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RESEARCH ARTICLE

Barriers to access intimate partner violence services in female Romanian immigrants in Spain: A Delphi study

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Abstract

Immigrant women may be at higher risk of intimate partner violence (IPV) and may seek specialized services less frequently than other populations. In Spain, Romanian origin foreigners comprise the second-highest proportion among immigrant population. This study aimed to identify, from the perspective of experts, (1) the main barriers faced by immigrant women of Romanian origin in accessing specialized services for IPV in Spain; and (2) the most useful strategies to combat these barriers. A Delphi study was conducted with a panel of 23 experts. The coefficient r_{WG} was calculated to established agreement among participants. The results showed 58 barriers and 31 strategies with high agreement among the experts ($r_{WG} \geq 0.80$). Barriers in access to services that were considered to be highly influential included: having been in the host country for a short time; lack of language proficiency; job insecurity; difficulty with family-work reconciliation; and fear of the social consequences for help-seeking. The strategies considered most useful were: facilitating access to the job market and decent housing; promoting a social support network; translating material

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into Romanian; and increasing training among professionals. The findings offer guidelines for the improvement of the accessibility of specialized services to immigrant women of Romanian origin.

KEYWORDS

Delphi technique, emigrants and immigrants, facilities and services utilization, help-seeking behavior, intimate partner violence, qualitative research, women

1 | INTRODUCTION

Violence against women (VAW) is a global social problem that affects the physical and psychological women health (World Health Organization [WHO], 2013). The most representative type of VAW is intimate partner violence (IPV), which refers to any behavior by an intimate partner or ex-partner that causes physical, sexual, or psychological harm, including physical aggression, sexual coercion, psychological abuse, and controlling behaviors (WHO, 2014; p. 74). IPV is the result of the interaction of several factors that are interrelated and should be considered within an ecological framework (Bronfenbrenner, 1977; Heise, 1998). The individual (e.g., childhood violence), the microsystem (e.g., male dominance), the exosystem (e.g., social isolation), and the macrosystem (e.g., rigid gender roles) are represented. Among these factors, the migration process and immigration status have been studied in recent years within each of the systems (Gonçalves & Matos, 2016; Menjívar & Salcido, 2002; Vives-Cases et al., 2010).

Although the immigrant population is heterogeneous, there are common characteristics that may increase women's vulnerability to experience different forms of victimization (Gonçalves & Matos, 2016). The migration process involves ruptures and changes in the social and family structure, economic insecurity, as well as a lack of knowledge of the rights or resources of the host country (Carretero Palacios, 2015). Furthermore, immigrant women often have more precarious jobs and face discrimination in different situations (Vives-Cases et al., 2009). These specificities, when associated with other linguistic and cultural barriers, may even limit access to protection, for example, when a woman is undocumented (Freedman & Jamal, 2008).

Despite the interest in IPV, few studies focus on the immigrant population (Freedman & Jamal, 2008; Vives-Cases et al., 2009). Gonçalves and Matos (2016) conducted a review that reveals a prevalence of IPV ranging from 17% to 70.5% among immigrant women, mostly of Asian and Latina origin. In Spain, research has expanded in recent years (Vives-Cases et al., 2008, 2009, 2010). The macrosurvey of VAW (Ministry of Equality [Ministerio de Igualdad], 2020) reveals a higher incidence of IPV among immigrant women (45.9%) than women born in Spain (30.9%). In addition, they have a five times higher risk of being killed by IPV in this country (Sanz-Barbero et al., 2016). The macrosurvey reveals that foreign-born women report IPV to a greater extent (28.6%) than those born in Spain (20.0%). However, no significant differences were detected in help-seeking and accessing services. Considering these results, it is worth asking why immigrant women IPV victims have more difficulties in help-seeking, despite suffering violence more frequently and more severely. This fact is recognized by the Spanish Organic Law 1/2004 of December 28 on Comprehensive Protection Measures against Gender Violence (art. 32), which establishes that immigrant women may have greater difficulties accessing services.

Help-seeking can be formal (e.g., social services, police) or informal (e.g., friends and family) and includes three stages: (1) problem definition, (2) decision to seek help, and (3) help provider selection (Liang et al., 2005). These stages are influenced by interpersonal and sociocultural factors. Literature has shown that risk factors experienced by immigrant women due to their status and the different characteristics of their origin and host countries, can act as barriers in help-seeking and accessing services (Burman & Chantler, 2005; Cuesta-García & Crespo, in press; Martinez-Roman et al., 2017).

Research on help-seeking in IPV has mostly focused on the United States as a host country and immigrant women of African, Asian, and Latin American origin (e.g., Abu-Ras, 2003; Ahmad et al., 2009; Bauer et al., 2000; Parson et al., 2016; Raj & Silverman, 2007; Reina et al., 2014; Silva-Martínez, 2017; Ting & Panchanadeswaran, 2009). In Spain, only a few studies have focused on this phenomenon, through interviews with professionals in the sector (Briones-Vozmediano et al., 2015; Martinez-Roman et al., 2017) and cross-sectional studies with women of Romanian, Moroccan, and Ecuadorian origin (Vives-Cases & La Parra, 2017). These studies point out, among other barriers, the lack of culturally appropriate services in Spain and of specific training among professionals. They also find differences in help-seeking behavior of women from different countries. The authors highlight the need to consider the specific characteristics of each immigrant population and to implement the necessary strategies.

Among immigrant violence victims, Romanian women require special attention as Romanians are one of the most prevalent migrant populations in Europe since this country joined the Europa Union in 2007, and they likely have particular characteristics. Especially in Spain, Romanians represent the second-largest immigrant population (7.57% within the 15.4% of the population of foreign origin) (National Institute of Statistics [Instituto Nacional de Estadística] [INE], 2021), and high IPV levels have been observed in this community. For example, Vives-Cases et al. (2014) found a prevalence of 8.58% and the likelihood of IPV was higher among Romanian women in a situation of social vulnerability. In terms of help-seeking, these women resorted first to talk to their partners and turned more to their informal networks than to formal resources (Vives-Cases & La Parra, 2017). Female Romanian may present difficulties in identifying IPV. Brabete (2016) points out that some aspects of Romanian culture contribute to the traditional gender norms acceptation. Data from the European Institute for Gender Equality (European Institute for Gender Equality [EIGE], 2021) place Romania at the bottom of the Gender Equality Index and the frequency of domestic violence (DV) and IPV is a major problem, with a higher rate than in other developed countries (Rada, 2014). In addition, factors such as emigration from rural areas and the limitations in protecting IPV victims in Romanian legislation, may increase the lack of knowledge of the resources to leave abusive relationships. Also, linguistic and economic factors must be considered.

The present study aims to advance in this line, focusing on the identification of the needs and barriers of Romanian women suffering IPV. In Spain, Madrid is one of the provinces with the largest population of foreign origin (19.14%), and those of Romanian origin constitute the second-largest proportion (9.06%) (INE, 2021). Their representation is especially high in the municipality of Coslada, Madrid (12.76% of the total population and 77.53% of the foreign population according to data from the Municipal Register on January 1, 2020; INE, 2020). For this reason, Coslada is considered a relevant point of reference to approach this phenomenon. In addition, the professionals of the Municipal Point of the Regional Observatory for Gender Violence (Punto Municipal del Observatorio Regional de Violencia de Género [PMORVG]) in Coslada, an IPV resource, have detected that Romanian women have difficulties in accessing and remaining in specialized services. Moreover, Rabito-Alcón et al. (2013) found in Coslada that almost 30% of the Romanian women, and 10% of the Spanish women, considered themselves to be or to have been IPV victims. This makes it necessary to study the particularities of these women to meet their specific needs.

Therefore, the objective of this study is to identify, from the perspective of experts and within an ecological framework (Bronfenbrenner, 1977; Heise, 1998): (1) the main barriers faced by immigrant women of Romanian origin in help-seeking and accessing specialized IPV services in Spain; and (2) the most useful strategies for addressing these barriers. All in all, the final aim of this study is to advance knowledge of this problem to increase the accessibility of services for Romanian immigrant women suffering IPV.

2 | METHOD

2.1 | Study design

The Delphi method, that implies a structured and protocolized qualitative methodology, was used to achieve the objectives of this study. It was designed in the 1950s by The RAND Corporation (2021, March 31) to obtain

consensus opinions from panels of experts when there is a lack of evidence on a topic. It is useful for structuring a sequential group communication process (Linstone & Turoff, 2002) and guiding future actions (Fish & Busby, 1996).

2.2 | Participants

To recruit the expert panel, emails were sent to 36 professionals inviting them to participate. The participants were selected by convenience recruitment according to two inclusion criteria: (a) academic or research experience on IPV in women, immigrants and/or immigrants of Romanian origin; (b) professional experience with immigrant women and/or immigrants of Romanian origin who were IPV victims. First, professionals from Coslada, Madrid (Spain), who had specific experience with Romanian women were contacted ($n = 28$). Second, professionals from IPV-related nongovernmental organizations (NGOs) ($n = 2$), and psychology researchers, with relevant scientific publications on IPV ($n = 6$), were included.

Twenty-five of the 36 experts agreed to participate. One of them left the study in phase 2. The answers of another expert were eliminated in phase 3 because they seemed to follow a random pattern. The final panel consisted of 23 professionals: 5 academics and researchers, 2 from NGOs, and 16 from different areas of Coslada.

2.3 | Variables and measures

For phase 1 of the Delphi method, a *semistructured individual interview* using open-ended questions was designed. It was structured in three blocks (see Table 1): (1) sociodemographic and professional data; (2) identification of the main difficulties with and barriers to accessing services for immigrant women in general and for Romanians in particular; and (3) identification of strategies to facilitate access to IPV services for immigrant women in general and Romanians in particular. In Blocks 2 and 3, the questions focused on general categories established according to the previous literature (e.g., Reina et al., 2014) and using the ecological framework as a reference (Bronfenbrenner, 1977; Heise, 1998). These blocks included specific questions related to social, legal, economic, or psychological aspects, among others.

Following the Delphi procedure, from an analysis of the interviews' content, an *ad hoc questionnaire* was created for phase 2. It consisted of 99 items that were grouped into two blocks according to the interviews structure: (1) barriers (62 items): using a 5-point Likert scale (1 = not at all; 5 = a lot), the experts rated the degree of

TABLE 1 Semistructured interview content

Block	Questions
Block 1: Personal and professional data	Sex, nationality, age, professional qualifications, current position, work center, experience with immigrant women survivors of IPV
Block 2: Difficulties and barriers	1) *In your opinion, do women of foreign origin have more or less difficulty recognizing IPV?* 2) *Which women have greater difficulty accessing services?* 3) *What barriers—social, legal, and/or economic; family; cultural and/or linguistic; psychological; barriers related to the services themselves—make help-seeking difficult for these women?*
Block 3: Strategies	1) *Who specifically should these strategies and interventions target?* 2) *Indicate strategies or interventions to address barriers—social, legal, and/or economic; family; cultural and/or linguistic; psychological; related to the services themselves*

Abbreviation: IPV, intimate partner violence.

influence that each of the previously identified barriers had on immigrant women's difficulty accessing resources; and (2) actions and strategies (37 items): using a 5-point Likert scale (1 = not useful at all; 5 = very useful), the experts rated the usefulness of the different strategies for facilitating immigrant women's access to IPV services.

In phase 3, a personalized version of the questionnaire was applied. It included the responses that each participant had given in phase 2 and gave them the opportunity of reconsidering them after learning the group median responses for each item.

3 | PROCEDURE

Following the Delphi method, data collection was performed in three phases (see Figure 1).

Phase 1. The semistructured open-ended individual interview was applied to each expert between May and July 2020. The interviews had an average duration of 1 h and were conducted in Spanish through the *Google Meet* platform.

Phase 2. The first round of the Delphi questionnaire was individually administered between November 2020 and January 2021. It was computerized using the *Google Forms* tool. It took approximately 15 min to complete.

Phase 3. The second round of the online Delphi questionnaire was administered between January and February 2021. The experts were given the opportunity to reconsider the responses they had given in the first round, after learning the group median responses for each item in phase 2. Data collection process was stopped due to the high interrater agreement.

The study was approved by the Ethics Committee of the Faculty of Psychology of the Complutense University of Madrid (number 2019/20-039). Interviews were digitally recorded after verbal and written consent of the participants. Confidentiality and anonymity were ensured, and no incentives were offered.

3.1 | Data analysis

The interviews were first transcribed and analyzed by two raters who were trained in an *ad hoc* coding system based on qualitative content analysis (Hsieh & Shannon, 2005). This study method consisted of the subjective

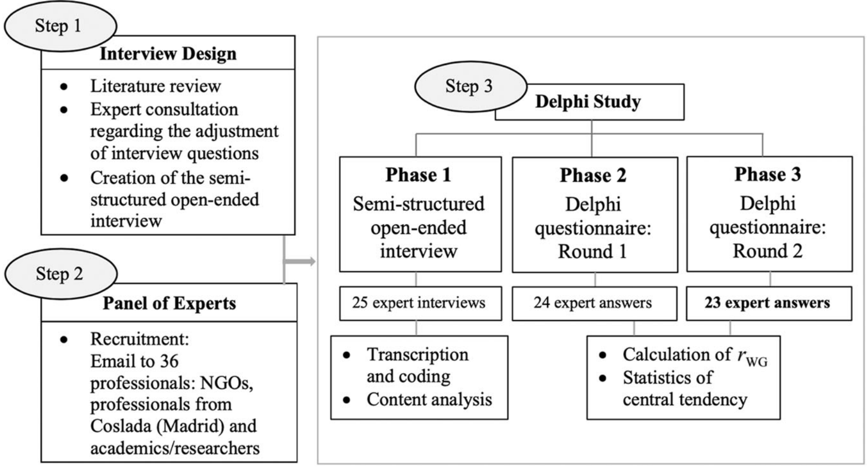

FIGURE 1 Steps in developing and implementing the Delphi method. NGOs, nongovernmental organizations; r_{WG}, interrater agreement reliability estimator.

interpretation of the content of the text through the systematic classification of central themes (Hsieh & Shannon, 2005). After specific statements were detected in the text that represented the central idea of the response, the code that best represented the statement was assigned. The codes corresponded to a type of barrier and/or strategy (e.g., social, legal, economic, family).

The transcripts and codifications were collated by the main author of the study to minimize biases. Through this triangulation method, the quality criteria of credibility and confirmability were assured (Guba, 1981). Also, the percentage of experts who had mentioned each type of barrier and strategy was calculated to determine the saturation of the data (Patton, 1980).

The codes were grouped into categories, and a list of barriers and strategies was developed. The list was reviewed by four members of the research group until a consensus on the wording of each barrier and strategy was reached. From this final list, the Delphi questionnaire was developed. To provide the quantitative data on the allocation trend of each item in phase 2 and 3, central tendencies were calculated for each item. Medians were reported, as they are considered better than means or modes for representing group opinions (Landeta, 1999). In addition, the coefficient r_{WG} was calculated, because it is frequently used to calculate interrater agreement for Likert-type scales (Finn, 1970). According to Brown and Hauenstein (2005): $r_{WG} \geq 0.80$ = strong agreement; r_{WG} between 0.70 and 0.80 = moderate agreement; r_{WG} between 0.70 and 0.80 = weak agreement; $r_{WG} < 0.60$ = unacceptable levels of agreement.

4 | RESULTS

4.1 | Participant characteristics

As can be seen in Table 2, most of the participants ($n = 22$) were women, and two were of Romanian origin. They had an average of 12.57 years ($SD = 8.21$) of experience in the field of study. All of them worked in Madrid area (Spain) except for one of the academics, who worked in Canada. The number of experts was adequate and similar to other Delphi studies (e.g., Lassiter et al., 2021).

4.2 | Barriers to access to services

Table 3 shows all the barriers to access to services reported by participants. In phase 1, 62 barriers were identified. The most reported were cultural-religious ($n = 10$) and psychological ($n = 12$) barriers. In phase 2, a high consensus ($r_{WG} \geq 0.80$) was obtained for 28 of the 62 barriers, which were considered somewhat (median [Mdn] = 3) to very ($Mdn = 5$) influential. In phase 3, significant agreement ($r_{WG} \geq 0.80$) was obtained for 58 barriers; for the remaining four, moderate agreement (between 0.70 and 0.80) was reached. The 58 barriers with significant agreement were considered somewhat ($Mdn = 3$) to very ($Mdn = 5$) influential. The barriers with strong agreement ($r_{WG} \geq 0.80$) in phase 3 that were considered quite ($Mdn = 4$) to very influential ($Mdn = 5$) for addressing the research question are presented below, divided into the established categories. Relevant quotations from experts are reflected in Table 4.

Regarding the *sociodemographic variables*, a short time of residence in the host country was considered as the most influential factor to access specialized services (Quotation 1). Other variables, such as being married and/or staying in a partner relationship, having an advanced age, having a low sociocultural level, coming from rural areas in Romania, and belonging to the Roma ethnicity, were evaluated as quite influential.

Among the most influential *economic barriers* were job insecurity and economic dependence on the partner (Quotations 2–5). The experts indicated that although some women have their own salary, many work without contracts, and the aggressor controls their finances. The difficulty to access to decent housing (due to high prices and rental requirements) was considered as a quite influential barrier. Also, the lack of technological resources or ignorance of their use, which hinders access to information.

TABLE 2 Expert panel characteristics (*n* = 23)

Place of work	Interview	Sex	Professional profile	Area of work	Years of experience
Social services and city council resources	1	Female	Social worker	Specialized IPV service	19
	2	Female	Lawyer	Specialized IPV service	19
	3	Female	Psychologist	Specialized IPV service	25
	7	Female	Social worker	Equality and diversity council	5
	8	Female	Sociologist	Social services council	3
	9	Female	Social worker and sociologist	Employment council	18
	10	Female	Psychologist	Specialized IPV service	3
	11	Female	Psychologist	Specialized IPV service	5
	13	Female	Lawyer	Specialized IPV service	17
	14	Female	Social worker	Social services council	20
	16	Female	Educator	Children's council	9
	19	Female	Social worker and sociologist	Primary health care center	18
	20	Female	Psychologist	Psychosocial rehabilitation center	12
	21	Female	Psychologist	Specialized IPV service	12
	22	Female	Sociologist	Social services council	1
	23	Female	Psychologist	Labor rehabilitation center	15
Associations/NGOs	5	Female	Psychologist	Women's association	20
	12	Female	Lawyer	Women's association	25
University	4	Female	Academic and researcher in psychology	University	7
	6	Female		Research center for women's health	2
	15	Female		University	8
	17	Male		University	25
	18	Female		University	1

Abbreviations: IPV, intimate partner violence; NGOs, nongovernmental organizations.

In terms of *social barriers*, all were rated as quite influential. The most influential was isolation and lack of social support. The experts indicated that the social circles of some women are limited to their own community (Quotations 6 and 7). Stigma against Romanian ethnic groups and multiple forms of discrimination against women (e.g., for being immigrants, for experiencing IPV) were also mentioned. Finally, the participants highlighted the coexistence of various types of violence (e.g., IPV, sexual exploitation).

The most mentioned *legal barrier* in phase 1 was ignorance of legal matters. It was considered quite influential, as was the lack of knowledge of the services and resources, including the lack of information about Spanish

TABLE 3 Barriers to access IPV services in Romanian women

Barriers	Phase 1 (n = 25)	Phase 2 (n = 24)				Phase 3 (n = 23)			
	% (n)	M	Mdn	SD	r_{WG}	M	Mdn	SD	r_{WG}
Sociodemographic variables									
Being married/staying in a partner relationship	12 (3)	3.88	4	0.90	0.81[a]	3.96	4	0.70	0.88[a]
Having children	24 (6)	3.08	3	1.01	0.75	3.17	3	0.71	0.88[a]
Advanced age	44 (11)	3.71	4	1.23	0.64	3.96	4	0.87	0.82[a]
Low economic resources	52 (13)	3.58	4	1.31	0.59	3.78	4	0.99	0.76
Low sociocultural level	28 (7)	3.54	4	1.21	0.65	3.91	4	0.90	0.81[a]
Coming from rural/impoverished areas	28 (7)	3.75	4	1.07	0.72	4.09	4	0.66	0.89[a]
Short time in Spain	20 (5)	4.58	5	0.58	0.92a	4.78	5	0.51	0.94[a]
Belonging to the Roma ethnicity	20 (5)	4	4	1.18	0.67	4.22	4	0.90	0.81[a]
Economic									
Difficulty validating studies	28 (7)	3	3	1.06	0.73	3.17	3	0.83	0.83[a]
Job insecurity	88 (22)	4.71	5	0.46	0.95[a]	4.78	5	0.51	0.94[a]
Difficulties getting around	16 (4)	3.04	3	1.12	0.70	3.17	3	0.77	0.86[a]
High-demand profile for resources accessing	20 (5)	2.84	3	0.96	0.78	3.04	3	0.76	0.86[a]
Difficulty accessing decent housing	24 (6)	3.63	4	1.01	0.75	4.13	4	0.62	0.91[a]
Economic dependence	72 (18)	4.54	5	0.65	0.90[a]	4.70	5	0.55	0.93[a]
Lack/ignorance of technological resources	24 (6)	3.58	4	1.06	0.73	3.83	4	0.77	0.86[a]
Social									
Lack of social support	76 (19)	4.21	4	0.88	0.81[a]	4.39	4	0.49	0.94[a]
Stigma within Romanian ethnic groups	20 (5)	3.54	4	0.88	0.81a	3.83	4	0.83	0.83[a]
Multiple types of discrimination	28 (7)	3.54	4	1.02	0.75	3.91	4	0.66	0.89[a]
Various types of violence	16 (4)	3.88	4	0.79	0.85[a]	4.09	4	0.41	0.96[a]
Legal									
Lack of legal aspects knowledge	76 (19)	4.46	4	0.50	0.94[a]	4.30	4	0.47	0.95[a]
Lack of services/resources knowledge	48 (12)	4.38	4	0.57	0.92[a]	4.22	4	0.42	0.96[a]
Irregular situation	56 (14)	4.42	5	0.77	0.86[a]	4.70	5	0.47	0.95[a]
Family									
Aggressor addictions	40 (10)	4.42	4.5	0.71	0.88[a]	4.26	4	0.54	0.93[a]
Aggressor unemployed	24 (6)	3.67	4	0.96	0.78	3.96	4	0.47	0.95[a]
Feeling responsible for migration	28 (7)	3.88	4	1.03	0.74	4.09	4	0.59	0.91[a]
Difficulty reconciling family and work	52 (13)	4.33	4.5	0.81	0.84[a]	4.57	5	0.59	0.92[a]
Family and domestic overload	68 (17)	4.46	4.5	0.58	0.92[a]	4.48	5	0.59	0.92[a]
Lack of family support (family in Romania)	32 (8)	4	4	0.78	0.85[a]	4.22	4	0.60	0.91[a]

TABLE 3 (Continued)

Barriers	Phase 1 (*n* = 25)	Phase 2 (*n* = 24)				Phase 3 (*n* = 23)			
	% (*n*)	*M*	*Mdn*	*SD*	r_{WG}	*M*	*Mdn*	*SD*	r_{WG}
Rejection by family upon leaving the relationship	76 (19)	4.21	4	0.72	0.88[a]	4.17	4	0.49	0.94[a]
Living with extended family	20 (5)	3.75	4	0.94	0.79	4.00	4	0.60	0.91[a]
Cultural-religious									
Rigid religious precepts	68 (17)	4.13	4	0.85	0.83[a]	4.22	4	0.51	0.94[a]
Belonging to the adventist-protestant church	24 (6)	3.21	3	1.14	0.69	3.13	3	0.75	0.86[a]
Belonging to the orthodox church	16 (4)	3.17	3	1.16	0.67	3.09	3	0.73	0.87[a]
Community control	40 (10)	3.71	4	0.90	0.80[a]	3.87	4	0.81	0.84[a]
Blame and responsibility	16 (4)	3.63	4	1.09	0.71	4.04	4	0.63	0.90[a]
Stigmatization of loneliness/divorce	28 (7)	3.58	4	0.92	0.79	3.96	4	0.56	0.92[a]
Macho culture	72 (18)	4.63	5	0.49	0.94[a]	4.83	5	0.38	0.96[a]
Normalization, invisibility, minimization, and violence justification	72 (18)	4.42	4	0.58	0.92[a]	4.30	4	0.55	0.93[a]
Difficulty recognizing violence	40 (10)	4.17	4	0.70	0.88[a]	4.26	4	0.44	0.95[a]
Culture shock	12 (3)	3.54	3	0.88	0.81[a]	3.48	3	0.79	0.85[a]
Linguistic									
Lack of language proficiency	56 (14)	4.46	5	0.72	0.88[a]	4.70	5	0.55	0.93[a]
Difficulty expressing/understanding emotions	16 (4)	3.54	4	1.17	0.67	3.57	4	0.78	0.85[a]
Difficulty understanding legal/bureaucratic procedures	32 (8)	4.38	4	0.64	0.90[a]	4.39	4	0.72	0.88[a]
Psychological									
Fear of losing children	28 (7)	4.04	4	0.95	0.78	4.09	4	0.66	0.89[a]
Fear of the aggressor threats	36 (9)	4.17	4	0.70	0.88[a]	4.17	4	0.57	0.92[a]
Fear of social consequences	24 (6)	3.75	4	0.84	0.83[a]	4.00	4	0.60	0.91[a]
Fear of consequences	84 (21)	4.25	4.5	0.94	0.79	4.57	5	0.94	0.79
Uncertainty perception	20 (5)	3.42	3	0.83	0.84[a]	3.43	3	0.66	0.90[a]
Guilt and shame	24 (6)	3.58	4	0.97	0.77	3.83	4	0.57	0.92[a]
Other unpleasant emotions	20 (5)	3.21	3	0.83	0.83[a]	3.30	3	0.70	0.88[a]
Low self-esteem, helplessness, and emotional dependence	32 (8)	4.04	4	0.69	0.89[a]	4.04	4	0.47	0.95[a]
Mental health disorder	8 (2)	2.71	2	1.26	0.62	2.61	2	1.07	0.72
Depressive-anxious symptoms	16 (4)	3.33	3.5	1.16	0.67	3.70	4	0.70	0.88[a]
Previous negative experiences with services	64 (16)	3.79	4	0.97	0.77	4.04	4	0.76	0.86[a]
Having children with problems	12 (3)	2.79	3	1.14	0.69	2.91	3	0.84	0.83[a]

(Continues)

TABLE 3 (Continued)

Barriers	Phase 1 (*n* = 25)	Phase 2 (*n* = 24)				Phase 3 (*n* = 23)			
	% (n)	*M*	*Mdn*	*SD*	r_{WG}	*M*	*Mdn*	*SD*	r_{WG}
Related to the services themselves									
Lack of professional training	72 (18)	4	4	1.02	0.75	4.00	4	0.67	0.89[a]
Social rejection and racism	20 (5)	3.08	3	1.10	0.71	3.17	3	0.98	0.77
Lack of resources	68 (17)	3.71	4	0.95	0.78	3.96	4	0.70	0.88[a]
Lack of translators and translated material	48 (12)	3.75	4	0.94	0.79	4.04	4	0.56	0.92[a]
Lack of dissemination/visibility of services	16 (4)	3.67	4	1.12	0.69	4.00	4	0.60	0.91[a]
Lack of protocols/inflexibility	8 (2)	3.25	3.5	1.26	0.62	3.74	4	0.91	0.80[a]
Lack of coordination and[a] supervision	12 (3)	3.33	4	1.12	0.69	3.78	4	0.67	0.89[a]

Abbreviations: % (*n*), percentage (number) of experts who listed that item as a response in the first phase; IPV, intimate partner violence; *M*, mean; *Mdn*, median; r_{WG}, interrater agreement reliability estimator; *SD*, standard deviations.
[a]High interrater agreement.

legislation or the legal rights of immigrant women (Quotation 8). In addition, being in an irregular situation (lack of a Foreigner Identification Number (Número de Identificación del Extranjero [NIE]), health card or registration in the municipality) was evaluated as very influential (Quotations 9 and 10).

Regarding *family barriers*, family and domestic overload was one of the most frequently indicated barriers in phase 1 (Quotation 11). It was considered very influential, as was difficulty with reconciling family and work demands that affects services adherence (Quotation 12). Oher barriers rated as less influential were, for example, feeling of responsibility and commitment to the migration project or lack of family support for leaving the relationship.

In the category of *cultural-religious barriers*, being part of a macho culture was one of the most often mentioned barriers and was considered the most influential (Quotations 13 and 14). Barriers considered quite influential were, among others, rigid religious precepts, control by the community and the stigmatization of separation and/or divorce. Experts indicated that Romanian women often verbalize the situation of violence in the church or in the community and may prevent them from formal help-seeking.

With respect to *linguistic barriers*, the lack of language proficiency was considered very influential (Quotation 15). Emotional expression and understanding difficulties, mainly with legal and bureaucratic language, were evaluated as quite influential.

Among *psychological barriers*, those that were considered quite influential were the women's fear of losing their children, of the aggressor threats and of the social consequences (Quotation 16). The fear generated by previous negative experiences with services and authorities, both in the origin and the host countries, was the most frequently highlighted psychological barrier in phase 1 (Quotation 17). Depressive and anxious symptoms were also mentioned, among others.

Finally, among the *barriers associated with the services*, the most frequently identified in phase 1 was the lack of specific training of professionals, which was considered quite influential (Quotation 18). Also considered quite influential were the scarcity of: resources (material, human, and time) (Quotation 19); translators and translated material; protocols (and inflexibility); services dissemination/visibility; and coordination and supervision.

TABLE 4 Highly influential barriers to accessing services—relevant quotations

Theme	Subtheme	Quotation
Sociodemographic variables	Short time in Spain	"Language has become a problem especially for women who have been isolated for a long time or who have just arrived in Spain" (Quotation 1, Interview 13).
Economic	Job insecurity	"The women have to support their children, working from dawn to dusk, at precarious and exorbitant hours" (Quotation 2, Interview 1). "Most of them have a precarious job with very changing schedules… which prevents them from having a structured life and making use of resources with some regularity" (Quotation 3, Interview 10).
	Economic dependence	"The aggressor controls the money… the women do not see that this is a type of violence. Normally men do not work, women are usually the ones who support the aggressor, cook dinner for them, take care of the children…" (Quotation 4, Interview 1). "There have been a lot of alcohol problems with Romanian men, who are at home all day and do not work… I know a woman who left her money on the table for that day's alcohol consumption. They (men) control the money" (Quotation 5, Interview 16).
Social	Lack of social support*	"In the immigrant context, there are often groups of people from the same origin… they do not establish ties with people from the country" (Quotation 6, Interview 17). "What I know are very small social circles of Romanian people. That is a problem because many times the interpreters are from their social circle" (Quotation 7, Interview 20).
Legal	Irregular situation	"They have a clear ignorance of the law… The issue of deportation is one of the first myths that must be dismantled… when a woman feels illegal, she does not feel worthy of any help" (Quotation 8, Interview 12). "There are many women who come with a husband's NIE -Foreigner Identification Number-, they have to request their own NIE" (Quotation 9, Interview 2). "You need to be registered or have a NIE to access health services" (Quotation 10, Interview 19).
Family	Difficulty reconciling family and work	"If they have children to take care of, they cannot attend training that would allow them to access other work resources due to lack of time and work schedules… it is difficult to reconcile family life" (Quotation 11, Interview 9).
	Family and domestic overload	"Mothers are responsible for them (children); fathers are often absent or are not engaged in parenting" (Quotation 12, Interview 3).
Cultural-religious	Macho culture	"It is a very macho world. Many times it is the woman who has the most productive role, but the man makes the decisions" (Quotation 13, Interview 20). "In Romania there are not many feminist associations…It has not been possible to work on gender violence as it manifests itself in Romania… it manifests itself differently in this population." (Quotation 14, Interview 6)

(Continues)

TABLE 4 (Continued)

Theme	Subtheme	Quotation
Linguistic	Lack of language proficiency	"In general, it has become very clear to the Spanish population that Romanian people learn the language quickly, that there are no longer people who need those translators and those services. But this is not the case" (Quotation 15, Interview 6).
Psychological	Fear of social consequences*	"They do not report because they did not want the father of their children to go to jail… or be deported from the country" (Quotation 16, Interview 3).
	Previous negative experiences with services*	"One of the big barriers is their perception of the system… Women who have lived through the dictatorship relate to the administration out of fear. They don't approach it until they realize that the system is different" (Quotation 17, Interview 14).
Related to the services themselves	Lack of professional training	"It is very important that health personnel have adequate training and not everyone has it. There is also a fear of asking… "What do I do if she says yes?", sometimes they don't know where to refer women" (Quotation 18, Interview 19).
	Lack of resources	"When you have little time in primary care or social care… you can't dig deep" (Quotation 19, Interview 7).

Abbreviations: *Mdn*, median-; (*), quite influential barriers (*Mdn* = 4), no barriers perceived as very influential (*Mdn* = 5) were detected in this category.

4.3 | Strategies to increase services accessibility

Table 5 shows the strategies that the experts considered useful to combat barriers and increase services accessibility. In phase 1, 37 strategies were identified; the most frequently noted were psychological ($n = 8$) and those associated with the services themselves ($n = 11$). In phase 2, a strong level agreement ($r_{WG} \geq 0.80$) was reached for 23 of the 37 strategies. All these strategies were rated between quite (*Mdn* = 4) and very useful (*Mdn* = 5). Finally, in phase 3, a strong level of agreement ($r_{WG} \geq 0.80$) was reached for 31 of the 37 strategies. Of the remaining 6 strategies, 5 had a moderate level of agreement (between 0.70 and 0.80). All the strategies were rated as between somewhat (*Mdn* = 3) and very useful (*Mdn* = 5). Below, the strategies that had high interrater agreement ($r_{WG} \geq 0.80$) in phase 3 and those that were considered quite (*Mdn* = 4) or very useful (*Mdn* = 5) are presented below, divided into the established categories. Relevant quotations are reflected in Table 6.

Regarding *economic strategies*, the expert panel mentioned that facilitating access to the job market and decent housing can be very useful strategies (Quotations 20 and 21). Similarly, providing benefits, financial aid, and a support network to help access services (e.g., money, transportation).

The most frequently and useful *social strategy* was to increase the social support network (Quotation 22). To this end, shared leisure activities and meeting spaces were proposed. The moment of arrival in Spain was of particular importance. The panel indicated that the services could function as first reception spaces to detect IPV. Other quite useful strategies were: offering training in different fields (e.g., job orientations, languages); generating campaigns and cultural exchange activities to combat stigma and discrimination; increasing knowledge of Romanian culture; and using schools to form alliances.

The expert panel indicated that the most useful *legal strategy* is to disseminate information adapted to each population segment and provide free legal advice (Quotation 23).

TABLE 5 Intervention strategies to increase help-seeking and accessing IPV services in Romanian women

Intervention strategies	Phase 1 (n = 25)	Phase 2 (n = 24)				Phase 3 (n = 23)			
	% (n)	M	Mdn	SD	r_{WG}	M	Mdn	SD	r_{WG}
Economic									
Access to the job market	68 (17)	4.63	5	0.57	0.92[a]	4.78	5	0.42	0.96[a]
Access to decent housing	32 (8)	4.46	4.5	0.58	0.92[a]	4.52	5	0.51	0.94[a]
Benefits and financial aid	40 (10)	4.17	4	0.81	0.84[a]	4.09	4	0.66	0.89[a]
Service support network	12 (3)	4	4	0.97	0.77	4.22	4	0.60	0.91[a]
Social									
Training in different fields	56 (14)	4.13	4	0.74	0.87[a]	4.09	4	0.41	0.96[a]
Social support network	72 (18)	4.38	4	0.64	0.90[a]	4.52	5	0.51	0.94[a]
Work with seniors and intergenerational activities	8 (2)	3.04	3	1.16	0.68	3.00	3	0.90	0.80[a]
Cultural exchange activities	48 (12)	3.67	4	1.04	0.74	3.70	4	0.87	0.82[a]
Romanian culture knowledge	28 (7)	4.98	4	0.77	0.86[a]	4.09	4	0.51	0.94[a]
Schools as allies	60 (15)	4.17	4	0.70	0.88[a]	4.04	4	0.36	0.97[a]
Intervention programs for aggressors	44 (11)	3.58	4	1.24	0.63	3.78	4	0.99	0.76
Social-legal									
Information and legal advice	64 (16)	4.63	5	0.49	0.94[a]	4.91	5	0.28	0.98[a]
Family									
Childcare spaces and services	32 (8)	4.21	4	0.72	0.88[a]	4.17	4	0.57	0.92[a]
Education and integration	8 (2)	3.46	3.5	1.25	0.63	3.70	4	0.82	0.84[a]
Interventions with children	36 (9)	4.29	4	0.80	0.84[a]	4.35	4	0.64	0.90[a]
Cultural-religious									
Communication with the religious community and leaders	44 (11)	3.79	4	0.93	0.79	3.96	4	0.63	0.90[a]
Linguistics									
Materials and campaigns in Romanian	52 (13)	4.42	5	0.83	0.84[a]	4.78	5	0.51	0.94[a]
Children as integration agents	16 (4)	3.42	4	1.24	0.63	3.57	4	1.19	0.66
Psychological									
Promote self-esteem and empowerment	36 (9)	4.25	4.5	0.89	0.81[a]	4.35	5	0.88	0.81[a]
Group sessions	24 (6)	4.17	4	0.86	0.82[a]	4.26	4	0.54	0.93[a]
Psychoeducation	48 (12)	4.46	5	0.72	0.88[a]	4.70	5	0.70	0.88[a]
Promote emotional intelligence	8 (2)	3.58	4	1.13	0.69	3.70	4	1.02	0.75
Individual psychological interventions	24 (6)	3.79	4	1.35	0.56	3.91	4	1.04	0.74
Family or systemic interventions	16 (4)	3.38	3	1.34	0.57	3.26	3	0.91	0.80[a]

(Continues)

TABLE 5 (Continued)

Intervention strategies	Phase 1 (*n* = 25)	Phase 2 (*n* = 24)				Phase 3 (*n* = 23)			
	% (n)	*M*	*Mdn*	*SD*	r_{WG}	*M*	*Mdn*	*SD*	r_{WG}
Cognitive behavioral therapy focused on trauma	8 (2)	3.50	4	1.28	0.60	3.57	4	1.03	0.74
Mindfulness and gratitude	4 (1)	2.92	3	1.28	0.61	2.87	3	1.01	0.75
Related to the services themselves									
Care at the first contact	40 (10)	4.71	5	0.46	0.95[a]	4.83	5	0.49	0.94[a]
Gender perspective	84 (21)	4.75	5	0.53	0.93[a]	4.91	5	0.28	0.98[a]
Activities to promote emotional intelligence	20 (5)	3.88	4	1.11	0.70	3.74	4	0.91	0.80[a]
Activities to combat stereotypes, racism, and discrimination	24 (6)	4.25	4.5	0.89	0.81[a]	4.17	4	0.77	0.86[a]
Self-care programs	4 (1)	3.46	4	1.44	0.50	3.70	4	0.87	0.82[a]
Protocols and plans with a gender perspective	32 (8)	4	4	0.83	0.83a	3.96	4	0.76	0.86[a]
Greater allocation of resources	68 (17)	4.46	5	0.77	0.85[a]	4.74	5	0.68	0.89[a]
Dissemination of resources	48 (12)	4.54	5	0.50	0.94[a]	4.87	5	0.34	0.97[a]
Translation services and professionals trained in language and culture	56 (14)	4.38	5	0.77	0.86[a]	4.52	5	0.59	0.92[a]
Coordination and communication	48 (12)	4.42	4	0.50	0.94[a]	4.26	4	0.44	0.95[a]
Safe spaces and specific services	44 (11)	4.25	4	0.67	0.89[a]	4.26	4	0.54	0.93[a]

Abbreviations: *% (n)*, percentage (number) of experts who gave that item as a response in the first phase; IPV, intimate partner violence; *M*, mean; *Mdn*, median; r_{WG}, interrater agreement reliability estimator; *SD*, standard deviations.
[a]High interrater agreement.

The *family strategies* that were considered quite useful were creating childcare services to facilitate reconciliation (Quotation 24), incorporating educators or social workers into interventions, and increasing interventions with children (e.g., IPV awareness through social networks) (Quotation 25).

Among *cultural-religious strategies*, it was considered quite useful to promote communication with leaders of the Romanian religious community. The experts proposed incorporating leaders into interventions if it was beneficial for women (Quotation 26).

Regarding *strategies to overcome linguistic barriers*, it was considered very useful to provide materials and campaign information translated into Romanian (Quotation 27).

The *psychological strategies* most useful were IPV psychoeducation and promoting feelings of self-esteem and empowerment (Quotations 28 and 29). Additionally, it was considered quite useful to hold group sessions where women could share their experiences.

Finally, *strategies related to the services themselves* were the most frequently named ($n = 11$). The most mentioned were training in the gender perspective and increasing the resources availability (material, human, and time). Both strategies were considered very useful, as were showing care at the first contact, increasing the resources dissemination, and offering a translation service and professionals who are familiar with Romanian culture (Quotations 30–34). The rest of the strategies were evaluated as quite useful.

TABLE 6 Very useful strategies for accessing services—relevant quotations

Theme	Subtheme	Quotation
Economic	Access to the job market	"The more we improve the economic situation of these women, the more we facilitate their access to quality jobs… not precarious jobs that are not economically well paid… As long as we implement employment plans, they will be able to take care of other issues" (Quotation 20, Interview 5).
	Access to decent housing	"Increase emergency aid from Social Services and subsidies from the Community of Madrid. Sometimes, access to shelter resources is complicated. For example, a Romanian woman is not taken in if she is a drug addict or a sexually exploited woman. Therefore, although there are many resources and measures, they should be adapted and increased" (Quotation 21, Interview 9).
Social	Social support network	"Creating social bonds is fundamental. I always promote this with the victims… Look for activities where they can meet people outside that circle of violence or legitimization of violence… look for things they can do and increase that social circle beyond the family" (Quotation 22, Interview 4).
Social-legal	Information and legal advice	"We have to raise awareness and inform, focus on the fears women may have in relation to this legal part, and make disclosure. Just because they are not of Spanish origin, they do not have to put up with a situation of violence" (Quotation 23, Interview 21).
Family	Childcare spaces and services*	"The possibility that they can have their own time with some kind of toy library or spaces where their children can be cared for and they can have their independence…Facilitate that they can go with their children (to services), if they have children, and that they can be cared for while she is with the professional" (Quotation 24, Interview 8).
	Interventions with children*	"Nowadays I think the best way to reach women and children and adolescents is with training in schools… in a transversal way… talks, workshops, about violence in a preventive way" (Quotation 25, Interview 15).
Cultural-religious	Communication with the religious community and leaders*	"More communication with the Orthodox and Adventist churches… for the Romanian people, it is very important… to invite them to meetings in which they talk about these topics" (Quotations 26, Interview 6).
Linguistic	Materials and campaigns in Romanian	"It would be important to translate into Romanian all the information about gender violence prevention that exists in Spanish (posters, flyers)…translated by a person who knows the Romanian culture…" (Quotation 27, Interview 15).

(Continues)

TABLE 6 (Continued)

Theme	Subtheme	Quotation
Psychological	Promote self-esteem and empowerment	"We must avoid falling into overprotection and work hard on women's autonomy, which is fundamental for their recovery" (Quotation 28, Interview 12).
	Psychoeducation	"It is necessary to do a very deep and structured work…. We have to work a lot on female and male roles, stereotypes, gender mandates, training on gender violence, that they know the cycle of violence…" (Quotations 29, Interview 3).
Related to the services themselves	Care at the first contact	"From the professional's point of view, I think it is very important to provide reassurance, information and good care to make her feel safe, avoiding fear as much as possible" (Quotation 30, Interview 22).
	Gender perspective	"This is more than training; personal self-reflection is necessary on my position regarding violence… regarding immigration… or even regarding Romanians… to eliminate prejudices" (Quotations 31, Interview 5).
	Greater allocation of resources	"I think we should be flexible in the schedules, in the resources for assistance… there should be a wide hourly coverage. If they cannot be attended all day long, we should, for example, provide telephone assistance…Women just can't come! It is necessary to articulate systems of shifts or telephone assistance" (Quotation 32, Interview 23).
	Dissemination of resources	"There are few dissemination campaigns in health centers, in schools…. The more information there is in different resources that cover the different populations and age ranges, the more people will be reached…. Also through social networks, posters, information campaigns, etc. You can also hold an awareness-raising information day to provide information to the professionals themselves about the resources available to help women" (Quotation 33, Interview 22).
	Translation services and professionals trained in language and culture	"It would be very useful for both health professionals and any other professional who is in contact with the Romanian population to be trained in this culture… to know the casuistry or the most common characteristics… for fewer stereotypes" (Quotation 34, Interview 19).

Abbreviation: *Mdn*, median; (*), strategies considered quite influential (*Mdn* = 4), no strategies perceived as very influential (*Mdn* = 5) were detected in this category.

5 | DISCUSSION

The present study deepens the knowledge of the barriers that, from the point of view of 23 experts, immigrant women of Romanian origin face in accessing specialized IPV services in Spain and of the strategies to address these barriers. The application of the Delphi method allowed the detection of 58 barriers and 31 significant strategies.

According to the testimonies, support for services targeting immigrant women is essential. Although the lack of resources affects all survivors of IPV, the particularities of immigrant women from different countries must be taken into account. It is important to understand the intersectionality of sex, social class, nationality, and religion, among other factors, which increase the vulnerability and double discrimination they face.

Our study focuses on immigrant women of Romanian origin, because of their high representativity in Spain (INE, 2021) and the high rates of IPV. In Romania, family violence laws do not specifically address IPV. They refer indiscriminately to "domestic violence" as any form of violence between relatives (e.g., parents-children, siblings, in-laws) (Vrăbiescu, 2019). Although the regulatory framework in Romania has been revised, there are several limitations in the protection of women and authorities remain reluctant to intervene in DV situations, considering them as "private" matters (Rada, 2014). In countries such as Romania, Albania, Moldova, Ukraine, and Uzbekistan, most of this violence is unreported and police attention, as well as legal and social assistance, are very limited (Asay, 2011). In addition, negative experiences with the authorities in Romania, as noted by the experts in this study, may generate more reluctance to help-seeking. These factors may generate a greater lack of awareness among immigrant women of their rights or specialized IPV services than in other countries.

Similarly, this lack of IPV awareness leads to further normalization, minimization, and justification of violence. It has been found that women of Romanian origin are less likely to identify violence such as psychological or sexual violence (Rabito-Alcón et al., 2013; Vrăbiescu, 2019). In the present study, experts indicated that Romanian women normalize and minimize physical violence to a greater extent than Spanish women. Besides, the cultural and religious characteristics of the Romanian population may encourage inequalities and IPV. Our experts pointed out that rigid religious precepts and belonging to religious communities, such as Orthodox or Adventist-Protestant, can prevent help-seeking. Some evangelical churches from Romania follow beliefs such as those that promote the subordination of women, even legitimizing physical violence (Asay, 2011). This is exacerbated in women from rural areas (Chipea et al., 2011).

Different studies show that cultural beliefs and the community of immigrant women can influence help-seeking. Informal support tends to be sought more frequently than formal support (Raj & Silverman, 2007; Vives-Cases & La Parra, 2017). This implies that many women will seek help within their immediate community, either through religious or social groups. Informal support is an important protective factor for immigrant women and may provide the impetus to take control of their lives and move to a safe environment (Njie-Carr et al., 2020). Experts noted the importance of understanding Romanian culture and even incorporating religious leaders in the interventions, provided that it is beneficial for women and our approach is well received by the community. It would be important to implement awareness-raising efforts and disseminate information about IPV and specialized resources.

The barriers identified in this study can be compared with those found in other countries. Studies with women of Latin origin coincide with some barriers, such as social isolation, patriarchal and family beliefs related to loyalty, economic, and transportation dependence (Reina et al., 2014). Stigma and feelings of fear and shame have also been found to be characteristic of African women (Ting & Panchanadeswaran, 2009). Regarding Arab women, linguistic difficulties have also been detected (Abu-Ras, 2003; Bui, 2003). However, the present study finds particularities within female Romanian immigrants. Despite the language barrier, women of Romanian origin were considered to have fewer difficulties than other immigrant populations in Spain (e.g., Moroccans, Chinese). Experts pointed out that they learn the language faster. Nevertheless, barriers were detected in the bureaucratic and therapeutic processes. Furthermore, although Romanian women suffer from economic dependence, they are usually the ones who work and bring the money home. Experts emphasized the economic violence, where the aggressor used the money for his interests such as, for example, alcohol consumption. Although alcohol is not a cause of IPV, it can be a risk factor and has been detected as problematic in Romanian men (Asay, 2011; Briones-Vozmediano et al., 2016; Velea et al., 2015).

In addition, the literature highlights the lack of legal documentation as a risk factor (Freedman & Jamal, 2008). It prevents the woman from accessing different resources and, also, arouses fear of being deported or judged because

of her immigration status (Bauer et al., 2000; Bui, 2003; Parson et al., 2016; Reina et al., 2014; Ting & Panchanadeswaran, 2009). In Spain, women from non-European countries, such as Morocco, Ecuador, or China, may have greater difficulty in obtaining legal documentation or a residence permit. In Romanians, this difficulty decreases after entering the European Union. However, experts pointed out that ignorance of their legal rights can limit access to services and increase dependence on the aggressor.

As in other studies (Dias et al., 2012), the panel reached a significant agreement about the lack of training for professionals. It is necessary to increase specific training around IPV, interculturality, migratory, and acculturation processes, to reduce biases and prejudices that lead to inappropriate practices (Briones-Vozmediano et al., 2015). The importance of improving case detection skills among services through coordination and supervision was highlighted. García-Quinto et al. (2021) indicate the importance of professionals' communication and coordination.

Similarly, it is fundamental to consider the time since the women's arrival in the country. Hyman et al. (2009) point out that spending a short time in the host country can aggravate difficulties. This barrier seems to be associated with factors that are intensified after migration (e.g., linguistic and economic difficulties, social isolation). Vives-Cases et al. (2014) found that, among Romanian women who acknowledged being in an IPV situation, many of them stated that it emerged once they arrived in Spain and presented an average duration of no less than 6 years. The authors explained that, on the one hand, IPV may emerge and become chronic due to the impoverished living conditions of immigrant women; and, on the other hand, women may change their perception of acts that constitute IPV and develop skills to identify the abusive experience after the contact with the new cultural and social environment. Therefore, the role of formal resources in the detection and follow-up of women who have undergone a recent migration process is considered essential. Battered women who use specialized services that provide hotline, counseling, advocacy, or shelter, among others, improve their information about violence, their decision-making, self-efficacy, and coping skills (Bennett et al., 2004).

Therefore, and although measures adapted to the immigrant population in Spain have been undertaken (e.g., the Plan for the Care and Prevention of Gender Violence in the Foreign Immigrant Population, 2009–2012; Ministerio de Igualdad, 2009), there are still numerous barriers. It seems essential to take a proactive approach based on comprehensive plans. We must bring resources closer to the population without waiting for them to request them, and we must offer individual attention from a gender and intercultural perspective.

6 | LIMITATIONS AND STRENGTHS

Among the study limitations, we can point out that during the coding of the interviews, some barriers and strategies seemed to fit into several categories (e.g., cultural-religious and social). Therefore, it is important to consider that various of them are interrelated. On the other hand, although the sample was wide in terms of professional fields, future research could incorporate other professional groups (e.g., security forces). Finally, although the data obtained cannot be generalized to other countries and other immigrant populations, the diversity of the expert panel means that transferability of the results may be gained if future research findings are consistent with those obtained in this study (Guba, 1981). In addition, the questionnaire resulting from the study could be useful for other populations. From this qualitative study, we intend to advance toward quantitative research. In this line, as implication for further research, we pretend to detect the differences of Romanian immigrant women around IPV and barriers in help-seeking and access to services compared to women from other countries.

Finally, it is worth highlighting some of the study strengths. The study was carried out in a specific context, focusing on the Romanian population, and the use of the Delphi method allowed a systematic approach. Thus, the adequacy of the qualitative methodology stands out. Another strength is the expert panel, which represented various disciplines and both practical and theoretical knowledge. Such heterogeneity is recommended for making quality decisions (Jorm, 2015). Moreover, the number of experts was adequate and similar to other Delphi studies (e.g., Lassiter et al., 2021). The Delphi method allowed the experts to respond to each phase independently, without

being influenced by the rest of the panel (Jorm, 2015). Furthermore, the use of interviews with open-ended questions allowed us to obtain detailed information about the problem that could be applied to the development of the subsequent phases. Also, the study benefits from the triangulation of researchers when coding the interviews and feedback to reach a consensus in the drafting of the Delphi questionnaire items. These techniques ensure credibility and confirmability (Guba, 1981).

7 | CONCLUSIONS

The results of this Delphi study reveal valuable knowledge from a multidisciplinary perspective on the barriers that immigrant women of Romanian origin face in accessing specialized IPV services in Spain and on the strategies to combat them. Cultural-religious and psychological barriers seem to play a fundamental role in the situation of immigrant women of Romanian origin, as do strategies that can be applied to the related services themselves. The expert consensus can serve as a basis for future research and as a guide for different organizations and professionals in prevention, awareness, and intervention campaigns.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

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

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