Journal of Family Violence
https://doi.org/10.1007/s10896-023-00515-9

ORIGINAL ARTICLE

Immigrant Latinas' Experiences with Intimate Partner Violence, Access to Services, and Support Systems During a Global Health Crisis (COVID-19)

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Accepted: 9 February 2023
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Abstract

Purpose This study examines immigrant Latinas' (ILs') help-seeking behaviors, types of support systems, and access to intimate partner violence (IPV) services during a global health crisis (COVID-19) at a community-based agency in a Northeastern state.

Method Nineteen immigrant Latinas who had prior IPV-related services such as legal aid, advocacy, and support within 1–3 years were recruited for the study. Spanish-speaking telephone interviews averaging between 30 and 45 min were conducted with each participant. Content analysis was the method employed to review the data and generate themes of the participants' experiences.

Results Participants' qualitative responses included an increase of intimate partner violence during the pandemic. Types of support systems included reaching out to police departments, hospitals and health-care settings, and community-based agencies. Findings indicated a 47% positive response rate when working with police officers (e.g., bilingual Spanish-English speaking police officers), and the participants reported being supported by the agency staff where they received services.

Conclusion Recommendations are provided to the community-based agency and other service providers regarding ongoing delivery of services and best practices for ILs throughout the pandemic transitions and beyond.

Keywords Intimate partner violence · Domestic violence · Help-seeking behaviors · Delivery of services · Immigrant Latinas · Community-based agencies · COVID-19 · Pandemic

The global health crisis (COVID-19) impacted immigrant families and their children in the United States in significant ways (e.g., economic strain, job loss, and transitions to home-schooling; Landis, 2020). For immigrant Latinas (ILs) experiencing intimate partner violence (IPV), long-standing relationships with professional staff in community-based agencies in the United States and ILs' resiliency contributed to their ability to access services during this exceedingly difficult time. Presently, ILs make up 17% of the total native and foreign-born Latinx population living in the United States (U.S. Census Bureau, 2019). Foreign-born women living in the United States make up at least 20% of IPV incidences and approximately one in three Latinas experiences physical violence by an intimate partner in their lifetime (Sabina et al., 2015; Zadnik et al., 2016). Despite these alarming statistics and fear of contacting law enforcement, access to support systems such as police departments and working with Spanish-English speaking police officers during incidences of IPV throughout the pandemic aided several ILs (Alvarez-Hernandez et al., 2021).

In this paper, we describe IPV-related services as working with legal advocacy (e.g., working with the police department, court proceedings, or filing an order of protection), attending support or educational groups, calling a domestic violence advocate, calling 911 or a crisis hotline phone number, seeking mental health counseling, seeking services at a domestic violence shelter, accessing housing through a domestic violence shelter, and/or health-care clinics and hospitals (Marrs Fuchsel, 2017). Access to IPV-related

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Published online: 16 February 2023

services for ILs is influenced by cultural-specific barriers such as lack of legal and immigration status, fear of deportation, language barriers, isolation, and lack of knowledge of services (Reina & Lohman, 2015; Silva-Martínez, 2017; Zadnik et al., 2016). ILs also experience poorer socioeconomic status, lower levels of education, and systemic structural issues (i.e., a phenomenon or social problem affecting every part of an entire system) such as racism (Sabina et al., 2015).

While these barriers are significant for ILs, the global health crisis and COVID-19 pandemic during the past two years contributed to additional obstacles (e.g., COVID-19 restrictions such as social distancing, stay-at-home orders, changes in delivery of services such as telehealth, and isolation from family members and support systems in accessing services; Alvarez-Hernandez et al., 2021; Valdovinos et al., 2021). In addition, while couples spent more time together at home as a result of the stay-at-home orders due to COVID-19, IPV incidences increased, while the level of in-person engagement in services decreased (Fornari et al., 2021). For ILs and their families, the problem was intensified by fear of contacting law enforcement, lack of knowledge about legal resources and rights, isolation, a lack of access to family support, and language barriers (Alvarez-Hernandez et al., 2021). Nevertheless, professional staff working in community-based agencies addressed these challenges and pivoted delivery of services for ILs experiencing incidences of IPV during this life-changing time in the United States (Goodman & Epstein, 2020; Roesch et al., 2020). Professional staff such as domestic violence advocates, caseworkers, social workers, counselors, and mental health professionals working in community-based agencies recognized the increase of IPV incidences among women and ILs in the general population who needed continued support and services with the ongoing pandemic restrictions (e.g., social distancing requirements and stay-at-home orders; Goodman & Epstein, 2020; Roesch et al., 2020) and the professional staff adjusted delivery of services. By having more information about the lived experiences of ILs seeking IPV-related services throughout this time (i.e., pandemic evolution and transitions), professional staff will likely have a better understanding of effective delivery of services, what has been helpful, and continued support.

Literature Review

Increase of Intimate Partner Violence During the Pandemic

Factors such as isolation and women feeling more vulnerable, job loss and economic strain, lack of social support (e.g., school closures and needing to find childcare), and abusers using COVID-19 to control women and limiting access to resources, contributed to the growth of IPV incidences among the general population of women in the United States during the pandemic (Boserup et al., 2020; Goodman & Epstein, 2020; Sharma & Bikash Borah, 2020; World Health Organization, 2020). For example, reports from the Portland Police Bureau indicated a 22% increase in arrests related to IPV; the San Antonio Police Department revealed an 18% increase in IPV calls in March 2020 compared to March 2019; and police departments in Alabama suggested a 27% increase of IPV calls compared to March 2019 to March 2020 (Boserup et al., 2020). Furthermore, COVID-19 restrictions amplified risk of sexual exploitation and abuse, children were more likely to be exposed to further violence or be abused, and strict regulations likely gave abusers the opportunity to restrict women from money, sanitary items, medications, and access to health services (Landis, 2020; Roesch et al., 2020; World Health Organization, 2020). Finally, due to the stay-at-home orders and recommended quarantine guidelines, alcohol abuse and other substance use, depression, and symptoms and signs of Post-Traumatic Stress Disorder (PTSD) increased (Landis, 2020; Roesch et al., 2020; World Health Organization, 2020). Recommendations for professional staff working in community-based agencies included discussing the risks of violence among women and children during the COVID-19 restrictions (Landis, 2020; Roesch et al., 2020; World Health Organization, 2020).

Immigrant Latinas and Increase of Intimate Partner Violence

Among the general population of women, IPV-related incidences increased. Similarly, a rise in IPV-related incidences occurred among the immigrant population and ILs within the United States. Sabri et al. (2020) conducted interviews with immigrant women from Africa, Asia, and Latin America who experienced an IPV-related occurrence within the first year of the pandemic. Due to additional responsibilities throughout the pandemic such as finding childcare and formal support systems for family members, participants experienced challenges in accessing community health services and spent more time at home with abusive partners, impacting their mental health (Sabri et al., 2020). The growth of IPV-related incidences correlated to frequency of abusers staying at home. And abusive partners staying at home limited participants' ability to access IPV-relates services and/or leave home to receive help (Sabri et al., 2020). Other forms of violence increased such as stalking, control, abusers using exposure to COVID-19 to harm women, or using

manifestations of COVID-19 such as threats of contracting the virus as a form of manipulation (Sabri et al., 2020).

Factors and Barriers Impacting Help-Seeking Behaviors Among Immigrant Latinas

ILs experienced additional barriers in accessing IPV-related services throughout the pandemic. Valdovinos et al. (2021) explored how ILs' gender, ethnicity, social class, and immigration status affected help-seeking behaviors. Twenty participants from Mexico, El Salvador, Guatemala, Honduras, and Nicaragua who identified as undocumented women (e.g., lacking legal status to reside in the United States) and had experienced an IPV incident participated in the study. Findings indicated the participants lacked access to services due to structural barriers and low-income status limitations (Valdovinos et al., 2021). Additionally, barriers such as access to health care, immigration status, language proficiency, and shame to seek help were reported. By understanding the barriers ILs experienced, professional staff will provide best practices in delivery of services such as dissemination of information related to resources and assisting ILs with navigating the criminal justice system, especially for ILs who might be reluctant to share or report IPV-related incidences.

Cleaveland and Waslin (2021) discussed factors influencing risk and stressors (e.g., health care, work, and IPV) among ILs during the pandemic. Throughout COVID-19, the majority of ILs lacked eligibility for Medicaid or other public health services when tests and treatments were available and feared reaching out for help due to their immigration status and implications. The majority of ILs remained caregivers at home and continued working in essential jobs where COVID-19 was high (Cleaveland & Waslin, 2021). Related to IPV stressors and increased risk, the majority of participants hesitated to report IPV-related incidences due to immigration status and participants reported difficulties in leaving relationships due to implications related to COVID-19 (Cleaveland & Waslin, 2021).

Intimate Partner Violence Services Impacted by COVID-19

Community-based agencies providing IPV-related services (e.g., legal support related to orders of protection, support groups, educational and empowerment groups, crisis intervention, and programs for children) were impacted by the pandemic and in the delivery of those services (Landis, 2020). For example, community-based agencies offering crisis intervention for women experiencing IPV incidences often receive minimal funding to provide this service, and due to the pandemic, crisis intervention decreased (Landis, 2020). Several community-based agencies transitioned to providing COVID-19-related services (e.g., making referrals to health-care settings offering testing), thus limiting IPV-related services. Furthermore, with the rise in COVID-19 cases and the risk of potential infection among individuals, some IPV-related services were suspended and some community-based agencies closed temporarily (Campbell, 2020; Landis, 2020).

Nevertheless, obtaining federal governmental support and services (e.g., rapid and integrated responses related to healthcare systems and safety nets through alternative housing) and providing IPV-related information/education for women and children was important and needed throughout this time (Forbes Bright et al., 2020; Roesch et al., 2020; Sharma & Bikash Borah, 2020). Community-based agencies were also encouraged to not end delivery of services but rather adjust the delivery of IPV-related services. As opposed to traditional in-person meetings and appointments, clients were asked to meet via telehealth, telephone/texts, or other videoconferencing programs. While the use of technology during the adjustment period was beneficial, there were some challenges with the shift to telehealth and videoconferencing programs. Internet connection problems, limited access to internet, and lack of familiarity with these forms of technology impacted client experiences and access to IPV-related services (Landis, 2020). Finally, women's ability to use these methods of technology might be limited or restricted by perpetrators in the home (Landis, 2020).

Recommendations for governmental entities included assurance of personal protective equipment and other supports for professional staff to work with vulnerable families (Bradbury-Jones & Isham, 2020). Professional staff recognized the growth of IPV incidences among women who needed continued support and services with the ongoing pandemic restrictions (e.g., social distancing requirements and stay-at-home orders) and the professional staff adjusted delivery of services (Forbes Bright et al., 2020; Roesch et al., 2020; Sharma & Bikash Borah, 2020).

The Present Study

A qualitative research design (i.e., telephone interviews) was used in the study after receiving approval from the institutional review board (Monette et al., 2014). We partnered with Progreso Latino, Inc. (https://progresolatino.org, a community-based agency in the state of Rhode Island (RI), to assess ILs' help-seeking behaviors, types of support systems, experiences with accessing services, and delivery of services during 2020–2021. Progreso Latino is a multi-service, nonprofit, community-based organization and affiliate member of the RI Coalition Against Domestic

Violence (RICADV). Progreso Latino's AYUDAME/Help Me Domestic Violence Program aims to provide comprehensive direct services and education to Latinx victims of IPV, and to newly arrived immigrants with limited English proficiency. We worked with professional staff in the AYUDAME Domestic Violence Program to recruit 19 ILs who reported being in an IPV-related relationship and who received some type of legal service and advocacy conducted in the participant's preferred language: Spanish and/or English.

The AYUDAME's legal services and advocacy component includes court accompaniment, bilingual legal assistance, and information in Spanish to ensure the victim's ability to access all aspects of the legal system. AYUDAME's professional staff work collaboratively with the court system, law enforcement, legal services, emergency shelters, health services, and community organizations to ensure coordinated support for Latinx victims of IPV. AYUDAME's legal advocacy supports clients throughout the entire legal process from the filing of a restraining order to the final court hearing. Legal advocacy services also incorporate assistance with the RI Crime Victim Compensation Fund, divorce, child custody, housing, RI Department of Children Youth & Families, immigration-related legal services that includes both Violence Against Women Act (VAWA) and U-Visa applications. Furthermore, AYUDAME clients receive bilingual educational workshops, individualized educational sessions, comprehensive case management services, emergency financial assistance, emergency delivery (e.g., food, diapers, and formula), referrals, interpreter services, and clinical services comprised of individual counseling sessions and support group sessions that are provided in shelters, homes, and community settings.

Spanish-speaking telephone interviews were completed lasting approximately 30–45 min, with questions related to experiences with help-seeking behaviors, accessing services, and delivery of services throughout this time. The aim of the current study is three-fold: (a) examine help-seeking behaviors of ILs who encountered an IPV incident during the pandemic, (b) determine ILs' experiences with types of support systems, and (c) examine ILs' experiences of accessing services during the pandemic. By examining the experiences of ILs seeking services, professional staff in the community-based agency and other service providers will obtain information on best practices and ongoing delivery of services throughout the transitions and different stages of the pandemic and beyond.

Method

Participants and Procedures

The sampling method conducted in the study was criterion sampling (i.e., selecting participants who meet some type of specific criteria that is of importance to the study; Monette et al., 2014). We chose this type of sampling method because we were interested in targeting participants from Progreso Latino, Inc., the community-based partner. Necessarily, all participants recruited would be ILs who received some type of service (e.g., education, case management, legal advocacy or clinical services) from the AYUDAME Domestic Violence Program at the community-based agency within the past 1–3 years. The inclusion criteria included participants who: (a) were receiving some type of service from the AYUDAME Domestic Violence program, (b) had experienced some type of IPV-related incident, (c) were 18 years of age or older, and (d) spoke both Spanish and English. The Victims of Crime Act (VOCA) Case Manager who worked in the program conducted the recruitment as she had longstanding established relationships with the participants in the community. Initial phone calls with a detailed script were employed for participation in the study, explaining the study to participants and indicating to participants that the researcher (i.e., first author) would be following up with a telephone interview if they agreed to participate.

At the time of the present study, clients (i.e., participants) at the community-based agency consented to receive general information by professional staff about services, upcoming events, and workshops via telephone, email, social media platforms, and during limited in-person appointments at the agency and/or during home visits (with the necessary COVID-19 precautions). During the initial recruitment period, printed flyers and e-flyers about the study were circulated to potential participants via agency professional staff. After the initial recruitment period, the case manager called the telephone number and asked to speak directly to the client. It was unlikely someone other than the direct client would answer a telephone call because professional staff of the community-based agency had direct telephone numbers of clients. In the event that the person answering the telephone was someone other than the direct client, the case manager stated that they were hoping to speak to the client directly and then end the telephone call. Challenges related to disconnected phone numbers and not returning phone calls occurred, which impacted the number of participants for the study. The case manager and researcher attempted three times to reach out to participants within a 3–6-week period. Between October–November 2021, 19 participants were recruited for the study. Participants completed telephone interviews in Spanish using an interview guide by

Table 1 Demographics for Participants

Name	Age	State of Birth	Years in U.S.	Relationship Status	Employment	Education	No. of Children
Emily	22	San Francisco, Dominican Republic	7	Single	Factory	High School	1
Ines	30	Guatemala, Guatemala	2	Partnered	Supermarket	Some College	1
Rebecca	30	Guatemala, Guatemala	3	Single	None	None	2
Yessica	31	Guatemala, Guatemala	2	Married	Cashier	Bachelor's Degree-Teaching	2
Belicia	32	Morona de Santiago, Ecuador	9	Single	Takes Care of Elderly	High School	1
Elenora	33	Guatemala	15	Separated	Factory	None	4
Paola	33	Santo Domingo, Dominican Republic	6	Separated	None	Bachelor's Degree	3
Dulce	36	Guatemala, Guatemala	6	Partner	None	3 Years of High School	2
Leticia	36	Puerto Plata, Dominican Republic	6	Single	Janitorial Work	Some High School	2
Catalina	36	Quiché, Guatemala	4	Single	Works from Home	High School	5
Amanda	37	Salcedo, Dominican Republic	5	Single	Factory	Some College	3
Dolores	37	Quiché, Guatemala	18	Single and Divorced	Grocery Store	6th Grade	4
Rita	40	Armenia, Columbia	8	Divorced	Sells Food	Bachelor's Degree-Nursing	2
Mari	40	La Paz, El Salvador	21	Single	Factory	None	2
Lola	42	Guianas, Brazil	7	Separated	Cleaning	Bachelor's Degree-Business	0
Sofia	44	Santo Domingo, Dominican Republic	2	Separated	Cleaning	High School	2
Abby	45	Santo Domingo, Dominican Republic	1	Divorced	None	Master's Degree-Education	1
Luz	46	San Luis Potosi, Mexico	20	Separated	Janitorial Work	High School	3
Katalina	60	Bogotá, Columbia	10	Separated	Factory	Bachelor's Degree-Social Work	2

Demographics for Participants, N = 19

Note: Pseudonyms were used for participants.

the researcher. The participant age range was between 22 and 60 years (*M* age = 37.36, *SD* = 8.10 years; see Table 1). Finally, each participant received gift cards totaling $100.00 for completing the telephone interview.

Data Collection and Analysis

Interview Guide/Questions

The 15-item Spanish-English interview guide consisted of nine demographic questions (i.e., name, age, place of birth, years in the United States, relationship status, work or school status, highest level of education, number of children, and religious affiliation) and six open-ended questions (see Table 2). The six open-ended questions were the following: (a) *Can you describe how you have managed and/or coped since the pandemic (COVID-19) began*? (b) *Can you describe your experience with family members in relation to domestic violence incidences since the pandemic (COVID-19) began*? (c) *Can you describe your experience with friends in relation to domestic violence incidences since the pandemic (COVID-19) began?* (d) *What are your experiences in trying to access domestic violence related services in the community since the pandemic (COVID-19) began? Do you find it challenging? If so, why*?

- *For example, what are your experiences with the police department since the pandemic (COVID-19) began*? *If you called 911 since the pandemic (COVID-19) began, what was that experience like for you*?
- *For example, what are your experiences with health care and/or hospital organizations since the pandemic (COVID-19) began*?
- *For example, what are your experiences with accessing services with Progreso Latino, Inc. since the pandemic (COVID-19) began*?
- *for Example, what are your Experiences with Other community-based Agencies? For Example, Family Service Centers*?

(e) *What has been most helpful to you*? And (f) *What has been least helpful*?

The first author set up individual phone meetings with the participants to begin the telephone interview in their preferred language, Spanish and/or English. All participants completed the telephone interview in Spanish. A verbal consent (i.e., the researcher read the consent form to the participants and participants verbally agreed) to participate in the study was employed due to the sensitivity of the topic and for safety measures. All interviews were tape-recorded, and measures were taken to transcribe verbatim the Spanish

Table 2 *Interview Guide/Questions*

Descriptive Demographic Questions
1. What is your name?
2. What is your age?
3. Where were you born?
4. How long have you lived in the United States?
5. Are you in a committed relationship with a partner? If yes, are you married or co-habitating?
6. What are you currently doing now? For example, are you working outside of the home, in the home, or in school?
7. What is the highest level of education?
8. Do you have any children? If so, how many?
9. What is your religious affiliation?
In-Depth Interview Questions (i.e., Questions related to help-seeking behaviors and accessing intimate partner violence [IPV] related services)
10. Can you describe how you have managed and/or coped since the pandemic (COVID-19) began?
11. Can you describe your experience with family members in relation to domestic violence incidences since the pandemic (COVID-19) began?
12. Can you describe your experience with friends in relation to domestic violence incidences since the pandemic (COVID-19) began?
13. What are your experiences in trying to access domestic violence related services in the community since the pandemic (COVID-19) began? Do you find it challenging? If so, why? a. For example, what are your experiences with the police department since the pandemic (COVID-19) began? *If you called 911 since the pandemic (COVID-19) began, what was that experience like for you? b. For example, what are your experiences with health care and/or hospital organizations since the pandemic (COVID-19) began? c. For example, what are your experiences with accessing services with Progreso Latino, Inc. since the pandemic (COVID-19) began? d. For example, what are your experiences with other community-based agencies? For example, family service centers?
14. What has been most helpful to you?
15. What has been least helpful?

notes/additional responses that were written (pencil and paper format) by the researcher on the questionnaire (i.e., interview questions) throughout the telephone interview. The Spanish audio recordings were transcribed and translated into English by the researcher, using a word-for-word translation method and reading the Spanish transcriptions line-by-line throughout the translation process. The researcher is proficient in both languages and has a strong command of Spanish (i.e., the researcher speaks Spanish as a first language and is proficient in Spanish grammar). The Spanish notes/additional responses that were written on the questionnaire were transcribed and translated into English by the research assistant, who is also proficient in both languages. The researcher re-read the written responses from the questionnaires that were transcribed and translated into English by the research assistant in order to verify that the Spanish words were properly translated into English.

Data Analysis

The method of content analysis was employed (i.e., the process of systematically examining and interpreting material to identify patterns, themes, biases, and meanings; Monette et al., 2014). Specifically, conceptual analysis (i.e., choosing a concept for analysis to quantify and count its presence; Monette et al., 2014) was employed. This method of analysis was chosen because we were interested in examining the occurrence of the selected terms in the data. Codes and categories were created from the six open-ended interview questions: (a) Coping and Managing, (b) Experiences with Family Members and Friends in Relation to Domestic Violence, (c) Experiences with Accessing Domestic Violence Services, (d) Experiences with Police Departments, (e) Experiences with Calling 911, (f) Experiences with Health Care and/or Hospitals, (g) Experiences with Progreso Latino, Inc., (h) Experiences with Other Community-Based Agencies, and (i) Most Helpful and Least Helpful. These categories were developed as an interactive set to allow flexibility to add categories throughout the coding process (Monette et al., 2014).

Once we completed the coding, we counted the number of times words and phrases appeared in the data to develop sub-themes and themes. By doing so, several sub-themes with the highest word counts were identified. The participants' quotes were identified and organized by theme to validate and support the findings. Rich data were obtained (e.g., audio recordings and questionnaire responses transcribed verbatim to generate themes as opposed to simply taking notes) and triangulated data (e.g., a research assistant re-counting words in each of the themes and sub-themes to ensure codes were consistent with original themes and sub-themes) to ensure trustworthiness and validity of the codes (Monette et al., 2014).

Results

Demographic information ($n = 19$), including number of years lived in the United States, relationship and employment status, highest level of education attained, and number of children was reported by participants (see Table 1). All participants identified as immigrants from countries such as Brazil (1), Columbia (2), Dominican Republic (6), Ecuador (1), El Salvador (1), Guatemala (7), and Mexico (1), with 37% of participants from Guatemala and 31% of participants from the Dominican Republic. Neither identifier (e.g., immigration status and place of birth/home country) were prerequisites for participation. The participants' ages ranged between 22 and 60 years (M age = 37.36, SD = 8.10). Participants reported a wide range of years living in the United

States, 1 year to 21 years, with an average of 8.0 years, and the majority (74%) of the participants reported some type of employment outside of the home. Most participants who had college or university education from their home country reported working in entry-level jobs such as cleaners, warehouse workers, factory workers, and janitorial work. Most participants who had some high school education or completed high school also reported working in entry-level jobs.

Participants' qualitative responses with help-seeking behaviors and experiences accessing services yielded several themes. The major identified themes included: (a) *Intimate Partner Violence Experiences During the Pandemic*, (b) *Types of Support Systems (e.g., Informal and Formal Types of Support Systems) and Seeking Help*, and (c) *Experiences With Accessing Services During the Pandemic*. Pseudonyms were assigned to participants to ensure anonymity in the study.

Intimate Partner Violence Experiences During the Pandemic

Many participants (74%; 14 out of 19) reported experiencing some type of IPV during the pandemic. Types of abuse included physical, verbal/psychological, isolation and control, economic, fatality threats, fear and threats related to deportation (i.e., participants lacking legal-status documentation), and threats related to COVID-19 (e.g., abusers using exposure to COVID-19 to harm and control them). Ines described her experience: "Yes, I experienced domestic violence during the pandemic. My partner was physically and verbally abusive. I was alone and I could not believe this was happening to me." Elenora indicated, "My husband threatened me, he constantly yelled at me, and he was very jealous. He was also hitting the kids." Leticia reported, "I was very afraid of him. He was very abusive. When I was abused, I had bruises all over me." Finally, Lola described her experience: "Yes, that is when domestic violence started—during the pandemic. He was possessive, controlling, and he would always get angry. He kicked me out of the house during the pandemic, there was always fights." Of the participants who reported experiencing IPV during the pandemic, all reported that IPV incidences worsened throughout that time. Job loss, home-schooling for children, stay-at-home orders, and economic uncertainty contributed to additional stressors within family systems and dynamics, further impacting ILs' experiences with IPV.

Several of the participants reported partners abusing children and one participant reported sexual abuse of her daughter. Yessica stated, "I did not have domestic violence problems and I was isolated from my family. I went to live with my grandmother and that is where my daughter was sexually abused by her grandfather." A few of the participants (26%; 5 out of 19) reported experiencing IPV before the pandemic, and several received ongoing legal support from the community-based agency such as divorce and immigration processes. For example, Amanda reported, "I received help from the agency during the pandemic. I was going through a divorce, and they helped me understand all the paperwork and they [the caseworker] went to court with me." Another participant (Mari) reported, "I received a lot of help and support from the agency. I was able to get counseling during the pandemic while separated from my husband." Despite IPV-related incidences throughout the pandemic, ILs obtained types of support systems and sought out help for themselves and their children.

Types of Support Systems and Seeking Help

Support systems can be either formal or informal during help-seeking behaviors. Informal support systems include support provided by a client's social network (e.g., peers, friends, and family members) and the community (e.g., volunteers from a program in the community), while formal support systems involve services provided by professional, trained employees (e.g., a police officer, health-care provider, or counselor), typically paid for their work (Marrs Fuchsel, 2017). While many participants reported minimal informal support from family and friends, several participants reported reaching out to formal support systems such as police departments, hospitals and health-care clinics, and community-based agencies for help and support. Others reported reaching out to community members such as landlords and teachers in their children's schools. The following two sub-themes contain detailed descriptions of participant experiences with informal and formal support systems.

Informal Support Systems

Many participants (74%; 14 out of 19) lacked informal support systems such as family and friends throughout the pandemic. Due to their limited ability to receive informal support from family and friends, participants reported feeling isolated and alone during this time. For example, Katalina indicated, "I was alone. I did not want to tell anyone what was happening. I was embarrassed. I reached out to people at the agency." Rita stated, "I was all by myself. I had no one. No family or friends." Only five participants reported experiencing support and help from family members and four participants reported getting help from friends. For example, Abby described support from a family member, "My sister found a place for me when I left him. The social worker also helped me." Another participant [Sofia] reported, "My sister helped me a lot. I was afraid to tell anyone what has happening to me. The staff at the agency

helped me too." These findings indicate that lack of informal support systems impact ILs' experiences with getting support and help during an IPV incident. Further investigation is needed regarding this phenomenon and whether there is a correlation between limited informal support systems, feeling isolated and alone, and increases in IPV. While participants lacked support from family and friends, many participants received help and support from formal support systems such as police departments, hospitals and healthcare clinics, and community-based agencies.

Formal Support Systems

Experiences With the Police Department Experiences with the police department included calling 911, working with police officers who arrived at the scene, and filing orders of protection or reports related to IPV incidences. Of the participants (47%; 9 out of 19) who called the police, participants reported positive experiences. For example, Sofia's affirmative testimony included, "When I called 911, they spoke Spanish. When the police came to my house, they also spoke Spanish. The police officers had information for me, and they helped me find a place to stay." Abby reported another positive experience, "When the police came, they had a domestic violence advocate with them. She was very helpful and helped me file a report." Finally, Dolores stated, "I had an order of protection. He came to my house. He could not live there. I called the police, and they took him out of the house. They helped me so much." Despite language barriers, other participants reported positive experiences with police officers using interpreters via the telephone if they did not speak Spanish and others indicated they were treated with respect at police departments while filing orders of protection.

Almost half of the participants reported not calling the police due to fear (e.g., threats by partners related to deportation, legal-status implications) and negative experiences (e.g., language barriers and police officers not speaking Spanish). Others who called the police included landlords, neighbors, and family members. Regarding negative experiences, Leticia reported:

> It was very hard to call the police. I was afraid because he [partner] always said they would not believe me [regarding current physical and verbal abuse] and they would deport me. He [partner] said that they would take away my papers [process of applying for residency].

Another participant reported a negative experience when the police officers arrived at the house. Lola explained:

> The police arrived at my house; I am not sure who called them. They only spoke English. They separated us and they told me to go to the basement. I was taken away by the police when it was my husband who hurt my finger.

Another participant described negative experiences due to language barriers. For example, Rita stated, "The police officers did not help me. I could not understand English, and they only spoke English. I felt discriminated against because I did not know English." Paola described experiencing racism by one police officer. She indicated, "When I called the police to file a report, one of them did not speak Spanish and he was racist. The other police officer who took the report was better and I felt like he believed me." Findings regarding language barriers indicated participants' frustration and disappointment while accessing formal support systems (i.e., a police department). Further exploration is needed regarding participants' experiences with non-Spanish-speaking police officers and help-seeking behaviors among ILs during IPV incidences. Despite experiencing negative experiences, the participants reported generally feeling relieved that police officers arrived at the scene and that the abuser could no longer hurt them.

Experiences With Community-Based Agencies Participants described overall positive experiences with the services provided by the community partner in the study: Progreso Latino, Inc. Examples of legal aid at Progreso Latino, Inc. included accompaniment to court hearings, filing of orders of protection, support groups, crisis interventions, referrals to immigration lawyers and family court, and monetary assistance (e.g., rent money). For example, participants (37%; 7 out of 19) obtained accompaniment services to court during the pandemic. Ines described her experience, "They [caseworker at the agency] were very attentive. She called me, helped me get counseling, and she went with me to court to fill out an order of protection." Elenora also stated, "The agency helped me with my immigration papers. They also went with me two times to court. I was afraid to tell the judge what happened, but the caseworker helped me tell my story."

Other types of services included referrals to counseling, IPV information, interpretation support, food assistance, and childcare. For example, participants (42%; 8 out of 19) reported needing food assistance and (58%; 11 out of 19) reported obtaining counseling services. Rita described her experience, "It was very hard to get help, I could only get help from the agency. When I went to court, she [the caseworker] interpreted for me. She was so supportive. She also helped me with food." Mari stated that it was the counseling

referral that helped her the most; she stated, “I received a lot of help from the agency. I really needed to talk to someone and she [the caseworker] referred me to counseling.” Most of the services at Progreso Latino, Inc. were provided by Spanish-speaking caseworkers and other professional staff at the agency and in the participant’s preferred language, as some participants were fluent in both languages (Spanish and English). Findings indicated that having a strong, client-centered relationship with professional staff, such as case workers, aided ILs’ experiences in receiving optimal care and support. A few participants described experiences with other community-based agencies such as family service centers, domestic violence shelters and agencies, and children’s schools.

Experiences With Hospitals and Health-Care Clinics Almost half of the participants (37%; 7 out of 19) reported going to the hospital for different reasons during the pandemic for assistance and they generally described encouraging experiences. Participants described COVID-19 implications (e.g., loved one got sick, participant got sick, or participant tested positive for COVID-19), IPV physical assault, child sexual abuse and participant’s child needing an evaluation, and psychological distress due to IPV incidences as reasons for needing to go the hospital or a health-care clinic. The participants who sought out support and aid from hospitals and health-care clinics reported medical staff provided interpreters and a few staff spoke Spanish.

For example, Sofia described her situation, “I was having a nervous breakdown. There was physical violence. I was able to find another place to live, but I ended up in the hospital. I was connected to the psychologist, and I received services.” Belicia further stated, “Yes, I went to the hospital. I thought I was going crazy, but they [doctors and nurses] told me I was in a domestic violence relationship. I received a lot of help from the doctors.” Finally, Yessica stated, “I took my daughter to the hospital during COVID-19 because she tested positive. I took all the precautions, masks, hand sanitizers to keep us safe. She also got help from the abuse [child sexual abuse by grandfather].” These findings indicated that positive interactions with medical staff most likely helped ILs understand that hospitals and health-care clinics are formal support systems that can be utilized during an IPV-related incident. Other participants reported not seeking help from hospitals or health-care clinics due to fear of deportation and fear of contracting COVID-19.

Experiences with Accessing Services During the Pandemic COVID-19 impacted participants’ experiences with accessing services. Despite the challenges related to COVID-19 (e.g., restrictions such as social distancing and feeling isolated; unable to see family and friends in person; unemployment and losing jobs; limited hours at work and less monetary support; caregiving at home; lack of health insurance; and lack of resources), several participants described experiences in accessing services. Participants described how the community-based agency (i.e., Progreso Latino, Inc., a frontline service provider during the pandemic) offering IPV-related services (e.g., crisis intervention and counseling) remained open and changed the delivery of service to telehealth, more telephone calls, and limited in-person appointments at home and at the agency following strict pandemic guidelines (e.g., wearing masks and social distancing during appointments). Katalina stated, “We were able to do telehealth, you know, videoconference. It was hard at first because I kept getting disconnected, but then the caseworker showed me how to do it and it worked.” Another participant, Belicia, stated:

> Even though we were in the pandemic, the therapist came over every two weeks. We had to wear masks, but the therapist still came. The traumas and memories were so hard to get over. But the therapist helped me a lot. I feel better about myself. The caseworker also helped me when I needed to go to court. It was hard to see my husband there after the domestic violence problem.

A few of the participants reported having difficulties connecting with resources due to scarcity of resources, limited access to services, language barriers, and not knowing how to connect to resources during the pandemic. For example, Catalina stated, “Before the pandemic there was help. After the pandemic, it was hard. We could not go out; we did not have much food. I couldn’t find agencies that were open to help me with food.” Overall, participants described positive experiences with the changing of delivery of services at the community-based agency (i.e., Progreso Latino, Inc.) throughout the pandemic.

The overall themes in this study included (a) *Intimate Partner Violence Experiences During the Pandemic*, (b) *Types of Support Systems (e.g., Informal and Formal Types of Support Systems)*, and (c) *Experiences With Accessing Services During the Pandemic.* In the following section, we discuss the findings of this study.

Discussion

In this study we examined ILs’ experiences with IPV, help-seeking behaviors, types of support systems, and access to IPV-related services. We partnered with a community-based agency in the state of Rhode Island providing services to

the Latinx community. Using a qualitative research design, 19 immigrant Latinas who had received prior IPV-related services participated in the study. In the following section, we discuss how findings in this study adds content and information to the existing body of knowledge regarding experiences of IPV among ILs, types of support systems that helped participants as they sought out help, and how accessing services looked like during the pandemic. Recommendations are provided to the community-based agency and other service providers regarding ongoing delivery of services and best practices throughout the pandemic transitions and future implications.

Formal Support Systems: Seeking Help from Police Departments and Police Officers

Experiences with reaching out for help from police departments included calling 911, working with police officers who arrived at the scene, and filing orders of protection or reports related to IPV incidences. Although studies indicate that ILs often underutilize formal support systems such as police departments because of multiple population-specific barriers (e.g., limited English-speaking language ability; Reina & Lohman, 2015; Silva-Martínez, 2017; Valdovinos et al., 2021), participants in this study understood the significance of reaching out to police officers despite these barriers. Findings in this study showed that 47% of the participants who sought out assistance generally had positive experiences with police officers and police departments. This ability of the participants to reach out to police departments for help despite language barriers is an important finding of this study. Participants described several police officers speaking Spanish, providing resources and information, using interpreters via the telephone if they did not speak Spanish, and being respectful when filing reports. By having affirming experiences with bilingual Spanish-English speaking police officers, ILs will most likely continue to utilize police departments in the future as a means of an intervention. Finally, findings in this study confirm the value of having culturally sensitive professional staff (e.g., police officers) who are proficient in both Spanish and English as a means of eliminating barriers to help-seeking behaviors and providing effective IPV-related service delivery for a vulnerable group of women (Marrs Fuchsel, 2015).

Although 47% of participants in this study reported positive experiences with police officers and police departments, almost half of the participants did not seek help from police officers or departments due to language and other barriers. Several reported police officers' limited Spanish-speaking abilities impacting experiences during an IPV-related incident and participants feeling less supported. The need for more Spanish-speaking police officers is imperative. Additional barriers related to fear of being deported and immigration status were other reasons participants did not seek help from police departments and police officers (Reina & Lohman, 2015; Silva-Martínez, 2017) and coincided with findings from the present study. Police officers working in police departments and professional staff at community-based agencies would most likely aid ILs in seeking out support by having Spanish-English education and information related to immigration rights and services (e.g., legal clinics and immigration lawyers in agencies). Exposure to such information might lessen fear-based behavior. Furthermore, police officers who establish relationships with community members and who provide ongoing Spanish-English educational workshops or provide some type of educational group for women will help ILs become more empowered to reach out for help when needed despite barriers (Marrs Fuchsel, 2019).

Seeking Help from Hospitals and Health-Care Clinics

Participants also described experiences with hospitals and health-care clinics. Cleaveland and Waslin (2021) described factors influencing health-care services among ILs. Throughout COVID-19, the majority of ILs lacked eligibility for Medicaid or other public health services when tests and treatments were available (Cleaveland & Waslin, 2021). In this study, almost half of the participants (37%) reported going to the hospital or health-care clinic for different reasons during the pandemic for assistance. Despite not having health insurance (e.g., Medicaid), they sought out help from hospitals as many described COVID-19 implications (e.g., participant tested positive for COVID-19), an IPV physical incident, and psychological distress due to IPV incidences. Findings in this study reveal the relevance of needing frontline workers in hospitals and health-care settings as ILs and other women in general sought out aid from medical professionals throughout the pandemic.

Supportive Relationships with Professional Staff and Accessing Services from Community-Based Agencies

Recall that participants in this study were recruited from the AYUDAME Domestic Violence program and participants and professional staff developed relationships over time. Participants in this study reported strong, supportive, long-standing relationships with professional staff at the community-based agency. Overall, participants reported professional staff at Progreso Latino, Inc. as being encouraging and affirming while accessing IPV-related services (e.g., accompaniment to court, referrals for counseling, connections with interpreters on the phone or in person, and

connections with food and monetary assistance) throughout the pandemic. These findings solidify the importance of having a client-centered and high-touch relationship approach with ongoing adjustments of delivery of services throughout the different stages of the pandemic at present and in the future.

Furthermore, several community-based agencies closed temporarily and/or programs changed delivery of services (Campbell, 2020; Landis, 2020). Similar to other recommendations encouraging community-based agencies to remain open and adjust delivery of services, the community partner, Progreso Latino, Inc., remained open and made modifications (Roesch et al., 2020; Sharma & Bikash Borah, 2020). Professional staff at Progreso Latino, Inc. conducted services through telehealth (e.g., videoconferencing), by telephone/texts, and took the necessary precautions (e.g., masks and social distancing) when meeting in person at the agency and/or at home. These findings coincide with recommendations from other discussions addressing services accessible through the telephone and online services (Forbes Bright et al., 2020; Roesch et al., 2020; Sharma & Bikash Borah, 2020).

Strengths and Limitations

This study adds to the existing literature addressing experiences of ILs who encountered an IPV incident during the pandemic, types of support systems, implications for professional staff working in community-based agencies, and the delivery of IPV-related services. The police department as a type of formal support system aided ILs who sought out help during IPV incidences regardless of cultural-specific barriers (e.g., language ability). The ability of community-based agencies, such as Progreso Latino, Inc., to change the delivery of services to telehealth, telephone/text communication, and limiting in-person visits positively impacted ILs' ability to access IPV-related services. By doing so, ILs were able to manage incidences of IPV, continue with ongoing support during separations, divorce, and immigration processes, and receive monetary and food assistance. Another strength is the community partnership with Progreso Latino, Inc. We were able to conduct a research project alongside professional staff who participated at every stage of the project (i.e., conceptualization of the study, research question formation, recruitment support, and review of study outcomes). By having the reciprocal relationship with professional staff, open dialogue and feedback occurred to strengthen the overall research project and to achieve the intentions of the research study. Finally, findings from this study will aid current professional staff at community-based agencies in providing ongoing, effective delivery of services during the ever-changing stages of the pandemic.

There are several limitations to the study. Due to the COVID-19 restrictions and implications, we changed the processes of data collection. Our original intention was to conduct Zoom videoconferencing interviews to establish rapport during the researcher–participant interview and to virtually see participants as we asked the interview questions. We concluded with conducting telephone interviews due to safety reasons with the participants, and this might have deterred the establishment of rapport, thus limiting answers to questions. In addition, the participant's previous relationship with the caseworker might have impacted participant responses. For example, positive feelings and experiences might have influenced answers to the open-ended interview questions during the telephone interview and that might have been another limitation.

Implications for Practice

Previous research and findings in this study indicate multiple barriers in accessing IPV-related services for ILs (e.g., fear of deportation, lacking health insurance for health care, immigration status, language proficiency, and being ashamed to seek help; Reina & Lohman, 2015; Silva-Martínez, 2017; Valdovinos et al., 2021). Due to these barriers, professional staff such as caseworkers, social workers, counselors, and mental health professionals working in community-based agencies providing IPV-related services and legal proceedings need to provide programs and initiatives that might lessen barriers in accessing services for this population. For example, the impact of the pandemic on community-based agencies was significant and modifying services was key in continuing services and programs throughout this challenging time. Community-based agencies who adjusted services should continue with telehealth (e.g., videoconferencing through Zoom), telephone/texts, and maintain precautions during in-person home and office visits.

Police departments and police officers working with ILs can strengthen services by having more Spanish-speaking domestic violence advocates and interpreters while on scene (after a 911 call has been made) or during filings of orders of protection. Language barriers were a key factor in ILs' ability to seek help from formal support systems during IPV occurrences. The need for bilingual services (English and Spanish) for this population is substantial—community-based agencies serving ILs and their families would benefit by hiring professional staff who speak Spanish and who understand cultural implications.

Furthermore, community-based agencies that provide IPV-related services for ILs need to implement wrap around

services such as food and monetary assistance and counseling services. Participants in this study indicated the need for additional support such as food and monetary aid and counseling referrals and services. Findings in this study have implications for migrant women across cultures in the United States experiencing IPV-related incidences and who seek assistance from different types of support systems such as police departments and community-based agencies. Finally, immigration-status barriers and fear can be lessened by providing education and information about immigration (in both Spanish and English) for ILs experiencing IPV incidences—they will be more likely to seek help, become empowered to make changes, and understand their rights as human beings.

Acknowledgements The author would like to acknowledge external reviewers, for helpful comments on previous versions of the manuscript. The author would like to acknowledge Luisa C. Murillo, Director of Social Programs and Lisy Delaroca, Program Coordinator and Victims of Crime Act (VOCA) Case Manager of Progreso Latino, Inc., for the community partnership support and assistance throughout the stages of the research project. The author would like to acknowledge the research assistant, Lizeth Andrade-Vital, for research support and assistance throughout the stages of the research project.

Declarations

Conflict of Interest The authors declare that they have no conflict of interest.

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