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It is not easy to ask for help! Barriers among Aymara Women: A Qualitative Study in Bolivia

¡No es fácil pedir ayuda! Barreras entre mujeres aimaras: Un estudio cualitativo en Bolivia

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Abstract

This study was carried out with the objective of analyzing the perception of Aymara women in three Bolivian municipalities about the barriers to seeking help for intimate partner violence. The findings contribute to the Sustainable Development Goal 5 (SDG 5): To achieve gender equality and empower all women and young girls. A qualitative approach was adopted and support from Atlas Ti 22 was used. Seventeen Aymara indigenous women between the ages of 21 and 70 participated, intentionally selected, seeking to achieve group homogeneity. The findings of the current study illustrate the emergence of four categories that constitute barriers to formal help-seeking among Aymara women in Bolivia: limited access to formal help services, sociocultural tolerance of abuse, social stigma, and economic dependence from the perspective of intimate partner violence (IPV) survivors. Often, these barriers are overlapping, preventing women victims of IPV from seeking help or leaving abusive relationships.

Keywords: Violence, gender violence, emotional dependence, couple, systematic mapping.

Resumen

El presente trabajo se llevó a cabo con el objetivo de analizar la percepción de las mujeres aimaras de tres municipios de Bolivia acerca de las barreras para buscar ayuda por violencia de pareja íntima. Los hallazgos contribuyen al Objetivo de Desarrollo Sostenible 5 (ODS 5): Lograr la igualdad de género y empoderar a todas las mujeres y niñas. Se adopto un enfoque cualitativo y se usó el apoyo de Atlas. Ti 22. Participaron 17 mujeres indígenas aimaras con edades entre 21 a 70, seleccionadas intencionalmente, procurando lograr la homogeneidad grupal. Los hallazgos del estudio actual ilustran la emergencia de cuatro categorías que constituyen barreras para la búsqueda de ayuda formal en mujeres aimaras de Bolivia: acceso limitado a los servicios de ayuda formal, tolerancia sociocultural del abuso, estigma social y dependencia económica desde la perspectiva de las sobrevivientes de VPI. Estas barreras a menudo podrían estar superpuestas, lo que impide que las mujeres víctimas de VPI buscar ayuda o abandonar relaciones abusivas.

Palabras clave: Violencia, violencia de género, dependencia emocional, pareja, mapeo sistemático.

INTRODUCTION

Intimate partner violence is a pervasive problem affecting women worldwide (Valdez-Santiago *et al.*, 2013). Intimate partner violence refers to a pattern of physical and psychological aggression that includes acts of hitting, biting, kicking, stalking, controlling and manipulative behaviors, threats, verbal abuse, and sexual assault (Black *et al.*, 2011). In addition, coercion or arbitrary deprivation of liberty, in the private or public sphere by someone who is or has been affectively related to the woman (Heise, 2011), even if the perpetrator and the woman do not live together (Sardinha *et al.*, 2022; World Health Organization, 2021b).

Worldwide, 1 in 3 women have had some experience in their lifetime of physical or sexual violence (U.N. WOMEN, 2018; Fernández Velázquez & Romero Castro, 2024; Cisneros & Yautentzi Díaz, 2022), in other words, 30% of women between the ages of 15 and 49 have suffered sexual violence by their intimate partner (IPV) (World Health Organization, 2021b). Women's mortality from IPV in 2019 was more than 80 000 deaths worldwide, 4.38 million years of life lost due to disability (Institute for Health Metrics and Evaluation, 2020). The prevalence of intimate partner violence against women is variable, being higher in low- and middle-income regions such as the Western Pacific (16.0-38.0%), Southeast Asia (26.0-43.0%), the Eastern Mediterranean (26-40%), Africa (32.0-41.0%) and the Americas (27.0-38.0%) compared to middle-income regions, Europe (21.0- 31.0%) and high-income regions such as Australia, United Kingdom, etcetera (24-37%) (World Health Organization, 2021a). These differences in intimate partner violence figures suggest variability by culture and ethnicity.

Intimate partner violence is prevalent in all societies and in all socioeconomic groups. However, in the Americas the highest prevalence is found in Bolivia (58.5%) when compared to rates in Brazil, Panama and Uruguay (14% to 17%) (Bott *et al.*, 2022). The prevalence of physical and/or sexual violence is high in Bolivia (27.1%) when compared to the lowest prevalence in Canada (1.1%) and Argentina (2.7%) (Bott *et al.*, 2022). Although women's access to decision-making spaces, political representation and services has improved, there is still gender discrimination and inequality in the socio-political, economic and domestic spheres, particularly at the intersection of ethnicity (Stern *et al.*, 2023). High rates of gender-based violence have sparked an interest in help-seeking behaviors (Goodson & Hayes, 2021; Leonardsson & San Sebastian, 2017, Lenguita, 2023).

In Latin America, the indigenous population is 3% and 10% of the total, with Mexico, Bolivia, Peru, Guatemala and Colombia having the highest percentage (87%), of which half are women (Enlace Continental de Mujeres Indígenas de las Américas - Centro de Culturas Indígenas del Perú, 2013). In Bolivia, despite the existence of laws passed to eradicate gender violence, it persists, being appreciated as natural, especially among indigenous women (Montaño, 2016). In Bolivia, the gender equality index is low, so it is estimated that often, these barriers are overlapping, preventing women abusive relationships. Bolivia ranks 56th in the Global Gender Gap Index with a score of 0.7300 ± -0.54% (World Economic Forum, 2023), which could be contributing to gender-based violence.

In Spanish-speaking Latin American countries, women experiencing intimate partner violence (IPV) have demonstrated a high need for formal help services (especially legal, medical, and mental health), yet rates of Latin American women seeking formal help remain low (Carney, 2023). Patterns of help-seeking behaviors and barriers experienced by women are dissimilar by cultural and contextual group as they vary by cultural norms and the region from which they come (Satyen *et al.*, 2019). Despite the global prevalence of intimate partner violence in all social strata, studies on women victims of IPV in Bolivia have often been based on populations of urban women (Palermo *et al.*, 2014; Sagot, 2005) rather than indigenous women. Currently, in developing countries, there is a shortage of research on the barriers that limit the help-seeking behaviors of indigenous women victims of IPV (Goodson & Hayes, 2021).

The unfavorable consequences of exposure to intimate partner violence on the well-being and health of women are well documented as injuries (World Health Organization, 2021b), sexually transmitted infections (World Health Organization, 2021b), 1.5 times more likely to be infected with HIV (World Health Organization, 2021b), mental health disorders (anxiety, depression, distress, post-traumatic stress

disorder, suicidal tendencies, among others), increased risk of substance abuse (Stubbs & Szoeke, 2022).

Currently, there are still gaps in knowledge about the barriers that Aymara women victims of intimate partner violence experience when seeking help in Bolivia. Qualitative research on understanding help-seeking avoidance behaviors is scarce (Romero & Olivares, 2021). The objective of the study was to analyze the perception of Aymara women in three Bolivian municipalities about barriers to help-seeking due to intimate partner violence. The results contribute to Sustainable Development Goal 5 (SDG 5): To achieve gender equality and empower all women and young girls.

In terms of theoretical references, two perspectives guided the study on barriers to help-seeking: On the one hand, the ecological theoretical framework (Heise, 1998) of four levels: individual, microsystem, mesosystem and exosystem. These move from inside (internal) to outside (external) and are nested within each other, all of which impact the developing human being (Bronfenbrenner, 1979). The essence of the theory is the interrelationship between the person and the components of their surrounding context and the outcome of the interrelationships measured by changes in their behaviors (Richard et al., 2011). On the other hand, the stigmatization model of intimate partner violence (IPV) (Overstreet & Quinn, 2013) provides a useful framework for understanding the stigma surrounding partner abuse. It has three components: (a) anticipated or interpersonal stigma; (b) internalized or individual stigma; and (c) cultural or social stigma. The first involves the degree to which people fear the consequences of stigmatization; the second, the degree to which people internalize negative stereotypes of IPV; and the third, emphasizes social beliefs that delegitimize people who suffer IPV.

METHOD

Design

A qualitative approach was adopted (Creswell, 2013) and a reflective thematic analysis design was followed (Braun & Clarke, 2022) in order to analyze in depth, the phenomenon of intimate partner violence from those who experience it (Braun & Clarke, 2019). This perspective makes possible an approach towards women's lived experiences.

Scenario

The data were obtained from the municipalities of El Alto, Viacha and La Paz, which are located in La Paz of the Plurinational State of Bolivia. According to the 2012 National Census the population of women was 5,040,409. Of the general population 1,598,807 self-identified as belonging to the Aymara indigenous people (Instituto Nacional de Estadística, 2015a). The illiteracy rate is higher in women (7.33) than in men (1.74) (Instituto Nacional de Estadística, 2015b).

Participants

Seventeen indigenous Aymara women (Table 1) between the ages of 21 and 70 participated, selected intentionally, seeking to achieve group homogeneity. Theoretical sampling was used (Robinson, 2014) and the number of participants followed the saturation criterion. The inclusion criteria were: (a) cisgender heterosexual female victim of legal age (≥18 years) (b) suffering or having suffered from IPV; (b) self-identified as an Aymara or Quechua woman, and (c) residence in Bolivia where the study was conducted. The exclusion criteria were (a) if talking about the experience of violence generated psychological and/or physical suffering or (b) if at the time of the interview they were immersed in a judicial process for gender-based violence. All the women who agreed to be part of the study were bilingual (Spanish and Aymara), dedicated to their homes, agriculture, cooking, handicrafts and retail trade.

Table 1

Characterization of the Participants

Designation	Age	Occupation
P1	40	Retailer
P2	49	Retailer
P3	22	Housewife

P4	43	Retailer
P5	46	Retailer
P6	62	Housewife
P7	28	Housewife and cook
P8	37	Small farmer
P9	70	Housewife
P10	55	Housewife
P11	57	Retailer
P12	29	Retailer
P13	40	Housewife
P14	72	Craftswoman
P15	50	Retailer
P16	67	Housewife
P17	21	Housewife

Instruments

A semi-structured in-depth interview (Brinkmann, 2013) was used, conducted in face-to-face meetings lasting 45 to 60 minutes, which were recorded. The guiding questions are included in Table 2. The categories respond to the research objectives regarding help-seeking behaviors (Hulley et al., 2022). The interview script was reviewed by five specialists (psychologists and qualitative methodologists) and tested through a pilot interview. The final interview presents modifications in some terms of the questions (Table 2).

Table 2

Categories and Guiding Questions

Categories	Guiding Questions
External context	Could you tell us about experiences of IPV abuse in your environment?
	How did your partner's violence happen?
	How do you think other women view their husband's or partner's violence? What do you think?
	What did you do to ask for help or stop the abuse?
Psychological context	What aspects or emotions made it easier or more difficult to seek help?
	Did you have the courage to decide to leave the violent situation and ask for help or communicate or not to any authority?
	How accessible or easy was it for you to ask for help to stop your partner's abuse?
Contexto socio familiar y rol de género	What difficulties or problems do women who suffer intimate partner violence have in seeking help or reporting the abuse?
	How do you think other women around them view intimate partner violence?
	How can the community help you (church, police, justice, health center)?

Procedure

The participants were contacted through a dialogue with local women through health students from the Universidad Mayor de San Andrés in Bolivia, who invited women victims of intimate partner violence to participate in the study and informed them of the objective of the study and the activities to be carried out if they accepted to participate. Later, those who accepted were informed via text message of the place or environment chosen by the women for the interview. Before beginning the interview, the purpose of the research was reiterated and informed consent was requested. The interviews were face-to-face in a single session with each of the participants and were conducted by the study researcher, a Bolivian national with expertise in qualitative research, with the support of trained university health students. Codes were used to nominate the interviews to ensure anonymity. The interviews were recorded with the consent of the women, transcribed verbatim and returned to the participants for their consent and fidelity of the written version. The interviews were conducted between March and April 2023. The tone of the interviews was horizontal, tolerant and respectful. All women interviewed were offered the opportunity to be referred for counseling and/or emotional support if requested.

Ethical and quality criteria

Approval was sought from the Ethics Committee of the Ministry of Health (Code 100-CIÉI-2022). Confidentiality, anonymity and the right of women to freely and voluntarily access as participants were guaranteed (World Medical Association, 2020). Informed consent was requested detailing ethical issues. It was considered relevant to guarantee the women emotional support if they requested it, since making a painful private event public could involve an overflow of emotions. The ethical recommendations established by the World Health Organization (World Health Organization, 2001) were followed in the conduct of gender-based violence research. Verbal recorded informed consent was requested (the women did not agree to sign the written consent) and the confidentiality of the interviews was protected.

Four quality criteria were applied: credibility, reliability, conformability and transferability (Lincoln & Guba, 1985). To achieve the rigor of credibility, peer review was applied for the revision, analysis and interpretation of the texts, and significant extracts were selected. Reliability was guaranteed by the independent analysis of the data by the researchers, establishing consensus in case of discrepancies. The criterion of confirmability was concretized by formal statements of compliance with standards to ensure that the interpretation of the information was aligned with actual experiences. To enable transferability, the context of the study, including the participants, was described in detail.

Qualitative analysis of the information

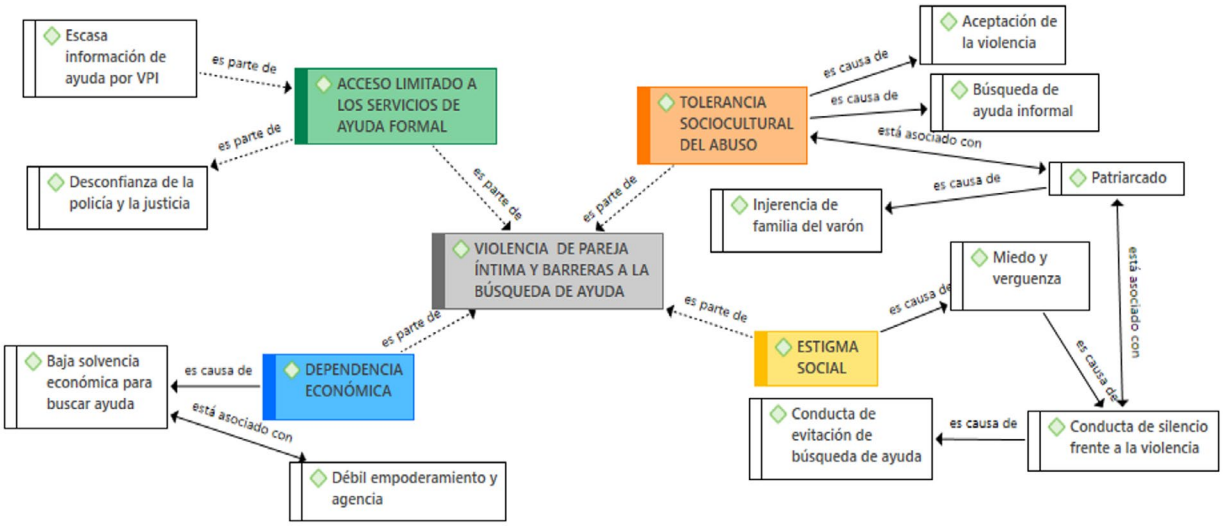
The reflexive thematic analysis followed an inductive logic as a method for identifying and analyzing patterns in the data (Braun & Clarke, 2006). The analysis began with familiarization of the interview transcripts. This was followed by iterative analysis (J. Creswell & Creswell, 2017) and inductive codes were generated. The research team participated in the coding and consensus building of the coding, since no intercoder agreements were used given the inductive nature of the coding. Also, three strategies for meaning generation (patterns, frequency, and density based on category factorization) (Miles *et al.*, 2014) were applied (Miles *et al.*, 2014) to elicit a logical chain of evidence (Yin, 2017). Categories that at least met one of the strategies were considered representative. ATLAS ti.22 software was used to support the analysis process.

RESULTS

The Aymara women experienced a series of barriers to seeking help for intimate partner violence (IPV): lack of knowledge of their rights and services to help women victims of violence, cultural tolerance of abuse, economic dependence and social stigma.

Figure 2

Code semantic map



Access to formal support services: "... didn't know where to go for help".

The women's accounts reveal that they have little information about the possibilities of help to stop the abuse, which favors ignorance of the legal aid that the State has available to protect victims and their families from gender-based violence. The women reported that:

In the countryside there are no police and I don't know of any legal places where we can complain, to whom we can go there, it is very difficult to ask someone for help (P2, 49 years old, personal interview, March 2023).

It wasn't easy because I didn't have anyone to tell me what to do or where to go (P1, 40 years old, personal interview, March 2023).

We didn't have much help, I had no help from my relatives and I didn't know where to go to ask for help (P16, 67 years old, personal interview, March 2023).

I didn't know where to go to ask for help either, but I've kept going, I've kept getting ahead, as a woman. (P6, 62 years old, personal interview, April 2023).

The participants are distrustful and disenchanted with the police forces and the justice system. The expressions of women victims-survivors of intimate partner violence show a disenchantment with the police system in particular:

Before, in those times [IPV experience] *I lived in the countryside. There is no justice there, [He] mistreated me as he liked, as he liked he just beat me and there was no one to complain to* (P2, 49 years old, personal interview, March 2023).

(...) the police don't move, they don't believe you and they tell you that I don't see that they have beaten you, so they don't believe you and they don't help you. They wash their hands and don't do things the way they should do them (P17, 21 years old, personal interview, April 2023).

Cultural tolerance of abuse: "They have to keep taking the beatings, that's the way they have to live".

From the analysis emerges a discourse of cultural tolerance towards violence that favors its normalization and **acceptance of intimate partner violence**. One woman said *"we have to put up with it, because they see us as their property"* (P8, 37 years old, personal interview, April 2023).

Moreover, cultural beliefs that enduring or tolerating violence is related to women's dignity come from the parents themselves, who support patriarchal traditions that place women in a position of submission and vulnerability, as it is considered appropriate. One participant recounted:

Then, when I got married, my parents told me: "Now you've found your own partner, so what a character she'll have! You'll just have to put up with it. The mothers were respectful before because of my dignity (P9, 70 years old, personal interview, April 2023).

Another participant emphasized, "I put up with it for a long time! I just put up with... [intimate partner violence] (P10, 55 years old, personal interview, March 2023).

On the other hand, cultural tolerance of abuse hinders access to formal help, so women opt to **seek informal help**, preferably from sources of support such as friends, neighbors or mothers with whom they have a sentimental bond, rather than from the victim's family members. Several survivors said:

After a while... I just told my "comadre" about it... that's how it was happening. She told me to talk to him, because he is always behaving like that, (P1, 40 years old, personal interview, March 2023).

Before, I used to ask for help when he beat me to those who were close to me, neighbors or "comadre", but no one paid attention to me. (P6, 62 years old, personal interview, March 2023).

It's telling maybe a friend (P11, 57 years old, personal interview, April 2023).

I asked my neighbors for help, not my family (P16, 67 years old, personal interview, March 2023).

Likewise, cultural tolerance of abuse is associated with patriarchy that promotes a dominant pattern of practice that allows men to maintain power over women through violence.

At that time I was humiliated just for being a woman, I felt subjugated, I didn't know what to do. Also in the countryside we lived alone and for me

it was becoming normal for him to yell at me, hit me or fight (P2, 49 years old, personal interview, March 2023).

The context of intimate partner violence extends to the members of the male's family, **since the male's family interferes**, which contributes to strengthening the powerlessness, tolerance and silence of the woman.

Since I got married, my partner's relatives have been hitting me and insulting me. I have kept quiet about all this. My husband also started hitting me when I was pregnant. What could I do? (P9, 70 years old, personal interview, April 2023).

Social stigma : "What will people or their relatives say…?"

The social stigma is associated with the fear and shame that women feel in the experience of IPV victimization, which may prevent them from seeking help or reporting *"for fear of being mistreated worse and shame as well"* (P 10). Another woman said that *"Asking for help was not easy, it discouraged me because I was ashamed and embarrassed to tell my parents about such a situation. I was ashamed to be seen as weak…"* (P17, 21 years old, personal interview, April 2023).

Social stigma rooted in fear of community judgment limits women's initiative and resolve to leave abusive relationships. For example, three women described fear of rejection that reflects the anticipated stigma of family and community if they were to learn of the violence:

The fear of what people or their relatives will say Ah, no, no, no! That you have remained single. (…) the parents thought that the children should not separate, they have to continue to bear the blows so they have to live, even if it is not by beating them (P3, 22 years old, personal interview, April 2023).

When victims sought help, their experiences were denied or dismissed *"It is not easy to report to the police, it is not easy to ask for help, but they don't pay attention to you, they wait for you to arrive dead and then they just take care of you"* (P16, 67 years old, personal interview, March 2023). (P16, 67 years old, personal interview, March 2023) or the authority sided with the abuser, as expressed by another victim:

The difficulty or problem in reporting or asking for help is mostly being judged, in terms of not being believed, because they don't believe you. They support the aggressor more than you and it is embarrassing or shameful to ask for help because of the situation in which you find yourself and instead of helping you, they only judge you (P17, 21 years old, personal interview, April 2023).

The dynamics of social stigma extend to negative attitudes/stereotypes coming from the victim's immediate family. One woman described her experience when she sought help from her mother and was rejected by her mother, forcing the woman to return to her abuser:

I had no one to ask for help. That's why I went to my mother. She rejected me, so I went back to my partner, just to his side. I didn't run away; I came because I had a bad eye and then I went back to my son. Since my mother threw me out, I had to go back to my partner (P9, 70 years old, personal interview, April 2023).

Likewise, fear and shame fostered a **behavior of silence in the face of violence**, a secrecy that discouraged women from denouncing or distancing themselves from their aggressor, since *"in the face of what was happening [women] did not say anything to anyone"* (P11, 57 years old, personal interview, April 2023). The custom or belief that silence is a desirable and correct behavior for women in the face of intimate partner violence has been culturally constructed, from the primary sphere of socialization, which is the family: *"My mother told me you don't have to make me talk to anyone [not to tell anyone, not even her parents about IPV]. That's why I put up with it, I didn't say anything."* (P9, 70 years old, personal interview, April 2023).

There is social pressure to reduce abuse to the private sphere. In other cases, fear also keeps women victims silent and prevents them from seeking help, which prevents them from escaping from a controlling or abusive relationship or from asking for help *"I was afraid too, because of fear I did not report anything, I just kept quiet".* (P14, 72 years old, personal interview, March 2023).

Economic dependence: "It is only our husband who will give us money and without that we cannot make ends meet".

Women's **economic dependence** determines their low economic solvency to meet family expenses without the presence of a partner. Low economic solvency is associated with empowerment and management, as it limits the possibilities and probability of seeking help.

Economic dependence hinders women's empowerment and ability to denounce abuse *"The difficulty in denouncing or asking for help is that there is no money"* (P2, 49 years old, personal interview, March 2023). Another woman said that *"(...) the fear is that one is left alone (...) only the man keeps the home and one is afraid... Where am I going to go to work? What am I going to do"* (P11, 57 years old, personal interview, April 2023)? One participant stated that for her *"the difficulty in reporting or asking for help was that I didn't know where to go and I didn't have money either"* (P16, 67 years old, personal interview, April 2023). (P16, 67 years old, personal interview, March 2023). The economic dependence of the women victims contributed to generate feelings of devaluation: *"It is only the husband who is going to give us money and without that we cannot fend for ourselves (...)".* (P2, 49 years old, personal interview, March 2023).

Some women admit that having economic independence may protect them from IPV, as it would allow them to distance themselves from the customs and practices imposed by patriarchal gender norms that exacerbate the power imbalance in which women are dependent on their partners:

Yes, because if a woman knows how to fend for herself she can make a living [have an economic income], she can protect herself, she does not need someone, she is not subjected to the man and so she separates herself so as not to suffer (P1, 40 years old, personal interview, March 2023).

The low empowerment and management was expressed in a decrease in their autonomy capacities to make effective decisions. For example, one participant stated: *"the moment he hit me, I went to the police to report it, but I did not denounce him, I did not have the courage..."* (P10, 55 years old, personal interview, March 2023).

Another participant said that *"Money makes it easier to ask for help, when you don't have it, it is always very difficult. The police, the lawyer and all that costs. If you don't have it, they don't help you* (P1, 40 years old, personal interview, March 2023). Other women participants stated that *"Money makes it easier to ask for help, when you don't have it, it is always very difficult, the police, the lawyer and all that costs. If you don't have money, they don't help you"* (P1, 40 years old, personal interview, March 2023). *And they also recognized that the economic factor is a barrier to accessing avenues of help against intimate partner violence: "It is recognized that one of the obstacles is the economic factor, because there is dependence on the husband"* (P15, 50 years old, personal interview, April 2023). The economic dependence of the victim makes it difficult for them to access formal assistance (procedures, legal services, among others).

DISCUSSION

In this study, the qualitative findings correspond to women in a developing region in Bolivia with a poverty incidence rate based on $1.90 per day, with a life expectancy of 64 years and a human capital index of 0.37 on a scale of 0 to 1 (World Bank, 2024). The objective was to analyze the perceptions of women from indigenous Aymara villages about barriers to seeking help for intimate partner violence in three municipalities in Bolivia, a developing country with a lower middle-income economy (World Bank, 2024). The study focused on IPV as violence perpetrated by a man against a woman who is/was his partner. Four areas of perceived sociocultural barriers were found as social norms that reinforce tolerance of IPV violence and impose stigma and shame on victims, coupled with economic dependence and low access to formal support services.

Regarding **limited access to formal support services**, it was found that when women choose to seek support they turn to informal networks (friends, neighbors, relatives) rather than formal services such as the police, health centers, support centers for battered women, which is consistent with other authors (Calderon *et al.*, 2023; Fiolet *et al.*, 2021; Oneha *et al.*, 2010). Formal

support services are essential to counteract IPV, as it has been documented those women who used formal services (judicial system, shelters, among others) were less likely to experience intimate partner violence (Liang *et al.,* 2005). It has also been shown that informal support from close emotional relationships (friends, family, neighbors) can reduce susceptibility to the negative psychological impact of partner abuse (Liang *et al.*, 2005). Seeking informal support, especially from friends, was the most frequently used by Aymara women. A lack of trust in the police was evident, due to negative perceptions of indifferent or unsupportive response by police personnel. Similar results are reported in previous research (Davies *et al.*, 2023; Leone *et al.*, 2014; Rohn & Tenkorang, 2024; Tengku Hassan et al., 2015). It was also related to distrust with police intervention or help, also reported in a study with indigenous population in Peru (Calderon *et al.*, 2023). Low access to formal help services seems to be linked to the scarce information that women have about help services for victims of gender-based violence, especially, legal help.

Furthermore, **cultural tolerance of abuse** facilitated the acceptance of violence in the community, so that women were reluctant to seek formal help. Tolerance of partner abuse, which extends even to members of the man's family, is rooted in patriarchy. The patriarchal nature of Bolivian society (Guzmán & Triana, 2019), promotes male domination with the subjugation of women and favors gender-based violence (Bowman, 2002). One possible explanation is that Aymara society has a culture that emphasizes collectivism over individualism. An essential feature of collectivism is the centrality of sustaining favorable social self-esteem as judged by the members of a community (Hofstede, 1980). The findings revealed that the women accepted the acts of violence by the partner and even the partner's family and avoided seeking help so as not to have to publicly disclose the abuse. They also kept up appearances about sanctionable IPV. This context could make battered women to avoid public shame, being judged by the community and their family and contradict favorable social self-esteem, influence their decision to desist from seeking help or undermine the decision to move away from the perpetrator.

The **social stigma** is linked to the fear and shame of making IPV public, which resulted in women not telling anyone about the abuse and keeping silent. This facilitated avoidance behaviors of seeking formal help. The findings evidence that social stigma hindered or overrode the decision to disclose abuse or engage in IPV help-seeking behaviors. Fear, shame and cultural censure imposed by social groups determined the use of silence which is consistent with other authors (Leonardsson & San Sebastian, 2017; McCleary-Sills *et al.*, 2016; Owusu, 2016; Prosman *et al.*, 2014; Puri *et al.*, 2011; Silva-Martinez, 2016) and informal support seeking. These results reinforce the theorization of the three-component IPV stigmatization model (Overstreet & Quinn, 2013), as it was found that the social beliefs of the Aymara population delegitimize women who suffer intimate partner violence (cultural stigma), which was internalized by the women victims as they tolerated the abuse (internalization of stigma). Women did not seek formal services due to shame, fear and concern for their children, the partner's reaction and the rejection and disapproval of even their family (anticipated stigma) when the partner's abuse became public. The social stigma was a universal experience for all Aymara women, findings with less stigma were reported in another study (Murray et al., 2015). The rules of silence operate from the social level, as it is connected to social organization, patriarchy and interpersonal interactions.

Also, the **economic dependence** of the victims determined a low economic solvency and weak empowerment and management that hindered the search for help and undermined the capacity of the Aymara women to leave the abusive relationship and establish their independence. The results show insufficient resources that limited the search for help and meant that the victims remained in the abusive relationship for longer, due to the fear of not being able to meet their own and their family's needs, which coincides with other authors (Bybee & Sullivan, 2005; Simmons *et al.*, 2011). In general, people with fewer resources (economic, social, tangible, personal and/or family) may present a higher likelihood of vulnerability to the threat of violence and revictimization, as the chances of obtaining advocacy and treatment services are lower (Weaver *et al.*, 2021).

Implications for practice and Research

The results have practical implications aimed at highlighting the imperative of addressing the unique needs of Aymara women in Bolivia, especially the implementation of inclusive financial entrepreneurship program strategies

for IPV victims to promote economic self-sufficiency and management capacity. Also, achieving the socialization of information on judicial procedures and women's rights. The implications for public policy makers to banish gender inequality and IPV require understanding how best to help women guided by the voices of Aymara women. A future line of IPV research could be the ecological analysis of cross-cultural interventions aimed at outreach against gender-based violence in Aymara populations. Further research with an intercultural and intersectional approach informed by women's and men's voices is also needed.

Strengths and Limitations

The study based on an inductive analysis contributes to the conceptual understanding of the experiences of barriers to help-seeking among Aymara women in Bolivia that could be useful for public policy makers or researchers on the subject. So far, this is the first qualitative study on barriers to seeking help for IPV in Bolivian municipalities. The findings may be useful for future research in these regions, as the analysis of the emerging categories reveals barriers at different ecological levels that make it complex to eradicate IPV. However, there are some limitations to this study. This study had a sample of only three Bolivian municipalities (17 Aymara women) with previous or recent history of IPV, but which provided reliable accounts and perspectives of the reality of IPV. However, transferring the findings of this research to other Bolivian municipalities should be done with caution.

CONCLUSIONS

The results of the current study illustrate the emergence of four categories that constitute barriers to formal help-seeking among Aymara women in Bolivia: limited access to formal help services, sociocultural tolerance of abuse, social stigma, and economic dependence from the perspective of IPV survivors. These barriers may often be overlapping, preventing women victims of IPV from seeking help or leaving abusive relationships.

One of the significant contributions of this study is to point out the connection and coherence of the emerging categories with the four dimensions of the ecological model of violence (Heise, 1998). Furthermore, to apply the IPV stigma model (Overstreet & Quinn, 2013) as a heuristic tool to explain social stigma. Victims often face barriers to seeking help in the face of IPV at the different levels of the ecological model: *at the individual level*, the barrier is being part of a minority indigenous group with feelings of distrust in formal help instances. *At the microsystem level,* barriers include fear of retaliation by the perpetrator and fear of rejection and negative judgment of the woman for disclosing IPV. At the mesosystem and exosystem levels, barriers include poor appropriation of relevant information on support resources, as well as economic dependence on the perpetrator, which subverts the woman's autonomy and management capacity to seek support or distance herself from the abusive relationship. There is also a sociocultural tolerance of abuse that facilitates the acceptance of IPV, mediated by the social stigma that operates as a mode of tacit coercion to maintain a culture of silence and secrecy. In addition, the historical omnipresence of a patriarchy with hegemonic male-centered practices that contribute to the maintenance of rigid social gender roles.

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