



**Resource Access for Latinx Survivors of Intimate Partner
Violence in North Carolina: A Comparative Study Between
Mecklenburg, Durham, and Duplin Counties**

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Abstract

Latinx women in the United States experience disproportionately high rates of intimate partner violence (IPV) yet are less likely than their white counterparts to report abuse or access formal services. This study seeks to determine: *What structural, cultural, systemic, and sociopolitical factors shape Latinx survivors' access to IPV services in North Carolina, and how can service provision be improved?* Guided by qualitative interviews with service providers across three counties— Mecklenburg, Durham, and Duplin—findings highlight intersecting barriers to help-seeking, including fear of immigration enforcement, limited English proficiency, inconsistent law enforcement response, transportation constraints, and restricted organizational capacity. Recent federal immigration policies and ICE activity have reduced engagement with services, particularly among undocumented survivors. Providers emphasized the importance of trauma-informed, community-based, and language-concordant services to promote safety, psychosocial well-being, and education. However, gaps remain in legal representation, culturally specific counseling, and rural service infrastructure. Based on these findings, policy and practice recommendations include: expanding bilingual advocacy and counseling, increasing culturally tailored community-based programming, reducing structural barriers to accessing protective orders, and implementing policies that mitigate immigration-related fear among survivors. These measures align with national trends demonstrating underutilization of IPV services among Latinx women and highlight the critical need for equitable, culturally responsive interventions. By addressing both systemic and sociopolitical barriers, this study contributes evidence for improving IPV service accessibility and outcomes for Latinx populations in the U.S.

Introduction

Intimate partner violence (IPV) is an issue that impacts multiple communities across the United States and globally. Latinx women, however, face unique challenges when it comes to reporting and seeking help after experiencing IPV, as well as compounding factors that place them at risk of experiencing IPV in the first place. Latinx women are also a community that remains relatively understudied in the context of IPV in the state of North Carolina. For the sake of this study, woman/women refers to persons who are female-identified and/or assigned female at birth. The question this study seeks to explore is whether or not there are different or similar barriers in accessing resources for Latinx survivors of intimate partner violence in rural and urban contexts in North Carolina, in addition to what contributing factors can be identified. The three counties represented in this study were; Durham County, a mid-sized county in north-central North Carolina within the Research Triangle with a population around 344,000 residents and with a Latinx population of about 17%; Mecklenburg County; a county in southwest North Carolina known for its influence in economics and banking, with the largest population in the state at 1.2 million residents, and a Latinx population of about 15%; and, Duplin County, a small rural southeastern county in North Carolina known for agriculture, specifically corn and tobacco, with a population of about 50,000 residents, and a Latinx population of about 24%, making it the county with the largest concentration of Latinx residents as of 2025 (U.S Census Bureau, 2025).

Study Overview

This study employed a mixed-methods approach combining a PRISMA-informed literature review with an original qualitative study to examine intimate partner violence (IPV) resource availability and barriers for Latinx survivors across rural and urban contexts in North Carolina. Findings from the literature review were used to contextualize and interpret themes emerging from interviews with service providers.

Literature Review Methods

A literature review was conducted using a PRISMA-informed screening process to identify peer-reviewed research examining IPV among Latinx populations in the United States, with attention to geographic context, rural–urban disparities, and resource availability. Searches were conducted in Google Scholar, PubMed, JSTOR, and PsycINFO. Record counts were reconstructed retrospectively based on database search outputs, citation tracing, and the final reference list, as searches were conducted prior to the requirement to document the process using a PRISMA flow diagram.

Search terms included combinations of:

- *“intimate partner violence”*
- *Latina OR Latinas OR Hispanic women OR immigrant women*
- *United States OR North Carolina*
- *rural OR urban*

- *Mecklenburg County OR Durham County OR Duplin County*

Searches were limited to English-language, peer-reviewed journal articles focused on U.S. populations. Initial database searches were conducted prior to the requirement to document the process using a PRISMA flow diagram. Consequently, record counts were reconstructed retrospectively based on database search outputs, citation tracing, and the final reference list to ensure transparency.

Database searching yielded approximately 104 records, with an additional six records identified through reference list screening. After removing an estimated 22 duplicate records, approximately 88 unique records were screened by title and abstract. Records were excluded if they did not address IPV, were not peer-reviewed, focused on non-U.S. populations, or did not include Latinx or immigrant women.

Following screening, 27 full-text articles were assessed for eligibility. Articles were excluded during full-text review if they lacked empirical findings, were not relevant to IPV outcomes or service access, or did not align with the geographic or population focus of this study. Ultimately, 20 peer-reviewed studies met the inclusion criteria and were included in the literature synthesis (Figure 1).

Government and surveillance reports (e.g., CDC and North Carolina Department of Health and Human Services publications) were used to provide contextual background on IPV prevalence and policy but were not included in the PRISMA screening process, as they are not peer-reviewed journal articles.

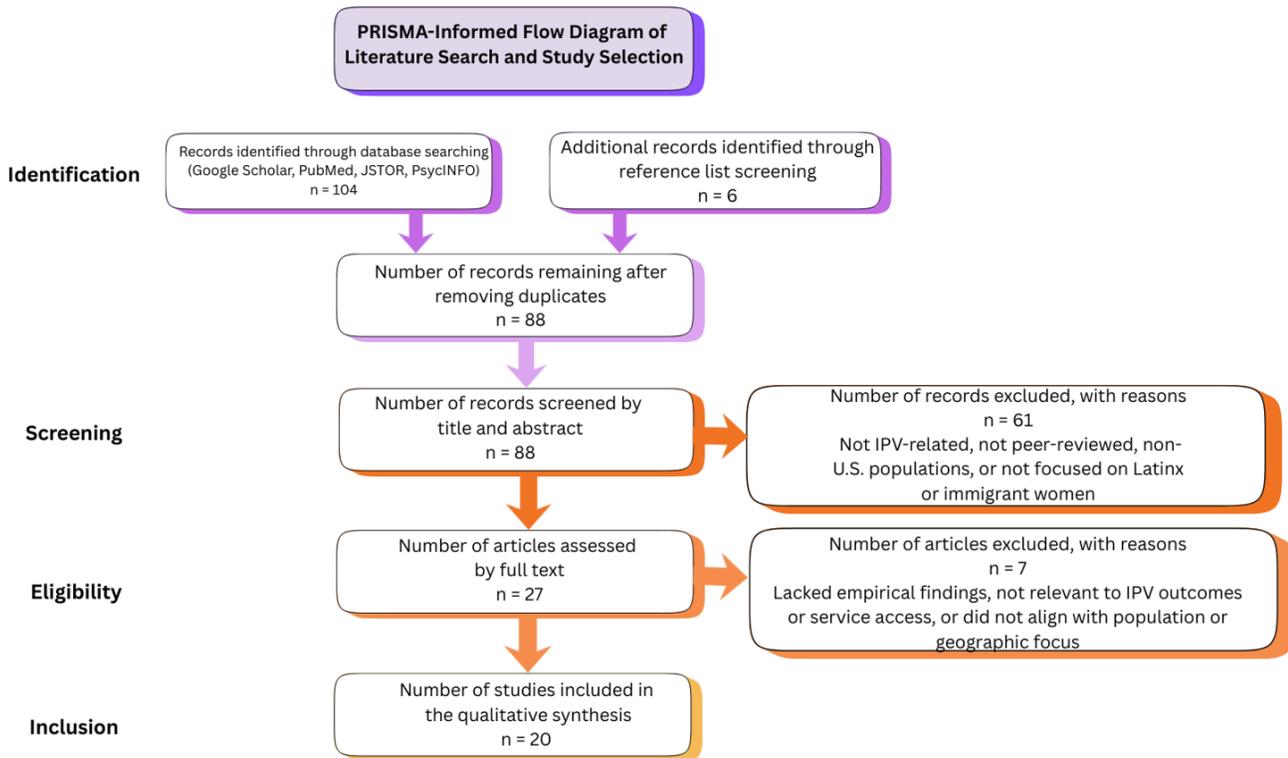


Figure 1

Background and Literature Review

Existing Literature on Latinx survivors of IPV in the United States and North Carolina

Latinx women in the United States are disproportionately impacted by intimate partner violence (IPV), yet they are less likely to report abuse compared to their White counterparts (Centers for Disease Control and Prevention [CDC], 2017; Sabina, Cuevas, & Schally, 2012; Smith et al., 2017; Cho, 2012). Many national data collections undercount immigrant women due to survey and measurement limitations that fail to capture culturally nuanced forms of IPV (Gonzalez-Guarda, Cao, & Schnacky, 2025). IPV is defined as physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse (CDC, 2017). In this study, the term *women* refers to individuals who identify as female and/or were assigned female at birth. IPV can occur within heterosexual or same-sex relationships and does not require sexual intimacy (CDC, 2017).

A number of factors contribute to underreporting of IPV among Latinx women, including cultural stigma, linguistic barriers, fear of deportation, and limited access to culturally competent services (Gonzalez-Guarda, Cao, & Schnacky, 2025; Messing, Vega, & Durfee, 2017; Sabina et al., 2012; Zolnikov, Ontiveros, Mora, & Trejo, 2023; Zadnik, Sabina, & Cuevas, 2016). In rural communities, such as those in eastern North Carolina, additional barriers include geographic isolation, distrust of law enforcement, and cultural values. Cultural norms such as *familismo*—strong identification with and attachment to family—and *marianismo*—beliefs that prescribe Latina femininity as nurturing, self-sacrificing, virginal, and emotionally strong—may further discourage disclosure of IPV (Cuevas, Sabina, & Picard, 2008; Da Silva et al., 2021;

Sabina et al., 2012; Sabina et al., 2013; Torres, 2002). Latinas who strongly identify with *marianismo* are more likely to remain in abusive relationships and experience greater psychological distress, particularly among recent immigrants (Perilla, Bakeman, & Norris, 1994; Villalobos et al., 2016; Sabina et al., 2015). These cultural factors, combined with rigid gender roles, can also act as barriers to seeking professional support.

Latinx women are also less likely than White women to seek formal mental health services, instead relying more heavily on informal support networks such as close friends and family (Brabeck & Guzmán, 2003; Sabina et al., 2012; Zadnik et al., 2016). This trend is especially pronounced among undocumented women, who often lack knowledge of protective orders and IPV services, and may fear interacting with law enforcement (Messing et al., 2017). Formal help-seeking is associated with higher levels of Anglo acculturation, which increases English proficiency and knowledge of available legal, medical, and social services, whereas traditional Latino cultural norms may discourage disclosure (Erez, Adelman, & Gregory, 2009; Lipsky, Caetano, Field, & Bazargan, 2006; Moracco, Runyan, & Butts, 2005; Sabina et al., 2012; Sabina et al., 2013). Moreover, formal help-seeking has been linked to Anglo orientation and negative religious coping, while Latino orientation, masculine gender role, and religious coping predict specific sources of informal help-seeking (Sabina et al., 2012).

Effective interventions for Latina survivors of IPV combine culturally tailored strategies with responsive provider practices. Trauma-informed, bilingual, and community-based interventions have been shown to reduce IPV severity and improve psychosocial outcomes (Alvarez, Garcia, & Brabeck, 2016). Provider behaviors that encourage disclosure include actively probing, offering open-ended opportunities for discussion, and responding to patient cues regarding psychosocial concerns (Rhodes, Frankel, Levinthal, Prenoveau, Bailey, & Levinson, 2007).

Dismissive or rushed communication, in contrast, reduces the likelihood of disclosure and engagement with services (Villalobos et al., 2016; Zolnikov et al., 2023). These findings emphasize the need for interventions that address both cultural and systemic barriers while creating supportive environments that facilitate disclosure and access to care.

North Carolina

Note: These figures are drawn from publicly available data and may not capture all clients, services, or other crisis service providers operating in the state and counties of focus.

At the state level, intimate partner violence (IPV) and sexual assault remain persistent public health concerns in North Carolina, with pronounced disparities by geography, race, ethnicity, and immigration status. Statewide service data compiled by the North Carolina Division of Women & Youth indicate that tens of thousands of survivors accessed domestic violence and sexual assault services during the 2023–2024 reporting period, though these figures likely underestimate true need due to reporting limitations and uneven service capacity across counties (North Carolina Department of Administration, Division of Women & Youth, 2024). In North Carolina, two-thirds of Latinx female homicide victims in 2020 were killed by intimate partners, although this proportion declined to 35.3% by 2023 (North Carolina Department of Health and Human Services [NC DHHS], 2023). While causal explanations for this shift cannot be determined from aggregate data alone, it is plausible that pandemic-related disruptions to daily life, service access, and reporting mechanisms influenced patterns of IPV severity and help-seeking during this period.

Rural–urban disparities play a critical role in shaping survivors’ experiences of violence and access to support. Research consistently demonstrates that, although rates of domestic violence

are similar across geographic contexts, IPV in rural areas tends to be more chronic, more severe, and associated with higher homicide risk compared with urban settings (Edwards, 2014). These patterns are often attributed to geographic isolation, limited service infrastructure, reduced anonymity, and greater barriers to accessing emergency housing, legal advocacy, and culturally responsive care. In North Carolina, these structural challenges are compounded for Latinx survivors living in rural communities.

A peer-reviewed study led by researchers at the University of North Carolina at Chapel Hill found that IPV service providers in rural North Carolina face significantly greater barriers to serving Latinx survivors than their urban counterparts, particularly with respect to language access, transportation, and immigration-related concerns (Kim et al., 2022). Rural agencies were less likely to have bilingual staff or on-site interpreters and more likely to serve geographically dispersed populations, limiting survivors' ability to access consistent, trauma-informed support. The study further documented that fear of immigration enforcement and potential legal consequences deters many Latinx survivors from seeking formal services altogether, reinforcing underutilization even when need is high.

These barriers are especially salient given the rapid growth and geographic distribution of North Carolina's Latinx population. Since 1990, the number of Latinx residents in the state has increased by nearly 1,400%, from approximately 75,000 individuals to more than one million, with much of this growth occurring in rural counties (Carolina Demography, 2021). In eastern North Carolina counties such as Duplin, Sampson, and Lee, Latinx residents now comprise more than 20% of the total population. Despite this demographic shift, service infrastructure and culturally specific resources have not expanded at a comparable pace in many rural areas, widening gaps between community need and available support.

Policy environments further shape survivors' willingness to engage with formal systems. Legislative proposals that expand cooperation between local law enforcement and federal immigration authorities have been cited by advocates and researchers as exacerbating fear among immigrant survivors. For example, North Carolina Senate Bill 101, introduced during the 2021 legislative session, proposed measures that could increase immigration enforcement exposure, potentially discouraging survivors from reporting violence or seeking assistance (North Carolina General Assembly, 2021).

Taken together, these dynamics underscore the importance of examining IPV and sexual assault service access through a rural–urban and immigration-informed lens. In North Carolina, the intersection of rapid Latinx population growth in rural areas, heightened structural barriers to service access, and policy-driven fear of immigration consequences contributes to uneven utilization of IPV services across counties. These patterns provide critical context for understanding county-level differences in service use observed in Duplin, Durham, and Mecklenburg Counties.

Mecklenburg County

Mecklenburg County is the most populous county in North Carolina and has a comparatively extensive IPV service infrastructure, including shelter-based, court-based, and community-based programs. During the 2023–2024 reporting period, multiple providers—including Safe Alliance, Inc. and Penny Appeal USA—reported high levels of service utilization, reflecting sustained demand for crisis intervention, housing assistance, legal advocacy, and culturally responsive support within this urban context (North Carolina Department of Administration, Division of Women & Youth, 2024).

Service utilization was highest within shelter-based and court-based programs. The Safe Alliance shelter program documented 3,459 hotline calls and 82 crisis or support chats, serving 976 clients. Capacity constraints were persistent, as all shelter beds were full for 181 days during the previous six months, indicating unmet demand for emergency housing despite the county's comparatively robust service infrastructure. Housing instability was widespread, with more than 1,600 clients identified as homeless or housing insecure. The Safe Alliance Victim Assistance Court Program reported 2,667 hotline calls and served 2,001 clients, supported by more than 4,000 staff and volunteer hours.

Client demographics varied by service type. Within the shelter program, a substantial proportion of clients identified as Black/African American ($n = 719$), while Latinx clients comprised a smaller share of shelter residents relative to Mecklenburg County's Latinx population. Children and adolescents represented a significant portion of shelter clients, with more than 400 individuals under the age of 18 served, highlighting the family-wide impact of IPV. LGBTQ+ individuals and military service members or veterans were also served across programs, reflecting intersecting vulnerabilities.

Court-based services exhibited distinct patterns of help-seeking. Nearly one-quarter of court program clients identified as Hispanic, Latino, or Spanish origin, indicating that Latinx survivors were overrepresented in court-based services relative to their proportion of the county population. Clients were overwhelmingly adults aged 25–59, and services were heavily concentrated in legal advocacy, court accompaniment, and protective order assistance.

Community-based services further expanded access points. Penny Appeal USA documented over 1,400 hotline calls and served 376 clients during the reporting period, with service delivery

emphasizing advocacy, referrals, transportation, and information provision. Penny Appeal served adult survivors, including Latinx clients and individuals facing housing instability, highlighting the importance of non-shelter organizations in reaching survivors who may not engage with emergency housing or court systems.

Durham County

Durham County is a mid-sized urban county in north-central North Carolina with an established crisis response infrastructure. During the 2023–2024 reporting period, the Durham Crisis Response Center received 911 hotline calls and served 795 clients, with 3,397.5 volunteer hours reported, based on county-level domestic violence and sexual assault service reporting (North Carolina Department of Administration, Division of Women & Youth, 2024). No crisis or support chats were recorded, highlighting continued reliance on telephone-based crisis intervention.

Clients served were predominantly adults aged 25–59 ($n = 350$), though children, adolescents, and young adults were also represented. The client population was racially and ethnically diverse, though a substantial proportion of race and ethnicity data was reported as unknown. Latinx clients represented approximately 14% of the population served, slightly below the county's Latinx population proportion.

Gender data indicated that most clients were women, with men and a small number of gender-diverse clients also served. Additional client characteristics included LGBTQ+ individuals, military service members or veterans, and clients experiencing homelessness or housing insecurity.

Service provision reflected a comprehensive model of crisis response and ongoing support, including counseling, advocacy, referrals, hospital and court accompaniment, job training, financial and educational services, and support groups for adults and children.

Duplin County

Duplin County is a rural county in southeastern North Carolina with the highest proportional Latinx population among the three counties examined. During the 2023–2024 reporting period, Safe Haven of Pender, Inc., the primary IPV service provider serving Duplin County, recorded 793 hotline calls and 21 crisis or support chats, serving 202 clients, according to county-level service data compiled by the North Carolina Department of Administration’s Division of Women & Youth (2024). Although overall service volume was lower than that observed in Mecklenburg and Durham Counties, these figures are notable given the county’s smaller population and limited service infrastructure.

Sexual assault–specific services further illustrate the scope of survivor needs in this rural context. The Coastal Horizons Center, Inc. Rape Crisis Center served seven sexual assault clients and contributed nearly 500 volunteer hours during the reporting period. While the number of clients served was small, the level of volunteer involvement highlights the labor-intensive nature of sexual assault response in rural areas with constrained formal capacity.

Across IPV and sexual assault services, Latinx clients comprised a relatively small share of those served. Within IPV services, Latinx clients represented approximately 12% of clients served, substantially lower than the county’s Latinx population proportion. Among sexual assault clients, only three individuals identified as Hispanic, Latino, or Spanish origin. Nearly half of clients’ race and ethnicity across service providers were reported as unknown.

Most clients served across both IPV and sexual assault services were adults aged 25–59, though children and adolescents were also represented. Sexual assault service data indicated that survivors most often experienced harm perpetrated by individuals known to them, reinforcing the overlap between IPV and sexual violence.

Qualitative Study Design

The original study employed a qualitative design using semi-structured interviews with service providers from organizations serving Latinx IPV survivors in three North Carolina counties.

Participants and Recruitment

Organizations were identified through state and local IPV service networks and targeted internet searches for agencies serving Latinx communities. Organizations were contacted via email and phone, and organizational contacts were invited to share the study invitation with relevant staff. Participation was voluntary, and no monetary compensation was provided. Participants were offered access to a summary of final findings in both English and Spanish.

In total, 17 organizations were identified and contacted: six in Mecklenburg County, six in Durham County, and five in Duplin County, representing urban and rural contexts. Of these, four organizations participated in interviews, and two organizations provided written responses. Four organizations did not respond, three responded initially but did not complete follow-up communication, one organization reported that it does not provide domestic violence services, one reported being unable to accept new clients due to limited resources, and another reported referring IPV survivors elsewhere due to staffing constraints.

Data Collection

Data were collected through semi-structured interviews lasting approximately 15–20 minutes, conducted by the researcher via secure video conferencing or phone, depending on participant preference. Interviews explored organizational roles, perceived barriers to service access, survivor experiences, the influence of immigration status and policy, and gaps in available resources (see Appendix for interview guide). With participant consent, interviews were audio-recorded and transcribed verbatim when consent was given.

Participants were also invited to share aggregated organizational data (e.g., proportion of Latinx clients served, service utilization patterns, staff language capacity). These data were used for contextual purposes and were not required for participation.

Data Analysis

Interview transcripts were coded and analyzed using thematic analysis. A coding framework was developed inductively from the guide and data, and codes were iteratively refined through discussion among the advisors. Patterns and themes were compared within and across rural and urban counties to identify similarities and differences in barriers, survivor experiences, and organizational responses. Study rigor was enhanced through strategies such as using artificial intelligence (AI) to be a second coder on a subset of transcripts, maintaining an audit trail, and conducting weekly debriefs with advisors.

Ethical Considerations

The study was reviewed and approved by the NC State University's Institutional Review Board (IRB). All participants provided informed consent prior to the interview. Identifiable information

about individuals or organizations were not included in transcripts or any notes. Participation involved minimal risk, primarily related to professional reflection on sensitive topics.

Results

Analysis of interviews with IPV service providers across Mecklenburg, Durham, and Duplin Counties revealed intersecting structural, institutional, and sociopolitical barriers shaping Latinx survivors' access to services. While many challenges were shared across counties, important differences emerged based on geography, service infrastructure, and local law enforcement practices. Findings are organized into six primary themes: language access and bilingual capacity; fear of immigration enforcement and political climate; trust and interaction with law enforcement; service capacity constraints and provider impact; economic and transportation barriers; and the role of community-based supports.

Language Barriers and Bilingual Capacity

Limited English proficiency was identified as a pervasive barrier across all three counties.

Durham and Duplin providers described frequent failures to provide qualified interpreters during interactions with law enforcement, courts, and medical systems. One Durham provider stated, "There are situations where no interpreter is called, or the interpreter is not used for the survivor to give their account," resulting in survivors feeling "like their concerns were not addressed."

In Mecklenburg, language barriers were described as systemic, with most IPV-related services offered exclusively in English. One provider noted, "Most of the programs that are out there are presented only in English," adding that "accessing therapy at low cost in their language is very difficult."

In Durham, a bilingual legal provider emphasized caseload parity despite serving Spanish-speaking clients, stating, “I represent the Spanish-speaking clients, and my partner represents English speakers... our caseloads are about even.” This suggests that Latinx survivors may be accessing services at rates disproportionate to their population size (17%) when language-concordant services exist.

In Duplin, survivors visibly responded to language-concordant care, with one provider observing, “Relief washes over these survivors once they come into contact with me.” However, across counties, providers consistently cited the absence of Spanish-speaking clinicians and counselors as a major gap, often requiring referrals to already overburdened organizations.

Fear of Immigration Enforcement and Political Climate

Fear of current immigration enforcement was a dominant deterrent to help-seeking across all counties. Durham providers described a direct chilling effect associated with ICE presence. One respondent reported, “People don’t report even after brutal acts of violence out of fear of deportation,” noting that court filings dropped from “three to ten a week to zero” during heightened enforcement periods.

Similarly, a Mecklenburg provider reported significant disengagement, stating, “Half of my caseload has dropped,” as survivors feared being “flagged and never considered for citizenship.” A Durham provider summarized, “Less people are taking advantage of services out of fear in this political climate. It is very concerning.”

In Duplin, fear centered on family separation and community surveillance. One provider stated, “ICE has become more power hungry, violent and forceful,” explaining that survivors hesitate to

seek help because “we don’t want to put our families at risk.” Duplin providers were also fearful in regards to their own safety, and either refused to meet, or did not consent to meetings being recorded. Across sites, respondents emphasized that the political climate reduced service utilization even when services technically remained available. In Duplin, providers also highlighted cultural dynamics that shaped survivors’ decision-making. One provider described how machismo within Latinx culture, combined with strong values around family unity, often discouraged survivors from disclosing abuse or seeking outside intervention, as many expressed a desire to keep their families together despite ongoing violence.

Trust in Law Enforcement and Legal Systems

Trust in law enforcement was described as inconsistent across counties and highly dependent on individual officers. In Durham and Mecklenburg, survivors’ experiences ranged from supportive to dismissive. One Durham provider summarized, “It depends on who you get as your responding officer,” while Mecklenburg providers reported that “some [survivors] felt dismissed, some felt supported.” Delayed response times further undermined trust, with Durham providers noting that “911 calls are going unanswered or it takes over an hour.”

Despite these variations, skepticism about legal outcomes remained strong. A Durham provider referenced national prosecution trends, stating that “less than 4% are prosecuted” and “less than 2% are convicted,” reinforcing survivor reluctance to engage with the legal system.

At the same time, Durham and Duplin providers described intentional efforts by some local law enforcement agencies to build trust with Latinx communities. Respondents noted that sheriffs and officers in these counties emphasized that survivors should feel safe seeking help without

fear of deportation, which, in some cases, increased survivor willingness to report when non-cooperation with federal immigration enforcement was clearly communicated.

Service Capacity Constraints and Provider Impact

Across all counties, limited service capacity emerged as a critical constraint. Durham providers cited a legal needs assessment indicating that “ninety-two percent of people who need free legal assistance can’t get it,” adding, “[w]e can’t help the volume of people seeking services.” Staffing shortages, layoffs, and funding losses constrained both legal and crisis response services.

In Mecklenburg, providers emphasized the lack of affordable, culturally responsive therapy and legal services, noting, “Therapists have to make a living, and there’s no pro bono therapy.” Several organizations reported being unable to accept new clients due to limited resources.

In all three counties, providers emphasized the emotional toll of chronic resource scarcity. One respondent reflected on the turmoil of “knowing what needs to be done to help someone but not having the resources to support them.” In Duplin, this strain was articulated through provider burnout, with one respondent adding, “You can’t fill other people’s cups if your own isn’t full,” highlighting moral distress in rural service settings.

Economic and Transportation Barriers

Economic insecurity intersected with immigration status to intensify survivor vulnerability across counties. A Durham provider described multiple, compounding barriers faced by undocumented survivors, stating, “She couldn’t get a job without documentation,” and explaining that custody orders were often weaponized when “the abuser is a citizen and the survivor isn’t.”

Transportation barriers were particularly salient in Mecklenburg, where survivors frequently lacked documentation to legally drive or access reliable transportation. As one provider explained, “Many don’t have documentation that allows them to purchase or drive a car,” contributing to isolation and missed appointments. In Duplin, fear of immigration enforcement functioned as an indirect mobility barrier, with one provider stating that survivors are afraid to leave their homes.

Community-Based Supports

Community-based organizations played a critical role in filling systemic gaps across all counties. Providers routinely referred survivors to shelters, food pantries, immigration legal services, and mental health providers, though many partner organizations were described as operating at or beyond capacity. A Durham respondent emphasized this barrier stating, “The shelter is full,” and further noting that referral organizations were “overrun with applications.”

Several providers noted that Latinx survivors represented a proportionate amount or higher number of clients relative to county population size. In Duplin, one organization reported that “twenty-three percent of our clients are from the Latinx community,” with adolescents comprising an additional vulnerable subgroup. Additionally, a Duplin provider emphasized the importance of “showing up in spaces where the Latinx community needs to feel supported,” highlighting coalition work and agricultural worker outreach as key trust-building strategies.

Discussion

This study examined structural, institutional, and sociopolitical factors shaping Latinx survivors’ access to intimate partner violence (IPV) services across Mecklenburg, Durham, and Duplin

Counties, situating county-level qualitative findings within broader national and state-level trends. Consistent with existing literature, findings demonstrate that Latinx survivors face compounded barriers to help-seeking, including language barriers, fear of immigration enforcement, economic insecurity, and limited access to culturally responsive services (Gonzalez-Guarda et al., 2025; Messing et al., 2017; Sabina et al., 2012).

Fear of immigration enforcement emerged as a particularly salient determinant of help-seeking behavior, reinforcing national evidence that immigration policy environments shape survivors' willingness to engage with formal systems. Providers described dramatic declines in service utilization during periods of heightened ICE presence, even when services remained available. These findings align with prior research demonstrating that immigrant survivors often avoid law enforcement and courts due to perceived deportation risk, regardless of local non-cooperation policies (Kim et al., 2022; Messing et al., 2017). Notably, respondents emphasized that disengagement reflected fear rather than lack of need, signifying the importance of examining underutilization as a structural outcome rather than an individual choice.

Language access and bilingual capacity were identified as both barriers and protective factors. While bilingual advocates and attorneys substantially improved access and trust, limited availability of Spanish-language counseling, interpreters, and support groups constrained continuity of care. These findings mirror previous research indicating that linguistically concordant services are associated with improved disclosure, safety planning, and survivor satisfaction (Alvarez et al., 2016; Rhodes et al., 2007).

In addition to structural and linguistic barriers, providers highlighted how cultural norms and family dynamics may influence help-seeking decisions for some Latinx survivors. One provider

described how machismo and deeply held values around family unity can complicate disclosure of abuse, as survivors may prioritize protecting their children or keeping families together even in the context of ongoing violence. This finding aligns with prior research suggesting that cultural expectations and traditional gender norms intersect with structural barriers to shape survivor decision-making. This underscores the need for culturally responsive interventions that avoid pathologizing culture while acknowledging its role in lived experience.

While service capacity constraints were noted—driven by funding cuts, staffing shortages, and limited legal infrastructure—which further restricted access, particularly for survivors navigating custody disputes, immigration-related abuse, and economic instability. Fear of ICE also resulted in limited engagement in services. Additionally, providers shared descriptions of their emotional toll of systemic under-resourcing for both survivors and frontline workers. One provider also raised concerns about the limited availability of safe and affirming shelter placements for LGBTQIA+ survivors, particularly trans women, noting that gender-segregated shelter systems can create additional barriers to safety and access. Although not a dominant theme across interviews, this observation points to the intersectional vulnerabilities faced by survivors whose identities fall outside heteronormative service models.

Together, these findings illustrate how IPV risk and service access are shaped by policy environments, institutional practices, cultural dynamics, and structural inequities. The importance of understanding one's culture, having the ability to communicate and being within the community were identified as essential for survivor trust.

Addressing disparities in IPV service access for Latinx survivors requires not only expanding language-concordant and legally protective services, but also investing in inclusive, flexible

service models that account for cultural context, gender diversity, and the cumulative strain placed on under-resourced providers.

Limitations

This study has several limitations. First, not all IPV service organizations contacted agreed or were able to participate, limiting the proposed sample size and representation across counties reducing generalized ability. Some organizations did not respond to recruitment efforts, while others initially agreed but later canceled interviews due to workload constraints or concerns related to immigration enforcement activity in their communities. In one instance, a crisis hotline was out of service due to client overcapacity, limiting representation from that service sector. In another instance, an organization referred elsewhere due to resource limitations. Second, the timing of data collection may have influenced participation and findings.

Institutional Review Board (IRB) exemption required approximately three months, which delayed recruitment and coincided with periods of heightened service demand and immigration enforcement activity.

Finally, as this study draws on provider perspectives, findings reflect institutional and professional viewpoints rather than the direct experiences of survivors. While provider insights offer critical systems-level understanding of barriers to service access, future research should incorporate survivor voices to further contextualize these findings.

Conclusion

Latinx survivors of intimate partner violence face persistent and intersecting barriers to safety, justice, and healing, shaped by language access, immigration enforcement, cultural dynamics, economic insecurity, and constrained service systems. This study demonstrates that underutilization of IPV services among Latinx communities reflects structural exclusion rather than lack of need. Providers described how fear of deportation, inconsistent law enforcement responses, limited bilingual capacity, and legal and economic vulnerability deter survivors from seeking help, while cultural values around family unity may further complicate disclosure decisions.

Although community-based organizations and bilingual providers play a critical role in mitigating harm and building trust, existing service capacity remains insufficient to meet demand—particularly in contexts marked by heightened immigration enforcement, rural isolation, and unstable funding. Addressing these inequities requires sustained policy investment that centers linguistic access, legal protection, cultural responsiveness, and the well-being of the IPV workforce itself.

Addressing IPV among Latinx populations requires coordinated policy and practice interventions that extend beyond individual-level solutions. Expanding culturally responsive services, strengthening legal protections, and reducing immigration-related fear are essential to creating equitable pathways to safety. By centering provider perspectives across urban and emerging immigrant destinations in North Carolina, this study contributes to a growing body of evidence calling for structural reforms that align IPV response systems with the lived realities of Latinx survivors.

Policy Recommendations

Based on these findings, several policy and practice recommendations emerge to improve equity and effectiveness in IPV response for Latinx survivors:

1. Expand linguistically and culturally responsive services

State and county funding should prioritize hiring bilingual advocates, counselors, and legal staff, as well as sustaining Spanish-language crisis hotlines, support groups, and interpretation services across legal and healthcare systems. Services should also integrate culturally responsive approaches that acknowledge family-centered values and address cultural dynamics that may shape survivors' help-seeking decisions.

2. Strengthen protections between IPV services and immigration enforcement

Policies that limit collaboration between local service systems and federal immigration authorities should be clearly communicated to communities to reduce fear and encourage help-seeking. Survivor-facing institutions, including law enforcement and courts, should adopt trauma-informed protocols that explicitly address immigration-related concerns and promote consistent, trustworthy responses.

3. Increase access to legal representation for IPV survivors

Funding streams should support legal aid capacity for protective orders, custody disputes, and immigration-related relief particularly in rural areas. Legal advocacy is particularly critical for

survivors facing legal abuse, mixed-status households, economic dependence, and disparities in legal power between survivors and abusive partners.

4. Invest in community-based and rural service infrastructure

Counties with rapidly growing or concentrated Latinx populations require proportional investment in IPV services, transportation assistance, and mobile or decentralized service models to reduce geographic, logistical, and surveillance-related barriers—particularly in rural communities.

5. Stabilize funding for IPV service providers

Federal and state policymakers should mitigate volatility in grant-based funding and prioritize sustained investment in IPV services to prevent layoffs, service reductions, and provider burnout across both urban and rural settings.

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Appendix A:**NC IPV Community-Based Organization Outreach Table****Mecklenburg County**

Org ID	Organization Type	Resources Provided	Engagement Status	Role of Respondent
M1	County-based DV program	Therapy, case management, advocacy, supervised visitation, Spanish-language services	Completed interview	DV Counselor
M2	Cultural advocacy nonprofit	Latina empowerment programming; legal, health, employment referrals	Pending (report or interview anticipated)	Program Leadership
M3	Legal aid project	Legal representation for immigrant survivors of DV, SA, and HT	Unable to participate (not accepting clients)	—
M4	Immigration legal nonprofit	Immigration relief, benefits navigation for immigrant survivors	Out of scope (does not handle DV)	—
M5	Domestic violence nonprofit	Shelter, legal advocacy, counseling, Spanish-language services	No response	—

M6	Latinx advocacy organization	Immigration support, social navigation, health and legal referrals	No response	—
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Durham County

Org ID	Organization Type	Resources Provided	Engagement Status	Role of Respondent
D1	Crisis response & advocacy center	Safety planning, shelter, legal advocacy, counseling, 24/7 crisis line, support groups (Spanish available)	Completed interview	DV Program Lead
D2	Legal services organization	Legal support for DV/sexual assault survivors; immigration relief (VAWA, U-Visas)	Completed interview	DV Attorney
D3	Bilingual mental health nonprofit	Bilingual mental health therapy, family counseling, DV- and trauma-informed services	Unable to meet due to late follow-up	Clinical Staff
D4	Latinx community organization	Community advocacy, legal aid clinics, immigration support, referrals to DV services	Response, no follow-up	Program Staff
D5	Family health nonprofit	Therapy, trauma-informed counseling, family interventions related to DV	No response	—

D6	Women & family support center	Legal, medical, counseling services; shelter placement; Spanish-language support groups	No response	—
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Duplin County

Org ID	Organization Type	Resources Provided	Engagement Status	Role of Respondent
U1	Regional crisis services nonprofit	Crisis response, sexual assault support, prevention programming	Completed Interview: did not allow recording due to privacy concerns	Program Staff
U2	Regional DV shelter & advocacy organization	Shelter, crisis response, advocacy services	Referred to other organizations due to fear of privacy issues	Program Leadership
U3	State-approved DVIP	DV intervention services; Spanish-language programming	Response, no follow-up	Program Staff
U4	Rape crisis & shelter organization	Emergency shelter, DV counseling, rape crisis services	Referred elsewhere (resource limitations)	—
U5	County social services agency	Counseling, abuse investigations, referrals	No response	—

Appendix B:**Community-Based Organization Interview Questions**

1. Can you describe your role in your organization? What is the mission of your organization? In your opinion, are Latinx women disproportionately impacted by IPV? Why or why not?
2. Are you able to share the demographics of survivors seeking your services? Is there a report you can share with me? Approximately what percentage of the survivors you serve are Latinx women and adolescents?
3. What barriers have you observed that affect whether Latinx survivors report IPV? For example, immigration and language. Do you feel the current political climate will impact the availability of these resources?
4. Do you feel that your organization is servicing all people that need your services? If not, who do you think is falling through the cracks, and why do you think this is?
5. For those who do report, what has their experience typically been like with law enforcement or service providers?
6. What resources or supports are currently available for Latinx survivors in your organization, and where else do you refer survivors? This can include advocates, volunteers, etc.
7. Are you aware of any recent immigration laws or policies that have impacted the willingness of survivors in your community to seek help? If so, can you share how?
8. In your view, what practices have been most effective in supporting Latinx survivors? If you had the opportunity to improve services for Latinx survivors, what would that look like, and what do you feel is currently missing? Do you refer your clients out to other organizations?