant recruitment. Intervention recruitment strategies included posting flyers at local social service agencies that worked with Latina immigrant populations,

emailing partner agencies requesting that they post the flyer in places that were visible to clients, and having Centro's mental health intake worker inform clients about the program if they disclosed experiencing IPV. ACCESS participants noted that they found out about ACCESS and this dissertation study from the Centro Latino mental health intake worker and previous Spanish-ACCESS participants. Several times throughout the three groups, participants offered to "*correr la voz*" (utilize word of mouth) to inform their friends of ACCESS services and recommended that we capitalize more on word of mouth to recruit future ACCESS participants. The cultural value of collectivism was a necessary tool for attaining the needed number of present study participants; flyers did not appear to be an effective recruitment tool. It is likely that participants did not - or could not - read study flyers (i.e., reading level, flyers not visible where posted), and that the process of calling a number to learn more about the study was not culturally congruent for potential participants. Learning about services via trusted sources (e.g., close friends or previous ACCESS participants and survivors) likely encouraged women to call about the study because their personal referral connections promoted a sense of safety.

I recommend that recruitment for future ACCESS Spanish groups include strategies consistent with existing Latino community and cultural norms. For example, the Latino community in Lane County presently utilizes one Spanish language radio station to announce events or pass along important information. Facilitators are encouraged to analyze community strategies aimed at informing the Latino community, and Latina immigrants specifically, about services and other resources that may help. In addition, ACCESS was advertised as a group for individual Latina immigrant survivors

and the purpose of the group was to focus on women's vocational development. It may be important to advertise how participation in ACCESS may benefit women's families as well via connecting their children and partners with services, increasing women's economic contributions to their family or community and advancing their longer-term economic mobility, connecting women with social support, etc.

Study Strengths and Limitations

A strength of this dissertation study is the use of a manualized intervention that was created in collaboration with women IPV survivors and social service providers, and for which a substantial amount of outcome research has been conducted (Chronister, 2006; Chronister, et al., 2009; Chronister, Linville, & Palmer, 2008; Chronister & McWhirter, 2004, 2006). An additional strength is the use of the Heuristic Cultural Adaptation Framework; study activities followed guidelines proposed by preeminent scholars in cultural adaptation intervention research. These specific guidelines include (a) involving the target population, (b) involving providers who are knowledgeable about the target population, (c) conducting a preliminary pilot study on acceptability of the intervention, and (d) reviewing literature on the issues, themes, and constructs of the barriers to treatment of the population (Domenech-Rodriguez & Bernal, 2012). Another important study strength is that we implemented the intervention in collaboration with Centro Latino Americano in Eugene, an agency with whom we have a longer-standing, positive relationship with, and that ACCESS facilitators were Spanish-speaking, bicultural women clinicians who had worked previously with violence survivors. Both of these factors was critical to garnering the trust and credibility of potential ACCESS

participants and providing participants with safe social service environment, particularly given the current national political climate.

There are important study limitations to consider when interpreting and generalizing present study results. Sampling was purposive and study results may not be generalizable to Latina immigrant IPV survivors living in other geographic regions and political climates, who are indigenous, and for whom Spanish may not be their first language. Although the ACCESS intervention provides the curricular flexibility to adapt intervention activities and procedures to these groups of women survivors, facilitators must be intentional with their adaptations. Another potential study limitation was the small sample size ($n=14$ intervention sessions and $n=12$ focus group participants). Although the sample size is consistent with participant samples typically recruited for early stage cultural adaptation research studies and for the use of qualitative methods to examine intervention effects, a larger sample size is desired for the future as is the use of mixed methods to examine intervention effects. It is also important to note that focus group questions were limited and did not solicit feedback about participants' experiences with all intervention activities or processes such as the group process or group cohesion.

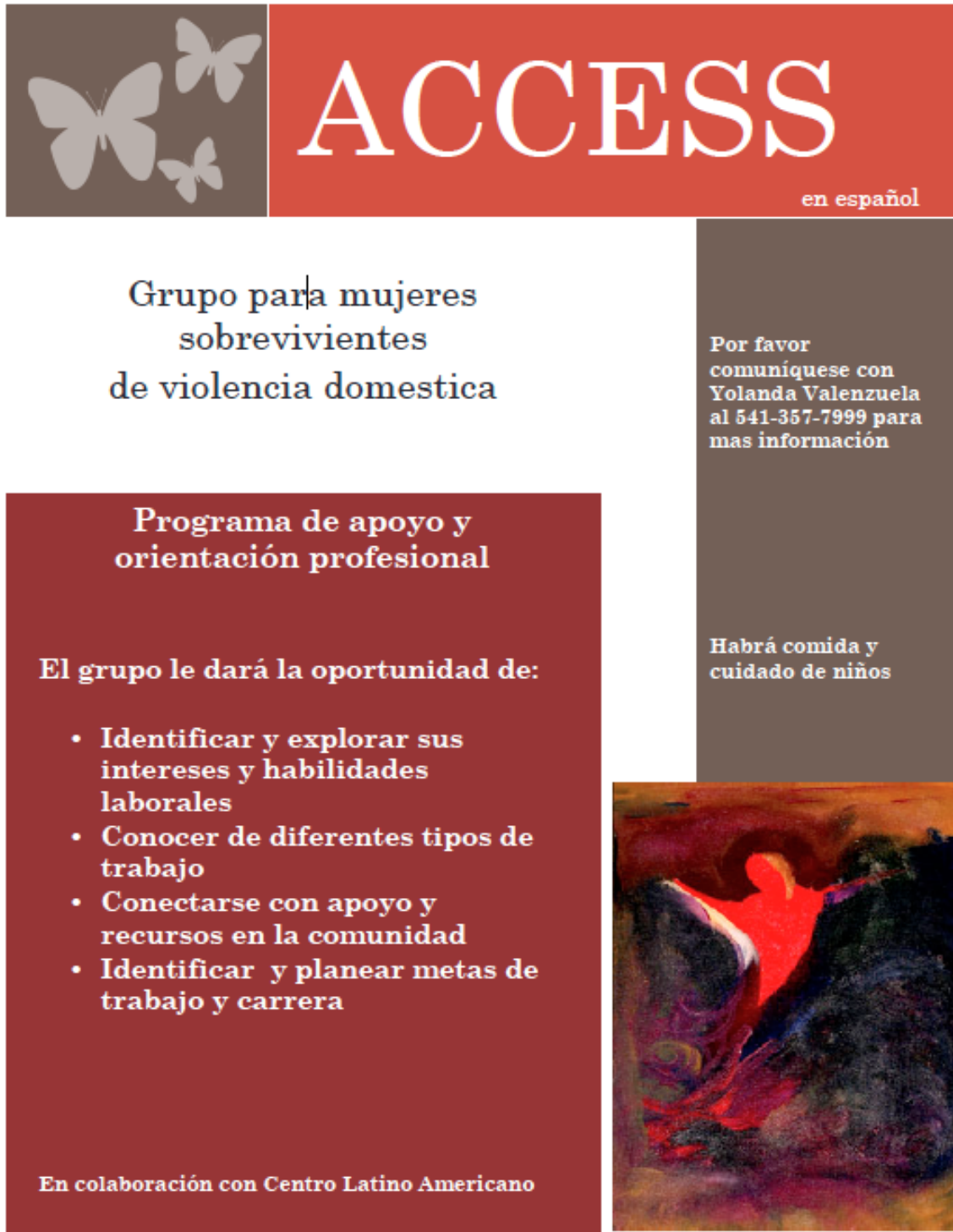
Conclusion

IPV is a world-wide public health crisis that affects nearly one in three Latinas and their families every year and influences every aspect of well-being including mental health and vocational attainment and development. Presently, a small body of research exists that examines the unique impact of IPV on vocational development in women who experience both abuse and the barriers related to immigration. This dissertation study undertook the third phase of the Heuristic Framework for cultural adaptation to test

preliminary changes made to the ACCESS intervention and to determine future changes that can be made to improve the cultural fit of the intervention. Study results suggests that the changes made in phase two and three increased the cultural relevancy of ACCESS. Additionally results suggest that future changes should include modifications options for written and verbal language. Furthermore, the results of the study support the feasibility and applicability of the ACCESS interventions with Latina immigrant Spanish-speaking abuse survivors and suggests that full scale testing is an appropriate next step.

APPENDIX A

ACCESS SPANISH RECRUITMENT FLYER



ACCESS
en español

Grupo para mujeres sobrevivientes de violencia domestica

Por favor comuníquese con Yolanda Valenzuela al 541-357-7999 para mas información


Habrá comida y cuidado de niños

Programa de apoyo y orientación profesional

El grupo le dará la oportunidad de:

- Identificar y explorar sus intereses y habilidades laborales
- Conocer de diferentes tipos de trabajo
- Conectarse con apoyo y recursos en la comunidad
- Identificar y planear metas de trabajo y carrera

En colaboración con Centro Latino Americano



APPENDIX B

VERBAL CONSENT SCRIPT FOR IN SPANISH FOR ACCESS GROUP SERVICES

Soy INSERT NAME OF COUNSELOR, y soy miembro de un equipo de orientación vocacional e investigación de la Universidad de Oregón y el “Counseling Psychology” programa. Nuestro equipo, que es supervisado por la Dra. Krista Chronister, está ofreciendo estos servicios de orientación vocacional de ACCESS y está conduciendo una evaluación de los servicios en colaboración con Centro Latino Americano. Gracias por su participación en ACCESS. Su participación en las actividades de investigación es completamente voluntaria, y no afecta su habilidad a recibir servicios de ACCESS y Centro Latino Americano. La información que obtenemos de usted nos ayuda a entender la eficacia de nuestros servicios para sobrevivientes y cómo podemos mejorar los servicios.

EL ESTUDIO: Va a completar un estudio de dos páginas al comienzo de la primera sesión y durante la última sesión de ACCESS. El estudio dura unos quince minutos para completar y tenemos tiempo durante los grupos para completarlo. Le pedimos que escriba sus iniciales en el encabezado de la primera página del cuestionario, para que podamos emparejar sus experiencias con las experiencias que usted comparte en las formas de Centro Latino Americano que completa/ha completado cuando se reunió con INSERT NAME OF GROUP FACILITATOR.

GRABACIÓN DE AUDIO: También queremos grabar audio en los grupos de ACCESS para aprender lo que está sucediendo en los grupos, lo que está trabajando, y cómo podemos mejorar los servicios de ACCESS. Su disposición para ser grabadas en audio es voluntaria. Pedimos que no use apellidos en los grupos para proteger la confidencialidad de los miembros. Grabaciones de audio se almacenan en un archivador bajo llave aquí en Centro Latino Americano. Solamente los miembros de equipo ACCESS escuchan y transcriben las grabaciones, y luego las grabaciones son destruidas.

GARANTÍA DE CONFIDENCIALIDAD: Toda su información recolectada por encuesta y por audio durante este estudio se mantendrá estrictamente confidencial. Una lista que une sus iniciales con su nombre y número de investigación será visto sólo por la coordinadora del proyecto, Yolanda Valenzuela y la investigadora principal, Krista Chronister, Ph.D. Toda la información que recopilamos para este estudio se mantendrá encerrada en un archivador privado en la Universidad de Oregón, y sólo Yolanda y Krista tendrán la capacidad de abrirlo. La lista se destruirá después de que se hayan analizado y publicado todos los datos. Existe la posibilidad de que nosotras presentemos lo que aprendemos de ustedes en una revista científica o que presentemos la información de forma oral en una reunión, pero no compartiremos su nombre o cualquier otra información que pueda identificarla.

Un miembro del equipo de investigación podrá verse obligada a romper la confidencialidad si usted reporta el maltrato de un/a niño/a o a una persona de edad avanzada. Miembros del equipo de investigación también pueden ser obligadas a reportar

el abuso a las autoridades correspondientes. Si un miembro del equipo de investigación sospecha abuso infantil o a un anciano, hablará con usted primero. Como equipo de investigación, les pedimos a todas las participantes que mantengan en confianza los comentarios hechos durante las sesiones de grupo por la seguridad de todas las participantes. Sin embargo, no podemos garantizar que todas las participantes respetarán esta solicitud. Por favor divulgue información en los grupos según como usted se sienta cómoda. Si usted desea que alguna información se mantenga completamente confidencial, por favor hable con un miembro del equipo de investigación.

PARTICIPACIÓN VOLUNTARIA Y RETIRADA DE LA INVESTIGACION:

Usted puede decidir no participar en este estudio o retirarse en cualquier momento sin afectar negativamente su relación conmigo, con Centro Latino Americano, o con la Universidad de Oregón.

POSIBLES RIESGOS Y MOLESTIAS: Los siguientes son posibles riesgos y molestias que pueda sentir durante su participación en este estudio: (a) en ocasiones, unas personas pueden sentir angustia al completar cuestionarios personales y (b) en ocasiones, unas personas pueden sentir angustia temporal si eligen expresar sentimientos o emociones en el grupo. Si usted se llega a sentir angustiada en cualquier momento durante el estudio, puede hablar de forma individual con un miembro del equipo de investigación y se le dará una lista de recursos comunitarios. Usted también puede retirarse del estudio en cualquier momento sin ninguna consecuencia para usted o para el acceso a los servicios del Centro Latino Americano.

PRECAUCIONES TOMADAS PARA REDUCIR LOS RIESGOS: Estamos implementando varias medidas de seguridad para minimizar los riesgos que usted pueda sentir. En primer lugar, ambas facilitadoras del grupo ACCESS tienen títulos de maestría en psicología y son entrenadas y supervisadas para facilitar los grupos de ACCESS y para llevar a cabo esta investigación. En segundo lugar, Centro Latino Americano es un socio colaborador en este estudio y proporcionará asistencia/consulta en cualquier situación de violencia doméstica.

POSIBLES BENEFICIOS AL PARTICIPANTE: Los beneficios que pueda recibir personalmente al participar en este estudio son el apoyo en identificar, explorar y desarrollar sus habilidades e intereses laborales, así como recibir información sobre sus intereses de trabajo que puedan ayudarle a tomar decisiones más informadas sobre carreras. Su participación en este estudio también puede ayudar a otras mujeres que experimentan la violencia doméstica y que buscan ayuda con su trabajo y carrera profesional.

Si quiere una copia de esta información para sus archivos, por favor hágamelo saber y le daré una copia ahora. Si tiene preguntas con respecto a la investigación, usted puede contactar a la Dra. Krista Chronister al (541) 346-2415 o kmg@uoregon.edu. Si tiene preguntas con respecto a sus derechos como un participante en la investigación, por favor póngase en contacto con “Research Compliance Services” en la Universidad de Oregón, (541) 346-2510. Gracias de nuevo por su ayuda.

Desea completar el estudio de evaluación de ACCESS?

APPENDIX C

ACCESS POST GROUP QUESTIONNAIRE

Por favor solo escriba el Primer nombre e inicial del apellido:

Edad:

Completar esta forma es **voluntario**. Queremos aprender cómo proveerle a usted y a otros con el empleo de más alta calidad posible y servicios de consejería. Apreciamos mucho escuchar de sus experiencias ¡Gracias por su tiempo y ayuda!

Durante el mes pasado, cuan a menudo se ha sentido...	Nunca	Raramente	A Veces	A menudo	Siempre
Confianza en su valor como empleado y sus habilidades profesionales...					
Tiene buen sentido de su futura carrera y/o oportunidades e intereses académicos o profesionales...					
Capaz de encontrar información sobre las carreras que le interesan...					
Capaz de hacer decisiones importantes en su trabajo o por su carrera...					
Confianza en su habilidad de identificar y progresar metas a <i>corto</i> plazo...					
Confianza en su habilidad de identificar y progresar metas a <i>largo</i> plazo...					
Capaz de encontrar recursos y/o personas que lo ayuden lograr sus metas en el trabajo y/o carrera...					
Capaz de identificar las prioridades en su trabajo/carrera...					

Cuan de acuerdo está con los siguientes comentarios	Completamente en desacuerdo	Moderadamente en desacuerdo	Un poco en desacuerdo	Neutral	Poco de acuerdo	Moderadamente de acuerdo	Completamente de acuerdo
Debido a mi situación financiera, necesito trabajar en cualquier empleo disponible.							
Busco cualquier trabajo que me dé empleo.							
Para proveerle a mi familia, menudamente tengo que hacer trabajo que no disfruto.							
No me gusta mi trabajo, pero sería imposible encontrar un trabajo nuevo.							
Lo único que importa al							

escoger un trabajo es que logre mis necesidades económicas esenciales.							
--	--	--	--	--	--	--	--

Mis experiencias íntimas con la violencia doméstica han...	Completamente en desacuerdo	Un poco en desacuerdo	Poco de acuerdo	Completamente de acuerdo
...influenciado en mí una falta de confianza en poder exitosamente cumplir con mi empleo/carrera/educación.				
...influenciado mi decisión en lograr un empleo/carrera/educación específica.				
...influenciado el tipo de empleo/carrera/educación que me interesa.				

Durante el último mes, cuan a menudo ha experimentado con...	Nunca	Raramente	A veces	A Menudo	Siempre
Dificultad al dormir					
Dolor físico/crónico en su cuerpo					
Dolores de cabeza					
Dolores digestivos/ de estómago					
Sentirse tenso, nervioso, o ansioso					
Sentirse triste y/o deprimido					

Dificultad al respirar					
Sentir miedo					
Dificultad en controlar el enojo/temperamento					
Querer usar drogas y/o alcohol					
Sentir estrés en general					
Estrés sobre su empleo/carrera					
Sentir esperanza en general					
Sentir esperanza por su empleo/carrera futura.					

Durante el último mes ha...?	Sí	No
Empezado un nuevo trabajo, programa educativo, o entrenamiento profesional		
Abandonado algún trabajo o entrenamiento		
Solicitado a un empleo/entrenamiento		
Entrevistado para un empleo/entrenamiento		
Sometido una solicitud para obtener ayuda financiera y/o beca académica		
Recibido ayuda financiera y/o beca académica		
Creado o actualizado su currículum vitae		
Investigado empleos/entrenamientos disponibles		
Pagado dinero hacia saldar un deuda		
Entrevistado a otra persona sobre su empleo o experiencias académicas		

Hablado con un consejero financiero		
Completado alguna actividad para obtener experiencia laboral/educativa		
Servido como voluntario en alguna organización o escuela		

REFERENCES CITED

- Aldarondo, E., Kantor, G. K., & Jasinski, J. L. (2002). A risk marker analysis of wife assault in Latino families. *Violence against Women*, 8, 429-454.
- Alianza National Latino Alliance For the Elimination of Domestic Violence. (n.d.). *Training tools- Financial independence*. Retrieved November 17, 2015 from <http://www.dvalianza.org>
- Aguirre-Molina, M., & Molina, C. W. (2003). *Latina health in the United States*. San Francisco, CA: Jossey-Bass.
- Allstate Foundation (n.d.). Retrieved May 20, 2016 from allstatefoundation.org
- Ahrens, C. E., Rios-Mandel, L. C., Lopez, C., & Libier, I. (2010). Talking about interpersonal violence: Cultural influences on Latinas' identification and disclosure of sexual assault and intimate partner violence. *Psychological Trauma: Theory, Research, Practice, and Policy*, 2(4), 284-295. <http://doi.org/10.1037/a0018605>
- American Psychological Association. (2002). *Guidelines on multicultural education, research, practice, and organizational change for psychologists*. Retrieved from <http://www.apa.org/pi/oema/resources/policy/multicultural-guideline.pdf>
- Ammar, N. H., Orloff, L. E., Dutton, M. A., & Aguilar-Hass, G. (2005). Calls to police and police response: A case study of Latina immigrant women in the USA. *International Journal of Police Science & Management*, 7(4), 230-244. doi:10.1350/ijps.2005.7.4.230
- Androff, D., & Tavassoli, K. (2012). Deaths in the desert: The human rights crisis on the US-Mexico border. *Social Work*, 57, 165-173.
- Bandura, A. (1986). *Social foundations of thought and action: A social-cognitive theory*. Upper Saddle River, NJ: Prentice-Hall.
- Barcelona de Mendoza, V. (2001). Culturally appropriate care for pregnant Latina women who are victims of domestic violence. *Journal of Obstetric, Gynecological, and Neonatal Nursing*. 279-288.
- Barrera, M., & Castro, F.G. (2006). A heuristic framework for the cultural adaptation of interventions. *Clinical Psychology: Science & Practice*, 13(4), 311-316.
- Barrera, M., Jr., Toobert, D., Strycker, L., & Osuna, D. (2012). Effects of acculturation on a culturally adapted diabetes intervention for Latinas. *Health Psychology*. Advance online publication. doi:10.1037/a0025205.

- Beauchaine, T. P., & Hinshaw, S. P. (2013). *Child and adolescent psychopathology*. New York: John Wiley and Sons.
- Bernal, G. E., & Domenech Rodríguez, M. M. (2012). *Cultural adaptations: Tools for evidence-based practice with diverse populations*. American Psychological Association.
- Black, M. C., Basile, K. C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Atlanta, GA.
- Bonomi, A.E., Anderson, M.L., Cannon, E.A., Slesnick, N., Rodriguez, M.A. (2009). Intimate partner violence in Latina and non-Latina women. *American Journal of Preventive Medicine*, 36(1), 43-8. doi: 10.1016/j.amepre.2008.09.027
- Briere, J., & Runtz, M. (1989). The Trauma Symptom Checklist (TSC-33): Early data on a new scale. *Journal of Interpersonal Violence*, 4(2), 151-163.
- Brown, S. D., & Krane, N. E. (2000). Four (or five) sessions and a cloud of dust: Old assumptions and new observations about career counseling. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* 3rd ed., pp. 740–766. New York, NY: Wiley.
- Burnett, J. (2017, May 25). *New immigration crackdowns creating 'chilling effect' on crime reporting*. Retrieved from <http://www.npr.org/2017/05/25/529513771/new-immigration-crackdowns-creating-chilling-effect-on-crime-reporting>
- Byars-Winston, A. M. (2006). Racial ideology in predicting social cognitive career variables for Black undergraduates. *Journal of Vocational Behavior*, 69, 134–148. doi:10.1016/j.jvb.2006.02.005
- Catalano, S. (2013). *Intimate partner violence: Attributes of victimization, 1993-2011*. Washington, DC: US. Department of Justice.
- Charmaz, K. (2014). Grounded theory in global perspective: Reviews by international researchers. *Qualitative Inquiry*, 20(9), 1074-1084. DOI: 10.1177/1077800414545235
- Chitkara-Barry, A., & Chronister, K.M. (2015). Identifying male victims of partner abuse: A review and critique of screening instruments. *Partner Abuse*, 6(4), 442-460.
- Cho, J. Y., & Lee, E. (2014). Reducing Confusion about Grounded Theory and Qualitative Content Analysis: Similarities and Differences. *The Qualitative Report*, 19(32), 1-20. Retrieved from <http://nsuworks.nova.edu/tqr/vol19/iss32/2>

- Chronister, K. M. (2013) *ACCESS: Advancing career counseling and employment support for survivors of domestic violence*. University of Oregon.
- Chronister, K.M. (2006). The intersection of social class and race in community intervention research with women domestic violence survivors. *American Journal of Community Psychology*, 37(3–4), 175–182.
- Chronister, K. M., & Aldarondo, E. (2012). Partner violence victimization and perpetration: Developmental and contextual implications for effective practice. In N. Fouad (Ed.), *Handbook of Counseling Psychology*. Washington, DC, USA: American Psychological Association.
- Chronister, K.M., Brown, C., Wettersten, K.B., O'Brien, K.M., Burt, M., Falkenstein, C., & Shahane, A.A. (2009). Domestic violence survivors: Perceived career supports and barriers. *Journal of Career Assessment*, 17, 116–131.
- Chronister, K. M., Davidson, M. M. (2010). Promoting distributive justice for intimate partner violence survivors with group intervention. *The Journal for Specialists in Group Work*, 35(2), 115 – 123. doi: 10.1080/01933921003705958
- Chronister, K. M., Harley, E., Aranda, C. L., Barr, L., & Luginbuhl, P. (2012). Community-based career counseling for women survivors of intimate partner violence: A collaborative partnership. *Journal of Career Development*, 39(6), 515–539. doi:10.1177/0894845311401618
- Chronister, K. M., Knoble, N., & Bahia, H. (2013). *Community interventions for domestic violence*. In F. Leong (Ed.), *Handbook of Multicultural Psychology Vol 2*. Washington, DC, USA: American Psychological Association.
- Chronister, K.M., Linville, D., & Palmer, K. (2008). Domestic violence survivors' access of career counseling services: A qualitative investigation. *Journal of Career Development*, 34, 339–361.
- Chronister, K., Linville, D., Vargas, K., & Baraga, F., (under review). Critical consciousness development processes: A qualitative examination across time.
- Chronister, K. M., & McWhirter, E. H. (2003). Applying social cognitive career theory to the empowerment of battered women. *Journal of Counseling & Development*, 81(Fall 2003), 418–425. doi:10.1002/j.1556-6678.2003.tb00268
- Chronister, K. M., & McWhirter, E. H. (2004). Ethnic differences in career supports and barriers for battered women: A pilot study. *Journal of Career Assessment*, 12(2), 169–187. doi:10.1177/1069072703257754

- Chronister, K. M., & McWhirter, E. H. (2006). An experimental examination of two career interventions for battered women. *Journal of Counseling Psychology, 53*(2), 151–164. doi:10.1037/0022-0167.53.2.151
- Chronister, K. M., Wettersten, K. B., & Brown, C. (2004). Vocational research for the liberation of battered women. *The Counseling Psychologist, 32*, 900–922. doi:10.1177/0011000004269300
- Corbin, J. M., & Strauss, A. (1990). Grounded theory research: Procedures, canons, and evaluative criteria. *Qualitative Sociology, 13*(1), 3-21.
- Creswell, J. W., Plano Clark, V. L., Gutmann, M., & Hanson, W. (2003). *Advanced mixed methods research designs*. In A. Tashakkori & C. Teddlie (Eds.), *Handbook of mixed methods in social and behavioral research* (pp. 209–240). Thousand Oaks, CA: Sage.
- Da Silva, E., Dutta, A., Chiu, C., Johnson, E. T., Kundu, M., & Chan, F. D. (2013). Social-cognitive predictors of STEM career interests and goal persistence in college students with disabilities from racial and ethnic minority backgrounds. *Rehabilitation Research, Policy, and Education, 27*(4), 271-284.
- Davidson, M. M., Nitzel, C., Duke, A., Baker, C. M., & Bovaird, J. A. (2012). Advancing career counseling and employment support for survivors: An intervention evaluation. *Journal of Counseling Psychology, 59*(2), 321-328. DOI: 10.1037/a0027965
- Derogatis, L. R., & Melisaratos, N. (1983). The Brief Symptom Inventory: An introductory report. *Psychological Medicine, 13*(3), 595–605. doi:10.1017/s0033291700048017.
- Duffy R. D., Diemer M. A., Perry J. C., Laurenzi C., & Torrey C. (2012). The construction and initial validation of the Work Volition Scale. *Journal of Vocational Behavior, 80*(2), 400-411. doi:10.1016/j.jvb.2011.04.002
- Edelson M.G., Hokoda A., Ramos-Lira L. (2007). Differences in effects of domestic violence between Latina and non-Latina women. *Journal of Family Violence, 22*, 1-10.
- Eggerth, D. E., DeLaney, S. C., Flynn, M. A., & Jacobson, C. J. (2012). Work experiences of Latina immigrants: A qualitative study. *Journal of Career Development, 39*(1), 13–30. doi:10.17/0894845311417130
- Ellison, C. G., Trinitapoli, J. A., Anderson, K. L., & Johnson, B. R. (2007) Race/ethnicity, religious involvement, and domestic violence. *Violence Against Women, 13*(11), 1094–112.

- Falicov, C.J. (1998). *Latino Families in Therapy: A Guide to Multicultural Practice*. New York: Guilford Press. In paperback, 2000.
- Freire, P. (2000). *Pedagogy of the oppressed*. New York: Continuum.
- Garcia-Moreno, C., Pallitto, C., Devries, K., Stöckl, H., Watts, C., Abrahams, N. (2013). Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence. Geneva, Switzerland: World Health Organization.
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. New York: Aldine.
- Gonzales, R. (2017, February 16). *ICE detains alleged victim of domestic abuse at Texas courthouse*. Retrieved from <http://www.npr.org/sections/thetwo-way/2017/02/16/515685385/ice-detains-a-victim-of-domestic-abuse-at-texas-courthouse>
- Hamby, S., Finkelhor, D., Turner, H., & Ormrod, R. (2011). Children's exposure to intimate partner violence and other family violence. *Juvenile Justice Bulletin – NCJ 232272*. Washington, DC: U.S. Government Printing Office.
- Harway, M., Geffner, R., Ivey, D., Koss, M., Murphy, B. C., Mio, J. S., & O'Neil, J. M. (2002). Intimate partner abuse and relationship violence. *American Psychological Association*.
- Hinkle, D. E., Wiersma, W., & Jurs, S. G. (2003). *Applied Statistics for the Behavioral Sciences* (5th ed.). Boston, MA: Houghton Mifflin Company.
- Inam, A., Tariq, P. N., & Zaman, S. (2015). Cultural adaptation of preschool PATHS (Promoting alternative thinking strategies) curriculum for Pakastani children. *International Journal of Psychology* 50(3). 232 – 239. DOI: 10.1002/ijop.12090
- Kasturirangan, A., Krishnan, S., & Riger, S. (2004). The impact of culture and minority status on women's experience of domestic violence. *Trauma, Violence, and Abuse*, 5, 318–332.
- Kulkarni, S. J., Racine, E. F., & Ramos, B. (2012). Examining the relationship between Latinas' perceptions about what constitutes domestic violence and domestic violence victimization. *Violence and Victims*, 27(2), 182–194.
- Lantrip, K. R., Luginbuhl, P. J., Chronister, K. M., & Lindstrom, L. (2015). Broken dreams: Impact of partner violence on the career development process for professional women. *Journal of Family Violence*, 30, 591–605. doi:10.1007/s10896-015-9699-5

- Lau, A. S. (2006). Making the case for selective and directed cultural adaptations of evidence-based treatments: Examples from parent training. *Clinical Psychology: Science and Practice*, 13, 295–310.
- Lent, R. W., Brown, S. D., & Hackett, G. (1994). Monograph: Toward a unifying social cognitive theory of career and academic interest, choice, and performance. *Journal of Vocational Behavior*, 45, 79–122.
- Lewin, A., Hodgkinson, S., Waters, D. M., Prempeh, H. A., Beers, L. S., & Feinberg, M. E. (2015). Strengthening positive coparenting in teen parents: A cultural adaptation of an evidence-based intervention. *Journal of Primary Prevention*, 36, 139-154. DOI 10.1007/s10935-015-0388-1
- Mars Fuchsel, C. L. (2013). Familism, sexual abuse, and domestic violence among immigrant Mexican women. *Journal of Women and Social Work*, 28(4), 379–390. doi:10.1177/0886109913503265
- Mars Fuchsel, C. L., Murphy, S. B., & Dufresne, R. (2012). Domestic violence, culture, and relationship dynamics among immigrant Mexican women. *Journal of Women and Social Work*, 27(3), 263–274. doi:10.1177/0886109912452403
- Martinez, C. R., Eddy, J. M. (2005). Effects of a culturally adapted Parent Management Training on Latino youth behavioral health outcomes. *Journal of Consulting and Clinical Psychology*, 73, 841–851.
- Max, W, Rice, DP, Finkelstein, E, Bardwell, R, Leadbetter, S. 2004. The Economic Toll of Intimate Partner Violence Against Women in the United States. *Violence and Victims*, 19(3) 259-272.
- McWhirter, E. H. (1997). Empowerment, social activism, and counseling. *Counseling and Human Development*, 29, 1–14.
- McWhirter, E. H., & Chronister, K. M. (2003). *Vocational skills self-efficacy measure-revised*. Unpublished measure, Department of Counseling Psychology and Human Services, University of Oregon.
- Messing, J. T., Becerra, D., Ward-Lasher, A., & Androff, D. K. (2015). Latinas' perceptions of law enforcement: Fear of deportation, crime reporting, and trust in the system. *Journal of Women and Social Work*, 30(3), 328–340. doi:10.1177/088610991557652
- Molina, O., Lawrence, Azhar-Miller, A., & Rivera, M. (2009). Divorcing abused Latina immigrant women's experiences with domestic violence support groups. *Journal of Divorce & Remarriage*, 50(7), 459–471.

- Morris, C. A., Shoffner, M. F., & Newsome, D. W. (2009). Career counseling for women preparing to leave abusive relationships: A Social Cognitive Career Theory approach. *The Career Development Quarterly*, 58(1), 44–53.
- Mujeres Latinas En Accion (n.d.). *Empresarias del futuro*. Retrieved May 19, 2016 from www.mujereslatinasenaccion.org
- National Academies of Sciences, Engineering, and Medicine. (2015). *The Integration of Immigrants into American Society*. Panel on the Integration of Immigrants into American Society, M. C. Waters and M. G. Pineau, eds. Committee on Population. Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.
- National Coalition Against Domestic Violence. (n.d.). *Statistics*. Retrieved November 17, 2015 from <http://www.ncadv.org>
- Navarro, R. L., Flores, L. Y., & Worthington, R. L. (2007). Mexican American middle school students' goal intentions in mathematics and science: A test of social cognitive career theory. *Journal of Counseling Psychology. Special Issue: Racial and ethnic identity theory, measurement, and research in counseling psychology: Present status and future directions*, 54(3), 320-335.
- Osuna, D., Barrera, M., Jr., Strycker, L., Toobert, D., Glasgow, R. E., Geno, C. R., Almeida, F., Perdomo, M., King, D., Doty, A. T. (2011). Methods for the cultural adaptation of a diabetes lifestyle intervention for Latinas: An illustrative project. *Health Promotion Practice*, 3(12), 342-348. Doi. 10.1177/1524839909343279
- Perilla, J. L. (1999). Domestic violence as a human rights issue: The case of immigrant Latinos. *Hispanic Journal of Behavioral Sciences*, 21(2), 107–133.
- Perilla, J. L., Frndak, K. I. M., Lillard, D., & East, C. (2003). A working analysis of women's use of violence in the context of learning, opportunity, and choice. *Violence against Women*, 9(1), 10–46. <http://doi.org/10.1177/1077801202238429>
- Perilla, J. L., Lavizzo, E., & Ibañez, G. (2007). Towards a community psychology of liberation: Domestic violence intervention as a tool for social change. In E. Aldarondo (Ed.), *Advancing social justice through clinical practice* (pp. 291-312). Mahwah, NJ: Erlbaum.
- Perilla, J. L., Serrata, J. V., Weinberg, J., & Lippy, C. A. (2012). Integrating women's voices and theory: A comprehensive domestic violence intervention for Latinas. *Women & Therapy*, 35(1-2), 93–105.

- Pitts, K. M. (2014). Latina immigrants, interpersonal violence, and the decision to report to police. *Journal of Interpersonal Violence, 29*(9), 1661–1678.
doi:10.1177/0886260513511700
- Ponterotto, J.G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology, 52*(2), 126-136.
DOI: 10.1037/0022-0167.52.2.126
- Postmus, J. L., Hetling, A., & Hoge, G. L. (2015). Evaluating a financial education curriculum as an intervention to improve financial behaviors and financial well-being of survivors of domestic violence: Results from a longitudinal randomized controlled study. *Journal of Consumer Affairs, 250*–266. doi:10.1111/joca.12057
- Quinless, F. W., & Nelson, M. M. (1988). Development of a measure of learned helplessness. *Nursing Research, 37*, 11–15.
- Reina, A. S., Lohman, B. J., & Maldonado, M. M. (2014). “He said they’d deport me”: Factors influencing domestic violence help-seeking practices among Latina immigrants. *Journal of Interpersonal Violence, 29*(4), 593–615. doi:10.1177/0886260513505214
- Rogerson, S. (2012). Unintended and unavoidable: The failure to protect rule and its consequences for undocumented parents and their children. *Family Court Review, 50*(4), 580-593
- Sabina, C., Cuevas, C. A., Zadnik, E. (2015). Intimate partner violence among Latino women: Rates and cultural correlates. *Journal of Family Violence, 30*. 3547.
- Santiago-Rivera, A. (2003). Latinos values and family transitions: Practical considerations for counseling. *Counseling and Human Development, 35*(6), 1–12.
- Santiago-Rivera, A., Arredondo, P., & Gallardo-Cooper, M. (2002). *Counseling Latinos and La Familia: A Practical Guide*. Thousand Oaks, CA: SagePublications.
- Serdarevic, M., & Chronister, K.M. (2005). Research with immigrant populations: The application of an ecological framework to mental health research with immigrant populations. *The International Journal of Mental Health Promotion, 7*(2), 24–34.
- Shetty, S. & Kaguyutan, J. (2002, February). Immigrant Victims of Domestic Violence: Cultural challenges and available legal protections. Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence/Pennsylvania Coalition Against Domestic Violence. Retrieved April 15, 2016, from: <http://www.vawnet.org/>
- Solberg, V. S., Good, G. E., & Nord, D. (1994). Career search self-efficacy: Ripe for applications and intervention programming. *Journal of Career Development, 21*, 63–72.

- Stephen, L. (2016). Gendered transborder violence in the expanded United States-Mexico borderlands. *Human Organization*, 75(2), 159-167
- Stephen, L. (2018). Gendered violence and Indigenous Mexican asylum seekers: Expert witnessing as ethnographic engagement. *Anthropological Quarterly*, 91(1): 321-358.
- Valenzuela, Y. & Chronister, K.M. (2016). *The career development needs of Latina immigrant survivors of intimate partner violence*. (Unpublished master's thesis). University of Oregon, Eugene, Oregon.
- Violence Intervention Program (n.d.). *Economic Empowerment*. Retrieved May 19, 2016 from <http://www.vipmujeres.org/crisis-intervention-services/economic-empowerment>
- Vidales, G. T. (2010). Arrested justice: The multifaceted plight of immigrant Latinas who faced domestic violence. *Journal of Family Violence*, 25(6), 533–544. doi:10.1007/s10896010-9309-5
- Villalón, R. (2010). Passage to citizenship and the nuances of agency: Latina battered immigrants. *Women's Studies International Forum*, 33(6), 552–560. doi:10.1016/j.wsif.2010.09.010
- Wampold, B. E., Imel, Z. E., Laska, K. M., Benish, S., Miller, S. D., Flückiger, C., & Budge, S. (2010). Determining what works in the treatment of PTSD. *Clinical Psychology Review*, 30, 923–933. doi:10.1016/j.cpr.2010.06.005
- West, C. M. (Ed.). (2002). *Violence in the lives of Black women: Battered, black, and blue*. New York: Routledge (A monograph published simultaneously as *Women & Therapy*, 25 (3/4). Winner of the American Psychological Association's Carolyn Payton Early Career Award, 2004
- Wettersten, K. B., Rudolph, S. E., Faul, K., Gallagher, K., Trangsrud, H. B., Adams, K., ... Terrance, C. (2004). Freedom through self-sufficiency: A qualitative examination of the impact of domestic violence on the working lives of women in shelter. *Journal of Counseling Psychology*, 51(4), 447–462. doi:10.1037/0022-0167.51.4.447
- World Health Organization. (2016). *Violence against women* [Fact Sheet]. Retrieved November 17, 2015 from <http://www.who.int/mediacentre/factsheets/fs239/en/>
- Yakushko, O., Backhaus, A., Watson, M., Ngaruiya, K., & Gonzalez, J. (2008). Career development concerns of recent immigrants and refugees. *Journal of Career Development*, 34(4), 362–396.

Yakushko, O., & Chronister, K. M. (2005). Immigrant women and counseling: The invisible others. *Journal of Counseling & Development*, 83(3), 292–298. doi:10.1002/j.1556-6678.2005.tb00346

Zarza, M. J., & Adler, R. H. (2008). Latina immigrant victims of interpersonal violence in New Jersey: A needs assessment study. *Journal of Aggression, Maltreatment & Trauma*, 16(1), 22–39. doi:10.1080/10926770801920453