Barriers to Accessing Services for Mental Health, Domestic Violence, and Poverty in New York City: A Mixed-Methods Ecological Study

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Abstract

Across New York City, millions struggle to access support for mental health concerns, domestic violence and/or for poverty—often when they need these services the most. Yet, little research captures the voices of those most affected. This mixed-methods study, supported by local nonprofit *Believe New York*, sought to identify: (1) individual-level characteristics associated with barriers to help-seeking, and (2) perceived barriers at personal, interpersonal, and structural levels. A total of 736 adults with lived experience of poverty, domestic or intimate partner violence, or mental health challenges completed a survey available in commonly spoken languages in NYC (i.e., English, Mandarin, and Spanish) between November 2023 and August 2024. Participants were recruited through in-person outreach at community events and targeted online efforts. Quantitative analysis revealed that ethnic minorities, non-native English speakers, and those with financial insecurity were more likely to report difficulty accessing or trusting services. Thematic analysis of 448 open-ended responses uncovered widespread emotional, practical, interpersonal, and structural barriers. Findings underscore the urgency of developing trauma-informed, culturally responsive, and family-inclusive programs and services. Future initiatives and social service providers should incorporate public de-stigmatization campaigns, expand service availability, and actively engage marginalized communities in their unique needs and concerns.

Keywords: Affordable care, barriers to care, cultural competence, domestic violence, mental health access, mixed-methods, poverty, trauma-informed care

1. Introduction

1.1 Growing Prevalence in New York City

With a population exceeding 8.3 million residents across its five boroughs, New York City (NYC) is not only the most populous city in the United States but also a national leader in the provision and utilization of public benefit and social services (U.S. Census Bureau, 2023). However, the growing prevalence of mental health concerns, domestic and intimate partner violence (DV), and financial distress among NYC residents has led to increasing levels of burden at numerous ecological levels.

Between 2021 and 2022, homicides caused by DV increased by nearly 30% in New York State (New Destiny Housing [NDH], 2024). In a 2024 report by the NYC Mayor's Office of Community Mental Health, one in five people stated experiencing a mental illness in any given year. Likewise, poverty continues to be a major concern for the people of NYC. According to the latest American Community Survey conducted by the U.S. Census Bureau in 2023, the poverty rate in New York City was 18.2%, marking a significantly higher rate than the national average (11.5%) (Community Service Society of New York [CCS], 2024). Additionally, 1.5 million New Yorkers lived at or below the federal poverty level that same year, and an estimated 118,000 more New Yorkers lived in deep poverty (i.e. incomes below 50 percent of the official poverty threshold; CCS, 2024). The poverty rate has proliferated since the pre-pandemic era and continues to yield disproportionately large effects on vulnerable populations, including ethnic minorities, immigrants, and women (Maroko et al., 2020).

1.2 Unmet Need

Despite growing awareness, there remains a significant unmet need for essential services in NYC, particularly among individuals experiencing DV, mental health challenges, and poverty. Among NYC social workers who serve DV survivors, 82% reported that most or all of their clients struggle to find safe and affordable housing (NDH, 2024). At the same time, 34% of New Yorkers reported experiencing unmet mental health needs in 2024, with disparities highest among low-income and Black or Latinx communities (NYC Department of Health and Mental Hygiene, 2024). These issues are deeply interconnected: poverty both contributes to and results from mental health challenges, while experiences of DV often increase risk for both adverse mental health outcomes and housing instability (Chan et al., 2021; Devries et al, 2013; Marbin et al., 2023; Pavao et al., 2007; Trevillion et al., 2012).

The COVID-19 pandemic further widened these gaps. Economic instability, job loss, and reduced access to healthcare and social services during the pandemic disproportionately affected low-income and marginalized

populations, deepening existing inequities (Lax, 2022; New York Health Foundation, 2021). Lockdowns and service closures also limited access to shelters, mental health care, and financial assistance—services that are vital for survivors and those living in poverty (Ngo et al., 2024; Office for the Prevention of Domestic Violence, 2022). The result has been a surge in demand for integrated, trauma-informed, and accessible supports—especially at the intersections of DV, mental health, and economic hardship.

1.3 Barriers to Accessing Resources

Accessing quality mental health, DV, and financial support services in NYC remains challenging due to barriers at multiple ecological levels, including systemic and organizational factors. On a personal level, stigma related to seeking help from public sectors and internalized stigma for issues like mental health remain a well-cited barrier against professional help-seeking among New York residents (Chao et al., 2020; Hansen et al., 2014; Lens et al., 2018). On an interpersonal level, ineffective communications between providers and help-seekers continue to impede help-seeking intentions and efforts. Many individuals report feeling overwhelmed or dismissed when seeking help; survivors of DV, for instance, have described the process as "getting the runaround" from providers (Waller et al., 2023). Additionally, the organizational inadequacy of public service organizations significantly affects individuals' help-seeking experience and outcome. For example, the fragmented nature of service systems, marked by a lack of coordination and integration, and the lack of information make them difficult to navigate. Lastly, the structural limitations of the healthcare and social service systems prohibit many from obtaining adequate care. Not only are services unevenly distributed across the city, resulting in geographic and demographic disparities in care access, the compounding effect of other marginalized identities, ranging from immigrant, low-income, and uninsured status or having complex needs, further intensify these challenges (Cervantes, 2023; Chao et al., 2020; Earner et al., 2010; Ngo et al., 2024; NYC Department of Mental Health and Hygiene, 2024; NYC Mayor's Office of Community Mental Health, 2024).

The structural limitations of the healthcare and social service systems can also erode trust between clients and providers, especially when individuals feel that their unique needs and experiences are not understood (Breslau, 2022; Ngo et al., 2024). These barriers not only discourage engagement but can also contribute to worsened health outcomes. For example, delays or difficulties in accessing mental health care can exacerbate symptoms and increase the likelihood of developing comorbid conditions (Lax, 2022; Pabayo, 2022). Conversely, culturally competent and trauma-informed care has been shown to improve service utilization and client outcomes, particularly within communities where mental health is highly stigmatized (Chao et al., 2020; Coombs, 2022; De et al., 2019).

1.4. The Current Study

There remains a critical gap in service accessibility across NYC, particularly in the areas of mental health, DV, and financial support—three of the most common concerns among underserved populations. While barriers at various ecological levels are well-documented, no known studies have comprehensively examined New Yorkers' experiences navigating all three of these essential service systems.

This mixed-methods study seeks to fill that gap by exploring: (1) individual-level characteristics associated with barriers to accessing mental health, DV, and financial support services; and (2) perceptions of barriers at multiple ecological levels (i.e., individual, interpersonal, and structural) affecting access to these services across NYC.

This study was conducted under the descriptive phenomenological framework. Grounded in the phenomenology philosophical tradition, this study aimed to explore the lived experience of NYC residents seeking help for mental health disorders, financial hardship, and DV (Sundler et al., 2019). A descriptive, instead of interpretive, approach was adopted to minimize the subjectivity of the research team. To analyze the findings, the thematic analysis approach following Braun and Clarke's (2006) recommended procedures was used. The analysis remained entirely data-driven and the goal of this study was to faithfully capture lived experiences among the participants. Thus, the methodological stance of the present study was purely descriptive and explanatory instead of examining interpretations or hypotheses.

This research was sponsored by *Believe New York*, a 501c3 nonprofit organization based in NYC dedicated to supporting individuals and families facing concerns that impact their health and wellbeing. The study was intended to help inform and improve *Believe New York*'s programming and services, as these three service areas (i.e., mental health, DV, and poverty) represent the most prevalent concerns among the clients they serve. This survey was utilized to evaluate the status quo of social services in NYC and assess *Believe New York*'s service capacity.

2. Method

2.1 Participant Characteristics

The survey was distributed via Qualtrics to a sample of $N = 736$ adults who were living or had ever lived in NYC and were experiencing or had experienced extreme poverty, DV, or mental health concerns in the past 12 months. Inclusion criteria were: 1) Being over 18 years of age, 2) Currently living or had lived in NYC, 3) Had previously experienced or were experiencing one, two, or all of the following: a) financial difficulties, b) domestic violence, or c) mental health concerns. Exclusion criteria were: 1) Being under 18 years of age, and 2) Had never lived in NYC or not living in NYC during the time of their concerns.

2.2 Recruitment procedures

Participants were recruited between November 2023 and August 2024 through both in-person and online strategies. Initial recruitment occurred at *Believe New York*'s community events held from November 2023 through March 2024. These events primarily served individuals experiencing financial hardship, including homelessness, food insecurity, mental health challenges, and DV.

To increase outreach, additional participants were recruited online from January through August 2024 via relevant social media platforms, including *Facebook*, *Instagram*, *Reddit*, *WhatsApp*, and *Twitter* (now, *X*). Targeted outreach was conducted within community groups where *Believe New York* recruits its clients, namely groups with topics related to NYC residents experiencing poverty, DV, and mental health concerns. The survey was also uploaded to *SurveyCircle*, a widely used platform for participant recruitment in academic research.

Flyers advertising the study were distributed in high-traffic areas throughout NYC, with a focus on low-income neighborhoods in the Bronx, Queens, Brooklyn, and Manhattan. To increase accessibility among linguistically diverse populations, particularly the city's large Chinese- and Spanish-speaking communities, the survey was made available in English, Mandarin, and Spanish.

The survey remained open from November 2023 to August 2024. On the first page, participants were provided with detailed information about the study's purpose, procedures, data handling protocols, and their right to withdraw at any time. Upon completion of the survey, participants had the option to enter a lottery drawing for a $150 Visa gift card. All participants provided informed consent prior to participation.

2.2 Measures

A comprehensive literature review on individuals' help-seeking experiences with public programs informed the development of survey items. This process incorporated both original questions tailored to the study's focus and standardized, validated measures. The survey was designed around three core domains identified through expert consensus as the most pressing issues facing NYC residents: mental health concerns, DV, and financial distress.

To ensure relevance and reduce participant burden, screening items were included for each domain. Participants only completed the full set of items within a given domain if they met the initial screening criteria for that area. As a result, the total survey completion time ranged from approximately 20 to 40 minutes, depending on the number of domains applicable to each participant's lived experiences. After completing the screeners, participants were asked to complete a range of multiple-choice questions evaluating the frequency and severity of the issue. Then, they were asked to report their perceived difficulties in accessing help-seeking options, their confidence in these options, their most likely help-seeking choices, their past help-seeking choices, and perceived helpfulness of past help-seeking choices. Following the development of the English version, bilingual research assistants translated the survey into Mandarin and Spanish to improve accessibility for non-English-speaking populations and to reflect the linguistic diversity of NYC communities. Before dissemination, several members from the research team who had relevant experience and language skills were invited to complete the survey to ensure the real-world applicability of the questions and format.

2.2.1 Demographic data

Demographic information collected from participants included: age, gender, sexual orientation, race/ethnicity, English proficiency, household annual gross income, household size, number of adult and child dependents, education level, and the borough of NYC in which they reside. Additionally, citizenship status was obtained, encompassing U.S. citizens (i.e. an individual holding U.S. citizenship via birth or naturalization), U.S. permanent residents (i.e. individuals with lawful permanent residency in the U.S.), and individuals who were neither U.S. citizens nor permanent residents (i.e. individuals residing in the U.S. without legal status). Household annual income, household size, and number of dependents were also used to assess whether participants were living below the poverty line, based on guidelines from the U.S. Department of Health and Human Services for 2023.

2.2.2 Financial Distress

Financial distress was screened using a single item: "Over the past 12 months, have you experienced financial hardship?" with dichotomous response options ("Yes" or "No"). Participants who answered "Yes" to this question proceeded to identify specific essential items that were difficult for them to afford in the past year, such as food, utilities, rent/housing costs, bills, transportation, healthcare, and childcare. A text option was provided for any additional items. The frequency of financial hardship was assessed with: "In the past 12 months, how many times did you run out of money for the previous necessities?" Responses were rated on a 5-point Likert scale (0 = never, 1 = occasionally, 2 = monthly, 3 = weekly, 5 = daily). Difficulty accessing financial resources was assessed with: "When you are experiencing financial hardship, how easy or difficult is it to receive programs or services to help your situation?" with responses ranging from 0 (extremely easy) to 4 (extremely difficult). Confidence in financial services was evaluated with: "When you are experiencing financial hardship, how confident do you feel that these programs or services will help your situation?" on a 5-point Likert scale (0 = not confident at all, 4 = very confident).

2.2.3 Domestic Violence Experiences

DV was screened using two items from the research team's literature review: "Have you ever been hit, slapped, kicked, or otherwise physically or verbally hurt by an intimate partner or family member?" and "Have you ever been forced to have sexual activities?" with dichotomous responses ("Yes" or "No"). Participants who answered "Yes" to either of these questions proceeded to the Composite Abuse Scale (Revised) – Short Form (CASR-SF), which was used to assess experiences of intimate partner violence (IPV). The CASR-SF consists of 15 items with dichotomous responses, and its Cronbach's α is 0.942, with established validity and reliability. Difficulty accessing DV resources was assessed with: "When you are experiencing domestic abuse or sexual violence, how easy or difficult is it to receive programs or services to help your situation?" and confidence in DV services with: "When you are experiencing domestic abuse or sexual violence, how confident do you feel that these programs or services will help your situation?" Both items used a 5-point Likert scale.

2.2.4 Mental Health Concerns

Mental health concerns were screened with a single question: "In the past 12 months, have you experienced difficulties with your emotional well-being and/or mental health?" with dichotomous response options ("Yes" or "No"). Participants who answered "Yes" to this question proceeded to the Kessler-6 (K6) scale. This scale includes six items evaluating emotional distress over the past year, with responses on a 4-point Likert scale (e.g., "In the past 12 months, about how often did you feel worthless?"). Reliability and validity for the K6 are well-established, with scores ≥13 indicating severe distress, and scores ≥5 indicating moderate distress, per the guidelines from Kessler et al. (2003) and Prochaska et al. (2012).

2.2.5 Help Seeking Experiences

In this section, a range of different common help-seeking options within each domain were identified after extensive literature review and discussion among the research team. Participants were asked to identify the resources from the list they were most likely to seek help from, as well as the ones they had previously utilized. Additionally, their perceived level of helpfulness regarding these resources was assessed, allowing for an evaluation of how effective they believed these resources to be in addressing their needs.

2.2.6 Qualitative Questions

After completing the quantitative portion, all participants were asked to answer four open-ended questions: (1) What are the reasons you chose these help-seeking options for your past concerns? (2) What, if anything, has prevented you from getting the help you need for your identified concerns? (3) What recommendations do you have for new programs or services in NYC? What would be most helpful for you and your concerns? and, (4) What, if any, feedback do you have for this survey?

2.3 Data Analysis

2.3.1 ANOVA analyses

Survey responses were analyzed using one-way ANOVA to examine differences between groups, with statistical significance determined at the $p<.05$ level using SPSS v30.0, as one of the most common methods to compare means between categorical independent variables. In the case of significant one-way ANOVA results, pairwise comparisons were conducted using Tukey's HSD post-hoc test, also measured at the $p<.05$ level. Further, two-way ANOVA analyses were conducted to explore interaction effects of sociodemographic variables on survey responses. To ensure the credibility and reliability of the survey data, certain criteria were applied to filter out unreliable responses. Responses were excluded if they contained duplicate IP addresses and email addresses, failed attention

checks, came from participants who completed less than half of the survey, or were submitted by individuals who reported being under the age of 18, as they did not meet the eligibility criteria.

2.3.2 Thematic analysis

Thematic analysis was conducted to identify key themes in each of the four open-ended questions. The six-step procedure for conducting thematic analysis recommended by Braun and Clarke (2006) was followed, which involved the following phases: (1) Familiarizing with data, (2) Generating initial codes, (3) Searching for themes, (4) Reviewing themes, (5) Defining and naming themes, and (6) Coding themes. For each question, a team of three coders was involved in the coding processes. Each team was led by a senior researcher (XC or CK). During the first round of coding, all three coders gathered weekly to discuss 40 new codes and propose the addition or deletion of codes using an inductive approach. After the initial round of coding, the three coders discussed potential themes and organized the codes under these overriding parent codes. Afterwards, they engaged in a second round of coding where they made revisions to the themes, codes, or their relationship. Upon completion of the second coding round, the coders gathered to review the themes and re-code responses. Definitions of each code and theme were discussed and added to the codebook after the second round of coding.

3. Quantitative Results

3.1 Participant characteristics

A total of 450 participants were included in the quantitative analyses. The mean age of participants was 34.99 years, with a range of 18-80 years. The mean age of young adults (i.e. 18-34 years; $N = 242$) was 27.68 (SD = 4.08) years, the mean age of middle-aged adults (i.e. 35-54 years; $N = 179$) was 40.92 (SD = 5.38) years, and the mean age of older adults (i.e. ≥55 years; $N = 26$) was 62.23 (SD = 7.03) years. About half of all participants identified as female (55%) and half as male (44%), with one percent identifying as non-binary / gender fluid. A majority of the sample identified as straight (85%). There were 63% identified as White/Caucasian, 23% as Black/African American, 9% as Latino/a, 6% as Asian, and 3% as Other (including Multicultural, Alaskan Native/Native American, and Pacific Islander). A majority were native English speakers (72.2%) and U.S. citizens (78.7%). The majority of participants had dependents (74.4%), with most being non-adult dependents (66.2%). About half of the participants had an annual household income of $49,999 or less (49.3%), and almost all had at least a high school degree (95.8%; Table 1).

Table 1. Participant Characteristics (N=450)

	M/Number	*SD*/Percentage
Age (N=447)	34.99	10.5
Citizenship status		
U.S. Citizen	354	78.7
Permanent resident	84	18.7
Neither U.S. Citizen nor Permanent Resident	11	2.4
Missing	1	0.2
Gender		
Female	246	54.7
Male	197	43.8
Non-binary / gender fluid	4	0.9
Prefer not to say	3	0.7
Sexual orientation		
Straight	381	84.7
Bisexual	32	7.1
Gay/lesbian	15	3.3
Queer	10	2.2
Prefer not to say	9	2
Pansexual	3	0.7
Race		
White/Caucasian	284	63.4
Black/African American	88	19.6
Latino/a	39	8.7
Asian	25	5.6
Other	12	2.7
Missing	2	0.4
English Proficiency		
Native	325	72.2
Advanced	90	20
Intermediate	28	6.2
Beginner	5	1.1
Missing	2	0.4
Annual Household Income		
$150,000 or above	41	9.1
$100,000-$150,000	55	12.2
$75,000-$99,999	59	13.1
$50,000-$74,999	71	15.8
$35,000-$49,999	81	18
$25,000-$34,999	45	10
$15,000-$24,999	49	10.9
<$15,000	47	10.4
Missing	2	0.4
Dependents		
Independent adult with dependents	335	74.4
Independent adult without dependents	73	16.2
Dependent adult	39	8.7
Missing	3	0.7
Non-adult Dependents		
Have non-adult dependents	298	66.2
Do not have non-adult dependents	149	33.1
Missing	3	0.7
Highest Level of Education		
Doctoral degree	50	11.1
Professional degree	37	8.2
Masters degree	65	14.4
4-year college	140	31.1
2-year college	54	12
Some college with no degree	44	9.8
High school graduate	41	9.1
Did not graduate high school	15	3.3
Missing	4	0.9

3.2 Experiences of Target Domains

3.2.1 Financial distress

A total of 324 (72.0%) participants reported experiencing financial hardship. A majority indicated housing (68.8%) and healthcare (52.2%) had been hard to afford in the past year. Most participants (66.7%) stated that they run out of necessities at least monthly. Almost half (49.1%) responded that financial services were somewhat or extremely difficult to receive; however, a majority indicated being either somewhat or very confident in financial support services (56.2%; Table A1).

3.2.2 Domestic Violence

Of the total sample, 253 participants (56.2%) had experienced DV in the past year. Participants who had experienced DV in the past year reported an average of $M = 8.62$ IPV experiences across their lifetime. Only 37.6% of these participants stated that DV services were easy or somewhat easy to receive, and half (50.6%) indicated being very or somewhat confident in these services (Table A1).

3.2.3 Mental Health Concerns

A large majority of participants reported experiencing mental health difficulties in the past year ($N = 310$; 69.9%). Among those individuals,

most were experiencing moderate levels of psychological distress (67.4%), while a substantial minority were experiencing severe distress (30.0%; Table A1).

3.3 Access to Resources

3.3.1 Age

One-way ANOVA analyses indicated significant differences in the difficulty of accessing both financial, $F(2, 319) = 6.57$, $p = .002$, and DV resources, $F(2, 246) = 3.28$, $p = .039$, by age group. Tukey's HSD post-hoc tests indicated that among participants who reported experiencing financial distress, young adults ($M = 2.57$, $SD = 1.12$) reported significantly greater difficulty in accessing resources than middle-aged adults ($M = 2.11$, $SD = 1.18$, $p = .001$; Table A2). Similarly, young adults who had experienced DV ($M = 2.12$, $SD = 1.11$) reported greater difficulty in accessing DV resources compared to middle-aged adults ($M = 1.74$, $SD = 1.12$, $p = .032$; Table A3).

3.3.2 Citizenship status

One-way ANOVA analyses indicated significant differences in the difficulty of accessing financial, $F(2, 319) = 6.57$, p = .002, and DV resources, $F(2, 246) = 5.14$, p = .007, by citizenship status. Tukey's HSD post-hoc tests indicated that among those who experienced financial distress, U.S. citizens ($M = 2.46$, $SD = 1.13$) reported significantly greater difficulty in accessing financial resources than permanent residents ($M = 1.97$, $SD = 1.29$, $p = .009$; Table A2). Similarly, U.S. citizens reported more difficulty accessing DV resources ($M = 2.04$, $SD = 1.14$) than permanent residents ($M = 1.44$, $SD = 1.14$, $p = .006$; Table A3).

3.3.3 Race/ethnicity

One-way ANOVA analyses indicated significant differences between racial/ethnic groups in the difficulty of accessing financial resources, $F(4, 318) = 20.41$, $p < .001$. Tukey's HSD post-hoc tests indicated that White/Caucasian individuals ($M = 1.95$, $SD = 1.06$) reported significantly less difficulty with accessing financial resources compared to every other racial group, including Asian ($M = 3.00$, $SD = .85$, $p = .002$), Latinx ($M = 2.87$, $SD = 1.09$, $p < .001$), Black/African American ($M = 2.99$, $SD = 1.09$, $p < .001$), and Other race individuals ($M = 3.60$, $SD = .70$, $p < .001$; Table A2). No significant differences were found in difficulty of accessing DV resources between racial/ethnic groups.

3.3.4 English proficiency

One-way ANOVA analyses indicated significant differences in the difficulty of accessing financial, $F(3, 319) = 9.24$, $p < .001$, and DV resources, $F(3, 245) = 5.90$, $p < .001$, by English proficiency. Tukey's HSD post-hoc tests indicated that Native English speakers ($M = 2.17$, $SD = 1.24$) reported significantly less difficulty with accessing financial resources compared to both advanced ($M = 2.88$, $SD = .84$, $p = .018$) and intermediate ($M = 3.00$, $SD = .61$, $p < .001$) English speakers (Table A2). Additionally, native English speakers reported significantly less difficulty ($M = 1.78$, $SD = 1.10$) compared to advanced English speakers ($M = 2.47$, $SD = 1.05$, $p < .001$) in accessing DV resources (Table A3).

3.3.5 Income

One-way ANOVA analyses indicated significant differences between income groups in the difficulty of accessing financial resources, $F(7, 315) = 3.92$, p < .001. Tukey's HSD post-hoc tests indicated that individuals with a higher household income (i.e. \$50K-\$74.99K; $M = 1.83$, $SD = 1.30$) had significantly less difficult in accessing financial resources than those with lower household incomes (i.e. less than \$15K [$M = 2.78$, $SD = 1.10$, $p = .002$], \$15K-\$24.99K [$M = 2.74$, $SD = 1.24$, $p = .006$], and \$35K-\$49.99K [$M = 2.66$, $SD = .98$, $p = .003$]; Table A2). No significant differences were found in accessing DV resources between income groups.

3.3.6 Dependent status

One-way ANOVA analyses indicated significant differences between income groups in the difficulty of accessing financial resources, $F(2, 320) = 14.35$, $p < .001$. Tukey's HSD post-hoc tests indicated that individuals with dependents ($M = 2.19$, $SD = 1.16$) reported significantly less difficulty with accessing financial resources than participants without dependents ($M = 2.96$, $SD = .97$, $p < .001$) and those who identified as a dependent ($M = 3.00$, $SD = 1.04$, $p = .003$; Table A2). No significant differences were found in accessing DV resources by dependent status.

3.3.7 Education

One-way ANOVA analyses indicated significant differences in the difficulty of accessing financial, $F(7, 315) = 7.74$, $p < .001$, and DV resources, $F(7, 240) = 3.50$, $p = .001$, by education. Tukey's HSD test indicated that individuals with a research doctoral degree ($M = 1.55$, $SD = 1.08$) reported significantly less difficulty in accessing

financial resources than all other educational groups, except for those with a professional degree (i.e. not a high school graduate [$M = 3.55$, $SD = .69$, $p < .001$], high school graduates [$M = 2.78$, $SD = 1.04$, $p < .001$], some college without a degree [$M = 2.89$, $SD = 1.11$, $p < .001$], 2-year college degrees [$M = 2.40$, $SD = .90$, $p = .008$], 4-year college degrees [M = 2.38, $SD = 1.25$, $p = .002$], and master's degrees [$M = 2.40$, $SD = 1.12$, $p = .020$)]; Table A2). Similarly, individuals with a research doctoral degree reported less difficulty in accessing DV resources ($M = 1.28$, $SD = 1.24$) compared to those some groups with less education (i.e. high school graduates [$M = 2.59$, $SD = 1.01$, $p = .001$] and 4-year college degrees [$M = 2.15$, $SD = 1.07$, $p = .016$)]; Table A3).

3.3.8 Interaction effects

Two-way ANOVA analyses indicated that interaction effects between dependent status and income were significant, $F(14, 299) = 2.87$, $p < .001$, on accessing financial resources. Additionally, interaction effects between dependent status and English proficiency were significant, $F(6, 237) = 2.16$, $p = .048$, on accessing DV resources. No other variables showed significant interaction effects on accessing either financial or DV resources.

3.4 Confidence in resources

3.4.1 Citizenship status

One-way ANOVA analyses indicated significant differences in the confidence in financial, $F(2, 320) = 6.18$, $p = .002$, and DV resources, $F(2, 246) = 6.16$, $p = .002$, by citizenship status. Tukey's HSD post-hoc tests indicated that participants who identified as U.S. citizens ($M = 2.38$, $SD = 1.15$) reported less confidence in financial resources compared to permanent residents ($M = 2.92$, $SD = 1.15$, $p = .003$). Similarly, U.S. citizens ($M = 2.26$, $SD = 1.13$) reported less confidence in DV resources compared to permanent residents ($M = 2.77$, $SD = .96$, $p = .026$; Table A4). Additionally, individuals who were neither citizens nor permanent residents reported the lowest levels of confidence ($M = .50$, $SD = 0.71$), with significant differences compared to permanent residents ($p = .014$; Table A5).

3.4.2 Race/ethnicity

One-way ANOVA analyses indicated significant differences between racial/ethnic groups in the confidence in accessing financial, $F(4, 318) = 3.69$, $p = .006$, and DV resources, $F(4, 244) = 3.59$, $p = .007$. Tukey's HSD post-hoc tests indicated that White/Caucasian individuals ($M = 2.66$, $SD = .97$) reported higher confidence in financial resources compared to Black/African American individuals ($M = 2.14$, $SD = 1.32$, $p = .006$; Table A4). Additionally, White/Caucasian individuals ($M = 2.52$, $SD = 1.08$) reported significantly more confidence in DV resources than Latinx individuals ($M = 1.74$, $SD = 1.14$, $p = .016$; Table A5).

3.4.3 Income

One-way ANOVA analyses indicated significant differences between income groups in the confidence in financial resources, $F(7, 315) = 3.39$, $p = .022$. Tukey's HSD post-hoc tests indicated that individuals with a higher household income (i.e. $50K-$74.99K; $M = 2.74$, $SD = .92$) had significantly greater confidence in financial resources than those with a lower household income (i.e. $35K-$49.99K; $M = 2.05$, $SD = 1.17$, $p = .021$; Table A4). No differences were found in confidence in DV resources by income.

3.4.4 Dependent status

One-way ANOVA analyses indicated significant differences by dependent status in the confidence in financial, $F(2, 320) = 10.34$, $p < .001$, and DV resources, $F(2, 246) = 5.32$, $p = .005$. Tukey's HSD post-hoc tests indicated that individuals with dependents ($M = 2.61$, $SD = 1.07$) reported higher confidence in financial resources compared to independent individuals without dependents ($M = 1.87$, $SD = 1.20$, $p < .001$; Table A4). Similarly, individuals with dependents ($M = 2.43$, $SD = 1.07$) reported significantly more confidence in DV resources than independent individuals without dependents ($M = 1.79$, $SD = 1.30$, $p = .004$; Table A5).

3.4.5 Education level

One-way ANOVA analyses indicated significant differences by dependent status in the confidence in financial, $F(7, 315) = 4.01$, $p < .001$, and DV resources, $F(7, 240) = 4.28$, $p < .001$. Post hoc comparisons using the Tukey HSD test indicated that individuals with a research doctoral degree ($M = 2.93$ $SD = .89$) had significantly greater confidence in financial resources than some groups with less education (i.e. high school graduates [$M = 2.06$, $SD = 1.22$, p = .022] and some college without a degree [$M = 2.09$, $SD = 1.22$, $p = .023$)]; Table A4). Similarly, individuals with a professional degree ($M = 2.91$, $SD = .81$) had greater confidence in DV resources compared to groups with less education (i.e. not high school graduates [$M = 1.25$, $SD = 1.49$, $p = .006$] and high school graduates [$M = 1.77$, $SD = 1.02$, $p < .013$]; Table A5).

3.4.6 Interaction effects

Two-way ANOVA analyses found significant interaction effects between race/ethnicity and income, $F(28, 283) = 1.56$, $p = .038$, and between race/ethnicity and education, $F(28, 283) = 1.84$, $p = .008$, on confidence in financial resources. Additionally, trend-level interaction effects were found between age and English proficiency, $F(6, 237) = 2.06$, $p = .059$, on confidence in DV resources. No other variables indicated interaction effects on confidence in either financial or DV resources.

4. Qualitative Results

For the purposes of this paper, the focus will be on responses to Question 2: *"What, if anything, has prevented you from getting the help you need for your identified concerns?"* After excluding incomplete and incomprehensible responses, a total of $N = 448$ responses were included in the final analysis. This question asked participants to identify barriers that impeded their help-seeking efforts. Four overarching themes emerged from the qualitative analysis: emotional barriers, practical barriers, interpersonal barriers and structural barriers.

4.1 Emotional Barriers

Emotional barriers were the most commonly cited reasons that impeded an individual's help-seeking. Among all the emotional barriers that had been proposed, personal negative feelings toward help-seeking and fear stood out as the most prominent themes. Detailed description of these subthemes and respective examples may be found at Appendix B at Table B1.

4.1.1 Personal negative feelings

The most commonly cited reason within the category of emotional barriers was *personal negative feelings*. Participants described a range of emotions, such as shame, fear, hopelessness, and embarrassment, that were associated with help-seeking and ultimately served as deterrents to accessing support.

4.1.2 Shame and Embarrassment

The most commonly mentioned emotional barrier was the shame and embarrassment associated with help-seeking. Many participants described internal struggles with negative emotions that prevented them from accessing support. For example, one participant reflected, *"I was held back by fear and pride, but I realized seeking help is a sign of strength, not weakness,"* suggesting that stigma surrounding help-seeking can foster internalized fear and self-judgment. In addition to the general stigma around help-seeking, issues such as financial distress, DV, and mental health challenges are particularly stigmatized both in broader U.S. society and within many cultural communities. Individuals experiencing these hardships are often subjected to negative stereotypes, leading to self-doubt, fear of judgment, and hesitancy to disclose their experiences or pursue services (Tucker et al., 2013). For instance, one survivor of DV shared, *"I worried that others would blame me or think there is something wrong with me,"* while a participant with mental health concerns stated, *"People are very nasty about mental health issues."* The convergence of general help-seeking stigma and the stigma attached to specific concerns such as mental illness, poverty, or DV may further discourage individuals from reaching out for the support they need.

4.1.3 Mistrust of System and Others

Another frequently mentioned personal emotional barrier was mistrust of the system and others. For instance, one participant shared, *"People are usually judgmental and pretend to care because it's their jobs. Therapists and social workers try, but it feels so unauthentic."* Another stated, *"I feel as if many people are greedy and simply don't care if others get by or not."* These responses may underscore a broader skepticism toward the intentions, authenticity, and effectiveness of support providers. Mistrust in the capacity or willingness of others—particularly institutions and professionals—to genuinely help often served as a significant impediment to participants' help-seeking efforts. Research suggests that even a single negative or dismissive experience with a service provider can profoundly influence an individual's perception of the entire support system, thereby decreasing their likelihood of seeking help in the future (Andrade et al., 2014). This erosion of trust can compound over time, leading to long-term disengagement from potentially beneficial resources.

4.1.4 Fear of Judgement from Others

Lastly, fear of judgment from others emerged as another prominent personal emotional barrier that contributed to individuals' hesitation to seek help. One participant who experienced sexual violence stated, *"Fear of being judged when I am sexually abused by my partner, the guilt of reporting her and she gets in trouble, and also her friends are judgmental—hence, I always feel a little bit overwhelmed."* (Note: the original text was lightly edited for clarity and spelling.) Another participant shared that, *"the fear of being judged and looked down upon, and other people's opinions,"* prevented them from seeking support. This theme is closely linked to the previously discussed concepts of shame and embarrassment, as both are rooted in societal stigma surrounding help-seeking behaviors and the

specific conditions explored in this study (i.e., poverty, mental health issues, and domestic/sexual violence). Beyond shame, mistrust, and fear of judgment, participants identified a range of other negative personal emotions that hindered their ability to access help.

4.2 Fearfulness

The second most commonly mentioned theme under emotional barriers was *fearfulness*, which referred to participants' fear of negative consequences that might result from help-seeking, either during the process or afterward. Details of additional codes can be found in Appendix B at Table B2.

4.2.1 Fear of Retaliation

The most frequently cited type of fear was the fear of retaliation from perpetrators, particularly among survivors of DV. One participant expressed this concern by stating, *"Sometimes when I want to seek help through the Internet, I will be found, which leads to great pressure in the heart, worried about domestic violence again, and hope that my privacy can be well protected."* Another echoed a similar sentiment, saying, *"The shadow of fear and revenge hangs over them, making them afraid to ask for help."* These examples underscore how safety concerns and potential retaliation can be powerful deterrents to seeking support.

4.2.2 Fear of Not Being Understood

The second most commonly discussed fear was the fear of not being understood. Several participants revealed that a perceived lack of understanding from potential helpers made them question the utility and relevance of help-seeking. One participant noted, *"Doubt of not being understood and given the full help I need,"* while another shared, *"Sometimes I worry that others will not understand or [that I will] be criticized, but I think many difficulties can be overcome if I dare to take the first step."* These responses illustrate how the fear of miscommunication or invalidation can discourage individuals from pursuing assistance, even when it is needed.

4.3 Practical Barriers

In addition to emotional barriers, several practical barriers were identified as significant obstacles to help-seeking. The two most frequently mentioned were financial concerns and a lack of information. A complete list of subthemes and additional participant examples can be found in Appendix B at Table B3.

4.3.1 Financial Concerns

Financial concerns emerged as the most commonly reported practical barrier to seeking help. Many participants described how the high cost of professional services created an insurmountable obstacle. For instance, one participant noted, *"There are economic constraints, such as the high cost of getting certain professional help."* Another echoed this concern, stating, *"Financial difficulties, such as being unable to afford the costs of certain forms of assistance."* Beyond the cost of professional care, participants also highlighted the unaffordability of basic necessities in NYC. One individual shared, *"I faced racial discrimination and harassment as well as financial stress from housing. I'm currently unable to pay for rent. And my options are so limited,"* indicating that broader economic instability compounded the difficulty of accessing support services.

4.3.2 Lack of Information

Lack of awareness and understanding about available resources was another commonly cited barrier. Several participants mentioned not knowing what services existed or how to access them. For example, one participant stated, *"Sometimes unaware of available resources and programs,"* while another expressed confusion about what help was even possible, saying, *"Well... I don't know what it could be."* These responses reflect a gap in outreach and education that may be limiting help-seeking behaviors among those in need.

4.4 Interpersonal Barriers

Participants also identified a range of interpersonal barriers that significantly hindered their help-seeking efforts. Among these, families and individuals within participants' immediate social networks emerged as the most commonly cited sources of impediment. A more detailed breakdown of these themes and corresponding participant quotes can be found in Appendix B at Table B4.

4.4.1 Family

Many participants reported that family members played a critical role in shaping their decisions around seeking help. In some cases, families directly obstructed participants' efforts. One respondent shared that they were *"stopped by family members,"* while another described being monitored by a partner who *"prohibited them from disclosing their issues with others."*

In other cases, while families did not explicitly block help-seeking, participants described complex emotional or practical concerns that indirectly influenced their decisions. One parent reflected on how their children influenced their hesitation: *"What's holding me back, my three children, is my cowardice…"* Another participant pointed to

financial entanglements, saying, *"Individual family company. Hard to separate financially,"* suggesting that the economic burden of separation or seeking support outside the family unit may be a significant concern.

4.4.2 Social Network

Beyond immediate family, participants also cited their broader social networks as barriers to help-seeking. A common issue was the lack of a supportive or understanding environment. One participant noted, *"There is a lack of support and understanding in the environment, and people around the problem do not take it seriously enough."* Another shared, *"My friends would discourage me,"* suggesting peer dynamics could reinforce stigma or minimize perceived need.

In some cases, participants expressed a reluctance to disclose their struggles out of concern for others in their network. For example, one participant said, *"Sometimes friends were equally going through their own struggles,"* potentially reflecting a sense of guilt or fear of being a burden, which may have further inhibited their willingness to seek support.

4.5 Structural Barriers

Structural barriers, defined as systemic limitations stemming from inadequate service infrastructure, were frequently cited as significant impediments to help-seeking. Among these, limited accessibility and availability of relevant resources emerged as the most prominent challenges. Additional structural barriers reported by participants are detailed in Table 4 of Appendix B.

4.5.1 Accessibility

Participants highlighted challenges in accessing services due to constraints related to time and location. For instance, one participant noted, *"Dedicating time from my routine for help is hard,"* emphasizing the difficulty of fitting help-seeking into already demanding schedules. A similar concern was echoed by a student participant who stated, *"As a student, I need to juggle through assignments and other tasks, which would take away some time for me to use the service."*

Moreover, the geographic availability of services posed additional challenges. Some participants reported that their region lacked the necessary resources to meet their needs. One participant described, *"Geographical constraints, lack of relevant help resources and services in the area,"* as a primary barrier to accessing support.

4.5.2 Availability

Beyond issues of access, participants also described the outright unavailability of appropriate and inclusive services. For example, one parent shared, *"My son is autistic—hard to find child care,"* underscoring the lack of specialized resources for families with children with disabilities. Another participant seeking mental health support pointed to the absence of identity-specific services, stating, *"The lack of accessible and tailored resources specifically addressing men's mental health concerns can also hinder help-seeking efforts."*

Transportation barriers appeared to further compound the issue of availability. One respondent explained, *"Poor communication and transportation made everything hard to work with,"* potentially pointing to the broader infrastructure deficits that can disrupt access to care.

5. Discussion

In recognition of the prevalence of poverty, mental health issues, and domestic violence (DV) in New York City (NYC), along with the unmet needs of survivors, this study investigated barriers to help-seeking using a mixed methods design. Our findings reflected the multidimensional nature of the barriers that prevented individuals from help-seeking and provided a nuanced understanding on individuals' experience with formal and informal help-seeking.

Quantitative analyses revealed that several sociodemographic characteristics were significantly associated with greater difficulties in access to and less confidence in both financial and DV resources. These characteristics included: younger age, U.S. citizenship, racial/ethnic minority status, non-native English proficiency, lower income, and lower educational attainment. Furthermore, findings suggest that income and education may impact the effect of race/ethnicity on confidence in financial resources, while income and English proficiency may impact the effect of dependent status on accessing financial and DV resources, respectively. Many of these findings align with the current literature around access to both financial and DV services. A study conducted by Minkoff et al. (2015), for example, found that NYC neighborhoods with a lower median income and increased ethnic minorities had reduced contact with government services. Additionally, a secondary data analysis of World Bank data concluded that individuals who are younger, of lower income and lower educational attainment faced greater gaps in access to financial services in the U.S. compared to older, wealthier, and more educated individuals (Dzigbede & Young,

2019). However, one of the findings from the present study contradicted existing literature. That is, both US citizens and non-citizens reported having less confidence in help-seeking resources as compared to permanent residents. This finding reflects the complex decision-making process that extends beyond nationality-based eligibility and may be worth examination in future studies.

The qualitative findings from our study highlight barriers to help-seeking at the emotional, practical, interpersonal, and structural levels. Emotional barriers, particularly personal negative feelings (i.e., shame and embarrassment, mistrust of systems and others, and fear of judgment) and fearfulness (i.e., fear of retaliation or not being understood), emerged as the most frequently discussed. These findings reflect not merely individual emotional responses, but were connected to broader social contexts, including stigma and institutional failures. Similar emotional barriers have been identified in prior studies. For instance, a recent systematic review on barriers to help-seeking among intimate partner violence survivors identified stigma, shame, and fear of recurring violence as significant obstacles to seeking formal help (Wright et al., 2022).

Furthermore, practical barriers served as an additional impediment to individuals' help-seeking. Financial concerns and lack of information were the most frequently mentioned barriers, which aligns with existing literature. Frazier et al. (2022) found in their qualitative study of 55 low-income NYC residents that financial hardships—such as high costs of professional services, insufficient insurance coverage, and outstanding bills—were significant barriers to utilizing healthcare services. Similarly, a lack of information has been identified in previous studies as a major barrier to help-seeking. For example, Lens et al. (2018) reported that low-income NYC residents often lacked knowledge about the services available to them and how to access support tailored to their specific needs. This finding was also echoed in the quantitative findings that individuals with lower income and lower educational attainment reported less confidence in resource capacity. Together, these findings revealed that economic and informational barriers do not exist in isolation. Instead, these marginalized identities reciprocate and compound, leading to greater disadvantages.

Interpersonal factors, particularly influence from families and social networks, exert significant influences on individuals' help-seeking attitudes and decision-making. Many participants in this study revealed that their family members or people in their social network either directly or indirectly impeded them from help-seeking. The vital role of family members and members of one's social network on an individual's help-seeking intention and behaviors have been documented. For example, in Planey et al.'s (2019) systematic reviews on barriers and facilitators in mental health help-seeking among African American youths and their families, lack of a supportive network was identified as a significant impediment toward seeking professional help. On the other hand, having a supportive social network and families that possess a positive attitude toward mental health help-seeking facilitate help-seeking. Likewise, in Zhang et al.'s (2024) investigation on the relationship between family financial socialization (i.e., the process by which individuals learn and adopt financial values, attitudes, and behaviors from other members of the family) and financial help-seeking, a significant correlation was found between financial socialization and both formal and informal help-seeking behaviors. These findings underscore the socially embedded nature of help-seeking and the pivotal impact of social contexts on individuals' help-seeking journeys.

Lastly, structural barriers, such as limited accessibility and availability, emerged as a prominent barrier. This finding resonates with previous research. In Planey et al.'s (2019) systematic review, for instance, accessibility in terms of location and time was a commonly cited barrier that impeded mental health help-seeking in several studies. Likewise, a recent research report on mental health service usage in NYC highlighted similar predicaments. According to the RAND corporation research report by Breslau et al. (2022), there exists a critical insufficiency in terms of the availability and accessibility of mental health resources. More specifically, patients were prevented from seeking proper help due to reasons such as shortages of professionals, lack of integration of services, and difficulty finding information on services, all of which were echoed in this present study. The infrastructure inadequacy, combined with individual- and interpersonal-level barriers, revealed the interconnecting nature of help-seeking barriers and the soaring need for policies or programs developed through an intersectional lens.

5.1 Implications

This study's findings highlight the critical need for addressing multiple barriers that impede help-seeking behavior, particularly among vulnerable populations such as individuals and families experiencing poverty, DV, and mental health concerns. The emotional, practical, interpersonal, and structural barriers identified suggest that any program, service, or intervention aimed at improving access to services must be multi-faceted and sensitive to the diverse needs of these populations. The following implications for practice and social service providers are proposed.

5.1.1 Enhanced Outreach and Information Accessibility

The study's findings emphasize that lack of information and financial constraints are prominent barriers to help-seeking. Service providers should prioritize clear, accessible communication about available resources, ensuring individuals are informed about eligibility, costs, and types of assistance offered. In addition, it is important for individuals to feel like the service provided will support them, and their unique situation. Targeted outreach efforts should also include multilingual materials and digital platforms to reach broader populations. Finally, financial assistance or sliding-scale mental health services, when available, should be considered to alleviate the burden on those facing economic hardship.

5.1.2 Addressing Emotional Barriers with Trauma-Informed Care

Emotional barriers such as fear, shame, and mistrust were commonly reported, particularly among survivors of domestic violence. To effectively reduce these barriers, services must adopt trauma-informed care practices and prioritize building trust between providers and the individuals they support. Professionals should be trained to approach clients with empathy, patience, and a commitment to validating their experiences, while consistently emphasizing confidentiality and safety. Additionally, programs or policies that directly address stigma surrounding mental health, poverty, domestic violence, and general help-seeking may be helpful in reducing stigma. For example, structural-level stigma reduction interventions, involving champions and targeted anti-stigma trainings, have shown to be feasible and reduce incidences of observed stigma in healthcare settings (Nyblade et al., 2020a; Nyblade et al., 2020b). Additionally, peer support groups that offer safe, nonjudgmental spaces for individuals to share their stories may effectively reduce feelings of isolation and shame and help to foster a sense of community (Richard et al., 2022). Further, anti-stigma or psychoeducation campaigns on mental health and DV utilizing wide-scale, multimedia campaigns and contact-based strategies may also serve to alleviate community-level stigma and possibly affect policy change (Committee on the Science of Changing Behavioral Health Social Norms, 2016; Corrigan et al., 2012). Lastly, this study found that particular social groups possess specific negative attitudes regarding issues such as mental health or domestic violence. These culturally-specific values may serve as additional barriers for individuals. Thus, future policies and interventions need to carefully evaluate the cultural contexts and values of the targeted groups when designing programs.

5.1.3 Engaging Social Networks

Families and close social networks were identified as key influences on help-seeking behaviors. Programs and services that focus on educating and involving family members in the process of seeking help could reduce interpersonal barriers, and other research greatly supports this idea (e.g., Davies et al., 2022). Creating open lines of communication within families and among social groups about sensitive issues like DV and mental health may foster a more supportive environment for individuals in need.

It is also critical to recognize that family structures and values differ across cultures. In some communities, "family" may extend beyond the nuclear unit to include friends, chosen family, or community elders. Therefore, culturally responsive approaches must account for these differences to ensure that programs and services that include social networks are respectful, inclusive, and effective across diverse populations. Such changes in approaches could help inform individuals and those within their social networks about avenues to seek support and facilitate help-seeking behaviors.

5.1.4 Improving Accessibility to Services

Structural barriers, such as limited service hours, geographic limitations, and transportation challenges, were also significant impediments to help-seeking. Service providers should consider offering flexible hours, online services, and mobile clinics to reach underserved populations. Expanding services into underserved areas and providing transportation options can help address the geographic constraints that many individuals face.

5.2 Future Directions

While the present study highlights several key barriers to help-seeking in NYC, the issues addressed - mental health disorders, poverty, and domestic violence - are of global relevance. Many of these challenges were not unique to NYC and the United States, yet were shaped by individual, interpersonal, cultural/societal, and institutional contexts of the specific region. Thus, additional research is needed to fully understand the complexity of these obstacles through an international lens to develop more targeted solutions, and the findings and implications from this study may serve to inform future studies.

5.2.1 The Intersectionality of Demographic Factors

Although the present study found significant relationships between race/ethnicity, income, education, and help-seeking behaviors, future studies may expand how these factors intersect with gender, sexual orientation,

immigration status, and other demographic characteristics on a global level. A better understanding of these intersecting barriers will help develop more nuanced interventions that cater to the specific needs of different groups. Furthermore, cross-cultural investigations have the potential to uncover the intersecting influences of multiple axes of identities and lead to the development of more nuanced, culturally-sensitive interventions that serve the needs of marginalized groups worldwide.

5.2.2 Culturally Tailored and Inclusive Interventions

This study reflected the diversity of NYC and the need for current services to be more inclusive and culturally responsive. To create policies and programs that can be adapted to accommodate differences in languages, values, and cultures, comparative research with other cities, particularly those in multicultural settings, is necessary. Through such investigations, researchers may explore the needs and preferences of various communities across the globe and identify the most suitable model of care. These cross-cultural findings can then be translated into tailored interventions that address barriers such as language proficiency and culturally shaped stigma that effectively support international communities worldwide.

5.2.3 Leveraging Technology for Service Delivery

The global rise of digital technologies offers a unique opportunity to overcome geographic and logistical limitations. Future research should explore the potential of online platforms, apps, and virtual programs to reach out to underserved communities in other countries to generate cross-cultural knowledge. Additionally, integrating technology into service delivery can significantly enhance the availability, accessibility, affordability, and confidentiality of services. As revealed in this study, the lack of available, accessible, and affordable services, as well as fear of privacy violation, were prominent barriers against help-seeking. Thus, future initiatives may focus on how to tailor digital platforms to service sites that can meet the above needs and be able to accommodate various digital literacy levels and infrastructural capacities.

5.3 Limitations

Several limitations should be noted when interpreting the findings of this study. First, the survey was conducted online and was open to the public, which may have introduced biases related to access and participation. Although suspicious responses were removed during data cleaning, the sample may still reflect an overrepresentation of individuals who are more comfortable with technology, potentially skewing the results toward populations with higher digital literacy (e.g. younger individuals). Consequently, participants who are less familiar with online platforms may have been excluded, limiting the generalizability of the findings to a broader population.

Additionally, the use of self-report data introduces the possibility of response biases, as participants may have provided inaccurate or socially desirable answers, potentially in an effort to increase their chances of receiving a gift card. This is a common limitation in survey-based research, particularly when discussing sensitive topics such as help-seeking behaviors. The accuracy of the data may therefore be compromised by the participants' personal perceptions or reluctance to disclose certain experiences.

Language limitations also impacted the study. The survey was only available in English, Chinese, and Spanish, which may have excluded non-English speakers or individuals who do not speak these languages. This exclusion may have introduced cultural or language-based biases, particularly in populations where other languages are predominant.

Moreover, this study had smaller sample sizes of certain minoritized groups (i.e., sexual and gender minorities, undocumented immigrants, and indigenous and pacific islander populations), impacting the statistical power needed to detect significant differences in both access to and confidence in resources for these populations. These characteristics may have contributed additional layers of barriers and experiences not captured by the current study, potentially underrepresenting unique challenges faced by these groups. Future research should purposively sample for these populations to more accurately represent their experience with NYC services.

Finally, the validity of the qualitative data could have been compromised by repeated responses or the potential influence of AI-generated answers. During the coding period, research assistants and coordinators noticed the presence of possible AI-generated responses across all four qualitative questions (e.g., responses with asterisks). Upon team discussion, all responses were screened using GPTZero, and responses with a 75% or higher likelihood of being AI-generated were excluded from the final analysis. However, despite the effort to exclude suspicious entries, the possibility of undetected or wrongfully detected AI-generated responses remains a concern due to the limited accuracy of the detection tool. Thus, this may compromise the authenticity and richness of the qualitative insights.

6. Conclusion

This study sheds light on the complex and layered barriers to help-seeking among individuals experiencing poverty, DV, and mental health challenges in NYC. Through both quantitative and qualitative analysis, we found that emotional, practical, interpersonal, and structural barriers intersect to shape individuals' access to and confidence in supportive resources to overcome these concerns. These barriers are particularly heightened among ethnic minorities, non-native English speakers, and those facing financial hardship. Emotional factors like fear and shame, practical limitations such as cost and lack of information, interpersonal dynamics involving family and social networks, and structural challenges related to service accessibility all play significant roles. Addressing these barriers requires a multifaceted approach, one that incorporates trauma-informed care, culturally responsive education and outreach, affordability, infrastructure improvements, and family-inclusive programs and services. Social services in programs should take this information to prioritize community voice, equity, and holistic care models in order to reduce disparities and ensure more inclusive, accessible support systems for those struggling with these issues.

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Appendix A

Table A1. Experiences of Financial Hardship, DV, and Mental Health Concerns

	M/Number	*SD*/Percentage
Experienced financial hardship	324	72.0
Experienced DV	253	56.2
Experienced mental health concerns	310	68.9
Mean IPV experiences	8.62	4.58
Mean K6 scores	7.37	5.83
Unaffordable in past 12 months		
Rent/Housing	223	68.8
Healthcare	169	52.2
Food	150	46.3
Frequency of financial hardship		
Occasionally	112	34.6
Monthly	98	30.3
Weekly	75	23.2
Daily	30	9.3
Difficulty of Accessing Financial Resources		
Somewhat or extremely difficult	159	49.07
Somewhat or extremely easy	91	28.1
Neither easy nor difficult	73	22.5
Difficulty of Accessing DV Resources		
Somewhat or extremely difficult	82	32.4
Somewhat or extremely easy	95	37.6
Neither easy nor difficult	72	28.5
Confidence in Financial Resources		
Very or somewhat confident	182	56.2
Somewhat or not at all confident	60	18.5
Neutral	82	25.3
Confidence in DV Resources		
Very or somewhat confident	128	50.6
Somewhat or not at all confident	60	23.7
Neutral	61	24.1

Note. DV = Domestic Violence; IPV = Intimate Partner Violence; K6 = Kessler 6 Score

Table A2. Participant characteristics x Difficulty in Accessing Financial Resources

	M(*SD*)	*MD*	*P*	95%CI	
				LL	UL
Age					
Young Adults	2.6(1.1)	---	---	---	---
Middle-Aged Adults	2.1(1.2)	0.5	.001**	0.2	0.8
Older Adults	2.6(1.2)	0.0	1.000	-0.7	0.8
Citizenship status					
U.S. citizen	2.5(1.1)	---	---		
Permanent resident	2.0(1.3)	0.5	.009**	0.1	0.9
Neither	2.9(0.7)	-0.4	.639	-1.4	0.6
Race/ethnicity					
White/Caucasian	2.0(1.1)	---	---	---	---
Latino/a	2.9(1.1)	-0.9	<.001***	-1.5	-0.4
Black/African American	3.0(1.1)	-1	<.001***	-1.4	-0.6
Asian	3.0(0.8)	-1	.002**	-1.8	-0.3
Other	3.6(0.7)	-1.6	<.001***	-2.6	-0.3
English proficiency					
Native	2.2(1.2)	---	---	---	---
Advanced	2.9(.8)	-0.7	<.001***	-1.1	-0.3
Intermediate	3.0(0.6)	-0.8	0.018*	-1.6	-0.1
Beginner	2.8(0.5)	-0.6	.734	-2.1	0.9
Income					
$150,000 or above	2.1(1.0)	-0.3	.940	-1.1	0.5
$100,000-$150,000	2.2(1.1)	-0.4	0.854	-1.1	0.4
$75,000-$99,999	2.4(1.2)	-0.5	0.376	-1.3	0.2
$50,000-$74,999	1.8(1.3)	---	---	---	---
$35,000-$49,999	2.7(1.0)	-0.8	0.003**	-1.5	-0.2
$25,000-$34,999	2.2(1.2)	-0.4	0.727	-1.2	0.4
$15,000-$24,999	2.7(1.2)	-0.9	0.006**	-1.7	-0.2
<$15,000	2.8(1.1)	-0.9	0.002**	-1.7	-0.2
Dependent status					
Independent adult with dependents	2.2(1.2)	---	---	---	---
Independent adult without dependei	3.0(1.0)	-0.8	<.001***	-1.2	-0.4
Dependent adult	3.0(1.0)	-0.8	.003**	-1.4	-0.2
Education					
Doctoral degree	1.6(1.1)	---	---	---	---
Professional degree	1.8(0.9)	-0.2	0.992	-1.1	0.6
Masters degree	2.4(1.1)	-0.9	0.02*	-1.6	-0.1
4-year college	2.4(1.2)	-0.8	0.002**	-1.5	-0.2
2-year college	2.4(0.9)	-0.9	0.008**	-1.6	-0.1
Some college with no degree	2.9(1.1)	-1.3	<.001***	-2.1	-0.6
High school graduate	2.8(1.0)	-1.2	<.001***	-2	-0.4
Did not graduate high school	3.5(0.7)	-2	<.001***	-3.1	-0.9

Note. *$p < .05$; **$p < .01$; ***$p < .001$

Table A3. Participant characteristics x Difficulty in Accessing DV Resources

	M(*SD*)	*MD*	*P*	95%CI	
				LL	UL
Age					
Young Adults	2.1(1.1)	---	---	---	---
Middle-Aged Adults	1.7(1.1)	0.4	0.032*	0	0.7
Older Adults	1.9(1.1)	0.3	.572	-0.4	0.9
Citizenship status					
U.S. citizen	2.0(1.1)	---	---	---	---
Permanent resident	1.4(1.0)	0.6	0.006**	0.1	1.1
Neither	2.5(0.7)	-0.5	.832	-2.3	1.4
Race/ethnicity					
White/Caucasian	1.8(1.1)	---	---	---	---
Latino/a	2.3(1.2)	-0.5	.352	-1.2	0.2
Black/African American	2.1(1.2)	-0.3	.399	-0.8	0.2
Asian	2.2(1.1)	-0.4	.809	-1.3	0.6
Other	2.8(0.8)	-1	.286	-2.4	0.4
English proficiency					
Native	1.8(1.1)	---	---	---	---
Advanced	2.5(1.0)	-0.7	<.001***	-1.1	-0.3
Intermediate	1.9(1.3)	-0.2	.944	-0.9	0.6
Beginner	1.7(0.6)	0.1	.998	-1.5	1.8
Income					
$150,000 or above	1.8(1.2)	0.1	1.000	-0.9	1.1
$100,000-$150,000	1.9(1.3)	-0.1	1.000	-1	0.8
$75,000-$99,999	2.1(1.2)	-0.2	0.996	-1.2	0.7
$50,000-$74,999	1.8(1.0)	---	---	---	---
$35,000-$49,999	2.2(1.1)	-0.4	0.903	-1.2	0.5
$25,000-$34,999	1.8(1.2)	0	1.000	-0.9	1
$15,000-$24,999	1.9(0.9)	-0.1	1.000	-1	0.8
<$15,000	1.8(1.2)	0	1.000	-0.9	1
Dependent status					
Independent adult with dependents	1.9(1.1)	---	---	---	---
Independent adult without dependents	2.2(1.0)	-0.3	0.329	-0.8	0.2
Dependent adult	2.1(1.4)	-0.2	0.845	-0.9	0.6
Education					
Doctoral degree	1.3(1.2)	---	---	---	---
Professional degree	1.5(0.9)	-0.3	0.991	-1.2	0.7
Masters degree	1.8(1.2)	-0.6	0.507	-1.4	0.3
4-year college	2.1(1.1)	-0.9	0.016*	-1.6	-0.1
2-year college	1.8(1.0)	-0.5	0.612	-1.4	0.4
Some college with no degree	2.2(1.0)	-0.9	0.09	-1.8	0.1
High school graduate	2.6(1.0)	-1.3	0.001**	-2.3	-0.3
Did not graduate high school	2.1(1.6)	-0.8	0.553	-2.2	0.5

Note. *$p < .05$; **$p < .01$; ***$p < .001$

Table A4. Participant characteristics x Confidence in Financial Resources

	M(*SD*)	*MD*	*P*	95%CI	
				LL	UL
Citizenship status					
U.S. citizen	2.4(1.2)	---	---	---	---
Permanent resident	2.9(0.9)	-0.5	.003**	-0.9	-0.2
Neither	2.0(1.0)	0.4	.635	-0.6	1.4
Race/ethnicity					
White/Caucasian	2.7(1.0)	---	---	---	---
Latino/a	2.3(1.3)	0.3	.518	-0.3	0.9
Black/African American	2.1(1.3)	0.5	.006**	0.1	0.9
Asian	2.1(1.1)	0.6	.272	-0.2	1.4
Other	2.5(1.4)	0.1	.992	-0.8	1.1
Income					
$150,000 or above	2.6(1.0)	0.1	.999	-0.6	0.9
$100,000-$150,000	2.8(1.1)	-0.01	1.000	-0.8	0.7
$75,000-$99,999	2.6(1.2)	0.1	1.000	-0.6	0.9
$50,000-$74,999	2.7(0.9)	---	---	---	---
$35,000-$49,999	2.0(1.2)	0.7	.021*	0.1	1.3
$25,000-$34,999	2.6(1.1)	0.1	1.000	-0.6	0.9
$15,000-$24,999	2.5(1.2)	0.3	.945	-0.5	1
<$15,000	2.3(1.2)	0.4	.572	-0.3	1.1
Dependent status					
Independent adult with dependents	2.6(1.1)	---	---	---	---
Independent adult without dependents	1.9(1.2)	0.7	<.001***	0.4	1.1
Dependent adult	2.4(1.1)	0.2	0.611	-0.3	0.8
Education					
Doctoral degree	2.9(0.9)	---	---	---	---
Professional degree	2.9(0.9)	0	1	-0.9	0.9
Masters degree	2.9(0.8)	0.1	1	-0.7	0.8
4-year college	2.5(1.1)	0.5	0.286	-0.1	1.1
2-year college	2.4(1.0)	0.5	0.295	-0.2	1.3
Some college with no degree	2.1(1.2)	0.8	.023*	0.1	1.6
High school graduate	2.1(1.2)	0.9	.022*	0.1	1.7
Did not graduate high school	1.8(1.7)	1.1	0.063	-0.0	2.2

Note. *$p < .05$; **$p < .01$; ***$p < .001$

Table A5. Participant characteristics x Confidence in DV Resources

	M(*SD*)	*MD*	*P*	95%CI	
				LL	UL
Citizenship status					
U.S. citizen	2.3(1.1)	---	---	---	---
Permanent resident	2.8(1.0)	-0.5	0.026*	-1	-0.0
Neither	0.5(0.7)	1.1	.066	-0.1	3.6
Race/ethnicity					
White/Caucasian	2.5(1.1)	---	---	---	---
Latino/a	1.7(1.1)	0.8	.016*	0.1	1.5
Black/African American	2.2(1.2)	0.3	.320	-0.1	0.8
Asian	2.1(0.9)	0.4	.734	-0.5	1.4
Other	1.6(1.1)	0.9	.364	-0.5	2.3
Income					
$150,000 or above	2.5(1.0)	-0.1	1.000	-1.1	0.8
$100,000-$150,000	2.5(1.2)	-0.2	.999	-1.1	0.7
$75,000-$99,999	2.4(1.2)	-0.1	1.000	-1	0.9
$50,000-$74,999	2.3(0.9)	---	---	---	---
$35,000-$49,999	2.1(1.1)	0.2	0.986	-0.6	1.1
$25,000-$34,999	2.4(1.2)	-0.0	1.000	-1	0.9
$15,000-$24,999	2.5(1.1)	-0.2	.999	-1.1	0.7
<$15,000	2.0(1.3)	0.3	.951	-0.6	1.3
Dependent status					
Independent adult with dependents	2.4(1.1)	---	---	---	---
Independent adult without dependents	1.8(1.3)	0.6	.004**	0.2	1.1
Dependent adult	2.4(1.2)	0.1	0.968	-0.7	0.8
Education					
Doctoral degree	2.8(1.1)	---	---	---	---
Professional degree	2.9(0.8)	-0.1	1	-1.1	0.8
Masters degree	2.5(1.0)	0.3	0.962	-0.6	1.2
4-year college	2.1(1.1)	0.7	0.158	-0.1	1.4
2-year college	2.6(1.1)	0.2	0.999	-0.7	1
Some college with no degree	2.4(1.1)	0.4	0.895	-0.5	1.3
High school graduate	1.8(1.0)	1	.041*	0	2
Did not graduate high school	1.3(1.5)	1.5	.016*	0.2	2.9

Note. *$p < .05$; **$p < .01$; ***$p < .001$

Appendix B

Table B1. Theme 1: Emotional Barriers

Parent Code	Child Code	Description	Number
Personal Negative Feelings	Mistrust to Others or Systems/Programs	Sense of mistrust to other people, specific programs, and/or the system	33
	Shame & Embarassment	Sense of shame or embarrassment relating to help-seeking	32
	Judgment from Others	Worry about potential judgement from others after seeking help	20
	Anxiety/Reluctance to Seek Help	Sense of anxiety or reluctance relating to help-seeking	18
	Lack of Initiative/Motivation	Lack of initiative or motivation to seek help	13
	Sense of Worthlessness	Feeling oneself is worthless and therefore undeserving to be helped	11
	General Personal Negative Feelings	Non-specified personal negative feelings toward help-seeking	9
	Overwhelmed	Sense of being overwhelmed	7
	Past Negative Experiences	Past negative help-seeking experiences	7
	Difficulties Expressing Feelings	Difficulties expressing or disclosing feelings to others	4
	Language Inadequacy	Worry about one's language inadequacy and difficulties communicating	3
	Guilt Toward Perpetrator	Sense of guilt for reporting or revealing the perpetrator	1
Fear	Fear of Retaliation	Fear of being retaliated against by perpetrators	20
	Fear of Not Being Understood	Fear of not being able to understand by help-seeking sources	14
	Fearfulness	Non-specified fear toward help-seeking or its consequences	9
	Fear of Negative Consequence	Fear of negative consequences following help-seeking	9
	Fear of Rejection	Fear of being rejected by help-seeking sources	8
	Fear of Retraumatization	Fear of being traumatized again when seeking help	2
Stigma	Cultural/Societal-Specific Stigma	Culturally or socially specific stigma associated with current issues or help-seeking	10
	General Stigma	Non-specified stigma associated with current issues or help-seeking	8

Table B2. Theme 2: Practical Barriers

Parent Code	Child Code	Description	Number
Lack of Information	-	Limited knowledge or information on available resources and scope of services	49
Financial Concerns	General Financial Concerns	Non-specified financial concerns relating to help-seeking	47
	Housing	Financial concerns relating to housing issues (e.g., rent, utilities)	4
	Essentials	Financial concerns relating to basic essentials (e.g., food)	2
Insurance	Low Insurance Coverage	Inability to access help due to low insurance copay amount	10
	Limited Provider Option	Inability to access help due to limited provider options under current insurance plan	2
Mental Health Conditions	-	Inability to access help due to debilitation caused by one's mental health conditions	7

Table B3. Theme 3: Interpersonal Barrier

Parent Code	Child Code	Description	Number
Family	Family Members' Prevention	Inability to seek help due to active prevention of families	25
	Concerns About Families	Inability to seek help due to concerns for families	22
	Family Values	Inability to seek help since help-seeking or revealing current issues are against family values	4
	Fear of Separation	Inability to seek help due to fear of separation with families	4
	Lack of Financial Independence	Inability to seek help due to lack of financial independence	4
Social Network	Lack of Supportive Environment	Inability to seek help due to lack of support from social network	22
	Reluctant to trouble others	Inability to seek help due to unwillingness to trouble others in social network	6
Discriminations	-	Inability to seek help due to experienced or anticipated discrimination	5
Staff	Communication	Inability to seek help due to communication difficulties with staffs	2
	Quality of Help	Inability to seek help due to inadequate help quality from staffs	1
	Attitude & Behav	Inability to seek help due to staff's negative attitudes or behaviors	4
	Understaffing	Inability to seek help due to insufficient staffing at help sources	1

Table B4. Theme 4: Structural Barriers

Parent Code	Child Code	Description	Number
Availability	Time	Inability to seek help due to resources' limited time availability	25
	Location	Inability to seek help due to resources' limited geographical availability	14
	Mental Health Resources	Inability to seek help due to limited available resources for mental health	3
Accessibility	To Quality Support	Inability to seek help due to limited access to quality support	8
	To Fitting Support	Inability to seek help due to limited access to resources that fit one's particular needs	23
	Lack of Transportation	Inability to seek help due to limited access to transportation	11
Program Logistics	Complicated Application	Inability to seek help due to complicated application procedures	12
	Long Waiting Time	Inability to seek help due to long waiting time to get help	5
	Difficulties Navigating Between Systems	Inability to seek help due to difficulties navigating various systems	3
Safety Concerns	Violation of Confidentiality	Unwillingness to seek help due to worries about potential violation of confidentiality	6
	Crime Concerns	Unwillingness to seek help due to worries about potential criminal events	2
Legal Concerns	General Legal Concern	Inability to seek help due to non-specified legal concerns	3
	Immigration Related	Inability to seek help due to legal concerns related to one's immigration status	2