

“¿Quiero que mis hijos vivan lo que yo estoy viviendo?” / “Do I want my kids to suffer the same violence that I am suffering now?”

**Perceived Effects of Intimate Partner Violence (IPV) on Parenting among
Immigrant Latinas**

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Abstract

Located at the intersection of global health and medical anthropology, this research study qualitatively investigates immigrant Latina mothers' perceptions about how intimate partner violence (IPV) has affected their parenting experiences, with particular attention to psychosocial health effects. This ethnography constitutes a senior thesis research project conducted through the Duke Global Health Institute (DGHI). Through ethnographic methods consisting of in-depth interviews, participant observation, and the consultation of key informants, data was collected, out of which six main themes emerged that were found to characterize IPV's impact on parenting among this population. Firstly, IPV was found to trigger mothers' protective instinct, while hindering their ability to fully realize that instinct by adequately protecting their children from harm. Secondly, IPV reduced the social support available to mothers for parenting. Thirdly, IPV disrupted the unity/closeness of the relationships between mothers and their children. Fourthly, IPV contributed to mothers' development of depression, anxiety, stress, low self-esteem, and feelings of low self-efficacy. Fifthly, IPV inspired mothers to take extra and/or more explicit steps to positively shape their children's approach to issues related to IPV, relationships, and respect. Finally, the least common of the six effects was that IPV provoked some mothers to treat their children worse or to have a worse attitude toward them. Furthermore, the relationship between IPV and the aforementioned effects was found to be profoundly influenced by the mothers' structural vulnerabilities based on gender, race, class, ethnicity, and national origin. Thus, the creation of a program informed by this study's findings aimed at helping mothers in recovery from IPV build strong relationships with their children, achieve health for themselves and their children, and begin to overcome structural violence is recommended. By producing knowledge that can inform primary, secondary, and tertiary prevention efforts against IPV, this study represents a step toward the ultimate goal of ending the intergenerational cycle of IPV among all people, for the elimination of IPV depends on its prevention among each new generation.

Key words/phrases: intimate partner violence, health, parenting, Latina, women, immigration

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Siempre les llevaré en mi corazón.

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The Effects of Intimate Partner Violence (IPV) on Parenting among Immigrant Latinas

Chapter 1: The Problem

I first decided that I wanted to do a senior thesis after completing a study abroad program in Chile, in which I designed and carried out an independent research project from start to finish. This medical anthropological project—a “mini thesis” one could say—made me realize (finally) that I love research. Being able to declare this love so explicitly was a big step for me, since the word “research” still brings faint images to my mind of a student miserably browsing through hundreds of online articles or searching through decrepit, dusty books just to write an interminable paper. As a child, this was the conception of research I had, and—although amusing now—I feel like I still have not completely left behind the automatic feelings of aversion I get upon thinking of the word. However, like I said, the reality is that I love it. I truly love it. I know without a doubt that this love of mine developed through the process of my own discovery of what research truly is, or rather can be. For some people—like historians, for example—the images of research that make me cringe and turn away are exactly the type of research they do, except they don’t find it boring or miserable; they find it exciting. However, as I progressed in my academic career, I discovered that many different forms of research exist, and it was here at Duke that I figured out that the kind of research I like is qualitative, involves the collection of original data, involves forming meaningful relationships with people on the margins of society, is focused on complex health problems, and puts my bilingual skills in Spanish to use.

Once I found the research niche that truly fits me, I began to pursue a series of projects at the intersection of global health and cultural anthropology (my two majors), of which this project is the most recent—and up until this point the one in which I have invested the most time, labor, energy, and love. Despite having been told by friends who are now alumni of Duke that I “basically had to do a senior thesis if I wanted to go to graduate school,” I secretly made a promise to myself not to do one unless I found a topic that truly excited me and that I could imagine spending countless hours learning about and working on.

Thinking back over my studies and extracurricular activities in college in search of a spark or flash of an idea for “the one” topic that I would investigate for my thesis, I noticed one issue in particular that repeatedly showed up around the fuzzy edges of not only my previous school-related endeavors, but also my personal life events. The common phrase for this issue, “domestic violence,” is one that carries strong connotations, eliciting intense images and emotions for many people, myself included. Thus, it may come as a surprise that my decision to focus my thesis on this topic was not immediate like a lightning strike. Rather, it was a small inkling that grew out of my memories of interviewing a particular woman for my first anthropological research project involving human participants. This particular participant had suffered a long series of tragedies and traumatic events during her lifetime, many of which were heavily colored by the phenomenon of domestic violence. In fact, I remember not having been able to adequately treat the complex issues connected to her domestic violence experiences in that original research project my sophomore year, leaving me with the nagging feeling of having left something unfinished. I still had that feeling in the Spring of 2016 when I thought of this issue as a potential topic for my thesis. And mulling over those faded memories and that faded, yet persistent nagging feeling, I felt the small inkling slowly grow into a full-fledged idea as I

started to realize that my relationship to the issue of domestic violence was not limited to my relationship with that one participant.

I remember hearing about how living with domestic violence makes carrying out daily tasks more difficult as I spoke with members of a cooperative for indigenous women in the middle of a rainforest in Costa Rica. I remember reading news articles about how despicably common femicidio (the murder of a woman or girl) due to domestic violence is throughout all of Latin America. I remember seeing the effects of the way domestic violence increases a woman's risk of being infected with HIV in the women and girls I met while teaching in a rural community in Kenya. And that's not all.

Even more ingrained in my memory are moments listening to my mother tell me in hushed and bitter tones about how her biological father, in addition to being a "deadbeat," used to literally beat my grandma and her kids (my mom and her siblings). Having heard these troublesome stories from an early age, they bothered me, but did not surprise me since my mom's biological father had been estranged from our family since before I was born. I think I regarded the abuse as something rather distant, having been committed by a faceless person that I had always referred to as "my mom's biological father" rather than "grandpa."

In contrast, I remember my reaction being much stronger when I found out that my paternal abuelito had also been abusive toward my abuelita and her kids (my dad and his siblings). More than anything else, I was shocked and confused. I sat there, thinking back on all the times my family members—expressing sorrow that I had never gotten the chance to meet him since he died before I was born—had told me things like, "Oh, your abuelito had such a good heart" and "He was such a kind man." As my mind returned to the present moment, I was left with one unanswerable question: "Is that really the only thing my family thought to say for years about the man who used to brutally abuse my abuelita?"

Then of course, there was the entire context in which I found out this shocking new information about my abuelito. It was a couple of years ago. I don't remember exactly when. I was sitting at the dining room table in my house. I was surrounded by my family. The person who revealed this secret out loud was my dad. He said it because he was trying to explain something. He was trying to speculate about why he acted the way he did... Why he sometimes drank too much and became confrontational, aggressive, and would blow small issues out of proportion until they became turbulent fights like the one my entire family had just had that night. He said this secret with the vulnerability of pain in his voice... His face twitching with the reemerging memory of buried hurt. His words revealed it to be the hurt of having to watch his dad repeatedly beat his mom and cheat on her, but who knows what else was left unsaid. Upon hearing his words, I felt small waves of understanding and sympathy struggle to interrupt the deep hurt, anger, and frustration I felt toward my dad in that moment... The same hurt, anger, and frustration that always got stirred up whenever we had one of these blow out fights and that then went back to being a kind of dormant resentment.

The truth is that all the way up until New Year's Eve of 2016, I identified my main motivations for choosing to focus my thesis on domestic violence as: 1) my experience interviewing the female survivor of domestic violence for my previous anthropological research project, 2) my exposure to the issue through speaking to domestic violence victims I didn't know very well or learning about domestic violence third-hand through written materials, and 3) my own family's history of domestic violence. It was with the forceful push of these three things that I became determined to embark on this journey of learning about domestic violence—known as intimate partner violence (IPV) in the field of global health—as it is experienced by Latina

immigrants. However, it is important to note that I saw my family's relationship to IPV as mostly that: history. As something in the past. Something that existed among the older generations. I saw IPV as something that my grandfathers did that—although it may influence me now in the form of having to deal with the residual machista (macho) tendencies of my dad—I did not have direct, personal experience with. To say the least, my perspective of just how “close to home” my thesis hit for me changed significantly over the course of this research study.

Introduction

According to the U.S. Centers for Disease Control and Prevention (CDC), intimate partner violence (hereafter referred to as IPV) is a serious public health issue that “includes physical violence, sexual violence, stalking, and psychological aggression (including coercive tactics) by a current or former intimate partner.” The CDC’s most recent report on IPV found that about 1 in 3 women in the United States have experienced rape, physical violence, or stalking by an intimate partner at some point during their lifetime (Breiding, Chen, & Black, 2014). Although national studies conflict regarding whether prevalence rates among Latina women are higher or about the same as those among their white counterparts, due to a host of factors, including but not limited to race, class, and immigration status (Cho, Velez-Ortiz, & Parra-Cardona, 2014), the threat that IPV represents particularly to immigrant Latinas in the U.S. is cause for concern (Postmus, McMahon, Silva-Martinez, & Warrenner, 2014; Cho, Velez-Ortiz, & Parra-Cardona, 2014). Of the limited research that exists on the subject of IPV in Latinx communities (*see note in Appendix A about the use of the term “Latinx”), several studies have documented how the role of being a mother influences the experience of IPV among Latinas in abusive relationships (Fuchsel, 2012; Edelson, Hokoda, & Ramos-Lira, 2007; Kyriakakis, Dawson, & Edmond, 2012; Randell, Bledsoe, Shroff, & Pierce, 2012; Mookerjee, Cerulli, Fernandez, & Chin, 2015). However, hardly any studies have investigated the inverse relationship among this population, that is, the potential effects of IPV on parenting among Latina mothers, and among immigrant Latina mothers specifically. This qualitative research

study aims to fill that relevant and important gap in the research literature by examining immigrant Latinas' perceptions of how their experiences of IPV have affected the ways in which they are parents.

Background

IPV has been well documented as a significant public health threat in the United States. The CDC's most recent report on IPV attests that 35.6% of women in the United States have experienced rape, physical violence, or stalking by an intimate partner at some point during their lifetime, a rate significantly higher than that for men at 28.5% (Breiding et al., 2014). In 2007, IPV was responsible for 14% of all homicides, 70% of which involved female victims (CDC, 2014). Countless studies have confirmed the deleterious physical, social, psychological, and economic effects of suffering from IPV that worsen with the duration of the abuse and can be far-reaching, often impacting entire communities (Breiding et al., 2014; CDC, 2014; Bonomi, Anderson, Rivara, & Thompson, 2009; Breiding, Chen, & Black, 2014; Wittenberg, Joshi, Thomas, & McCloskey, 2007; Woods & Gill, 2011; Campbell, 2002). For example, aside from the acute and chronic direct health effects, IPV can increase one's risk for poverty, unemployment, and homelessness (Milburn & D'Ercole, 1991; Long, 2015). As members of the Latinx community, one of the fastest growing minority groups in the U.S., immigrant Latinas comprise a key sector of the U.S. population on which more attention and resources should be focused with the aim of understanding the particular manifestations of IPV present in this community. The findings of national studies have differed regarding whether or not the prevalence of IPV among Latinas in the U.S. is higher than that for "non-Hispanic White women" (Coffin-Romig, 2015; Amerson, Whittington, & Duggan, 2014; Fernandez-Esquer, & Diamond, 2013; Bonomi, Anderson, Cannon, Slesnick, & Rodriguez, 2009; Postmus et al.,

2014). Specifically, estimates range from as low as 1.5% (in the National Violence against Women Survey; Tjaden & Thoennes, 2000) to as high as 36.5% among Latina women (Krishnan, Hilbert, VanLeeuwen, & Kolia, 1997), and as high as approximately 50% among immigrant Latinas (Aguilar Hass, Dutton, & Orloff, 2000). In comparison, the prevalence rate of having been the victim of rape, physical violence, and/or stalking by an intimate partner among “White non-Hispanic women” was 34.6% according to the most recent National Intimate Partner and Sexual Violence Survey (Black et al., 2011). However, researchers have suggested that these inconsistencies could be due to methodological errors (Cho, 2009; Tjaden & Thoennes, 2000) and/or more widespread underreporting among Latina survivors compared to White survivors, due to factors like distrust or fear of authorities and institutions (Krishnan, Hilbert, & VanLeeuwen, 2001). Furthermore, several studies have confirmed that Latina immigrants lie at the intersection of various vulnerabilities, such as gender, race, class, and ethnicity, that expose them to higher health risks in general, suggesting that IPV presents a unique but under-researched public health threat to this marginalized population (Coffin-Romig, 2015; Postmus et al., 2014; Cho et al., 2014).

Given the need to fill in the gaps and clarify the contradictions that permeate current empirical knowledge about this reality, it is important that the experience of IPV from the perspective of immigrant Latinas themselves be understood. Some strides have already been made toward this goal. Multiple studies focused on immigrant Latina survivors of IPV have confirmed the supremely important role of motherhood in how these women experience IPV (Fuchsel, 2012; Randell et al., 2012; Mookerjee et al., 2015). For example, one qualitative study found that the forms of abuse this population reported as most hurtful were those that caused direct harm to their children (Kyriakakis et al., 2012). The same study investigated the use of

infidelity as a form of abuse among immigrant Latina survivors of IPV, as well as the role of an abuser's infidelity in the help-seeking behaviors of these women. Specifically, researchers found that "infidelity was viewed by the participants as a violation of the marital contract [that] loosened their commitment to the relationship and diminished their willingness to endure the abuse. When a partner became unfaithful, it suggested to the participants that he might be even less reliable to provide for them and their children in the long term.[...] the importance these women placed on their role as mother and caretaker of their children trumped their duties to their husband, particularly if the husband showed signs that he would not provide for the children" (Kyriakakis et al., 2012). In addition, Edelsen et al. found that Hispanic survivors of domestic violence "had greater parenting stress due to their child's behaviors and [...] experienced lower social and personal self-esteem than did non-Hispanic women" (Edelson et al., 2007; Fuchsel, 2012). In another study that specifically focused on the perspectives of battered immigrant Latinas, mothering was found to be "the *primary* influence on their decision-making processes about managing the abuse, staying in or leaving the abusive relationship, and disclosing the IPV to their healthcare providers [emphasis added]." Furthermore, the phrase "I'm a mother first," uttered by one of the participants in this study, was found to be the most prominent viewpoint among all participants, indicating how immigrant Latinas imbue their mothering role with a primal importance, not only in situations of IPV, but also in their daily lives and even in their conceptions of self (Kelly, 2009). Notably, this maternal perspective in the context of IPV is not necessarily unique to immigrant Latinas, as the results of other studies point out (Insetta et al., 2015; Mirick, 2014; Randell et al., 2012). However, its demonstrated prominence among this population suggests that the conceptualization of Latina survivors of IPV as mothers is a unique

and important lens that should be employed in approaches to understanding and addressing this significant health problem among immigrant Latinas.

The results of some of the research documenting the large role that motherhood plays in immigrant Latinas' experiences of IPV touch on the fact that the dynamics at work are more complex than a series of simplistic, unidirectional effects. More specifically, Latina survivors in these studies expressed how the IPV in turn affected their attempts to mother both during their abusive relationships and after having left them. There is a growing body of research that recognizes the dynamic, interacting, and multidirectional relationships between IPV and parenting, and thus aims to examine how mothers' experiences of IPV affect their practices, attitudes, mental health, and relationships within the sphere of parenting (Yaman, Mesman, IJzendoorn, & Bakermans-Kranenburg, 2009; Pels, Rooij, & Distelbrink, 2015; Murray, Bair-Merritt, & Cheng, 2012). Although these studies have only focused on mothers in general (that is, majority White populations of Euro-descendent cultures), and not immigrant Latina mothers specifically, much of their findings are important and relevant to the topic at hand. Several studies have supported the finding that IPV is negatively associated with the psychological well-being of mothers due to factors like emotional drain, stress, lack of parenting support from their abusive partners, or facing constant criticism regarding their mothering abilities from their partners (Hungerford, Wait, Fritz, & Clements, 2012; Pels et al., 2015; Letourneau et al., 2011; Levendosky, Lynch, & Graham-Bermann, 2000; Radford & Hester, 2006). Research also indicates that IPV's often isolating nature can have negative effects on a mother's informal networks of social support (which are already limited for immigrant women in the U.S.) that in turn can potentially affect their parenting (Belsky, 1993). Even witnessing the harm that IPV causes to her children and their well-being can be a pathway to the aforementioned negative

emotional and psychological outcomes for a mother who has suffered from IPV (Levendosky et al., 2000; Radford & Hester, 2006).

Based on the results of empirical studies like these, several researchers have proposed that negative outcomes in psychological well-being and stress, as well as support, are some of the most influential factors that determine the impact of IPV on mothering (Harold and Howarth 2004; Holden and Ritchie 1991; Hungerford et al. 2012; Letourneau et al. 2011; McCloskey et al. 1995; Pels et al., 2015). According to Pels et al., that impact can be manifested as “hyper-vigilant, unresponsive, and overly permissive or controlling parenting behavior, as well as [...] a lack of emotional support for children, insufficient parental protection from witnessing IPV or from becoming a direct victim of the violence[, which may] lead to less positive parent–child relationships and negative child outcomes” (2015), a finding backed up by several other studies (Ballif-Spanvill, Clayton, & Hendrix, 2007; Harold and Howarth 2004; Hungerford et al. 2012; Kernic et al., 2003; Letourneau et al. 2011; Radford & Hester, 2001, 2006). Significantly though, the findings of several studies contradict these trends. For example, some researchers found minimal differences between the parenting styles of parents who have suffered from IPV and those who have not (Radford & Hester, 2001). Other studies reported that the experience of going through IPV caused mothers “to be more empowered [and] to react with increased care for their children” (Levendosky, et al., 2000; Pels et al., 2015). Still others found evidence that it led mothers “to compensate for IPV’s harmful impact by engaging in positive parenting practices” (Casanueva, Martin, Runyan, Barth, & Bradley, 2008; Letourneau, Fedick, & Willms, 2007; Levendosky, Huth-Bocks, Shapiro, & Semel, 2003; Sullivan, Nguyen, Allen, Bybee, & Juras, 2001; Murray et al., 2012). It should also be noted that empirical evidence for the exact potential

mechanisms through which IPV influences mothering is limited (Murray et al., 2012). Thus, the present study aims to explore any type of potential effect of IPV on mothering.

Against the backdrop of the established weight that motherhood holds for immigrant Latinas in their experiences of IPV, as well as the documented—albeit sometimes unclear and contradictory—effects of IPV on mothers and their parenting in the general population, the pressing question, “What are the perceived effects of IPV on parenting among *immigrant Latinas*?” remains unanswered. For an indication of anticipated results, one turns to research surrounding IPV’s effects on (immigrant) Latinas in general—that is, those who may or may not be mothers. These studies have demonstrated that Latinas often suffer from IPV-related negative health effects similar in kind to those experienced by their non-Latina counterparts, but frequently to a worse degree (Hazen, Connelly, Soriano, & Landsverk, 2008; Coffin-Romig, 2015; Postmus et al., 2014). For example, rates of homicide, the gravest potential impact of IPV on a victim, are higher among immigrant Latinas than among women born in the U.S. (Family Violence Prevention Fund, 2009). The death of a mother is obviously one of the most drastic effects IPV can have on her parenting of her child(ren), since it abruptly and completely cuts off their relationship. Greater severity of negative effects among Latina survivors of IPV is especially clear in the realm of mental health (Coffin-Romig, 2015; Postmus et al., 2014). For example, Latinas often are at a higher risk of experiencing greater trauma-related symptoms, depression, and lower social and personal self-esteem than non-Latina women (Bonomi, Anderson, Cannon, Slesnick, & Rodriguez, 2009; González-Guarda, Peragallo, Vasquez, Urrutia, & Mitrani, 2009; Edelson, Hokoda, & Ramos-Lira, 2007; Kelly, 2010). Additional stress factors such as greater isolation and marginalization could help explain these worse symptoms as compared to non-Latina women. Thus, this study aims to investigate what effects—whether they

be similar to the ones above or entirely different—characterize the influence of IPV on parenting from the perspective of immigrant Latina mothers both during and after the abuse.

Theoretical Foundations

In approaching issues related to the health of immigrants, particularly in explaining patterns that characterize immigrant health in the U.S., traditionally scholars have relied heavily on culture. A perfect example is that in much of the research literature surrounding the topic of IPV among immigrant Latinas, when it comes to discussing “risk factors” for IPV and its harmful effects, gender roles of “Latin culture(s)” broadly generalized seem to constitute one of the most prominent—if not *the* most prominent—factors discussed. There are three main cultural concepts that are generally invoked within that framework: machista masculinity, marianismo, and familism. Machista masculinity is a patriarchal form of masculinity in which men are expected to be strong, powerful, dominating, and providers for their families (Edelson, 2007; Laganá & Gonzalez-Ramirez, 2003). Marianismo is a subordinate femininity rooted in Catholicism’s honoring of the mother of Jesus (the Virgin Mary), in which women are expected to be subservient and self-sacrificing (Fuchsel, Murphy, & Dufresne, 2012; Kyriakakis, 2012). Familismo “refers to the centrality of and loyalty to the family and to the prioritizing of family unity and needs over individual members’ interests and needs” (Alcalde, 2010). Familismo often includes extended family members outside of the nuclear family unit (Fuchsel, Murphy, & Dufresne, 2012). While there is much empirical evidence to support the existence of these cultural concepts and their roles in IPV among immigrant Latinas (Fuchsel, Murphy, & Dufresne, 2012; Kelly, 2009; Alcalde, 2010), often there is a tendency among researchers to fail to recognize in their writing that similar gender norms also exist in other cultures (including among White Euro-descendent Americans). Furthermore, too much of an emphasis on these

cultural factors within research on this topic—especially in an essentializing and insufficiently critical way—can come at the expense of rigorous analysis of other (possibly more influential) risk factors that contribute to immigrant Latinas' vulnerability to IPV and its effects.

Intersectionality Theory

Thus, this study followed the recommendations of several researchers who have advocated for the application of intersectionality theory to issues related to immigrant health and more specifically to the study of IPV among immigrant Latinas (Kelly 2009; Viruell-Fuentes, 2007; Viruell-Fuentes, Miranda, & Abdulrahim, 2012; Alcalde, 2010). This approach seeks to go beyond the simplicity of individualized, culture-based explanations or theories, which are often guilty of “the decontextualization of culture,” or ignoring that the fact that cultural norms develop in the context of social hierarchies (Viruell-Fuentes, 2007). Rooted in the writings of Kimberlé Crenshaw and other U.S. Black feminists, intersectionality theory was first articulated to counter the idea that a universal gendered experience exists for all women (Collins, 1990; Davis, 1981). The theory aims to take into account “the simultaneous and mutually constitutive effects of the multiple social categories ‘of identity, difference, and disadvantage’ that individuals inhabit,” such as gender, race, and socioeconomic status (Cole, 2009; Crenshaw, 1991). In other words, it seeks to explain how the marginalized lived experience of Black women like Crenshaw in U.S. society, for example, is different than the privileged lived experience of White women in the same society. In the context of this study, it explains how “the societal inequities faced by battered immigrant Latinas multiply exponentially with the addition of each dimension of their subordinate differences from majority groups” (Kelly, 2009).

As indicated above, an inherent aspect of intersectionality theory is the analysis of various manifestations of “structural violence.” Structural violence is a social science concept

that describes the ways in which social structures or institutions, such as racist immigration policies, patriarchal cultural norms, or class-based economic exploitation, indirectly harm people by hindering their ability to meet their basic needs and reach their full potential to flourish (Galtung, 1969). Human flourishing is here defined as one's "physical, mental, and social wellbeing and not merely the absence of disease or infirmity" or, in other words, health (WHO, 1948). Thus, the application of intersectionality theory to the health problem of IPV among immigrant Latinas was only logical given that this approach frames intersecting systems of oppression as causes of negative health outcomes and health disparities. This application also followed the direction of increasing recognition in the fields of public health and medicine of the more "fundamental social causes" of poor health (Link & Phelan, 1996; Quesada, Hart, & Bourgois, 2011). Using intersectionality theory, the present study examined various forms of structural violence and how they create patterns of disadvantage that partially determine the effects that IPV has on immigrant Latinas' parenting. However, rather than examine structural violence directly, this study focused more on the "structural vulnerability" (a related, but slightly different concept) of individual participants. Structural vulnerability is a positionality "produced by [one's] location in a hierarchical social order and its diverse networks of power relationships and effects" (Leatherman 2005; Watts and Bohle 1993). It is the result of the interaction of one's "personal attributes—such as appearance, affect, and cognitive status—with cultural values and institutional structures" (Quesada et al., 2011). In this way, the present study focused on the specific forms of structural violence whose effects are most salient among *this* population of immigrant Latina mothers.

Ecological Process Model of Parenting

This study employed Belsky's ecological process model of parenting, which outlines

three major categories of factors that influence parenting: 1) personal characteristics and psychological state of parents; 2) environmental sources of support and stress, such as intimate partner relationships, work, and family networks; and 3) child's characteristics and well-being. Like intersectionality theory, this model recognizes that the factors within each of the three categories interact and mutually influence each other. Thus, according to this model, one is most likely to parent effectively when all three major determinants are in "positive mode." However, because there are multiple factors, the potential damage that a negative aspect of one determinant causes can be cushioned by the other determinants. In the same vein, competent parenting is less likely to occur if more determinants are "at risk" (1984; Pels et al., 2015). Although there is substantial support for the potential of child characteristics to be affected by IPV in ways that can problematize parenting (Davies and Cummings 1994; Overlien and Hyden 2009; Hotun Sahin et al. 2010), several scholars maintain that the first two determinants are some of the biggest factors that determine the impact of IPV on mothering (Harold and Howarth 2004; Holden and Ritchie 1991; Hungerford et al. 2012; Letourneau et al. 2011; McCloskey et al. 1995; Pels et al., 2015). Thus, the present study focused more on the first two determinants in documenting the wide range of perceived effects of IPV on the mothering of immigrant Latinas, although all three are considered.

Critical Medical Anthropology

Given the substantial tasks that addressing this complex health issue involved, the present study drew heavily on the tradition of critical medical anthropology as a key perspective. The field's combination of participant observation methods, humanities, and social science theory lent itself easily to developing a *deep* understanding of the phenomenon of interest in this study (Quesada et al., 2011). Anthropology in general places an emphasis on the "frame of reference"

(through whose eyes the world is being viewed) that empowers the population of interest in research. This is particularly desirable in the present study since the target population is marginalized in multiple, intersecting ways. Furthermore, the anthropological approach, that is at once meticulous and expansive, is well suited to the task of analyzing the complex interaction of economic, social, and political factors that results in negative health outcomes and health disparities. Recognition of this fact by anthropologists explains the development of the subfield of medical anthropology. More specifically, critical medical anthropology facilitates a theoretical/practical understanding of structural vulnerability that is similar to the medical tradition of learning from case studies of patients, in that both offer a way of understanding the connection between individual manifestations of suffering and more “macro,” fundamental causes of poor health (Quesada et al., 2011). Critical medical anthropology has been employed by scholar-practitioners in the fields of health and anthropology, like Dr. Paul Farmer, a physician and anthropologist who applies medical anthropology to his clinical practice as a more holistic approach to health problems (Farmer, 1999, 2003, 2004). In this way, critical medical anthropology establishes the link between structure and agency, acting as a counterforce to “popular and expert discourses that pathologize sick individuals” and blame them for their own suffering (Walter, 2004). In summary, this approach gives researchers the best chance at truly understanding the strengths and challenges of marginalized populations like immigrant Latinas, making them more equipped to help them tackle pressing health issues like IPV. Thus, it is a key approach employed by the present study.

Integration

The concepts of structural vulnerability, systems of oppression, and how different forms of the two interact with each other and other circumstantial factors guided the process of this

research endeavor, from the early stages of its development to the writing of this final paper. The primary researcher decided to pursue this question in a way that would ensure not merely a great quantity of data, but data that was rich, detailed, and diverse in kind. All three theoretical approaches to this work advocate for an interdisciplinary and comprehensive approach to investigating parenting in the context of IPV that takes the entire lives of the participants into account and argues against reducing their reality to being “victims of IPV.” In this way, these intellectual foundations refuse to perpetuate the marginalization of the participants in this study, which contributes to poor health outcomes like IPV, as much as possible. Thus, this specific combination of theoretical approaches was chosen not only to ensure that this study was academically rigorous and intellectually sound, but—most importantly—to analyze this topic without losing sight of the humanity of the participants in this study.

With regard to choosing the specific question of parenting within the broad and complex topic of IPV, I want to be clear that I did in fact follow the research, rather than just pick an issue I wanted to learn about and then trying to find evidence to back up my choice (which I had tried to do at first—unsuccessfully I might add). Above all, I was determined to formulate my thesis in such a way as to give it the best chance of benefiting the population I wanted to work with. For that to happen, I knew I had to investigate a question that addressed a real and pressing need among Latinx immigrants. Although I have significant experience with this population, I recognized the limitations of my knowledge and understanding, turning to the published research literature for guidance. I looked for what was already known about IPV in this community, as well as information about what health and other needs there are among this community in general, trying to find a meaningful gap that my project could fill. Fortunately, parenting in the context of IPV among this population presented itself as that gap, and I eagerly adopted this focus.

I approached the development of my project in this way, above all, because working with the population of Latinx immigrants was the first decision I made about my thesis. In other words, this community constitutes the strongest passion of mine driving this thesis. To be more specific, my desire to help people in this community achieve the highest standard of health and well-being possible was my fundamental motivation for doing this project. This desire of mine is fortified by my awareness of the diverse and multiple ways in which this population is consistently marginalized. Thus—as has been my habit since I began to do research—I made my population my first priority in making decisions related to the design and implementation of this thesis.

Guided by this principle, I drew on all of the intellectual resources at my disposal in crafting the best approach to studying parenting in the context of IPV, particularly with regard

to the theoretical foundations I employed to ground it. Fortunately, as a Duke student, I have had access to unparalleled resources through my formal studies, as well as my extra-curricular experiences. In particular, I think about my friends who are or were my fellow members in the selective living group on campus known as Ubuntu. Since my freshman year, these friends have informally taught me through example how to listen to, engage in, and initiate conversations about controversial issues related to social justice. More importantly, they have also exposed me to important perspectives about how to pursue social justice in whatever I am doing in my life. Collectively, they have given me a repertoire of personal experiences, intellectual theories, and other tools that I have relied on in formulating my own personal “theory and practice” of social justice that informs how I exist and move in the world.

The fact that I incorporated a theory that I first learned about from some of these friends, intersectionality theory, into the intellectual foundations of this project is a testament to the fruitfulness of these friendships. I was excited to be able to combine this experience of mine with another approach I learned about through my courses as a cultural anthropology and global health major: critical medical anthropology. Of course, the cherry on top is being able to say that I researched and selected the last theoretical foundation, Belsky’s ecological process model of parenting, on my own. To be honest, I am rather proud of the way the intellectual foundations of my thesis symbolically reflect how the project as a whole is a product of my own focused initiative, my formal studies in the two fields I love (cultural anthropology and global health), and the meaningful relationships I have made here at Duke. I sincerely believe that is what made this project so successful.

Chapter 2: The Plan

In planning this project, one of the biggest decisions I had to make was whether to conduct my thesis through the Duke Global Health Institute (hereon referred to as DGHI), the Duke Department of Cultural Anthropology (hereon referred to as CulAnth), or both. Obviously, I ended up choosing DGHI and declaring this to be a “global health thesis.” However, the funny thing is that when I tell people what my thesis is about, they assume I am doing it within CulAnth, begging the question: Why would I choose to carry out my project solely through DGHI rather than do a joint thesis (or one entirely within CulAnth) when I ended up using so much anthropology in my project anyway?

Well, the short answer is this: global health is the field in which my heart truly lies. I knew this before I had even heard the term “global health.” I remember realizing in my junior year of high school that I was fascinated by what makes health possible. Of course, at the time, I thought the “what” primarily consisted of biological molecules and processes. However, that same year I read Tracy Kidder’s book Mountains Beyond Mountains, which chronicles the life and work of physician-anthropologist (and one of my biggest role models) Dr. Paul Farmer. This book introduced me to a concept that now seems obvious, but that at the time I found to be a novel way of thinking about realities that I had seen and experienced my entire life. The concept was the following: there is an intimate relationship between poverty and disease. The book expands on this simple phrase, going on to demonstrate how not just poverty, but a whole host of social realities like race, gender, and culture, are key factors that influence someone’s ability to be healthy. This idea was revolutionary for me, and from that moment on, I knew that I wanted to study this “social side of medicine” in college. Upon coming to Duke, I learned that the kinds of issues I yearned to study fell into the two domains of cultural anthropology and global health.

For me, cultural anthropology constitutes my embodied approach to viewing and interpreting the world, or in other words, how I move about in it. The role of anthropologist is one that, looking back on my life, I think I have always been in touch with, even if unconsciously. However, now, after years of pursuing focused study in cultural anthropology, I feel like I will never truly be able to step out of this role. And honestly, I love that. I love studying an academic discipline that has impacted me so much that it has become a part of who I am.

With that said, I cannot deny the unwavering intensity of my focus on global health: that field centered on improving health outcomes and reducing health inequalities for all people everywhere in the world. Why do I feel so committed to it? First and foremost, because health is one of the most fundamental human needs for survival. You can’t do anything if you’re not healthy. And secondly, because almost everything can and does affect health, meaning the study of health and illness is intricately complex and endlessly fascinating.

Thus, as I described earlier, I recognize that cultural anthropology has intrinsic value as a discipline, but I am more interested in its instrumental value as an approach that facilitates my ability to achieve the ultimate goal of health. DGHI offered me the flexibility I needed to carve out my niche for this particular project at the intersection of these two fields. That is why I chose to conduct my thesis under the umbrella of DGHI, producing this work. However, I heavily relied on the resources and faculty from both DGHI and CulAnth throughout the process of designing and implementing this project, so its ultimate success is a result of collaborative, interdisciplinary efforts. This reality is also why I have chosen an experimental, interdisciplinary form for the structure and writing style of this final paper. As you may have noticed, this paper encases the formulaic sections of a conventional public health research paper (Background,

Methods, Discussion, etc.) in the more anthropological framework of a book (hence, the chapters). However, I wanted the ethnographic methodology that was crucial to collecting the rich and comprehensive data in this study to play a greater role in determining the nature of this final paper than just inspiring its symbolic structure. That is why I have interwoven ethnographic—indeed, quite personal—narrative passages throughout the chapters of this written work. My aim with this decision was to provide as full of a picture as possible of the main topic of interest, of my participants as people with their own lives whom I got to know, and of myself as the individual who conducted this research. My hope is that this risky decision fosters a deeper understanding in my readers of this entire work, its place in the world, and its overall significance.

Methods

The present global health research study investigated immigrant Latina mothers' perceptions about how their experiences of IPV had affected their parenting experiences. This study qualitatively examined how these mothers conceptualized and described these IPV-related effects. Descriptive and exploratory, this study analyzed the attitudes, beliefs, emotions, practices, and other perceptions expressed by these mothers with particular attention to indicators of their psychological and social well-being. This study constitutes the senior thesis research project of the principal researcher, through which she earned undergraduate graduation with distinction within the Duke Global Health Institute (DGHI). The present study had three main objectives. The first objective was to characterize the effects of IPV on parenting from the maternal perspective by finding common themes in the discourses employed to talk about such effects. The second was to explore the aspects of these effects related to maternal psychological and social well-being. Finally, the third objective was to develop recommendations on how to apply these findings to the design and implementation of services and programs offered to this population.

Data collection for this study began on June 28, 2016 and ended on December 5, 2016. The study was initially designed to recruit 15-20 immigrant Latina mothers as primary participants and 10-12 key informants, comprised of service providers, police officers,

employees of local branches of child protective services (CPS), lawyers, professors and/or researchers who either worked directly with the primary participant population or specialized in the study of IPV, parenting, the local immigrant Latinx community, and/or other topics directly related to this study. The principal methods used include in-depth unstructured and semi-structured interviews with primary participants, as well as general participant observation methods. In-depth semi-structured interviews with key informants were conducted during the analytical stage of the research to inform analysis and interpretation of the data collected. This qualitative study was designed to take place over a period of 5-6 months. The data reported in this paper are based on unstructured and semi-structured interviews with 14 primary participants who completed at least 2 interviews each, 2 primary participants who only completed one unstructured interview each, participant observation methods, and semi-structured interviews with 11 key informants.

Ethics

To ensure the most appropriate, effective, and ethical approach to answering this research question, the procedures of this study were developed through consultation with faculty in the fields of global health and anthropology, academics and service providers with extensive research experience with the immigrant Latinx community, as well as persons from the Latinx community itself. First, approval for this study was obtained from Duke University's Institutional Review Board (IRB) for the Protection of Human Subjects in Non-Medical Research (IRB#: 00000560). This project was approved for graduation with distinction within the Duke Global Health Institute (DGHI) and was conducted under the mentorship of Dr. Sara LeGrand, an assistant research professor at the Duke Global Health Institute and the Center for Health Policy and Inequalities Research at Duke University.

All participants received information about the study in language that was easy for them to understand given their preferred language of communication (Spanish) and their education level. An IRB waiver was obtained for written informed consent because some participants were illiterate. Thus, verbal consent was sought and obtained from all participants in the study. They were assured confidentiality, except with regard to suspected child abuse, in which case mandatory reporting would have been followed, as required by the law N.C.G.S. 7B-301. It was also emphasized to them that they could withdraw for any reason during the interview(s) or at any point during the study. To ensure the safety of participants and the principal researcher, several precautionary measures were taken, such as discussing possible risks of participation with the mothers before they consented, ensuring the secure storage of electronic and hard-copy data, and discussing a safe location for the interview(s). Due to the sensitive nature of the data being collected, as a further protective measure, the principal researcher obtained a Certificate of Confidentiality from the National Institutes of Health (NIH), which can be used to legally refuse disclosure of information that may identify participants in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings, for example, if there is a court subpoena. Participants were given the opportunity and information to contact the primary researcher, the faculty mentor, and/or the IRB who approved the study with questions at any point during the study. They were also given a list of local, state, and national resources related to IPV in case at any point during the study they reported once again being in an IPV situation and wished to seek help.

Recruitment

This study employed a combination of facility-based sampling, snowball sampling, and convenience sampling to recruit primary participants from the hard-to-reach population of

interest. The target population was comprised of women 18 years of age or older who were born in a Spanish-speaking country of Latin America, identified as Latina, and self-identified as mothers, defined by ever having given birth to a child who was living at the time of the study. Most importantly, they had to be former victims of IPV (involving a male perpetrator), but not *current* victims (during the time of data collection)—for their own safety and for the safety of the principal researcher—as determined by a brief screening tool. The location of recruitment and data collection was the “Triangle area” of North Carolina, which consists of the cities of Durham, Raleigh, and Chapel Hill. This location was chosen because North Carolina has one of the fastest growing Latinx populations in the nation (UNC Charlotte Urban Institute, 2012, U.S. Census Bureau, 2015). Although census data does not specify how much of that growth is from U.S.-born Latinx as compared to foreign-born Latinx, of North Carolina’s total foreign born population in 2010, 50.0%-64.9% were estimated to have been born in Latin America and the Caribbean (U.S. Census Bureau, 2011). Furthermore, the “Triangle area” specifically was selected because urban areas are an important site of this growth in the Latinx population and because this area offered convenient access to a concentration of IPV and Latinx facilities and resources.

Community partners consisted of multiple domestic/sexual violence, Latinx, and other non-profit organizations, ESL programs at public educational institutions, the Consulate of Mexico in Raleigh, two Catholic churches, and Latinx-oriented businesses. The relationship that each community partner had to this project varied in nature according to the partner’s mission, capacities, and needs, as well as the needs of the project. Fliers in English and Spanish were created that contained a short description of the study, as well as the contact information of the principal researcher. These fliers were distributed to the various community partners, whose staff

gave them to potential participants, posted them in public places around their facilities, and/or e-mailed them out to their clients. At three organizations, the principal researcher gave oral presentations about the study to groups of potential participants that met regularly for purposes related to IPV or motherhood. In addition, the principal researcher personally approached an individual who had been a former participant in a previous research study and gave her a flier while orally describing the study to her. Finally, several participants were recruited through referrals by other participants. Due to limited funding, a US\$8 gift card was given to each primary participant as compensation for each of two interviews (making US\$16 the most a participant could earn from this study); it is likely that the small amount decreased the chances of mothers feeling compelled to participate based on financial need alone. Interested mothers contacted the principal investigator in person or by telephone. Due to the sensitive (and possibly risky) nature of the study topic, this tactic of having mothers initiate discussion about their participation was chosen to minimize the pressure on them to participate if they did not feel safe doing so. It also allowed them to choose which means of communication they felt most comfortable/safe using. A potential participant's fulfillment of all eligibility requirements was confirmed during the initial contact event. Key informants were identified, formally recruited via telephone or e-mail (information obtained online or through mutual contacts), and interviewed during the analysis stage of the research process.

Instruments and Procedures

To assess a woman's eligibility to participate in the study, she was simply and directly asked if she fulfilled all eligibility criteria, with the exception of the requirement of being a former, but not current victim of IPV. To determine this last eligibility requirement, the principal researcher orally administered a brief screening tool called the HITS in the mother's preferred

language (either English or Spanish). Although the authors of a recent systematic review contend that none of the most commonly used screeners for IPV, including the HITS, have “well-established psychometric properties” (Rabin, Jennings, Campbell, & Bair-Merritt, 2009), this screening tool was selected for various reasons. Firstly, out of a variety of different screening tools, it was found to have good reliability and validity among English-speakers in a “predominantly Hispanic [...] setting.” It also was the only tool whose Spanish-language version demonstrated good validity, high sensitivity, and relatively high specificity, despite having moderate reliability, among Spanish-speakers (Chen, Rovi, Vega, Jacobs, & Johnson, 2005). The HITS asked mothers to indicate the frequency with which their partners did each of four actions: “physically hurt you,” “insult or talk down to you,” “threaten you with harm,” and “scream or curse at you.” The frequency of each activity was rated by the mother on a scale ranging from 1 to 5 (1- never, 2- rarely, 3- sometimes, 4- fairly often, 5- frequently). In the present study, the HITS was administered to a potential participant once to determine if she had been a victim of IPV in the past, for which she was asked to respond based on the actions of her most abusive former male partner. Then, the potential participant was asked if she currently had any type of male intimate partner. If she responded “yes,” the HITS was then administered a second time to determine if she was suffering from IPV *at the time of the screening*, for which she was asked to respond based on the actions of her current male partner. The recommended scoring method for the Spanish-language HITS involves adding together the subtotals for all four activities to obtain a total score. According to this method, a total score greater than the cut-off score of 5.5 indicates that the woman is a victim of IPV (Chen, Rovi, Vega, Jacobs, & Johnson, 2005). However, the principal researcher of the present study and her faculty mentor decided to evaluate the subtotal of each activity individually, establishing cut-off scores of 1 and 2, depending on the

action. If a mother scored greater than 1 for at least one of the actions “Physically hurt you” or “Threaten you with harm,” *or* if a mother scored greater than 2 for at least one of the actions “Insult or talk down to you” or “Scream or curse at you,” she was considered a former/current victim of IPV (depending on which of the two statuses she was being tested for at the moment). The rationale behind this change was the idea that it is very unlikely for women who are former victims of IPV to currently be in relationships with essentially no traces of the actions described.

After it was determined that a potential participant met all eligibility requirements, she choose the time and location for her first interview in her preferred language. All interviews were conducted by the principal researcher, who was well versed in the study design and purpose and at the time of the study already had significant experience using unstructured and semi-structured, participant-centered interview styles. After verbal consent was obtained at the beginning of the first interview, the participant chose a pseudonym that would be used to identify her data. The principal researcher then asked for consent to audio-record the interview and take written notes. Next, the principal researcher orally administered a survey to record basic socio-demographic variables (age, education level, employment status, civil status, annual income and annual household income) and variables specific to the research question (English proficiency, country of origin, age at first migration to the U.S., number of return trips to country of origin since first migration, current immigrant status, any differing prior immigration status, former places of residence in the U.S., total number of years living in the U.S., number and ages of children, places of residence of all children, length of last IPV-affected relationship, time passed between end of last IPV-affected relationship and administration of survey). This brief survey was included to aid in this study’s analysis of the structural vulnerabilities of: gender, race, ethnicity, socioeconomic status, national origin, and immigration status (the most salient ones for

this population; Dasgupta, 2005; Sokoloff & Dupont, 2005; Kelly, 2009). Then, the interview began with the principal researcher telling the participant the general topic and structure of the interview.

Interviewing. Fourteen of the sixteen total participants took part in at least one unstructured interview and one semi-structured interview. One of these participants took part in a total of eleven interviews, all of which were unstructured, except for the second one, which was semi-structured. Two of the sixteen participants only took part in the first unstructured interview before being lost to follow-up due to health problems, leaving fourteen women who completed their participation in the study. The first, unstructured interview involved a general overview of the participant's life history. The second, semi-structured interview delved more deeply into the main research question: what are the perceived effects of IPV on parenting among immigrant Latinas? General topics covered in both interviews included but were not limited to: family, migration, parenting, culture, gender, violence, labor, relationships, race/racism, and generational dynamics. The unstructured interview was used first in order to recognize participants' agency in focusing on the elements of their own stories that they perceived as most important, rather than extract specific data from them using pre-set questions laden with assumptions. However, the semi-structured interview was also used to ensure that data related to the main research question was obtained, while still centering participants' agency and voices. Thus, these techniques were not only selected for methodological reasons, but also because they were found to be more humanizing, as they aimed to avoid reducing participants to "research subjects" labeled as "mothers who survived IPV." After the first interview, each participant received a US\$8 gift card and signed (or drew an "X" on) a receipt. Then, if she wished to participate in the second

interview, she followed the same process to arrange and complete it, again receiving a US\$8 gift card after having done so.

Participant Observation. The anthropological approach to this research question also involved participant observation methods. The inclusion of this classic ethnographic technique of simultaneously learning through direct observation and first-hand experience (Farmer, 2004) was an important part of this study's utilization of triangulation, a strategy based on the idea that a research study using multiple methods facilitates a fuller and more accurate understanding of the phenomenon of interest than using a single method does (Patton 1999). Firstly, the principal researcher participated in a 12-week educational training for Latinas interested in becoming domestic/sexual violence community prevention workers (many of whom were survivors). As a trainee, the principal researcher observed and participated in the group activities, recording notes throughout the sessions and afterwards. At the end of the 12 weeks, all members of the group, including the principal researcher, graduated from the training and joined the larger, more permanent collective of graduates of this program who carry out domestic/sexual violence awareness and prevention work in the community. Secondly, since July 2016, the principal investigator has volunteered as a bilingual crisis line advocate every week at one of the domestic/sexual violence non-profit organizations involved in the present study, and will continue to do so until she graduates in May 2017. Her primary responsibility has consisted of answering calls to the organization's English and Spanish crisis lines, but she has also translated for Spanish-speaking walk-in clients, performed administrative tasks when needed, and has been trained to serve walk-in clients on her own. The principal researcher took written notes based on her participant observation during these volunteer experiences as well. Finally, aside from the two formal interviews, participants were informed that they were free to arrange additional

interviews or invite the principal researcher to do other activities with them and/or their families, but that there would be no compensation for these additional activities. A few participants ended up embracing this opportunity. For example, one participant invited the principal researcher to her Alcoholics Anonymous meeting, and another participant invited the principal researcher to her child's first birthday party. Ethnographic notes from these activities constituted secondary data that were integrated with and compared to interview data.

Analysis

All interviews, except for two (in which the participant preferred not to be recorded), were audio-recorded, transcribed, and entered for analysis into NVivo, a qualitative data analysis software program (QSR International Pty Ltd, 2015). The interviews were transcribed and analyzed in their original language (Spanish), so as to attend to the nuances of diction, syntax, and the like that would be lost in translation. Thematic content analysis (Oweis, Gharaibeh, Maaitah, Gharaibeh, & Obeisat, 2012) was used to analyze the data. Using this approach, the principal researcher reviewed the transcripts, aiming to identify common thoughts, phrases, feelings, trends, and ideas. After coding the patterns and contradictions she found, she then condensed them into themes (Oweis et al., 2012; Overcash, 2003). This was done with the aid of secondary data in the form of field notes based on participant observation. Due to limited financial resources and the sensitive nature of the data, the principal researcher served as the sole reviewer of all transcripts. Although there was only one reviewer, the consultation of key informants (the third leg of triangulation employed in this study) served as an important corroboration of the plausibility and accuracy of the reviewer's analysis and conclusions. Interviews with key informants were semi-structured and focused on their perspectives on the main research question in light of their personal/professional experience, research, and/or

studies, as well as their perspectives on the general trends and themes found within the data collected for this study as the principal researcher analyzed it.

At the beginning of the development stage for this project, I was told by a well-intentioned researcher that ethnographic methodology was not appropriate for studying such a sensitive topic like IPV, especially among such a marginalized population. However, I knew deep down that I could do this project in a way that comprehensively investigated the topic, fit my unique interests and skills set in ethnographic methodology, and ethically protected my participants. I believe I achieved my goal of demonstrating that it could be done, and this paper is the result. I hope you enjoy it.

Chapter 3: The Set Up

Data Collection

Recruitment

Throughout the data collection stage of the research process, I constantly evaluated my methods to ensure that they were effective in accomplishing the goals of this study. This ongoing evaluation was key to making certain methodological changes to better accommodate the unique realities I encountered in my fieldwork and among my population. For example, the original plan was to recruit 25 primary participants for unstructured interviews. However, due to slow recruitment efforts, my academic advisors and I decided to reduce that number to less than 25, depending on when saturation was achieved (i.e. when no new themes were discovered in the interviews; Insetta et al., 2015). Another concern was that at about 6 weeks into the data collection stage, nearly all of my participants were from the same domestic/sexual violence organization, likely limiting the diversity of my sample. In response to both of these issues, I expanded the scope of my flier distribution beyond just domestic/sexual violence non-profit organizations. I also began to distribute fliers at laundromats, Latinx businesses and organizations, centers at educational institutions oriented toward Spanish-speaking populations, and other common places of gathering for the Latinx community that are not necessarily directly affiliated with IPV. I also began encouraging participants to personally recommend the study to friends or family they thought would be eligible. These new strategies helped to increase the number and diversity of my participants, particularly in terms of reaching members of the target population who had less access to domestic/sexual violence services. In the end, I recruited a total sample population of 14 before reaching saturation. It is unclear whether the data obtained from the fifteenth and sixteenth participants, who only did one interview each, would have changed the point of saturation.

Interviewing

Based on my experiences in the field, I also adjusted my methods for interviewing. One of the biggest changes I made was making the second interview with each participant semi-structured instead of unstructured. I made this shift once I realized that my first few participants had trouble understanding exactly what kind of information I was interested in for their second interview (which was more focused on this study's main research question). The question guide with accompanying prompts that I created in response to this issue proved to be effective in facilitating relevant discussion during these interviews. Overall, conversation flowed easily during the formal interviews with my participants, all of whom were graciously open about their lives, including the difficult and/or intimate parts of their past or present lived experience. All participants chose to do all study components in Spanish. All participants, except for one, consented to have their interviews audio-recorded, and all consented for me to take written notes. Most interviews took place in the homes of my participants. Within her home, I always encouraged the participant to choose the room where she felt most comfortable. Some participants initially did not want to accept the gift card at the end of each interview, insisting that the compensation was not what motivated them to participate, but eventually they did accept the gift cards. Furthermore, multiple participants gave me small gifts during or at the end of my interviews with them, usually consisting of some sort of food, oftentimes homemade. No participant seemed particularly concerned about the protection of her identity. In fact, more than

one participant said that I could use her real name if I wanted to, since these particular participants had spoken about their IPV experiences publicly before and their partners were no longer a threat to them. After discussing it, we decided that these participants would still choose pseudonyms to identify their data.

Participant Observation: Volunteering

Most of the participant observation I conducted took place in two sites: the domestic/sexual violence organization where I volunteered as a bilingual crisis line advocate and the Latinx organization that ran the domestic/sexual violence prevention training program in which I participated. With regard to the former context, as I mentioned earlier, I have volunteered weekly as the only English-Spanish bilingual volunteer at the organization since July 2016, and will continue to do so until I graduate in May 2017. When I started working at this organization, there were only three staff members who spoke Spanish. However, two of them stopped working there at different points during the study period, leaving only one at the time of the writing of this paper. Given the growing Latinx population of the Triangle area mentioned earlier (UNC Charlotte Urban Institute, 2012, U.S. Census Bureau, 2015) and the perhaps growing community awareness about this issue, the demand for Spanish-language services, including Spanish-language IPV services, has been increasing in recent years. Before I arrived, the three Spanish-speaking staff members at this organization would serve all of the Spanish-speaking clients, in addition to their share of the rest of the organization's clients. I began working as a volunteer shortly after the establishment of a Spanish crisis line as a collaborative project between this organization and four other domestic/sexual violence non-profit organizations in surrounding counties. The Spanish-speaking staff of this organization eagerly welcomed my presence, given the additional duties this new Spanish crisis line bestowed on them. Thus, they informed me that, instead of being limited to answering crisis calls, my role would eventually come to be that of a more general bilingual volunteer as I learned more of the protocols for serving walk-in clients by myself.

After going through the initial volunteer training, I began shadowing long-time volunteers as they answered the English crisis line in a small room with three desk cubbies for this purpose. Crisis line volunteers at this organization are supervised by the crisis line coordinator, who sits at a larger desk in the same room and answers the line used for internal communication among staff members at the organization. After a week or so of shadowing, I began to take calls on my own from the English and Spanish crisis lines, consulting my supervisor whenever I was unsure about how to respond to a particular client on a call. The vast majority of my calls have been in English, since people in the area have begun just to learn about the Spanish crisis line. I would say that about 40% of the calls I have answered were not made by victims of IPV. I have spoken with social workers, staff at other non-profit organizations, and healthcare providers who have a victim of IPV as a client and are seeking help on her/his behalf. However, usually non-IPV victims who call are people looking for some other form of help, such as services related to sexual assault/rape, child abuse, homelessness, and/or legal advice. The other 60% of the calls I have answered were all made by victims of IPV in various emotional states, at various stages in their abusive relationships, and seeking different types of services. In addition to my work on the crisis line, as mentioned earlier, I have translated for walk-in clients during their meetings with English-speaking staff members. In all of these situations, as per the organization's approach, the other staff members, volunteers, and I respond to clients according to an empowerment model that generally involves listening to

clients in a nonjudgmental way, seeking details and clarification of what they say, summarizing and repeating back what they say, and helping them figure out feasible options for taking steps toward what they want to accomplish.

Participant Observation: Prevention Training

The second context in which I carried out most of my participant observation was the domestic/sexual violence training program run by a local Latinx organization. The group with whom I went through the training consisted of about 13 Latina women, most of whom were immigrants from Spanish-speaking countries in Latin America. One was, like me, born in the U.S. Most of the women appeared to range in age from their early 20s to their late 30s. Two or three other women appeared to be in their 50s. The vast majority of the women were themselves survivors of IPV, sexual violence, and/or child abuse. All of the women spoke Spanish, and for most of them, it was their primary language. Thus, the entire program was conducted in Spanish. I initially attended the first couple of sessions to give presentations about my study for recruitment purposes, but program staff invited me to stay for the full scheduled time period, which led me to eventually complete the entire program with the women. Group sessions were held in an office building whose external doors are sometimes locked. In addition, to access the office space of the organization from within the building, a staff member has to buzz you in. Furthermore, the bathrooms in the building also require an access code. These measures make me wonder if they have had problems with people not affiliated with the organization coming in to use the bathroom or trying to access the offices on the floor. It is likely that they may also have such extensive security measures in place to protect the survivors of IPV who often visit their office and who are potentially vulnerable to retaliation by dangerous ex-partners.

Because of the nature of how I came to be involved in the group, I initially presented myself to the women as a student interested in observing the training for the purposes of my research. Although program staff had already given me permission to do this, I also asked the women themselves for their consent, which they gave me unanimously. However, even after I received this consent and decided I would come to every session, for a time, I continued to conceptualize my role in that space as a student researcher who observed and perhaps participated in select activities as it was considered desirable and appropriate by the women and the leading staff member. In other words, for a time, I continued to see myself as a guest who was perpetually visiting the group, or at least as someone who was not a “normal” member since my purposes for being there differed in some ways from the women’s. This perception came from my tendency to always be conscious of not overstepping boundaries, assuming too much, or expecting immediate trust and openness from communities that are not my own, despite my own eagerness to build relationships with them. Over time, however, the leading staff member of this group involved me in more and more activities with the women. In fact, she did not ask or invite me to participate, but rather demonstrated her increasingly clear assumption that I was a “normal” participant in the group by simply giving me the materials for hands-on activities the women did or directly asking me a question that each woman had had to answer for the group in turn. As someone eager to fulfill my role as a participant-observer as fully as possible in this setting, I was excited to notice what I considered a shift in my own role in the group from a (student) researcher to a participant-researcher. As the confianza between us grew, the women in the group also seemed to shift the way they viewed me and my role in the group, as became evident in the ways they increasingly joked with me, made side comments to me about presentations or their personal experiences, and would say they “had been missing” me in a

concerned way when I would arrive late (insinuating that the group was incomplete without me). The fact that I feel I spent much more of my time in the group as a participant-researcher than as a (student) researcher is important for understanding my decision to use the first-person plural in referring to the participants of this program from this point forward (unless explicitly referring to participants in the group other than myself).

The training consisted of 12 weekly sessions and was led by a full-time staff member of the Latinx organization. With each 2.5-hour session centered on a different topic, the program aimed to help us, the participants, expand our knowledge about issues like immigration law, IPV's effects on children, and race and cultural identity. This approach ensured that we developed a comprehensive understanding of the various aspects involved in the phenomenon of IPV, particularly as it is manifested in Latinx communities. Each session began with a catered dinner, during which we socialized with each other as everyone arrived. Then, the focus would turn to a combination of presentations related to the day's topic (by the leading staff member and/or guest speakers), group discussions, and interactive activities done in small groups, partners, or individually. A core component of the training was our sharing of personal experiences and our reflection on them in new ways based on what we were learning. This helped everyone, but especially the women who were survivors of domestic/sexual violence or who were former secondary victims of IPV (i.e. had witnessed their parent(s) or guardian(s) suffering from IPV), process their experiences and learn from them. In this way, we all enhanced our ability to care for ourselves and help others who may be experiencing domestic/sexual violence. Particularly as someone who (at the time thought I) had not had those personal experiences, I tried to actively and compassionately listen more than anything else to the other women when they talked about their experiences as former primary or secondary victims of various forms of violence. Processing our personal experiences together and increasing our knowledge of available resources in the community through presentations by guest speakers (who were often experts in particular topic areas), helped us accomplish the goal of the training: to develop our capacities to effectively engage in prevention work against domestic/sexual violence in our communities.

Participant Observation: Participant-Initiated Activities

As mentioned earlier, a few participants invited me to do activities outside of their formal interviews. I always enjoyed these activities, as they allowed me to get to know the participants in the diverse settings of their lives. Furthermore, in some instances, these activities allowed me to compare what participants told me in their interviews with what I directly observed. In addition, when I attended the Alcoholics Anonymous (AA) meetings of one participant, I ended up getting practice speaking about my thesis in Spanish. Specifically, my participant invited me on two separate occasions to give a speech to her fellow AA members and their friends and family about what I had learned through my formal studies and research regarding the causes of alcoholism and the connections between alcoholism and IPV. She explained that she and her fellow members wanted to know "lo que dice la ciencia" (what science says) about these topics, or in other words, they wanted empirically-based information about these topics, something that due to their generally low levels of education most of them had difficulty accessing. Although nerve-racking at the time, I truly treasure these two experiences because they helped affirm for me the positive impact that research like mine can have in the real lives of my participants and their communities, especially since attendees came up to me after I spoke, asking more about what I do and wanting to discuss the topics I had spoken about further. On each occasion, after

my speech, AA members' testimonies, and other formal proceedings of the meeting had finished, we proceeded to celebrate one chapter member's anniversary of sobriety by sharing a meal of mole, rice, and beans and dancing the night away to cumbia music. Overall, participant-initiated activities like these constituted a huge part of what helped my participants and I truly become friends outside of the research context and ultimately served to strengthen the richness of my data.

Integration

In collecting data through formal interviews and participant observation, my main field sites were not strictly separate, or even easily distinguishable, from each other. In fact, they often bled into each other in unexpected, but fruitful ways. For example, I recruited some of my primary participants from the domestic/sexual violence prevention training program I completed. In addition, several of my interviewees had received services at some point in the past from the domestic/sexual violence non-profit organization for which I was a volunteer. Also, some of my contacts at other community partner organizations working with me for this project ended up being guest speakers at the prevention training program's sessions. Furthermore, while most of my data collection occurred in the aforementioned field sites, I did not "turn off" my participant observation outside of these contexts. On the contrary, I was always "in the field" in a sense, finding that in certain moments of my "normal" life, I would experience something or meet someone that deepened my insight into the population and/or research questions at the center of this study. Throughout the data collection process, my keeping of ethnographic field notes helped me to constantly evaluate and integrate what I was learning in all contexts, just as the anthropological endeavor calls for.

Sample Characteristics

The data presented in this paper are based on participant observation and unstructured and semi-structured interviews with the sixteen primary participants conducted between the end of June 2016 and the beginning of December 2016. All sample characteristics are based on data reported by the fourteen participants who completed the study (i.e. completed at least two interviews) at the time of each one's first interview. The majority of participants (eight of the fourteen) were all recruited from the same community partner organization that provides domestic/sexual violence services, which increases the likelihood that the results are affected by sampling bias. Aside from these, one participant was the individual who had been a former participant in a previous research study conducted by the principal researcher. One was recruited from a Catholic church. Another participant was recruited from an ESL program at a public

educational institution. Another was recruited through the recommendation of another participant, and two more were recruited from a distinct domestic/sexual non-profit organization. Nine of the fourteen participants lived in Raleigh, four lived in Durham, and one lived in Chapel Hill.

Eleven of the fourteen participants were from Mexico, two were from Ecuador, one was from El Salvador, and one was from Honduras. They reported ranging in age from 21 years old to 61 years old, with a mean age of 42.1 years and a median age of 40 years. For five participants (36% of the fourteen participants), the highest level of education obtained was secondary school (defined as grades 7-9). For four participants (29%), it was primary school (defined as grades 1-6). For one participant, it was high school (defined as grades 10-12). Three participants had obtained a technical (associate's) degree, while one had obtained a bachelor's degree. Five of the fourteen participants (36%) reported being employed, three as domestic workers/custodians, one as a restaurant chef, and one as an administrative assistant. Five reported being unemployed (defined as actively seeking work), and four reported being homemakers. The most common civil status reported by participants (five) was "single" (defined as never having been legally married). Four participants (29%) were married at the time of the study. Two others were widows, and another two were separated from their husbands. One participant was divorced.

The number of children that participants had at the time of the study ranged from one to eight, with a mean of 3.5 kids, a mode of 3 kids, and a median of 3 kids. It should be noted that one of the mothers who reported having 3 kids revealed during the course of her first interview that she is the mother of a fourth child, a son who lives in Mexico, apart from her and the rest of her kids. She does not deny his existence or that he is her son, but failed to report him in the initial survey conducted before the interview, from which these data were taken. In addition, one

of the participants who reported having 4 kids for the survey, revealed in one of her fourth or fifth interviews that she also gave birth to two twin daughters in Mexico, and was told they died in the hospital shortly after their birth, but she believes that in reality her doctors stole them from her and gave them to another family. The participants reported the ages of their kids as ranging from 8 months old to 46 years old, with a mean age of 18.7 years old and a median age of 15.5 years old. Approximately 56% of participants had adult children, and around 69% of participants had dependent, school-age children (note: dependency status did not correlate exactly with school age/legal adult age, so in cases where there was a discrepancy, age was the overriding standard used to determine whether a child was considered an adult or a dependent, school-age child for the purposes of calculating these statistics). Of the latter group, all but two mothers lived with all of their dependent, school-age children in the same house. One of the two mothers had a dependent 16-year-old daughter whom she had to leave in Mexico, and the other mother had a 16-year-old daughter who had recently moved out of the family's home after fighting with the participant. The majority of participants' children lived in the same city as their mothers or at least as close as another city of "the Triangle." Only two participants had any children living in another U.S. state (each mother had one). Although only three participants reported having a child who lived in their country of origin, as noted earlier, it was discovered through the interview process that a fourth participant had a child living in Mexico and a fifth participant believed her twin daughters may be alive and living in Mexico.

Participants reported a personal annual income between US\$0 and US\$24,999. Half of the participants reported an annual household income between US\$0 and US\$24,999, and the other half reported an annual household income between US\$25,000 and US\$49,999. Most participants (eleven of the fourteen) reported their English proficiency as "low," while three

reported it as “intermediate.” The age at which participants first migrated to the U.S. ranged from 18 to 54 years old, with a mean age of 28.3 years and a median age of 26 years. The majority of participants (eleven) reported their immigration status as “undocumented,” while two reported it as “documented.” One participant reported being enrolled in either the DAPA (Deferred Action for Parents of Americans and Lawful Permanent Residents) program or DACA (Deferred Action for Childhood Arrivals) program, both of which offer certain undocumented immigrants in the U.S. temporary protection from deportation and eligibility for a work permit (U.S. Citizenship and Immigration Services, 2016a)—she was not sure which. However, upon further investigation after the interview, I discovered that according to the information this latter participant provided in this study, the participant would not qualify for the original DACA program. Furthermore, a federal district court in Texas issued an order that, as of March 2015, has been temporarily preventing the DAPA and expanded DACA programs (that President Barack Obama announced on November, 20, 2014) from being implemented (Cheer & Essaheb, 2015). Upon consulting her further, the participant later clarified that she had obtained her temporary work permit through her status as a wait-listed applicant for a U Visa, a nonimmigrant visa given to the victims of certain crimes in the U.S. Due to the U.S. federal government’s policy of granting a maximum of 10,000 U Visas per year, a waitlist has built up, in which the wait-listed applicants are granted temporary protection from deportation and eligibility to apply for a work permit while they wait (U.S. Citizenship and Immigration Services, 2016a). Upon seeing that the work permit paperwork looked very similar to the work permit paperwork given to undocumented immigrants who participate in the DACA program, this participant said she had assumed that the work permit she had obtained was the same as that for DACA, which explains her initial report of being “DACAmended.”

Of those that reported being undocumented or “DACAmented,” three reported having been documented at some point in time while in the U.S., and nine reported never having been documented while in the U.S. One of the two documented participants reported having been undocumented at some point in time while in the U.S., and the other reported always having been documented while in the U.S. Only five participants reported ever having gone back to their country of origin after their first migration. Three of those participants had returned once, and the other two had each returned a total of 8 times. Participants’ previous places of residence in the U.S. mostly consisted of other locations in the eastern United States, but states in which more than one participant had lived include New York, California, and Pennsylvania. With regard to the total number of years they had lived in the U.S., participants’ reports ranged from less than a year (2.5 months) to 32 years, with a mean of 13.2 years total and a median of 14 years total.

The reported length of participants’ most recent IPV-affected relationship ranged from about 4 months to 30 years. The mean length was 11.3 years, and the median length was 10 years. The reported amount of time passed between the end of participants’ last IPV-affected relationship and the time of the survey ranged from about 7 months to 18 years. The mean time passed was 7.2 years, and the median was 6 years. It should be noted that during the interview process, two participants reported still being married to and living with their “last abusive partner.” However, each of these participants reported that her husband was no longer abusive (which the HITS confirmed when the participants were screened for eligibility). Thus, their responses were omitted from calculations of the range, mean, and median for the categories “length of the participant’s last IPV-affected relationship” and “amount of time passed since the end of the participant’s last IPV-affected relationship.”

For me, the experience of doing ethnography through in-depth qualitative interviews and participant observation never ceases to be a series of unexpected, rewarding, and difficult events, encounters, feelings, and new ways of looking at things. However, one of the reasons I so enjoyed using this methodological approach for this project was the authenticity of connections I was able to make with the people in my field site. Having significant prior experience with the art/science of ethnography, I came into this project wary of holding any assumptions. I tried to examine my mind for the assumptions that distorted my worldview, since assumptions are, by nature, implicit, hidden, and ingrained. I knew that my assumptions were dangerous in that they could quickly build up a wall, a border, a barrier between myself and “my participants.” For instance, because I knew I would be working with a marginalized population dealing with sensitive/traumatic issues, I faced the great temptation to internalize other people’s warnings that assumed I had to keep “the other(s),” my participants, at arm’s length as much as possible during the study for the sake of scientific “objectivity,” as well as the “protection” of my participants (the latter of which is a serious issue that remained a priority for me throughout the study). Reflecting on this temptation, I began to explore the varied and entangled roots of this desire to build a border between myself and “them” in the first place.

One explanation for this desire immediately came to my mind: the fact that society has explicitly taught me over and over again that immigrants are “different” from me, even as a descendent of immigrants as recent as two generations ago. Non-white people are different from me, even as a woman of color. People who have “blue collar” jobs are different from me, even as the daughter of a mechanic. “The type of people” whose families are affected by IPV are different from—that is, less than—me, even though my own family has a history of IPV. All of these ideas society—or more specifically, the media, the U.S. government, the predominantly white upper-middle class spaces I study in, the culture that my own family subscribes to, and so many other institutions and structures that influence my life—has planted in my mind and reinforced repeatedly. These beliefs, no matter how out of touch with reality they may be, drove the strong impulse I felt—and still struggle against—to distinguish myself from the people in my field site. Not too long ago, society had almost convinced me that this drive for distance and self-importance was instinctual and natural—not only warranted, but downright necessary. Through experience, I have realized that even the anthropological approach, if taken too far—that is, even cross-cultural respect itself—can result in the belief that a fundamental difference exists between you and “your” people, such that you fail to recognize that both you and they are still human.

Looking back over my field notes and thinking about the experiences I had, despite being wary of it upon starting this project, I recognize this tendency in the way I thought about a situation or described a situation at times during the research process. Sometimes this looked like initially being scared to (and then questioning/wondering if I should feel guilty about my decision to) laugh along with Jamie (one of my participants) as she poked fun at the things her former abuser used to do. However, later with prompting and reflection, I realized I had been acting out that “American” thing where I considered the other person so fragile as to be easily offended and not able to handle authenticity from me. I now recognize this as a lack of respect for the other person, who I am not treating as a human being of equal dignity. I realize now that my ambivalence about treating Jamie like the friend that she is to me simply because I saw her as “my participant” was a prototype of this presumptuous way of interacting with others. By treating her like glass, like a victim, I was expressing partial awareness of that metaphorical border that society urges me to build. I was acting as if only I had the agency and privilege to

walk up to the wall along that border, climb over it, and pat the other person on the head by my own good will. I am happy to say that even before I resolved the perceived ethical dilemma with Jamie intellectually and thoughtfully as I have done here, I instinctively began to do it anyway—to laugh anyway, to joke with her anyway—because she is my friend and that is what I do with my friends. Although I would not advise always just jumping in and doing something that you fear may be unethical, going with my gut worked in this context. To me, this experience shows that borders like this are not natural and not necessary. It was my instinct to act like we were both human beings who were just friends, rather than fundamentally different beings whose interactions required timidity and caution that I did not feel were necessary with my other peers. This experience was also an effect of always holding multiple roles and positionalities when I am in my field site. It is important to note that contrary to my fears, which made me hesitate initially, treating Jamie like my equal did not erase, ignore, or devalue our psychosocial/cultural differences, but instead, allowed us to experience and explore them in a more genuine way.

To be honest, I am not some perfectly enlightened individual who no longer uses borders in her field site or in her life. Rather, I am still on the long journey of becoming aware of the many rules I operate under as if they were real, material, and/or immutable. I am still engaged in the long process of chipping away at the borders I put up between myself and others. However, no matter how slow the going, I know I cannot give up, or even let up, my efforts. This endeavor is especially important in the context of this particular project, as I am dealing with a population very sensitized to the issues of borders, separation, barriers, and obstacles. As immigrants (in most cases undocumented immigrants), my participants live, work, and play within, between, across, and outside of borders. Most obvious of all is the fact that my participants had to physically cross the arbitrarily defined geopolitical borders of the United States, in most cases, under precarious circumstances. They have also been marginalized, stereotyped, ostracized, and stigmatized by the borders they face now, living in the U.S. This occurs through formal processes (e.g. their inability to obtain legal residence or work permits from the government if undocumented) and informal processes (e.g. the repeated invocation of “bad hombres” and other negative stereotypes of Latinx immigrants in the U.S. by Donald Trump). As if one needed more evidence, all of the people in my field site were separated from some or all of their biologically-related family members and/or other kin. This means they had to maintain some relationships, particularly ones with their kids, transnationally across one or more borders and completely break off others. They were distanced from the towns they grew up in, places of sentimental value, and their homes. Some of them, even if they had kin around, felt isolated for various reasons often connected to their disadvantaged position within their border-laden reality. Many faced barriers in trying to work for fair pay, drive to work, protect themselves from crimes, and send their kids to college at an affordable price due to bans on undocumented immigrants receiving in-state tuition from public universities and colleges. All of my participants faced some degree of language barrier, having learned English as a second language, and of course cultural barriers, not having been raised in the U.S. Of course, on top of everything else, all of them were limited, isolated, and cut off from possibilities, particularly in the realm of parenting, by their abusers. I really could go on and on. However, my main take-away here is that given all of these borders that “my” population experiences, as well as the borders that I unnecessarily construct around myself (and that others unnecessarily construct around me), I have been amazed, above all, at how well people in my field site and I have been able to cross those borders to connect on a meaningful and comfortable level.

I feel like I am understanding more and more how to study borders as the totality of complex and evolving social engagements between actors connected to the border(s). Much of the attention I dedicated to social engagement during this research was actually self-centered. I constantly tried to reflect on how the ways I interacted with the people in my field site could be characterized and how they changed over time. It is interesting to see how my perceptions of my interactions varied as well. I had moments in which I feared that my participants, particularly those with an acute need for a particular type of assistance, forgot that I was a researcher who was essentially “studying” them and not a professional psychologist, legal expert, or college admissions counselor. I then had ethical debates with myself about such moments and found myself voicing my concerns to my participants to varying degrees. My experiences working with such a rule- and border-laden population (although I sometimes think, who of us isn’t?) have resulted in making the familiar strange to me and making the strange familiar. In other words, I was forever realizing more of the rules that I had been living and doing ethnographic fieldwork by and was forever recognizing more of myself and my life in my participants, their stories, their struggles, and their witty or funny comments. However, my experience cannot be reduced to this dichotomous bi-directionality. In reality, thoughts, knowledge, emotions, etc. always flow in all directions when I do projects like this. In general, whenever I catch myself trying to simplify things too much, I always ask myself the question that Farmer’s patient lovingly but knowingly posed to him in the book Mountains Beyond Mountains: “Honey, are you incapable of complexity?” (Kidder 35). This line is one of my favorites from the book and always keeps me grounded.

Chapter 4: The Heart

Without a doubt, some of the most intense experiences I had while conducting this fieldwork happened during my one-on-one interviews with primary participants. During the process of data collection, often people in my life not involved with this project asked me how I handled listening to stories filled with so much pain, sadness, anger, and hardship. I usually reacted by, first, recognizing their assumption that my participants would automatically share all of their painful memories, moments of desperation, and stories of unforgettable abuse with me (someone most of them had just met). Fortunately for me, it was true that all of my participants were incredibly open to telling me about themselves, their stories, and their histories of abuse. In fact, more than one explicitly stated that she had chosen to participate in the study so that other people could learn from her experience. However, I want to be emphatic about the fact that I had no right to expect them to be that way, even if they had chosen to participate in my study on their own. The positive role that my participants' initial openness played in the success of my project, as well as my ability to mentally and emotionally carry out this fieldwork, cannot be overstated. Of course, I recognize that as a young Latina woman in school, my subjectivity benefitted me in terms of being able to more easily gain the confianza of my participants. However, I do believe the combination of conscious and unconscious approaches on my part, down to simply having a humble and warm attitude, also helped them feel comfortable enough to be honest.

My main response to people who asked me how I handled the emotional load was that I truly felt that my passion for complex topics at the intersection of global health and cultural anthropology gave me the emotional and mental strength to actively and compassionately listen to the difficult experiences of others. I think this passion, combined with the tools I have gained (through my global health and anthropology classes, volunteering at a domestic/sexual violence agency, and going through the prevention training) to think about and analyze these issues, helped me to do this without negative effects to my general state of emotional well-being. It may sound bizarre, but I truly loved this work. I did. I loved every bit of it. I loved being able to comfort my participants when they cried by just sitting there in silence with them, giving them a hug, or sometimes even crying with them. I loved hearing them express how cathartic participating in this study was for them and how relieved they felt to finally have someone who would listen to them without judging them or gossiping about it. I loved compartiendo/just "being" in solidarity with them in a million different ways, even as they shared details about their lives that shocked me, angered me, disturbed me, and broke my heart. I believe the extensive preparation I did for this project, as well as the support I received from my mentors, also helped me process everything in a healthy, empathetic, and productive way.

Another reality that was key to my answer to this question was that, despite having suffered a lot due to IPV, my participants expressed more than hurt during our 1- to 2-hour interviews. Elements of determination, confidence, pride, humor, care, hope, and happiness also colored the stories of my participants. For example, as I mentioned before, I spent the majority of my interviews with Jamie giggling, and even cracking up with her at times, about her story. This may sound strange since the main topic of our conversation was IPV, but more than anything, it was the way Jamie told her story with such animation and a healthy sense of how ridiculous her abuser's behavior had been that prompted first her, and then me, to laugh loudly and joke about it with each other. After all, Jamie was close to my age and 20 minutes into her first interview I became caught up in the positive, lively energy she exuded. Above all, her easy, infectious laughter and our similar senses of humor made my interviews with her extremely

enjoyable and led to us becoming fast friends. However, more than just enjoyable, I found many of my interviews with women like Jamie empowering, both for them as the story-tellers and for me as the listener. I often walked away from my interviews, above all else, in awe at the sheer strength of the women I had the privilege of getting to know. In the section below, aside from the intense suffering that is inevitably part of the reality of IPV, I give you, my reader, a look into the “hearts” of the women whose stories make up the true “heart” of this study—that is, the data.

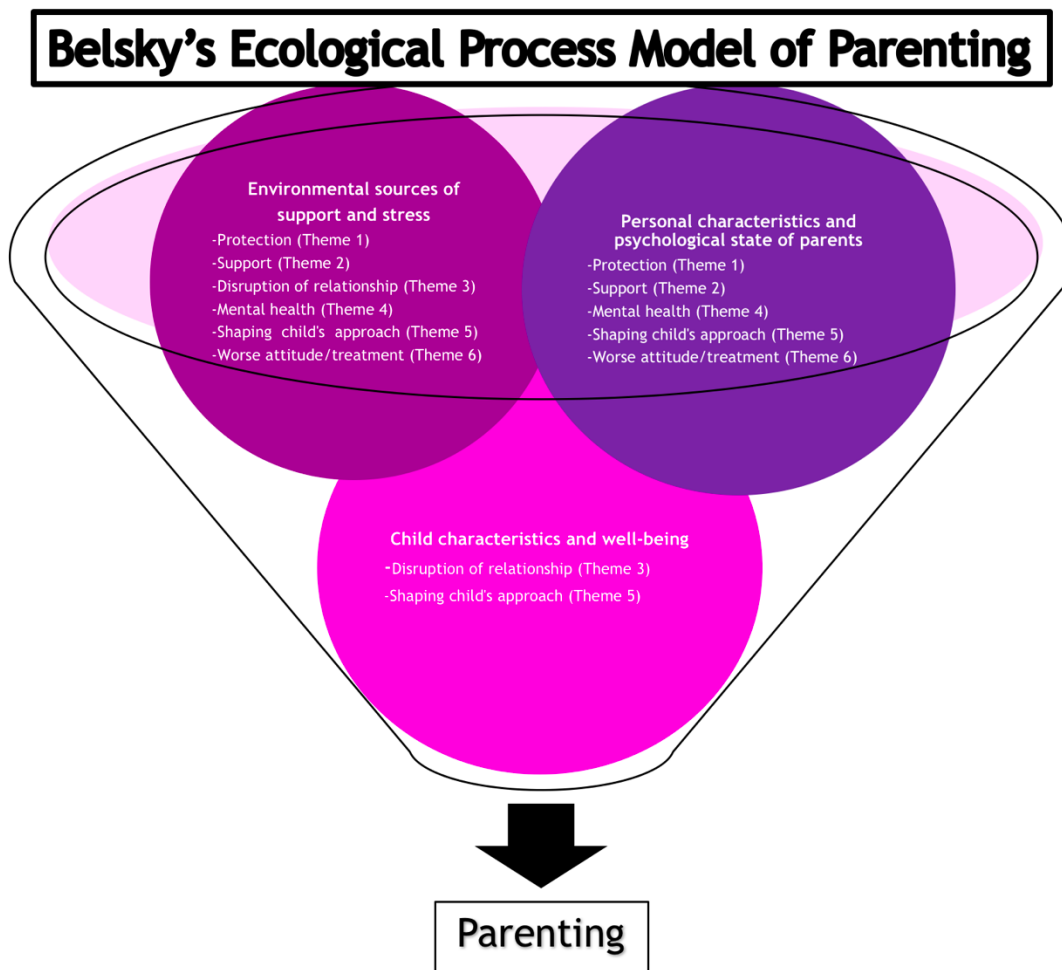
Perceived Effects of IPV on Parenting

All of the qualitative data presented in this paper are based on analysis of the data obtained from all sixteen primary participants who completed at least one interview each. In general, participants had some trouble focusing on themselves and their feelings, thoughts, desires, and reactions as mothers. Instead, they tended to focus on their kids in talking about their parenting experiences of IPV. Interestingly enough, a staff member at the domestic/sexual violence organization where the principal researcher volunteered echoed this finding. Specifically, the staff member described her own frustration in working with immigrant Latina mothers who are responsible for describing to a judge how their experiences of IPV have affected *them personally* in order to legally obtain domestic violence protective orders against their abusive partners. The staff member found herself becoming frustrated because these mothers tended to talk only about IPV's effects on their *children* to the judge, even though she would emphatically explain multiple times before they went into court that they needed to focus on themselves, even practicing with them beforehand. She said that once the mothers were in court, often even the presiding judge had to remind them that they needed to focus on themselves or else the judge would send them away to the court for child custody cases. This tendency among Latina immigrant mothers also appeared in the interviews of the present study as well, even though various prompts were used to try to get the participants to focus more on themselves. Even so, common themes about the perceived effects of IPV on participants' mothering emerged through thematic content analysis of the data guided by Belsky's ecological

process model of parenting. As noted earlier, although there is substantial support for the potential of child characteristics to be affected by IPV in ways that can, in turn, influence parenting (Davies & Cummings 1994; Overlien & Hyden 2009; Hotun Sahin et al. 2010), several scholars maintain that 1) personal characteristics and the psychological state of parents and 2) environmental sources of stress and support (e.g. intimate partner relationships, social networks, jobs, etc.) are some of the biggest factors that determine the impact of IPV on mothering (Harold & Howarth 2004; Holden & Ritchie 1991; Hungerford et al. 2012; Letourneau et al. 2011; McCloskey et al. 1995; Pels et al., 2015). Thus, the present study focused more on these latter two determinants of Belsky's model in documenting the wide range of perceived effects of IPV on the mothering of immigrant Latinas, although all three were considered. Given the fluid nature of these categories, the most prominent themes across participants are presented here according to the strength of their presence in the data.

The six main themes discovered consist of the following. **(1) Protection:** IPV triggered mothers' protectiveness towards their children, while at the same time hindering mothers' ability to actualize that desire by adequately protecting their children from harm. **(2) Reduced social support:** IPV reduced social support available to mothers in parenting their children. This effect occurred through the abuser's deliberate withholding of material and emotional support from the mother, as well as the ways in which IPV prevented the mother from having alternative sources of support. **(3) Disruption of unity, closeness, and harmony of mother-child relationship:** This effect occurred through the mechanisms of the abuser's intentional manipulation of the children against the mother, children's rebelliousness, as well as the physical separation that forced mothers to engage in long-distance parenting. **(4) Depression, anxiety/stress, and low self-esteem/self-efficacy:** IPV contributed to mothers' development of various mental health

issues and illnesses. These mental and emotional symptoms often manifested themselves as physical symptoms, hindered a mother’s ability to enjoy her children, and contributed to a mother’s doubt in her own ability to care for her kids. **(5) Shaping of children’s approach to IPV, relationships, and respect:** Mothers felt that their experiences of IPV had motivated them to take extra steps to shape their children’s approach to issues related to IPV, relationships, and respect by giving their children advice on these topics and on the importance of education as a protective factor against IPV. **(6) Worse attitude toward or treatment of children:** Finally, the least common of all themes in the data was IPV’s contribution to a mother’s tendency to have a worse attitude toward her children and/or treat them in a worse way. The below diagram maps these six themes onto a visual representation of Belsky’s model (1984):



1) Protection

I was not surprised at all to find this theme as one of the strongest in the data. In my personal experience, the protective instincts of most mothers are exceedingly strong, particularly when an imminent threat to their child(ren) presents itself. One of the best images that I think manifests this was depicted in a show that I once saw, in which a woman talked about watching a large tree fall over onto her 7-year-old child. Her reaction? She rushed to pick up the tree trunk, which outweighed her by hundreds of pounds, and move it off of her child, saving his life. While medical experts featured on the show attributed this impressive feat to a surge of adrenaline in the face of an acute threat, the power of the maternal protective instinct proved no weaker among immigrant Latina mothers in this study. I think back to a story that two of my key informants who were family lawyers told me about one of their clients who had been suffering from IPV in upstate New York. The client had put up with emotional/psychological, physical, and sexual abuse from her partner for years until the moment during a fight when he took out his rifle and pointed it at their young son, threatening to shoot him. Apparently, at that point, faced with the possible death of her son at the hands of her abuser, the client “lost it,” snatching away the rifle and using it to kill her abuser instead. The fact that she did not rationally choose to risk being convicted of homicide and going to jail for the sake of protecting her son, but rather (according to the way the story was told to me) instinctively could think of nothing else except how to protect her child from harm demonstrates the intensity of the maternal protective instinct.

However, no matter how strong a mother’s protective instinct, the nature of IPV, in addition to heightening this instinct, simultaneously creates a situation in which it is much more difficult for the woman to bring it to fruition. Reflecting on the cruel irony of this dynamic, I find my mind dwelling on the disastrous consequences it can have. Specifically, I think of my grandma and the childhood she had growing up. My grandma says she never saw her own mother (hereon referred to as Big ‘Uelita) be physically abused by my grandma’s father. However, she has told me about what seemed to be a hesitancy on Big ‘Uelita’s part to challenge the actions of her husband in any way that perhaps speaks to Big ‘Uelita’s fear of and/or intimidation by him. Although its root cause cannot be known for sure, my grandma remembers how this hesitancy manifested itself in ways that directly affected her growing up. For example, my grandma told me about the time her father beat her for “not being at the right time and place” to be picked up from a football game. My grandma remembers being so baffled by the beating because she was not a single minute late and had met her father exactly where he had dropped her off. When a family member went with my grandma to tell Big ‘Uelita, Big ‘Uelita refused to say a word or give any indication of an emotional reaction, but simply continued about her business.

Perhaps a more extreme version of this hesitancy is to be blamed for what happened when Big ‘Uelita learned that my grandma was being sexually abused at the hands of her own father... Big ‘Uelita’s reaction? Not believing her own daughter. Manifested as a complete denial that anything had ever happened, my grandma and my mother speculate that Big ‘Uelita’s reaction may have been a coping mechanism for feeling unable to take the necessary steps to stop the abuse and protect her daughter. These steps no doubt would have included confronting her husband, a serious challenge to his authority, which my grandma already attested was an action that Big ‘Uelita found insurmountably difficult. Consequently, my grandma was forced to take her own steps to protect herself by getting married and moving out at 15 to start a new life with the first guy she had ever dated. Unfortunately, this marriage turned out to be merely a

continuation of the abuse my grandma had already suffered, except this time taking the form of IPV targeting her as a primary victim. Thus, this story represents the dramatic potential ramifications of the fear, submission, and intimidation that IPV causes: principally, the hindrance of a mother's ability to adequately protect her kids—and in this case—the resulting increased likelihood of intergenerational violence.

All participants heavily invoked the theme of protection in describing their experiences of motherhood in the context of IPV, with the vast majority explicitly expressing the idea that one of their most important duties as a mother was to protect their children from harm. A perceived effect of IPV on parenting that several participants reported was the heightening of their protective instincts, or an increase in their awareness of the need to protect their children and their desire to do so. Participants talked about being extra wary around, watchful of, and attentive to their children when the abusive partner was present. These participants said they did this to protect their children from the threat of direct harm perpetrated by their partners toward their children, whether in the form of physical blows, yelling, criticism, or other actions perceived as harmful to their children's well-being (Marisol; Jamie; Mariana; Sara; Dominica; Ashley; Lady; Guadalupe). One of these participants expressed concern about only one type of harm: sexual abuse of her daughter (Marisol). Another one of these participants described the hyper-vigilant, hyper-protective parenting mode that she adopted when her partner was around her children:

[Durante el período de la violencia doméstica] estaba más protectora definitivamente—como está la gallina que tiene sus pollitos chiquititos. Están allí...y ella ataca siempre... estaba allí siempre. Que si tantito que...o sea, allí estaba yo ya peleándole porque—o sea, no me gustaba así. Es un decir, como que...o sea, si les hacía medio feo, yo estaba allí siempre chequeándolos. Siempre vivía...siempre vigilando...cada mirada, cada acción con ellos... y no porque fuera que me les fuera a hacer algo a ellos—pegarlos o algo—pero... o sea, yo iba por el feo, por la manera en que se portaba con ellos.

[When I was still in a domestic violence situation] I was definitely more protective—like a mother hen that has all her little chicks under her wings. They are right there beside her... and she attacks always [when someone tries to harm her chicks]...I was always right there [beside my kids]. If [my boyfriend/abuser] even slightly threatened to mistreat my children, I would be there fighting him because I did not like it at all. In other words,

if he was being mean to them, I was always right there checking on them. During that time, I lived watching his every glance, his every action toward my children... not necessarily because I thought he was going to do something [physical] to them—like hit them or something—but rather because he was ugly in the way he interacted with them. (Jamie, 23 years old)

In addition, one participant described sending her children to study at a university far from their family home so they would not be living in such a harmful and violent environment (Lady). For most participants, this protectiveness partly motivated their decision to leave their abusive relationships, and for one participant it was her sole motivation to do so (Ashley). However, it should be noted that a desire to protect their children also motivated many mothers to stay in their abusive relationships at times, mostly because they viewed the suffering that their children endured living in an IPV-affected household as less than the potential suffering their children would endure living with a single mother who may not be able to financially provide for all of their basic needs.

Ironically, another perceived effect of IPV expressed by several participants was its *hindrance* of their ability to protect their children from harm or mistreatment. The most common perceived harm from which participants reported having not been able to completely protect their children was witnessing the IPV perpetrated against themselves by their partners (Marisol; Jamie; Mariana; Sara; Laura; Mari; Ashley; Raquel; Lady; Guadalupe; Nery). One participant described what this reality was like:

Imaginate... a mí me dolió mucho porque ya la segunda vez, ya tenía mis dos hijos y mis niños chiquitos allí. Estaban sentados mirando cuando me pegó, me pateó...y para mí eso fue lo peor. Imaginate, ¿cómo tus hijos van a estar viendo que su papá o el esposo de su mamá la está golpeando? [...] así que eso no va a volver de pasar en mi casa, no. Depende de uno, de cuando uno pare.

Just imagine... it really pained me because the second time [that I was in an IPV-affected relationship], I had my two kids, and they, as toddlers, would be sitting there watching when [my abuser] hit me and kicked me... and for me, that was the worst. Imagine, how are your kids going to watch their dad or their mom's

husband beat her? So that is definitely not going to happen again in my home. It's up to [me] to not tolerate that. (Marisol, 51 years old)

This was probably the most frequent way that IPV impeded the realization of their protective instincts because, for the most part, participants could not control the actions of their partners, nor their children's whereabouts during episodes of abuse. Often, the violent actions of participants' abusers were directed as much at the children as at the participants themselves, creating a complex dynamic in which the mother's protective instinct was acutely triggered by witnessing her abuser's mistreatment of her children, but being a primary victim of IPV prevented her from being able to adequately defend them:

[Cuando mi ex-esposo pegaba a mis hijos] yo me asustaba. Yo a veces me metía allí y a mí me daba igual. Me rompía mi corazón. [starts to cry] ... pues uno no puede... uno tiene miedo... sí y les pegaba... ni se podía meter porque era horrible que ellos vieran a él ahogando a la mamá. [...] Yo no podía hacer nada porque yo decía "si vengo a pararlo, me va a ir peor todavía." [...] Entonces eso era ya como toda la vida, como todos los días, como toda la semana...

[When my ex-husband used to beat my kids] I would become frightened. I sometimes would try to stop him and then he would start beating me, too. It broke my heart [starts to cry] sometimes when... you can't... you're scared... yes, and he would beat them... I couldn't even try to get in the middle and defend them because it would be horrible for them to watch their dad choking their mom. [...] Throughout the years we were together, this happened every day, every week... (Lady, 59 years old)

This particular quote is especially revealing of the intensity of the maternal protective instinct in that the participant seems less concerned about the reality of being choked herself than about *her children* having to *watch* her be choked.

Other times, the pathways through which IPV impeded participants' protection of their children were less direct. For example, the partner of the participant who had been concerned about her partner sexually abusing her daughter did end up abusing the daughter. Notably, in this case, one of the threats that the partner used to make sure the participant's daughter kept the

abuse a secret was, “If you tell [your mother], I will just abuse her more” (Marisol). In this way, the threat of continued or worse IPV targeting the mother ultimately served as a barrier to the daughter’s disclosure and thus to her mother’s ability to protect her from the ongoing sexual abuse. This mother described her emotional reaction upon discovering that she had failed to shield her daughter from the abuse she had long feared:

Yo me caí en depresión por lo que él me hizo. Me creía yo la mujer más mala del mundo, más estúpida. Yo me quería morir. No quería saber de nadie...Me alejaba mucho de mi familia por lo mismo. Nadie puede sentir lo que sientes como una madre cuando le hacen daño a tu hija.

I fell into depression because of what he did to me [by abusing my daughter]. I believed that I was the worst woman in the world—the stupidest woman in the world. I wanted to die. I didn’t want to talk to anyone... I isolated myself from my family because of what happened. No one can feel what you feel as a mother when someone hurts your daughter. (Marisol, 51 years old)

Another participant reported that because her abuser isolated her from friends, family, and neighbors, she did not have anyone to whisk her children away when abuse occurred so that they would not witness it (Mariana). Finally, multiple participants described how the IPV drove them to have suicidal thoughts and/or the strong desire to kill the abuser/father of their children (Mariana; Marisol; Cati), which likely would have caused some form of emotional and psychological harm to their children due to the death of one of their parents. Thus, this is an additional way in which IPV made participants’ protection of their children extremely difficult.

It is essential to analyze not only the explicit content related to parenting contained in the data presented above, but also the more latent content that alludes to macro-level factors, such as society-wide systems of oppression, that structure these women’s experiences. Among the data collected in this study, and in general with regard to the phenomenon of male-on-female IPV, the system of oppression by far most prominently at work was the patriarchy, or in this instance, machismo. One can see it in the various forms of abuse suffered by both the mothers and their children that are described above. At the root of a man’s choice to exert power and control over his female intimate partner in the aforementioned ways is his position in a society governed by a machista system that ideologically and materially supports male superiority over women. Cultural concepts like machista masculinity, which normalizes male dominance and aggression, and marianismo, which demands female submission and subservience to male authority,

developed in the context of this imbalance of power. In addition, the material realities that grow out of this kind of gendered ideology, like the difference in pay received by men and women for the same work, the fact that men are more likely than women to inherit and own wealth, and the fact that men are more likely to be believed than women by important actors like judges in a courtroom, all contribute to the kind of society in which the above incidents of IPV are tolerated.

However, as discussed earlier, Latina immigrant mothers' structural vulnerability is compounded by many other systems of oppression. Of the anecdotes the women recounted that related to the theme of protection, Marisol's story about her daughter who was sexually abused by Marisol's abuser/boyfriend stands out to me as a clear example of how these systems intersect. This is because, in addition to the details I presented above, Marisol described the greater context in which the sexual abuse of her daughter actually happened. Marisol said her daughter had been living with some extended relatives before coming to live with Marisol and Marisol's abuser. Since Marisol and her abuser were low-income, they could only afford to rent one room in an apartment shared between many families. Thus, Marisol, Marisol's abuser, and Marisol's daughter all had to sleep in the same room, an unavoidable living situation that worried Marisol enough to prompt her to explicitly warn her abuser prior to her daughter's arrival to stay away from her daughter. She did this especially because during that time, Marisol worked full-time, and her abuser was not working at all. Thus, her daughter was often left alone in the apartment with her abuser when her daughter was not in school.

This specific example from Marisol's lived reality perfectly illustrates how one's socioeconomic status (SES) can contribute to one's inability to achieve health. In fact, the system of oppression based on SES/class was the second most prominent (after machismo) in terms of overall strength in the data collected for this study. In this case, Marisol's inability to afford a full apartment, let alone a separate bedroom for her daughter, facilitated her abuser's molestation of her daughter. As an undocumented immigrant without legal authorization to work here in the U.S., Marisol's immigration status no doubt contributed to her inability to find higher-paying work and thus have a higher income that may have made the protection of her child more feasible. Of course, what makes her "undocumented" in the U.S. is the combination of her inability to find work in her home country of Mexico as a high-school graduate and the racist immigration policies that favor high-income, highly educated applicants from Latin American countries for admittance as legal immigrants to the U.S. In this way, we can see how mothers like Marisol are vulnerable to larger, systemic realities over which they have no control and which constrain their parenting options to the extent that they are at times unable to protect their children from harm.

2) Reduced social support

Some of the richest data I obtained about IPV and its contribution to a mother's lack of social support came from my conversations with Guadalupe at her dining room table. At the time of the study, Guadalupe lived as a single mother with three children who were all 15 years of age and under. She talked about how ever since leaving her IPV-affected relationship, she had struggled to provide for herself and her children as a single mother. With a low-paying job as a housekeeper, she had to work long hours to make enough to cover all of her expenses. She described how difficult it was to balance this need to work with her practical duties as a mother, such as cooking meals for her kids, taking her daughter with learning disabilities to and from specialized therapy, and ensuring her children's educational success by making sure they did

their homework and by going to various events at their school. Unfortunately, she did not have any close friends or family members to help carry out these practical tasks for her kids while she was at work, especially since the heightened isolation she experienced during the period of IPV still influenced her life. She told me about how she had to become very skilled in time management and did not have a lot of time to sleep because she always had so much to do. She expressed worry about her situation since she knew of many single mothers who had divorced their husbands and consequently found themselves working up to three jobs to cover their expenses. She said that by virtue of having to work so much, these mothers unwittingly neglected their kids, who were left unsupervised a lot of the time. Guadalupe went on to directly connect this neglect to these kids' involvement in substance use and gangs.

This kind of neglect and the associated consequence of her unsupervised kids going down "el camino equivocado" (the wrong path) together seemed to constitute Guadalupe's worst fear, especially after the scare she had upon taking her 15-year-old son to a medical appointment. The doctor told her that her son was overweight and at risk of developing diabetes. She was alarmed by this news and felt extremely guilty for not noticing this in her son since (according to her) she spent "too much" time working and not enough time closely watching over her kids. She described how she always cooked her kids healthy meals with lots of fruits and vegetables and left it for them to heat up when they came home from school. However, she said she often came home at the end of the day to find the food untouched and to discover that her kids had gone to the local convenience store to buy packaged noodle soup and soda for lunch instead of eating the meal she had prepared. She was baffled by this because she did not leave them any money to do so, suspecting that her former abuser/the children's father took them to buy it. To help correct this situation, even though her schedule was already air-tight, she took the doctor's recommendations and committed herself to going running with her son every day at the local park by their house. She even managed to scrape money together to buy her son special shoe inserts since he said his feet hurt him when he ran. She smiled in a far-off kind of way as she described how she and her son had come to enjoy running together around the track, since it helped relieve both of their stress and gave them precious time to bond without distractions. Even though she lived in the vacuum of social support that IPV left, Guadalupe continued to find ways to economically provide for her kids, maintain their well-being, and even use it as motivation for positive change. This story shows the resilience and commitment of women like my participants who are forced to parent largely without support in the context and aftermath of IPV.

All participants consistently reiterated how IPV greatly contributed to their lack of social support in general and parenting support specifically in caring for their children. The most direct mechanism through which this occurred was the abusers' deliberate withholding of such support during the period of IPV. One woman described her abuser's typical behavior:

Él andaba en la calle con otras mujeres y venía a casa a pegarme. También me robaba todo el dinero que gané yo del trabajo. No me ayudaba nunca con cuidar a mi hijo, menos a mis otros hijos.

He would cheat on me with other women, then come home and beat me. He would also rob me of all my money from work. He didn't help me take care of our son at all, let alone my other kids [of whom he was not the biological father]. (Alma, 42 years old)

Many other women described a similar pattern of their abusers refusing to help them in practical matters related to the children like picking them up from school, cooking them meals, disciplining them, and changing their diapers (Dominica; Lady; Sara; Jamie; Esperanza; Ashley). In an extreme case, one abuser's reaction to learning that a participant was pregnant with his child was to tell her to abort the child because he believed that he was not the true biological father (Ashley). Another participant's abuser made a similar outlandish claim about paternity to justify trying to convince her to put the child up for adoption (Mariana). These cruel denials of much needed social support made the mothers feel like they were the sole parents of their unborn children and forced them to do everything related to taking care of the home and their children, heightening the stress of their situation and leaving them often overwhelmed by their immense responsibilities as mothers. In fact, although the women were more than happy to care for their children, in many cases they felt so consumed by their parental responsibilities as essentially "single" mothers that they lost their sense of self in the process (Lady; Dominica; Ashley; Mariana; Nery):

Yo me di cuenta que era como que yo ya no podía vestirme cómo yo me quería vestir. Eran muchos años que no vi una película que yo quería ver... Porque siempre estaba con los niños. Y además ni iba a las fiestas porque decía "si yo me voy, ¿quién va a quedarse con los niños?" Entonces no podía. Yo no podía salir a ningún lado. Yo era la empleada de la casa se puede decir... mejor ni la empleada, esclava [original emphasis]... porque son las 24 horas. Entonces yo ya ni me peinaba y a veces no tenía tiempo para bañarme. Y si me iba a bañar, los niños estaban tocando a la puerta, esperándome afuera. Entonces como que yo en esos años, yo perdí yo... Mi identidad "yo." En ese tiempo yo estaba sólo respirando nada más en esa casa.

I realized that I got to the point where I couldn't even dress how I wanted to dress anymore. It had been years since I had seen a movie that I wanted to see...

*because I was always with the kids. And furthermore, I didn't even go to any events with friends because I thought "If I go, who am I going to leave the kids with?" So I never could. I couldn't go anywhere. I was the employee of the house you could say... actually, not even the employee—more like the **slave** [original emphasis]... because I worked 24/7. So I didn't even brush my hair, and sometimes I didn't have time to shower. And if I would shower, the kids would be knocking on the bathroom door, waiting for me as soon as I got out. So during those years I lost myself... My identity of "me." During that time, the only thing I did for myself in that house was breathe. (Dominica, 40 years old)*

Abusers also tried to actively work against mothers' attempts to care for and raise their children in the way they felt was best. For example, multiple mothers described their husbands being "jealous" of their children (Jamie; Dominica). For example, one mother described how whenever two of her children (who were not biologically related to her abuser) misbehaved and she punished them (by taking away their electronics for instance), her abuser would make fun of her children behind her back. Indignant at this childish behavior, she would then lift the punishment of her kids, even though doing this made her abuser angry. She described how she really wanted to be consistent and effective in disciplining her kids, but she could not stand the thought of giving her abuser that kind of pleasure, feeling compelled to defend her children against her abuser (Jamie). Several mothers also talked about how their abusers would criticize them and their parenting techniques incessantly in front of their children. One mother described how her abuser would even encourage her to hit her child more:

A veces llega un momento de competencia entre papá y la mamá porque llega un momento en que tú tanto cuidando y él [tanto] criticándote: "Es que tú no educas a tus hijos bien! Es que tú no enseñas... Es que tú este... es que tú otro." En mi caso me pasó que él me decía, "No, tú pégale! Ella dijo esto!"

Sometimes a moment of conflict arises between the dad and the mom when you [as the mom] are trying to take good care of your children and he [as the dad] is criticizing you so much: "It's that you don't teach the children how to behave! It's that you don't teach them...It's that you 'this'... and you 'that.'" In my case, [my abuser] always told me, "No, hit her [the child]! She said this [bad thing]!" (Nery, 35 years old)

In addition, the isolating effects of IPV—both due to the phenomenon’s consumption of their time and attention and due to their abusers’ intentional prevention of their interaction with friends and family—reduced the amount and quality of participants’ social support. This, in turn, had a negative effect on their ability to effectively parent (Mariana; Sara; Cati). One of these participants lamented that she had no one to help her manage her kids’ rebelliousness, which she understood to be a reaction to the IPV perpetrated by her partner (Sara). Another of these participants described “doing everything wrong” with her first child, which she attributed partly to her own childhood abuse perpetrated by her stepmother and partly to not having anyone to turn to for advice, model her mothering after, or to ask for help with things like babysitting (Mariana).

Returning to the situation of Guadalupe, it should be noted that one of the reasons she struggled to provide for herself and her children so much was that her former abuser/the father of her children gave her so much difficulty about paying the child support he legally owed her. She described the situation in detail to me during one of her interviews:

Tengo que hacer maravillas con el tiempo. Tengo que correr y tengo que ver... y tengo que trabajar porque si el papá sí me pone un mes, uno, dos, tres meses no pone nada y tengo que llevarlo a la corte. Si va y dice “No... es que blah blah blah,” le creen! Automáticamente! Sale librado. Yo tengo que ir porque tengo que representar a mis hijos. Me dicen, “Pero es tú vuelves allí.” Fui a “child support” y me dijeron, “Imagínese si se muere, ¿quién tiene que sacar eso? Usted, verdad?!” Yo dije “sí.” “¿Y entonces!?” me dijeron, “Trabaja?” Le digo, “Sí. Trabajo el tiempo que tengo que llevar para mantener a mis hijos.” “Es que nosotros no podemos arreglar todos los problemas de ustedes.” [Exasperated sigh] El “child support” es como.... Ayy... la mujer hispana [que trabaja allí] es muy agresiva. Y por eso mucha gente no regresa! Mucha gente piensa que mejor se aguanta.

I have to make miracles with my time. I have to run around, and I have to make sure [everything gets done]... and I have to work because the father [of my kids] will give me a month’s worth of child support, but then won’t give me anything for one, two, or three months in a row, and I have to take him to court. When that happens, he shows up [to court] and [makes up a ridiculous excuse], saying, “No...[I didn’t pay] because... blah blah blah”, and they believe him! Automatically! And he just leaves free as a bird. I have to go [to court] because I have to represent my kids. [The people who work at the courthouse] say to me,

“But you are the one who takes him to court.” I went to [the government office that handles cases of] child support, and they told me “Imagine if the father of your kids died, who would have to financially provide for your children then? You, right?” I said “Yes.” Then they said, “So...[why don’t you just accept that fact]? Do you even work?” So I tell the lady, “Yes. I work the time that I have to in order to provide for my children.” And she responds, “The thing is, we [here at the child support office] cannot solve all of you people’s problems.” [exasperated sigh] The child support office is like... Ayy... the Hispanic lady that works there is very aggressive. And that is why many people [who are legally entitled to receive child support] stop going to the office to solve their problems! Many people think it’s better to just put up with [not receiving their child support payments] than to deal with that office.

Here, we can see clearly see the converging influence of various systemic factors like bureaucracy, the law, machismo, and class on Guadalupe’s parenting experience. Since Guadalupe’s former abuser refused to provide her with full social support in the care of their kids, she was forced to make do with trying to obtain mere financial support. Since he was unwilling to provide it on his own, Guadalupe was forced to pursue child support through the legal system, which she was formally granted. However, the reality of the situation was that her former abuser continued to refuse her this monetary support, making it much more difficult for her to adequately care for her kids and contributing to situations like the one involving her son described at the beginning of this section.

Despite managing to navigate a foreign legal system with which she was unfamiliar, Guadalupe was still repeatedly left without material parental support from her husband and without moral parental support from the system that was supposed to be helping her. Her description of her former abuser repeatedly being believed in court when he invented excuses to explain his failure to pay Guadalupe suggests the court’s possible bias in favor of her former abuser as a man. I say this because some of the strongest manifestations of machismo found in the dataset of this study were: the tendency to believe men over women and the tendency to not hold men accountable for their actions (especially in comparison to women). I believe that both of these manifestations of machismo are at play in Guadalupe’s story, particularly because she described the above phenomenon as happening repeatedly. In addition, based on her professional experience as a social worker who advocates for female survivors of IPV in court, one of my key informants confirmed that the “good ol’ boy” culture (a culture of male camaraderie that often involves men practicing unethical partiality for other men) is still widespread among male judges, prosecutors, and other prominent actors in the court system to the ultimate benefit of male defendants like male perpetrators of IPV. Finally, the judgmental attitude of the female employee of the child support office also seems rooted in (internalized) sexism, since she seemed unconcerned about whether or not Guadalupe’s former abuser fulfills his obligation to pay child support, instead insinuating that Guadalupe should stop trying to hold him accountable and just resign herself to picking up his slack.

The employee’s words, “we [here at the child support office] cannot solve all of you people’s problems,” bring various issues to the forefront. Firstly, her words may have been alluding to an overwhelming demand for the services that the office provides

combined with an insufficient number of staff to satisfy that demand. Secondly, the worker's use of "you people" implicitly paints a picture of "the type of people" who pursue child support through the legal system and/or who repeatedly go back to court to ensure continuous receipt of payments. It is likely that "these people" broadly speaking—particularly survivors of IPV like Guadalupe who face a disincentive to go through this process (i.e. they would most likely prefer not to have to interact with their former abusers)—are of low socioeconomic status, since they are seeking monetary support. Thus, this statement, combined with the worker's loaded question asking if Guadalupe worked and her reminder that child support would end with the death of Guadalupe's former abuser, seemed to generalize low-income seekers of child support as falling into the stereotype of bothersome, lazy people just trying to get free hand outs. It is not entirely outside the realm of possibilities that the stereotype invoked by the employee also carried xenophobic implications, given Guadalupe's low English proficiency (which the worker may have taken as evidence of Guadalupe's immigrant status).

3) Disruption of unity, closeness, and harmony of mother-child relationship

New Year's Eve, 2016.

Houston, TX.

An Italian restaurant.

My mom had decided to pass on what was supposed to be the special family dinner we always have on New Year's Eve. When she told us that she was staying home, it was clear that she was frustrated, angry, and stressed about arguments she had had separately with both my dad and I earlier that day. At her insistence, we decided to leave for the restaurant without her. Later, during dinner, my dad ordered me to give him some of my food so he could try it, telling me, "Gimme some of that and put it on that plate over there." It kind of caught me (as it always does) that he said his request as a command rather than politely asking, so I said "What's the magic woordddd?" in a lighthearted/joking way. In a serious and disapproving tone he quickly retorted, "No. I'm not gonna say that." Caught off guard by the seriousness of his response, I earnestly insisted (still in a non-confrontational tone) that he fulfill what I thought was a simple, reasonable request: "Just say please." However, he also began to dig in his heels: "No, I'm not gonna play your game." "Ok. That's fine" I said, as I continued eating my food and looking around at the other people at the table. My sister later said that this moment is when it started to get awkward for my grandma and uncle who were at dinner with us. But everyone eventually continued with the meal and conversation until my dad started trying to "casually" threaten me like "That's ok. That meal [that I was eating, which my dad had wanted to try] is gonna come out of the money we were going to give you to help you with your spring break trip to Puerto Rico. Watch." My response was just, "OK. Whatever." as I continued with the conversation everyone was trying to have. My grandma leaned over and said to me that she would help me pay for my trip to Puerto Rico (i.e. cover whatever amount my dad took away). He didn't hear her.

Later on during the meal, my dad started saying that he wouldn't allow me to use one of our family cars to go out later that night to hang out with my friends, at which point my grandma said that I could use her car to go to my friend's house. I don't think he quite caught what she had said until I said, "Thanks, Grandma" with an admittedly smug smile. He then finished

processing what she had said and, redirecting his attention, very seriously and assertively told her, “Don’t undermine my authority in my household,” which instantaneously escalated things and made the atmosphere around the dinner table extremely awkward. My grandma’s facial expression was rather shocked, and she stammered, “I’m.. I’m notttt...” Thankfully, my sister quickly stepped in and diffused the situation by saying, “She’s just being a grandma,” an explanation (based on the generalization that grandparents love to spoil their grandkids) that my grandma gratefully picked up: “Yeah, I’m just being a grandma.” After that, we tried to bury the sudden flare up of my dad’s need to assert his machista masculinity with some banal conversation, realizing that my uncle had fallen completely silent during this whole exchange. We managed to make conversation at least semi-normal, aside from my dad’s side comments every now and then repeating his threats about the “consequences” I would face for my “disrespect.” I would respond sometimes (mostly to express my disbelief that the situation had gotten to that point), while everyone else tried to ignore his comments and enjoy dinner. Not helping the situation was the fact that he ended up drinking two and a half particularly strong margaritas by the end of dinner—not nearly as much as he used to drink when I was little, but still enough to affect his attitude and behavior.

When we got home, my mom, my dad, my sister, and I all got into a big argument/discussion in our living room about what had happened, since the drama had nearly ruined what was supposed to be a special dinner. Of course, because he had been drinking my dad wouldn’t listen at all – in fact, during that discussion he was the worst listener in the world. He was only concerned with defending himself, insisting that he had asked me for some of my food, while my sister and I both confirmed that he had not asked, but rather had ordered me to give him some (his tendency whenever he wants anything done, which no one in my family likes). My mom, my sister, and I all sat in our living room watching him act unbelievably immature for a man in his 50s, as is his habit whenever he gets in an argument after drinking any amount. More specifically, whatever you say to him just goes in one ear and out the other. He simply says “no” and repeats the same few lines of whatever his story is over and over and over again, trying to dominate the conversation by speaking loudly and drowning out whatever anyone else says. This particular night, he kept saying, “I will not be disrespected” and “I will not play your games” [to me]. He also kept mocking what my mom, my sister, and I would say in an unnatural, high-pitched voice, just like a little kid. Whenever he gets like that, he is insanely stubborn, confrontational, irrational, and sarcastic. His only concern is being right or “winning,” which in his mind means maintaining all power and control, as machismo dictates.

That night, my mom said my dad and I should both apologize to each other because apparently he “had been disrespected” (i.e. had felt like his power/authority were being threatened) when I jokingly asked him to say please. I remember thinking, “I can’t believe that he would rather turn the whole night into a fiasco than say one simple word that he clearly thinks is ‘below him.’” When my mom made this suggestion, he quickly interjected, “Well, she has to apologize first.” In response to this childish objection, I refused, insisting that I had done nothing wrong.

What really makes me mad is that whenever we are trying to have a serious family discussion like on this night, my dad purposely distracts himself by turning on the TV and half-watching whatever is showing the entire time. He is loud and aggressive, having learned that this is the way men should act when directly challenged. At one point during this particular exchange, he even called me by his first name “for being stubborn,” and I laughed loudly and in an exasperated voice said, “What does it say that you are calling me by your own name for

being stubborn?!” However, the irony of the situation seemed to be lost on him. At this point, he fell back on his old habit of lashing out or trying to do something else to reestablish his power/control of the situation when he feels threatened or like he is not winning. Specifically, he stood up suddenly and walked over to me. For some reason, even though I wasn’t even looking at him, I had a feeling he was going to take my phone. And that’s exactly what he did, forcibly grabbing the phone out of my hands. I tried to resist at first and maintain my grip on it, but I stopped resisting after just a few moments. I don’t remember why, but I just gave up... I decided to stop fighting. I didn’t feel like fighting. I guess I felt like it wasn’t worth it. I guess I was just tired of years of fighting back.

The “years of fighting back” makes more sense if you know that this reaction of giving up is not like me. In the past, I would fight my dad hard in any physical altercation he initiated mostly because whenever he is confrontational with me, I have such a carácter fuerte that I feel compelled to be confrontational back. However, I feel 100x more compelled to be confrontational with him if he is being confrontational with someone else other than me (i.e. usually my mom). I trace this almost inescapable tendency of mine back to my instinctual desire to defend other people, especially those who I believe are not able to protect themselves. This desire/need is even stronger for me when those people are being threatened by something I consider morally wrong (like the actions of another person), as opposed to something I consider harmful but not necessarily morally wrong (like a natural disaster).

Fortunately, the situation did not escalate any further from there, as my dad went back to his spot on the couch and literally sat on my phone, feeling satisfied with his small success I’m sure. Meanwhile, my mom was able to start accomplishing something productive in the discussion/argument by turning the focus more toward herself and venting her own frustrations (which mainly had to do with how she felt that my sister and I had not been respecting her in the way we had been talking to her lately). She and I had had an argument earlier in the day, so I knew what she was talking about (me raising my voice at her, responding sarcastically, etc.). As we tried to have this conversation, my dad made a couple of sarcastic side comments, even though we were not even talking to him. Eventually, he left the room and went somewhere. At this point, I started to cry to my mom because I finally felt safe enough to be vulnerable and tell her what I had been thinking about. I told her how I hate catching myself being disrespectful to her because I know that she already deals with so much sarcasm, disrespect, ungratefulness, and condescension from my dad all the time, and I hate adding to her load. I told her that, especially since I see myself as her protector against the threat of my dad when necessary, knowing that I engage in some of the same forms of mistreatment of her that my dad does kills me inside.

However, as my family has discussed (and my dad has admitted) many times, it is not a coincidence that I sometimes respond to my frustration and disagreement with my mom in the same maladaptive ways that my dad does. In fact, this kind of dynamic was frequently identified by my participants who drew similarities between the forms of mistreatment their abuser used and the ways in which their children rebelled against them as mothers. While I do not believe that my dad intentionally tries to instill in my sister and me this manner of interacting with my mom—in fact, often reprimanding us when we do it—, like the abusers of my participants, my dad has always had the daily habit of speaking authoritatively, condescendingly, and sarcastically to my mother in front of my sister and me, especially when he is stressed out by his job. It is this implicit role-modeling of bad behavior in front of his children that accomplishes the normalization of these harmful ways of interacting with other people in my mind. I have noticed how I sometimes pick up this habit when I am in a bad mood and engaging with my mom or am

having an argument with her. Although this example from my own family may be a less extreme version of the dynamic, particularly because I feel the habit is an automatic verbal reaction on my part rather than an intentional decision, it perfectly illustrates the intergenerational transfer of the emotional/psychological violence of IPV and how it can affect a mother's relationship with her child(ren). Without a doubt, hearing the perspectives of other mothers (my participants) who experienced similar situations reinforced my commitment to fight against the ways in which IPV upsets the mother-child relationship.

All participants talked about how IPV consistently disrupted the unity, closeness, and harmony they shared with their children in a myriad of ways. In fact, the abuser often intentionally chose particular forms of abuse to accomplish this specific objective. For example, participants described how the abuser would verbally and psychologically abuse the mother by doing things like criticizing, insulting, and/or cursing at her in front of her children to mar their perception of her (Dominica; Lady; Nery; Alma; Mariana; Esperanza; Marisol; Cati; Mari; Guadalupe; Laura; Maria; Jamie; Raquel; Sara; Ashley). According to the reports of several participants, it was also common for the abuser to physically abuse the mother while her children were watching (Lady; Sara; Mariana; Cati; Raquel; Marisol; Ashley; Alma; Mari). One participant explicitly identified the negative effects this, in turn, had on the way her children interacted with her:

Y a veces que cuando lo regaño o algo... me grita... me quiere callar la boca... Hasta que me ha dicho malas palabras así como me decía el papá. Pero síii... causa... tiene efecto la violencia.

*And sometimes when I scold [my son] or something...he yells at me...he wants to shut me up...he has even cursed at me like his father [my abuser] used to do. But yes...IPV causes...IPV definitely has an effect [on the mother-child relationship].
(Sara, 39 years old)*

This particular mother went on to describe how at the time of the study all eight of her children were engaging in rebellious behavior that had started while they were still living in an IPV-affected household and had continued for years after she had ended the abusive relationship (a problem other participants shared to varying degrees; Jamie; Laura; Nery; Marisol; Guadalupe;

Dominica; Cati; Ashley; Alma). Specifically, Sara reported that her toddlers tried to hit her whenever she scolded them and that her relationships with her young adult children had deteriorated to the extent that those children had moved out of the house and cut off their communication with her. She even described two incidents in which her two teenage daughters physically attacked her because she did not give them permission to do something (Sara). In this case, serious unresolved emotional and psychological issues seemed to be negatively affecting the mental well-being of the children (which the mother attributed to their exposure to the violent nature of IPV) and contributing to their rocky relationships with their mother (Sara). In another extreme, but different example, one mother described the way her husband/abuser had always treated her children “like angels” so as to “manipulate them into being on his side” when she tried to condemn his abusive behavior in front of the children. She even recounted several instances in which her children unwittingly participated as accomplices in the abuse perpetrated by her husband, due to his manipulation of them (Cati).

For many participants, once their abusive relationships ended, their ex-partners continued to try to cause problems in the mother-child relationship. In other words, even in its aftermath, IPV continued to affect the ways in which these women were able to be mothers. For example, in several cases in which the participant’s abusive ex-partner was the biological father of her children, he tried to obtain custody of the children as a way to punish the participant for leaving him by taking away her “official” status as their mother. In some of these cases, the father won partial or full custody of the children in court, but afterwards, frequently conceded his scheduled time periods with them to the mother (Nery; Dominica; Guadalupe; Mari; Mariana). Even when the father did receive the children during his scheduled time periods, in some cases, he would refuse to take them to medical appointments (Nery; Guadalupe) or out to do fun things, simply

keeping them in the house while he went about his own business (Dominica). Sometimes the abuser would even verbally and psychologically mistreat the children as an indirect way to hurt the mother (Dominica; Guadalupe). Based on this evidence, these participants said they knew their ex-partners did not want custody of the children due to their desire to be good fathers, but rather in order to get revenge on the mothers. Several participants also reported that in each of their cases—whether or not the abuser/father had any type of legal custody over the children—when he spent time with the children, he would tell them negative things about their mother, constantly criticizing her and blaming her for everything (Dominica; Nery; Guadalupe):

Antes, mis hijos me decían que yo le había destrozado el hogar porque él [their dad] les dijo que yo le había destrozado el hogar porque yo me los había llevado. Todos decían eso. Y me hacían problemas para que yo les pegara... me lo dijo mi hijo más grande, “eso te lo están haciendo mis hermanas porque quieren que tú les pegues y ellas llaman a la policía y te llevan a la cárcel porque dice el papá que es el único lugar que deberías estar: en la cárcel.”

Before, my kids used to tell me that I had destroyed our family because he [my former abuser/their dad] had told them that I had destroyed our family because I had taken the kids and left. They all used to say that. And my children intentionally tried to cause problems for me so that I would hit them...my oldest son revealed to me, “My sisters are doing that to you because they want you to hit them, so that they can call the police and you will go to jail because Dad says that is the only place you should be: in jail.” (Guadalupe, 46 years old)

Clearly, the above abuser succeeded in manipulating his children into having negative opinions of their mother. He also ended up encouraging the two daughters—one of whom is 12 years old (and has a learning disability) and the other of whom is 6 years old—to try to provoke their mother by misbehaving, so that she would physically punish them and “go to jail.” These negative effects on the mother-child relationship were not uncommon.

A mother having to share child custody with her former abuser is just one manifestation of how IPV can disrupt the unity or closeness of the mother-child relationship by contributing to the physical separation of mother and child, resulting in the complex realities of long-distance

parenting. Sometimes the pathway from IPV to this particular effect was very direct, as is evident in the reports of multiple participants that the abuser would “kidnap” the child and not tell the mother where he/she was. Sometimes this “kidnapping” would last only for a couple of days (Sara), but in more than one case, it was permanent (Mariana; Alma). For example, one mother described how her husband randomly left one day without notice, taking their son with him to a different state of her home country. After finding out through mutual contacts where they were, the mother went to live near them at the very least to watch over her son from afar, since her abuser refused to allow her to physically approach the child, under the threat of violence. After seeking help from the police only to be told there was nothing they could do, she stayed there for several months trying to figure out a way to get her son back for herself:

Una vez [mi agresor] se quedó dormido y yo quise agarrar al niño y me iba a salir...y despertó y NO—olvidate...me agarró, me jaloneó, jaloneó al niño... Yo solté al niño. Yo lo solté porque estaba jaloneando a él. Me golpeó... Fui a la policía...fui a levantar un certificado médico, pero.... ahh [shakes her head and sighs]... nada.

One time [my abuser] had fallen asleep, and I tried to grab my son and leave [without my abuser knowing]... and [my abuser] woke up and NO—Forget it... he grabbed me, he swung me around, and grabbed the boy out of my arms... so I let go of the boy. I let him go because [my abuser] was violently pulling on the boy [and I did not want my son to get hurt]. [My abuser] beat me... I went to the police... I went to report him and undergo a medical examination as evidence to prosecute him, but...ahh [shakes her head and sighs]... they didn't do anything. (Mariana, 50 years old)

This participant was thus forced to eventually give up her hope of fulfilling her role as mother to this child, especially since she had other children to care for. She described her emotional reaction to this new reality in vivid detail:

Yo me quería volver loca. Yo me quería volver loca. Yo veía...estaba la cuna... estaban sus cosas... No no no no no... yo me volví en contra de Dios. Yo le gritaba... le decía, “¿Por qué me quitas lo que es mío?! Me quitaste a mi mamá cuando era una niña...me quitas a mi hijo... no tengo a mi padre...”

I wanted to go crazy. I wanted to go crazy. I saw...the crib was there...[my son's] things were there...No no no no no... I even turned against God. I would yell at Him... I would say, "Why do you take away what is mine?! You took away my mother when I was a little girl...you are taking away my son...I do not have my father..." (Mariana, 50 years old)

As time passed, the mother found out that the abuser had told the child that the mother had died, so the most the mother could do for years after this incident was make occasional phone calls to the child and a couple of 15-minute in-person visits posing as a "family friend," all secretly coordinated by the abuser's sister. Eventually, the participant was able to tell her son that she was actually his mother, and although he was initially pleased with the news, at the time of the study, they were not close, did not talk often, and the participant mostly kept up with his life on social media since he lived in Mexico and she lived in the U.S. (Mariana).

Even so, this mother fared better than another who suffered a similar "kidnapping" of her son by her abuser, but was never able to find out where her abuser took him, and so still had no idea about her son's location or well-being at the time of the study (Alma). The possibility of this occurrence, often one of the greatest fears of mothers who are victims of IPV, was likely part of what motivated mothers to either stay compliant in their abusive relationships or take the child(ren) and flee. In a slightly different situation, one mother described how her abusive partner left her, an event that convinced her parents that they should raise her children without her involvement. Thus, left without a way to economically sustain herself, she saw no choice but to migrate to the U.S. (María). Several participants lamented the difficulties of parenting from a distance, whether the children were in the same city (Dominica) or in a different country entirely (Lady). They expressed feeling impotent in disciplining their children, not being able to protect them from their abusers' negative influence, and/or feeling sad about missing out on the small and special moments in the lives of their children (Esperanza; Dominica; Guadalupe; Lady;

Mariana). Thus, the disruption of the unity, closeness, and harmony of participants' relationships with their children was the effect that participants seemed to experience most consistently throughout the period of IPV and that took particularly painful and long-lasting forms.

Mariana's story of long-distance parenting due to transnational separation from her child exemplifies the multiple ways that this population is cut through by borders. Among the macro-level factors that produce Latina immigrants' various structural vulnerabilities is the absence of legislation in Mexico making it illegal for the father of a child to take the child away from his/her mother, a reality that prevented the Mexican police from helping Mariana retrieve her son. Secondly, in this story, the machista tendencies of believing men over women and of failing to hold men accountable for their actions once again manifest themselves, this time in law enforcement's inaction upon receiving Mariana's report of physical abuse and her request for a medical examination. This inaction impeded her ability to prosecute her abuser and have her son back in her care.

Not surprisingly, the physical distance produced emotional distance between Mariana and her son, severely disrupting the closeness of their relationship since they did not interact as mother and child until her son was much older. Even after everything was revealed and her former abuser had died, Mariana did not have the opportunity to build a relationship with her son since she had migrated to the U.S. by that time and he was still in Mexico. The story behind her immigrant status, a reality that ultimately constituted a huge barrier to Mariana's ability to rebuild her relationship with her son after the kidnapping, reveals the influence of additional macro-level factors, such as U.S. foreign policy.

Mariana illegally migrated to the U.S. after her second oldest son had done so in search of work. The difficulty that people who are not university-educated have trying to find stable jobs in Mexico and other Latin American countries is not inexplicable. This reality is influenced by a multitude of factors, not the least of which is the history of U.S. foreign policy toward these countries, in particular, policies of interventionism and economic imperialism (both of which are rooted in the legacy of greed and racism toward the people of this region that dates back to the era of colonialism). It is no surprise that many of the trade agreements the U.S. has made with various Latin American countries, such as the 1994 North American Free Trade Agreement (NAFTA) that Mexico signed, build up politico-economic systems that are inherently skewed to benefit the U.S. at the expense of Latin American countries. In the case of Mexico, often these agreements and policies have reduced state support for working class Mexicans, produced higher unemployment (as a result of Mexican small business owners being unable to compete with the influx of cheaper, mass-produced American commodities, for example), and contributed to increased violence connected to organized crime in the country. It is likely that push factors like these compelled Mariana's son to migrate, since jobs in the U.S. are generally higher-paying (even for undocumented immigrants) than the corresponding positions in Mexico.

Here, it is important to reflect on how U.S. immigration policies themselves forced his migration to the U.S. to be illegal, as mentioned earlier. Based on testimony from several of my participants, it is exceedingly difficult to obtain a legal visa to come work in the U.S., let alone to migrate permanently to the U.S. Firstly, even just applying for such visas requires legal assistance and the paying of multiple fees, which together often end up costing thousands of dollars—money most of the people interested in these visas do not have. Secondly, the wait times

for these visas are often measured in years, and even then, much of the time there are not enough visas available for everyone who wants/needs one. Thirdly, my participants extensively discussed how in their home countries, unless you have substantial wealth and material assets (which typically requires being university-educated), it is basically impossible for your visa application to be approved by the U.S. Here, we see clear discrimination based on national origin, socioeconomic status, and education level pushing migrants like Mariana's son to make the dangerous journey to the U.S. illegally in an attempt to survive economically.

However, Mariana's story gets even more complicated. Mariana's step-mother (who severely abused Mariana when she was a child) was already living in the U.S. when Mariana's son arrived to live near her. However, due to a feud over Mariana's father's assets after he died, the step-mother began to threaten to kill Mariana's son who was living in the U.S. if Mariana did not pay a certain amount of money. Mariana wanted to protect her son, but the realities of transnational parenting did not enable her to do this adequately. Furthermore, because her son was undocumented and feared deportation, he felt that he could not report this threat to the police in the U.S. (a phenomenon that today, in 2017, is being exacerbated tenfold under the deportation policies of the Trump administration). Thus, Mariana described how she felt forced to move to the U.S. to watch over her son herself. Facing fewer barriers than her son in applying (due to possessing a technical degree at the university level), Mariana managed to obtain tourist visas for herself and her youngest son to go to the U.S., which they simply overstayed, subsequently becoming undocumented. In her story, we can clearly identify how systems of oppression based on race, national origin, socioeconomic status, and education level—as manifested in U.S. foreign policy—contributed to the transnational nature of Mariana's parenting to begin with. However, Mariana's vulnerability to these systems also hindered her ability to end the dynamic of long-distance parenting by preventing her from going to visit her oldest son in Mexico after she had migrated to the U.S. (since it would be extremely difficult and dangerous for her to cross the border illegally to return to the U.S.). Thus, Mariana's case is a perfect example of how racism, classism, nationalism, and xenophobia—particularly, their codification in trade agreements and other policies with transnational effects—work together, with IPV, to disrupt the unity, closeness, and harmony of the relationships between immigrant Latina mothers and their children.

4) Depression, anxiety/stress, and/or low self-esteem/self-efficacy

Cati was very open about the depression, anger, and low self-esteem she felt throughout her 26 years of marriage with her abuser. In particular, she talked about coping with the interacting stressors of IPV and poverty by drinking to the point of becoming addicted to alcohol. I found the specific role of alcohol in her experience of IPV and parenting rather interesting. Cati described her abuser/husband as having been an alcoholic before they even got married. In addition, she said that during their marriage her abuser was more violent when he was drunk. On the flip side, Cati said there was a stage early on in their marriage when she began to drink frequently and heavily with her abuser and some of their friends. She said she did this to forget about how miserable her life was and because she and her abuser “se llevaban mejor” (got along better) when they got drunk together. However, later on when her children were teenagers, Cati described drinking by herself at home when no one was around as a way to self-medicate her depression. She said she took pains to hide this habit from her children, a goal that she must have achieved given that, at the time of the study, her children still refused to

believe that she used to drink, let alone to the point of being an alcoholic.

In 2016, Cati celebrated her 19th anniversary of being sober with her fellow members of a local Spanish-speaking chapter of Alcoholics Anonymous (AA). During the study period, she invited me to attend first her friend's anniversary celebration, and then her own. My observations during the first celebration I attended were particularly revealing with regards to Cati's relationship with her children. Throughout the celebration, she kept commenting on how her friend's sons had all come to support their mother on her AA anniversary of sobriety by helping to cook the meal that was served, set up the tables, decorate, and DJ the entire event. Cati contrasted these sons' support for their mother with the lack of support she received from her own sons, who vehemently denied that Cati had ever had a drinking problem and expressed extreme embarrassment that she was involved in an AA group, since they thought that she had no reason to be there. Furthermore, Cati did not just lament her sons' failure to recognize and support her sobriety specifically, but also the general lack of closeness between herself and her sons. She alluded to the absence of a sense of community with her sons by longingly telling me, "Look how my friend goes out with her kids to dance, to eat, to just spend time together... and they take care of her." She sadly added on, "Meanwhile, my sons refuse to even come to one of my meetings."

Cati's case is interesting because her maladaptive strategy of self-medicating the IPV-related depression and stress she experienced (i.e. her alcoholism) did not seem to affect her parenting until after she quit and became involved in AA. It was only years later that her former habit of drinking (specifically, its questionable veracity, from the perspective of her sons) became a source of tension and ill feeling in her relationship with her sons, from whom she desired more support in her recovery. Importantly, this was not the case for all of my participants, who shared a diverse range of testimonies in terms of their specific emotional/psychological reactions to IPV-related stressors, the secondary symptoms they experienced as a result of those reactions, and how these feelings affected their parenting. Even so, one of the strongest trends in the data related to this theme was affirmed by almost all of my participants and key informants: female victims of IPV exhibit extremely high levels of functionality as mothers, despite the overwhelming emotional/mental stressors and symptoms they deal with.

All participants reported suffering from depression, anxiety/stress, low self-esteem and/or feelings of low self-efficacy at different points during and/or after their IPV experiences, with one participant reporting that she was still in depression at the time of the study (Mariana). Symptoms reported by participants included fatigue, crying for days on end, not wanting to get out of bed in the morning, not wanting to go to work, faltering in habits of personal hygiene, not wanting to socialize with anyone, changed eating habits, becoming an alcoholic, and having suicidal thoughts (Marisol; Jamie; Mariana; Cati; Laura; Mari; Raquel; Lady; Esperanza; Guadalupe). While specific symptoms and their severity varied depending on the participant and

the time in their life, all participants who reported having experienced depression during and/or after IPV attributed their depression at least partially to suffering from IPV (most attributed it solely to the IPV). Some participants did not experience acute depression-like symptoms until immediately after having left their last abusive partner (Marisol; Jamie; Mariana). All participants who reported past or current depression-like symptoms had at least one child at the time they experienced those symptoms.

Although scant literature exists on depression as a potential mechanism for IPV's effects on parenting (Murray et al., 2012), there were common trends in participants' reported experiences of what they described as IPV-related depression. The most common theme among their testimonies was that, despite being depressed, they did not falter in their practical duties as mothers caring for their children. This fact was stated directly by some participants, while it simply became clear in the discourse of others:

Yo creo que sí haber tenido la depresión. Pero también creo que no tuve tiempo para ponerme a llorar... como yo enfoqué en tener que salir adelante, en tener que buscar cómo trabajar, qué hacer para sacar a los niños adelante.

I do believe that I have had depression. But I also believe that I didn't have time to cry... since I was focused on overcoming my situation, on having to look for a job, and on figuring out what to do to pull my kids through that difficult time.
(Mariana, 50 years old)

This participant was *so* focused on being a good mother, even through her depression, that she forced herself to ignore her symptoms, which she believed could be one reason she felt acutely depressed at the time of the study (because her kids were finally grown up and did not need her as much, so she had time to pay attention to what she is feeling; Mariana). Another participant described hiding her depression and its accompanying alcoholism from her kids so well that when she finally told them about it, they did not believe her (Cati). Still another participant emphasized how even though she spent most of her depressed days in bed, she never failed to get

up to prepare meals that her children could heat up in the microwave or do other essential tasks for her children.

Era cada semana... 3 días de cada semana. Cuando me caía en eso, pasaba 3 días así, con esa cara así llorando...llorando, llorando, y puro llorar, puro llorar. Y “mami, qué te duele? Te duele la panza? te duele la garganta? Te duele allá?” [me preguntaban los niños]. Y me invitaban “Vamos, Mami, a”—como ellos sabían que no teníamos dinero para rentar algo, pero si sabían que había 5 dólares en la cartera—“Vamos a...a... Dollar Tree! Vamos a buscar lo que allá hallamos.” “No—Nooo quiero salir” decía yo. “Mami, tienes 5 dólares...Vamos! Yo quiero algo. Tú quieres una pintura.” “Vámonos! Vámonos!” y yo me voy! [starts laughs heartily] Entonces, así me levantaba...

It was every week... 3 days of every week. During the time when I was depressed, I would spent 3 straight days crying and crying and crying... doing nothing else but crying. And [my kids would ask me], “Mommy, what hurts? Does your tummy hurt? Does your throat hurt? Do you hurt here or there?” And they would invite me, “Mommy, let’s”—since they knew that we didn’t have money to rent a movie, but they knew that there was a \$5 bill in my purse—“Let’s go to...to... Dollar Tree! Let’s go see what we can find over there!” “Noo—I don’t want to do anything” I would say. “Mommy, you have \$5...Let’s go! I want to get something, and I know you want a painting.” [And then my other child would say], “Let’s go! Let’s go!” And I would go! [starts laughs heartily]. And that’s how I would get out of bed... (Jamie, 23 years old)

Clearly, this mother’s children also took on certain caretaking duties (when her depressive symptoms were acute) that are typically carried out by parents for their kids, such as encouraging the mother to get out of bed and trying to uplift her mood. This mother went on to express her appreciation of these acts by her kids, finding them comforting and effective in helping her overcome her depressive symptoms (Jamie). Another participant described how in her sorrow, she found consolation in caring more for and spending more time bonding with her son (Marisol). Thus, it seems that, at least for these mothers, IPV-related depression did not have a negative effect on mothers’ completion of practical parenting tasks, and in fact, seemed to foster a stronger bond between mother and child in some cases.

Several participants described developing anxiety due to the chronic stress that IPV exposed them and their children to. For example, the mother who reported feeling the need to protect her children from her abuser's mistreatment like a "mother hen," went on to describe how this evolved into the more aggressive vigilance of a "watch dog":

Cuando estaba con él, tenía un coraje para protegerlos [...] Ahora los protejo claro como cualquier mamá pero no al exceso, como cuando estaba en esa relación. [...] Ahora no, yo duermo tranquilito.

When I was with [my abuser], I viciously protected [my kids...] Now I protect them like any other mother, but not to an extreme like I did when I was in that relationship. [...] No, now I can actually sleep peacefully. (Jamie, 23 years old)

This mother later talked about how her anxiety manifested itself in her newly developed habit of eating constantly and overeating to the point of throwing up every night, which also led to sleep problems (Jamie). Another mother described the acute synchronization of her body's somatization of this kind of emotional/psychological stress:

Cuando él ya no estaba, llegué al hospital dos veces por el estrés... Porque yo me sentía mareada, unos vertigos, negro... sentía con sudo frío, con la presión arriba y abajo. No podía ni levantarme, no podía ni estar acostada ni nada. No podía comer, vomitaba...y cuando me sentía así era que mi cuerpo estaba realmente representando todo el estrés. Lo sé porque las dos fechas en que esto me pasó eran las fechas más fuertes de mi vida con él.

After I left [my abuser], I had to go to the hospital on two separate occasions because I had a panic attack. I felt dizzy, unbalanced, despondent... I had cold sweats, and my blood pressure fluctuated dramatically. I couldn't get out of bed or even lay comfortably in bed... I couldn't do anything. I couldn't eat. I would vomit... And when I felt like that, it was because my body was truly manifesting all of the [IPV-related] stress. I know this because the two times I experienced these panic attacks occurred on the two dates that (exactly one year earlier) had marked the most significant events of my relationship with my abuser. (Nery, 35 years old)

In one of the most extreme examples of these negative mental health effects made physical, a participant talked about how the stress from her IPV situation first caused her to lose weight to the point of being just "huesitos" (skin and bones) and then caused her to become temporarily

paralyzed on the entire left side of her body (Mari). Despite these uncomfortable, disruptive, and worrisome symptoms, all mothers who reported experiencing them described feeling compelled to persist in working and taking care of their children to the detriment of their psychological, emotional, and physical health.

All women expressed the damaging impact, whether acute or chronic, that IPV had on their general self-esteem and/or sense of self-efficacy as a mother. This effect most commonly occurred through the means of criticisms, insults, mistreatment, and other forms of general abuse coming their partners. However, most damaging to a mother's feelings of self-esteem and/or self-efficacy in the realm of parenting was, not surprisingly, her partner's explicit verbal abuse targeting her parenting abilities. Multiple participants described how the abuser would always blame the children's bad behavior on the mother's poor parenting strategies, while at the same time not taking any action to contribute to disciplining or caring for the children (Dominica; María; Sara; Nery; Jamie; Dominica). Some of these women went on to describe how this dynamic left them feeling extremely uncertain about the true quality of their parenting techniques and desiring to learn how to be a better mother:

No sé cómo educarlas. No conozco un buen camino para educarlas. A veces los quiero pegar... Pero a veces me arrepiento. Yo quiero saber un mejor camino porque... yo he visto a muchas señoras que sólo les hablan y les hablan y les entienden y... así hablan todo...todo que ellas quieren que los niños hagan, los hablan. Y no sé cómo hacerlo. Yo quisiera ser así...tener más paciencia con ellas así... y saber cómo hablarles... pero no sé cómo hacerlo.

I don't know how to teach [my daughters] to behave. I don't know a good way to do that. Sometimes I want to hit them... but then sometimes I regret it. I want to know a better way... I have seen many women who just talk to them and talk to them and the children understand them... in that way they talk through everything... Everything the women want the kids to do, they just talk to them about it. I don't know how to do it. I would like to be like that...have more patience with my girls like that...and know how to talk to them... but I don't know how to do it. (Maria, 40 years old)

Another mother often found herself blaming herself for her children's rebelliousness, thinking it was caused by some flaw in her parenting (Sara). The particular disciplinary or other parenting tactics this mother used with her children may have had something to do with it, but it is more likely that the long and extremely stressful period of IPV they all suffered played a bigger role in straining her relationship with her kids. Another participant gave an example of an irrational doubt a mother who is a survivor of IPV can have about herself:

Cuando tú viviste la violencia doméstica tú puedes caer de nuevo en la violencia [contra ti misma]. Si tú lo sigues tapando, vuelves a caer en el ciclo [de violencia]. Tienes que trabajarlo. Tienes que ir a terapias. Tienes que cuidar tus pensamientos... automáticos negativos que tenemos... como, por ejemplo, si algo le pasa al niño... se enferma, se cae, o algo equis, uno piensa "Ay qué soy mala madre!"

When you have lived in a domestic violence situation, you can fall again into violence [against yourself]. If you continue trying to just bottle up [all of your negative feelings], you can fall back into the cycle [of violence]. You have to work through [them]. You have to go to therapy. You have to manage the automatic negative thoughts that a lot of us have... like, for example, if something happens to your son... he gets sick, he falls down, or something "x" [happens to him, it is easy for you to think], "Oh, I am such a bad mother!" (Nery, 35 years old)

Clearly, this participant had learned to recognize these irrational negative thoughts as themselves effects of IPV. Several other women also expressed how their doubt in themselves and in their ability as single mothers to financially provide for their children if they left their abusers often kept them in IPV situations, no matter how many children they had (Dominica; Lady; Esperanza, Guadalupe; Ashley; María; Jamie; Nery; Sara). For many mothers, discouraging thoughts continued to follow them even years after having left their abusers. In addition, the participants who grew up in IPV-affected households as children attested that their own mothers cited the specific doubt about economic security as their main motivation for staying with the participants' abusive fathers. While some participants found emotional support in their children, many more discussed how forming relationships with other women who had gone through similar situations,

as well as receiving professional psychological care, had helped them begin to overcome this IPV-related mental stress and improve their self-esteem.

Here in the U.S., the options available to immigrant Latina mothers for managing the IPV-related mental health issues discussed in this section are severely limited by their many structural vulnerabilities. Many of the systemic barriers they face are connected to their status as immigrants. Firstly, the culture surrounding mental health and mental health care in my participants' home countries is somewhat different from that which exists in the U.S. Although mental health issues are stigmatized across most of the globe, the common perception in many Latinx cultures is that one is either "loco/a" (crazy) or "normal." Many Latin Americans, particularly those with lower levels of health literacy, grow up informally being taught that anyone with mental health issues—particularly someone who seeks help from a psychologist or psychiatrist—falls into the former category, which can lead to that person becoming ostracized. Latinx immigrants to the U.S. often bring this same sociocultural mindset with them, making them less willing to recognize their own mental health issues, let alone seek professional help for them. This dynamic was evident in my participant Laura's testimony that she had refused to seek professional help for her depression until it had gotten bad enough to cause serious problems in her family.

Even if a Latina immigrant mother who is a victim of IPV does admit she has a mental health problem and tries to seek help for it, often she will not know of the resources that are available in her community, partially due to being new to the area, but also due to having been deliberately isolated by her abuser. In addition, many Latina immigrant mothers are low-income, making the affordability of services another factor that further limits their options. The factors of working long hours (associated with being low-income) and being the sole care-takers of their children (often a result of IPV) also limit the time these women have to search for the professional help that fits their needs.

However, Laura—one of the women who had received the most consistent mental health care for the longest period of time out of all of my participants—emphasized two factors above all else that were barriers for people like her: "el idioma" (language) and el racismo (racism). She described the difficulties of finding not just bilingual, but bilingual and bicultural, mental health care that was affordable and accessible for Latina immigrants like her. She talked about how she had heard of several instances of racism and discrimination from Latina immigrant friends in her same situation who had sought mental health services in the community. She said she personally had only recently started encountering a practice that was slightly racist. Specifically, whenever she went to a mental health care facility, she was sure to say that she didn't speak any English because she had learned that if she said she understood "un poquito" (a little) English, they often denied her the use of an interpreter in her therapy sessions. She felt she truly needed an interpreter for her therapy sessions to be as effective as possible for her. However, as a volunteer who works on the opposite side of that kind of service provision, I know that one systemic barrier likely contributing to her perceived discrimination is the allocation of limited resources. More specifically, I know that generally in the sphere of mental health care, but particularly at community-based organizations who provide these services, there are insufficient numbers of Spanish-speaking therapists and/or interpreters to meet the high demand for bilingual services. Thus, here we see how several systemic barriers based on race, national origin, language, socioeconomic status, culture, and immigrant status (just to name a few) build

on each other to help maintain/prolong IPV's negative emotional/ psychological effects on Latina immigrant mothers by making their access to professional help to treat and/or manage their symptoms more difficult.

5) Shaping of children's approach to IPV, relationships, and respect

As I listened to Nery speak about her approach to disciplining and discussing difficult subjects with her 14-year-old daughter after having escaped an abusive relationship, as well as her general approach to raising her kids, I heard the echo my mom's voice in many of her thoughts and perspectives. My mom, like Nery, upon having her own children, became determined to give them everything she felt she had lacked growing up. For example, my mom's parents never talked to her or her siblings about menstruation, sex, or other taboo topics that Latinx cultures often stigmatize. Thus, my mom began discussing these issues with my sister and me when we were very young, hoping to give us tools to prepare us for the world we would grow up in. Even through the years dealing with my dad's drinking problems and machista tendencies, whenever my family would have an especially dramatic fight, my mom would tell us, "Never let a man treat you like your dad treats me sometimes." She always talked to us about relationships, how important it was for our partners to respect us, treat us right, and be good people, but that's about as specific as she ever got in terms of defining her own situation. She would call out my dad's verbal mistreatment of her at times, but often not "in the moment" when he did it (at least when other people were around), preferring to speak to him privately at a later time. Once my sister and I were old enough to understand, my mom told us that she often did not confront my dad about his mistreatment of her in the moment because she didn't want my sister and me to see so much arguing and fighting. She preferred to try to keep the family spaces/time as enjoyable as possible for us, so that negative dramatic scenes wouldn't define our childhood. In this way, my mom tried to model for my sister and me (as much as possible given her context)—and give us explicit advice about—what a good marital relationship looked like, especially when my dad modeled what she considered to be a "bad example."

However, once my sister and I went off to college and did not really live in the house anymore, not surprisingly, my mom's felt need to protect us from witnessing such confrontations and the subsequent arguments/fights diminished. Thus, she began to call out my dad's mistreatment of her "in the moment" more and more. She even told me about an incident in which my dad had caused a scene yelling at my mom in front of my abuelita, just because there were "too many" cartons of milk in our fridge. After yelling back at him, not caring that my abuelita sat there stunned, my mom frankly alluded to the fact that she was thinking about leaving my dad to my abuelita. Later that day, my dad drove my abuelita two and a half hours to her house, and apparently she severely scolded him the entire car ride about how he was "an idiot" for treating my mom like that and told him that he was in danger of losing a great woman. When my mom told me about this incident, I was shocked because my dad had always insisted that his mom had never explicitly spoken to him or his siblings about the IPV or child abuse they all had experienced years ago at the hands of my abuelito and had never really given them advice about respecting women or how to create and maintain healthy romantic relationships. However, it seems that my abuelita suddenly found the need and courage to do so once she witnessed how her son was mistreating his wife.

Regarding how this situation compares to the experience of my participants, I think the fact that all of my participants had received some form of professional services or support

during and/or after their experiences of IPV at least partially explains the widespread prevalence of this theme in their testimonies. Specifically,—according to a police officer, an IPV crisis counselor, and a CPS worker (who frequently served as first responders for IPV cases and who were all my key informants)—many mothers who are IPV victims who have never received services do not realize that IPV has any effect on their children. The way in which receiving services may spark IPV survivors’ habit of trying to shape their children’s approach to IPV, relationships, and respect gained more validity in my mind during a session of the IPV prevention training I underwent. During that session, I listened to my fellow trainees talk about how they were actually grateful for having experienced IPV because it made them more committed to teaching their kids truly healthy ways to approach relationships and gave them the personal experience on which they could base this practice. Thus, given that no one in my family has ever received any formal IPV-related services, it may not be surprising that my mom’s generation was the first one to talk to their kids explicitly about IPV and the role of respect in healthy romantic relationships.

All but one participant (who did not complete her second interview) explicitly described how their experiences of IPV motivated them to try to raise their children with a particularly deep understanding of respect and self-care and to help their children live according to those ideals (Marisol; Cati; Sara; Jamie; Mariana; Laura; Mari; Ashley; Lady; Esperanza; Guadalupe; Nery; Dominica; María; Raquel). They described feeling compelled to emphasize the importance of respecting others, especially in the context of romantic relationships, in their efforts to instill certain values in their children. One mother framed her direct advice to each of her teenage and young adult children differently based on their genders. To her sons, she delivered messages about how to respect women, not abuse them, and not force them to do any sexual activity that they did not want to do. To her daughter, she talked about what types of behaviors not to accept from men, how to be happy as a single woman and as a woman in a relationship, and how to take care of one’s self (Marisol). Another participant described how, because she had low self-esteem herself (due to a history of child abuse and IPV), she felt determined to raise her sons with high self-esteem in general, a goal she felt she had accomplished (Mariana). Still another participant described how, because of all the hardships she had gone through (many of which were rooted in IPV), she became determined to raise her sons to be strong and able to withstand any type of

adversity (Cati). Unfortunately, these messages were not always internalized by the children, as is evident in the story of one mother who always tried to emphasize the importance of respect and non-violence to her children:

Pues sí, yo les digo [a mis hijas y a mis hijos], que por eso yo le he dicho así. Que no se casen con alguien tan temprano...para que ellos vean qué tipo de persona...con quien se van a juntar...con quién van a hacer una vida bien?... Para que no pasen lo mismo que yo... y porque mi hijo, el de 21, él ya se había juntado con una muchacha y se la trajo a vivir aquí. Pero ella lo dejó porque [ella me dijo que] él estaba muy celoso y que se estaba portando violento igual al papá.

Yes, I warn my girls about IPV just like I do my boys... I tell them not to marry someone too early... to wait until they see what kind of person he or she is... with whom they are going to spend the rest of their lives...who will they have a pleasant life with?... so that they don't go through the IPV that I went through... and because my son, the 21-year old, he had gotten together with a girl and had brought her to our house to live. But she left him because she said he was very jealous and was being violent with her just like his dad [my abuser] was. (Sara, 39 years old)

This incident occurred despite this mother's diligent efforts to avoid the intergenerational effects of IPV by trying to teach her children the importance of respect. However, as she spoke, it became clear that the violent tendencies of some of her young adult children had not diminished her motivation to continue trying to raise her kids with a "respect for respect." For this reason, she continued to correct her toddlers every time they hit her upon being scolded.

One tactic several participants employed to help their kids avoid the harmful pattern of IPV was to make sure that their kids were dedicated to their education. In this way, mothers hoped to ensure that their children would have a more financially secure future and thus avoid feeling forced to tolerate abuse in order to survive economically. One mother emphasized this key point in giving advice to her children (especially her daughter):

Por eso siempre le he dicho que estudiar es bien importante. El día que ellos ya están en la misma situación, ellos no tienen que aguar maltratos o golpes... Ellos simplemente pueden avanzar en la vida. Así no más. No dependen de nadie.

That's why I have always told [my daughter] that studying is important. The day that [my children] are in the same situation [of IPV—if it comes—], they will not have to put up with mistreatment or beatings... They can simply move on from that and continue with their lives. They will not have to depend on anyone. (Esperanza, 35 years old)

Many other participants shared her thought process and similarly dispensed this kind of advice about the importance of a good education to achieving economic stability as a single adult (Lady; Laura; Mari). In fact, participants reported not only rhetorically supporting this goal for their children, but also identified specific ways in which they materially supported it. For example, one mother described sacrificing her own well-being (and the temporary well-being of her daughters) for the sake of making enough money to protect them from IPV in the long run:

Entonces tenía que estar allí ayudándole a mantener lo que teníamos... para ganar suficiente para la comida, para la educación de los chicos [...] aguantándole a él... [crying, sniffing] Sí... ¿qué yo podía hacer más que estar allí... pendiente y...? [...] yo, lo que me preocupaba que [mis hijos] estudien para que no pasen por lo que yo pasé. [...] Quería que las chicas, todas estudiaran.

So I had to be there helping [my abuser] financially maintain what little we had...to make enough money for the food, for my children's education [...]putting up with his abuse...[crying, sniffing] Yes... What else could I do other than be there...subservient to him and...? As for me, what concerned me was making sure my children got an education so that they didn't have to go through the IPV that I went through. I wanted especially my girls, all of them, to get an education. (Lady, 59 years old)

However, often the connection was not as explicit as in the above quote. Most women simply described working many hours, trying to overcome language, time, and logistical barriers in engaging with teachers and administrators at their children's schools, and even seeking out special education professionals for their children with intellectual or learning disabilities. To an outside observer though, it was clear that they were trying to ensure their children's educational success, and in that way, help them avoid the harm that comes with IPV (Dominica; Guadalupe; Nery; Esperanza).

Two things stand out to me about Lady's anecdote in this section. One is that Lady's dedication to her children's education was so intense that she framed it as a primary reason why she stayed in her abusive relationship. Here, I think it is plausible to suggest the presence of the cultural concept of marianismo that I introduced earlier. I say this because—although centered primarily on a woman's role as a wife—marianismo works to intertwine what it means to be a good wife with what it means to be a good mother. This dynamic means that the self-sacrificial aspects of a Latina woman's "proper" wifely role easily extend to her role as a "good" mother, producing the expectation that she should always sacrifice her own well-being for the sake of her kids, just as she does for her husband. It is likely that this type of thinking at least partially explains Lady's decision to continue putting up with IPV in order to maintain access to her husband's income for her children's education.

Secondly, upon contemplating the horrific abuse Lady suffered, you might think, "Why didn't she just report her husband to the police and force him to pay child support instead, so she could be safe and continue receiving economic support for her children's education?" Well, unfortunately, she tried. In another part of the interview, Lady recounted how she went to her local police station to report the IPV she suffered, and the officers promptly responded by saying: "¿Dónde están las heridas? ¿Dónde están los golpes?" This callous demand for bodily evidence of abuse suggested that mistreatment had to leave a visible mark to be considered legitimate or harmful, denying the significance of emotional/verbal/psychological abuse, intimidation, economic abuse, and sexual abuse.

It is here that I must introduce a key idea emphatically repeated by almost all of my participants, including Lady: "La ley no sirve en mi país—el dinero es lo que vale allá" ("The law does not work in my country—money [bribery] is the only way things get done over there"). The fact that written laws are often not implemented in reality in the Latin American home countries of my participants featured prominently in their life histories since the IPV experiences of all but five of my participants occurred partially (8 participants) or entirely (3 participants) in their home countries. Maybe those women whose abuse occurred at least partially in their home countries could have ended it much sooner if they had been of high socioeconomic status and thereby able to afford the bribes (or even trustworthy legal counsel) necessary to have their abusers tried and convicted. However, it is important to note that the inequitable distribution of justice in many Latin American countries is not only based on class, but rather is tied up in a complex web of diverse social factors. For example, it is not a coincidence that in most Latin American countries (as in most of the world) lighter-skinned people are more likely to have a high socioeconomic status than darker-skinned people. As I touched on earlier, this racialized class phenomenon in Latin America is a direct result of the ideological and material aspects of colonialism and imperialism that have caused suffering in the region for centuries. Similarly, men in Latin America are more likely to have access to wealth than women. Furthermore, several of my participants talked about how they felt that their governments did not take the protection of women and children seriously, only stepping in when it benefited the state or when absolutely necessary. While they did say things had gotten better with time, they insisted that much still needed to be done to ensure their well-being.

Thus, one can see how mutually-reinforcing structural vulnerabilities based on race, class, gender, and other attributes individually and jointly contribute to the continuance of IPV, and the elusiveness of justice, for Latina immigrant victims like Lady.

6) Worse attitude toward or treatment of children

One day during the IPV prevention training I went through, the facilitator began a discussion centered on the most significant barriers to leaving an IPV-affected relationship. She asked for ideas from us, the group of about 14 Latina women (most of whom were immigrants, mothers, and survivors of IPV). During the discussion, many of my fellow trainees responded that “los hijos” (children) constituted one such barrier. Specifically, they talked about two major ways this barrier could be manifested.

Firstly, the women elaborated on how it is extremely hard for a mother to make the decision to leave an IPV situation if her abuser is the father of her kids, especially if her abuser only mistreats her and “is an angel” with the kids. They went on to point out an important nuance of this dynamic: it is not just the mother’s love for the abuser or her own personal desire for her kids to have a father (driven by the cultural concept of familismo) that hinders her ability to make this difficult decision, but rather, the mother knows that the kids themselves often internalize familismo, becoming upset and blaming their mother for breaking up the home and taking them away from their father (even if they know he abuses her).

Secondly, my fellow trainees discussed how having kids also works economically to prevent IPV victims from leaving their abusive relationships. Many of them talked about how they would feel more confident in their ability to survive economically upon leaving an IPV-affected relationship if they didn’t have to also budget for the expenses associated with raising their kids. Furthermore, the women mentioned how if mothers know they are going to struggle financially after leaving their abusers, they are less hesitant to make the jump and go through that suffering if they do not have kids who would have to suffer along with them.

It is possible to imagine how the aforementioned ways that children constitute a barrier impeding a mother’s decision to leave an IPV-affected relationship could result in the mother’s conscious or unconscious resentment of her kids. None of my participants explicitly claimed this to be their reality, but a couple of them speculated that their own mothers went through this phenomenon as victims of IPV, contributing to those participants’ history of childhood abuse. Thus, perhaps this (understandable) resentment, in addition to the emotional/psychological stress and ill health that IPV causes, can help explain the negative parenting outcomes described below. However, I should note that several of my key informants (ranging from police officers to IPV crisis counselors who worked with the police, to social workers at non-profit organizations, to immigration lawyers and family lawyers) insisted that it is not very common for mothers who are survivors of IPV to have a worse attitude toward their children or to treat them worse (at least to an extent that is noticeable by outsiders and worthy of concern). This testimony suggests the presence of a bias in my sample since 9 of the 16 participants in this study discussed experiencing this negative IPV-related effect. Finally, I think the words of one social worker (who specialized in working with mothers who were victims/survivors of IPV and who was one of my key informants) are important to keep in mind: “It is not uncommon for any parent with any type of stress to treat their kids worse or have a worse attitude toward them.”

Understandably, mental stressors like the ones mentioned in the previous section, as well as a range of other factors characteristic of IPV situations, often came together to influence the ways in which the mothers in this study interacted with their children (Marisol; Jamie; Mariana;

Sara; Cati; Guadalupe; Maria; Mari; Nery). One mother expressed her personal experience with emotional and psychological changes related to the 26 years of IPV she had suffered and how they had ruined her dream of being the best mother she could be:

Por la violencia doméstica, no podía ser esa mamá que quería ser. No podía amarlos a mis hijos como una mamá...una mamá... normal. Estuve una mamá amargada. No pude darles amor... por todo el rencor que me daba mi marido. [...] Yo era una mamá llorona, triste... cerrada --- y creo que les pasaba eso a mis hijos mismos. Yo nunca podía abrazarles o decirles “te quiero,” [...] Apenas... como justo ahora estoy aprendiendo hacer eso... acariciarles, decirles “sí, mi amor,” “mi corazóncito,” “te amo,” abrazarles. [...] Pero aún ahora, no puedo amarlos como quiero... Trato pero es que les digo “te quiero” y los abrazo y les acaricia el cabello y todo eso, pero... es como si no viniera de mi corazón... porque son hombres. No puedo aceptar los hombres. Nunca he podido aceptara los hombres [starts shaking her head]... porque desde niña chiquita.... me han hecho mal... pero muy mal. Han abusado de me... maltratado de mí.

Because of IPV, I couldn't be the mom that I wanted to be. I couldn't love my kids like a...a normal mom. I was a bitter mother. I couldn't give them love... because of all the anger that my husband provoked in me. I was a crying, sad...closed-off mother—and I think that also happened to my kids themselves. I was never able to hug them and tell them “I love you.” [...] I am just now learning how to do that... stroke them, tell them “yes, my love,” “my dear,” and “I love you,” hug them. [...] But even now, I can't love my sons how I want to... I try but the thing is that I tell them “I love you” and I hug them and stroke their hair and all of that, but... it's like it doesn't come from my heart... because they are men. I have never been able to open my heart to men [starts shaking her head] because ever since I was a little girl... they've hurt me... really badly. They have abused me and mistreated me. (Cati, 61 years old)

This participant believed IPV played the most prominent role in causing this emotional distancing and coldness toward her children—particularly her sons—during her marriage, but she also cited other forms of sexual violence she had experienced as a child and as an adult in explaining why she still struggled with its lasting effects (Cati). Most participants explicitly made rhetorical connections between these types of feelings and their worse attitude toward or treatment of their children. Some mothers described how these overwhelming negative feelings, rooted in the violence of their own intimate partner relationships, contributed to their decision to

use corporal punishment in disciplining their kids by normalizing physical violence in their minds (Mariana; Sara; Maria; Cati):

La niña más grande...yo la regañaba de cualquier cosa. Yo la llegaba a pegar de nada... la niña no me hacía nada ni nada... sino de lo que yo sentía de la depresión, del coraje...todo que traía que no podía sanar...porque en ese tiempo todavía no tenía la ayuda psicológica. Porque lo hice cuando sentía que yo ya no podía más manejarlo.

My oldest daughter...I would discipline her for doing any little thing. I would even hit her for things that were really nothing... the girl did not do anything to me, but rather I carried all those feelings of depression and anger with me that I couldn't get rid of...because in that time I still had not received psychological care because I only sought out professional help when I realized the problem had gotten out of hand. (Laura, 37 years old)

In some cases, as mentioned earlier, these feelings would be augmented by abusers directly pressuring participants to use harsher and more physical disciplinary techniques with their kids, even though participants did not want to (María, Nery). Other women described how even though they never hit her kids, they tended to have less patience with them, speaking to them “feo” (in an ugly manner) and yelling at them more frequently, as a result of suffering from IPV at the time (Mariana; Marisol; Nery). In contrast, some participants who reported that the IPV caused acute or chronic negative affect in them maintained that their feelings had no negative impact on their attitude toward or treatment of their children (Jamie; Esperanza; Ashley), with one mother recognizing how the hyper-protectiveness she developed along with her IPV-related chronic anxiety actually benefitted her kids by ensuring their well-being (Jamie). However, by far the most extreme example in this category of effects was one participant’s decision to take abortifacients upon realizing that she was pregnant with her second child because she did not want to subject the child to living in an IPV-affected household. The abortion was ultimately ineffective, leading to the birth of her second child, who was born with physical abnormalities that the participant attributes to her unsuccessful use of abortifacients (Mari).

Two macro-level factors stand out in my mind when I think about this theme as manifested in María's story. In a previous section of this chapter, María talked about how her former abuser/current husband pressured her to spank her daughters more to discipline them when they misbehaved. She described becoming so frustrated with her daughters sometimes that she wanted to spank them and even did do it, but then she would regret it and/or doubt whether that was the right thing to do. She expressed a lot of doubt regarding her own parenting practices. In her narrative, the first macro-level factor that stood out to me was the widespread practice in many Latinx cultures of using corporal punishment to discipline children. María described only being familiar with physical punishment and not knowing any other effective methods to ensure obedience in her daughters, but desiring to learn more dialogue-based methods that she had seen other mothers use (as described in theme 4). Her experience speaks to the normalization of using corporal punishment (a form of violence, even if mild) to discipline children not only in Latinx cultures, but in several cultures around the world (including the culture of white southerners here in the U.S.). However, her experience is also connected to the macro-level factor of lack of access to empirically-based information about childhood development and effective parenting practices, a problem as much here in the U.S. as it is in the Latin American home countries of my participants. María's openness to learning less ostensibly violent (but still effective) parenting strategies (as did many of the other participants featured in this section), rather than a determination to stick to what she knew, further convinced me of the role that the lack of access to parenting-specific education plays in the reality of this theme. Thus, María's story constitutes another specific, individual example of how systemic factors in society constrain the parenting options available to immigrant Latina mothers who have experienced IPV but are trying their best to be good moms for their children.

Chapter 5: The Breakdown

It is true that the collective story of these women is largely about the ways in which the actions of their abusers worked together with the acts of the “invisible hands” of systemic sexism, racism, classism, nationalism, and xenophobia to limit the array of choices available to Latina immigrant mothers in the sphere of parenting. However, shining through the shadow of profound injustice that characterizes their collective story are the ways in which these mothers did not completely “break down” and give up when it came to caring for their kids in the context of IPV. Indeed, they tirelessly pursued their children’s happiness, health, and flourishing, using whatever tools were at their disposal to do so, just like mothers all over the world.

Discussion

The themes surrounding the perceived effects of IPV on parenting seem to point to clear patterns, but also contradictions that permeate the experiences of these immigrant Latina mothers. This is natural and expected, as each individual participant’s story reflects the unique personalities, circumstances, environmental conditions, and systems that influence it. Also unsurprising was the fact that the boundaries between the themes—and the delineation of the systemic factors that influence them—were found to be extremely blurry, as will become obvious through the following discussion. One of the most direct, and perhaps expected, effects of IPV fell within the realm of protection. In immigrant Latinas’ descriptions of how suffering IPV triggered their maternal instincts to fiercely protect their children was their uptake of useful behaviors—such as physically watching over their children—that are necessary in the presence of genuine danger, such as IPV. However, danger provokes a heightened state of arousal across the psychosocial-bodily divide that—especially when severely acute or lasting over a long period of time, as is often the case in IPV situations—can be particularly damaging to a mother’s health. According to the findings of this study, this state of alarm/arousal in immigrant Latina mothers is often exacerbated by the fact that IPV, in a cruelly ironic way, actually *hinders* their ability to fully realize this protective instinct, leaving their children vulnerable to: being directly abused (becoming primary victims of child abuse), witnessing their mother being abused (becoming

secondary victims of IPV), and/or suffering the loss of a parent (becoming the child of a single parent or becoming an orphan). The maternal health effects of this reality found in the present study echo those found in previous studies that focused on the general (i.e. a majority white) population (Levendosky et al., 2000; Radford & Hester, 2006): negative psychological and emotional symptoms, like sadness, anger, pain, guilt, and/or frustration. For the mothers in the present study, these psychological effects not surprisingly spilled over into psychosocial effects like negative child outcomes (e.g. rebellious and/or aggressive behavior) and the disruption of parent-child relationships, a trend also common in previous research on the subject (Ballif-Spanvill, Clayton, & Hendrix, 2007; Harold and Howarth 2004; Hungerford et al. 2012; Kernic et al., 2003; Letourneau et al. 2011; Radford & Hester, 2001, 2006).

The bountiful evidence in this study supporting the fact that IPV contributes to the low quality and amount of social support available to immigrant Latina mothers is consistent with previous studies that found the lack of parenting support from the abusive partner to be a mediating factor in the negative association between IPV and the psychological well-being of mothers in the general population (Hungerford, Wait, Fritz, & Clements, 2012; Pels et al., 2015; Letourneau et al., 2011; Levendosky, Lynch, & Graham-Bermann, 2000; Radford & Hester, 2006). Based on Belsky's ecological process model of parenting (1993), as well as the conclusions of other researchers that negative outcomes in measures of support, psychological well-being, and stress, are some of the most significant determinants of IPV's effects on mothering among the general population (Harold and Howarth 2004; Holden and Ritchie 1991; Hungerford et al. 2012; Letourneau et al. 2011; McCloskey et al. 1995; Pels et al., 2015), it is clear that this theme of support involves multiple multidirectional and simultaneous health and parenting effects. In contrast, the trend found in the data that IPV contributes to the disruption of

the unity, closeness, and/or harmony of the mother-child relationship has health implications that are rather coherent and specific to psychosocial dimensions of the parenting endeavor among immigrant Latinas. These include various forms of psychological stress and mental illness, as well as the presence of tension, the lack of communication, and/or emotional distance in the mother-child relationship. However, for participants, often these factors overlapped with issues of the body ranging from the physical separation that characterizes long-distance parenting to the physical pain and injuries sustained by a mother as a result of being assaulted by her rebellious children.

Depression, anxiety, stress, low self-esteem and low feelings of self-efficacy were some of the most common and severe health effects found among immigrant Latina mothers in this study, an expected pattern given studies that found Latinas to often be at a higher risk of experiencing greater trauma-related symptoms, depression, and lower social and personal self-esteem than non-Latina women (Bonomi, Anderson, Cannon, Slesnick, & Rodriguez, 2009; González-Guarda, Peragallo, Vasquez, Urrutia, & Mitrani, 2009; Edelson, Hokoda, & Ramos-Lira, 2007; Kelly, 2010). Whether acute, chronic, or both, these mental health issues served as direct effects of IPV on parenting, as well as the usual mechanisms through which IPV impacted other aspects of parenting. Notably, overall, the experiences of the women in this study revealed unwavering fortitude manifested in the well-documented fact of their high levels of functionality (in terms of performing the daily tasks required to provide for their children's basic needs), despite these varied forms of mental and emotional distress. This reality perhaps boosts the credibility of a previous research study's finding that minimal differences exist between the parenting styles of parents in the general population who have suffered from IPV and their counterparts who have not suffered IPV (Radford & Hester, 2001). However, it seems that

participants in this study were able to achieve that functionality by ignoring, suppressing, and/or pushing through their mental/psychological stress. It is not unreasonable to suggest that these coping mechanisms, in turn, contributed to the manifestation of the mental/psychological stress in the form of physical symptoms (which could also be due to the fact that Latin Americans in general are particularly prone to somatization; Tófoli, Andrade, & Fortes, 2011). One interesting note to make is that while some trauma-like symptoms were reported, by and large, they were not as widespread among participants in this study as a key informant (a social worker who specialized in working with mothers who have experienced IPV) insisted they were among the general population. One possible explanation for this difference could be that the women in this study were simply more resilient (for example, one participant insisted that she raised her “own self-esteem” by herself) than the general population, perhaps partially due to being forced early in life to endure and overcome various forms of oppression just to survive.

A feat even more impressive than remaining high-functioning while having significant mental stress was immigrant Latina mothers’ transformation of the traumatic experience of IPV into an additional source of motivation to foster their children’s healthy understanding of and approach to issues related to IPV, relationships, and respect. This parenting practice, which lends support to the aforementioned finding in the research literature that IPV leads mothers (in the general population) “to compensate for IPV’s harmful impact by engaging in positive parenting practices” (Casanueva, Martin, Runyan, Barth, & Bradley, 2008; Letourneau, Fedick, & Willms, 2007; Levendosky, Huth-Bocks, Shapiro, & Semel, 2003; Sullivan, Nguyen, Allen, Bybee, & Juras, 2001; Murray et al., 2012), seemed to be a redeeming source of hope for these women during and after they suffered abuse. This motivation to take extra and/or more explicit steps to prevent IPV and ensure the well-being of their kids likely helped these women psychologically

survive the IPV to tell their stories. However, the comment of a key informant—a CPS worker with significant experience serving as a first responder for cases of IPV involving victims who are mothers—regarding the prominence of this theme in this study’s data is vital to the nuanced interpretation of this finding: “If you were to go and interview mothers who had never received any [IPV-related] services, you would probably find the opposite to be true.” Here, the CPS worker echoed the assertion of yet another key informant (a police officer who also frequently responded to cases of IPV involving victims who are mothers) that “a lot of parents and mothers of all ethnicities think [IPV] doesn’t affect the children [or their parenting] at all.” This important corroboration suggests that the widespread and ingrained practice of actively trying to shape children’s approaches to the specific issues of IPV, relationships, and respect found in this study is at least partially attributable to sampling bias. Specifically, the bias likely stems from the fact that all participants in the present study had received/were receiving some sort of IPV-related services at the time of the study; these services likely involved mothers’ receipt of information about the intergenerational nature of IPV, which potentially sparked or reinforced their commitment to this practice.

Finally, while less common, a little over half of the immigrant Latina mothers in this study (9 out of the 16) tended to cope with the psycho-emotional stress discussed earlier partially by exhibiting a worse attitude toward or worse treatment of their children, the understandable result of the limited number of options available for them to deal with whatever challenges they were facing at the time. While this practice often led to further psycho-emotional problems (primarily guilt) and the aforementioned relational problems, notably, it was not as prominent as is often feared (being the least common among the six main themes comprising this study’s results). It is worth repeating that the prevalence of this theme among participants in this study

seems to reflect sampling bias, since almost all key informants who had experience working with the general population of mothers who have experienced IPV insisted that this maladaptive tendency was generally rare. The lack of its prominence in the existing research literature focused on IPV's effects on parenting also lends credence to the likelihood of bias.

Making their navigation of the parenting challenges and risk factors that come with IPV even more difficult were immigrant Latina mothers' structural vulnerabilities that permeated every aspect of their lives. Foremost among the systemic factors producing these vulnerabilities was the system of oppression called machismo. The most unequivocal manifestation of the influence of machismo on this population was the role its accompanying gender norms played in directly causing and/or prolonging the IPV that the women suffered. These gender norms included machista masculinity (as defined earlier in the "Theoretical Foundations" section of this paper), the failure to hold men accountable for their actions (especially when compared to women), marianismo, the tendency for women/mothers to be the primary (or sole) caretakers of the children and the home, and the tendency to blame victims of domestic/sexual violence for their own suffering. In addition, the discourse of most participants revealed the clear influence of the related cultural concept familismo on their parenting decision not to leave their abuser because they did not want their children to grow up without a father figure. Their aversion to this reality was due to both the social taboo of such a family situation and to the genuine fear that this would harm their children's healthy development and/or disrupt their relationships with their kids. These norms interacted with elements of IPV to further constrain the options women had in doing what was best for their kids through mechanisms such as normalizing hierarchical male-female romantic relationships in participants' minds, reducing participants' confidence in their ability to care for their kids as single mothers, and thwarting their attempts to seek help from

actors and institutions of the criminal justice system. A close second to machismo in terms of impact on participants' experiences was (low) socioeconomic status (SES). Half of all participants reported an annual household income within the lowest income bracket defined by the U.S. federal government (\$24,999 or less). In addition, nine of the sixteen participants fell below the federal poverty level given the number of people they have in their family/household (U.S. Department, 2015). Thus, it is not surprising that an extremely salient barrier for many participants in parenting their children the way they wanted in the context of IPV was their SES. For example, the genuine likelihood of struggling financially as a single mother prevented participants from being able to adequately protect their children (from witnessing abuse and/or experiencing it directly) by leaving an IPV-affected relationship. In addition, being low-income forced mothers to spend more time working long hours and less time watching over their kids or attending events at their kids' schools like they wanted to.

Although SES is in turn often tied to one's access to formal education, among the participants in this study, it seemed to point more to the interaction of politics and the law as related to the protection of women (and children), immigration, and the economy both in the U.S. and in various Latin American countries. Most women described how these legal-politico-economic systems made their parenting more difficult through pathways such as forcing women to parent transnationally due to having to migrate to the U.S. just to find work, allowing their abusers to disrupt their relationships with their children with impunity, and hindering women's ability to monitor their children's education due to being forced to navigate school systems that were culturally and linguistically unfamiliar to them. In addition, women described how their struggles with IPV-related emotional distress and mental illness were prolonged partially due to the low supply of mental health services for Spanish-speakers, which was connected to their

status as immigrants. Furthermore, some mothers admitted that this IPV-related stress, which is largely what led them to treat their children worse and/or have a worse attitude toward their children, was compounded by the stress of being low-income, which many connected to the increased difficulty of finding well-paying jobs as undocumented immigrants. Significantly, this study also found that racism and xenophobia played key roles in immigrant Latina mothers' experiences of discrimination with police officers, in the court system, and in their daily lives, no doubt adding to the stress and parenting challenges these women faced.

Limitations

Limitations of this study include the fact that I am not a native Spanish speaker, and all study components were conducted in Spanish. This reality may have led to miscommunications with participants, leading to them not understanding me and/or some aspects of the study well. It could also have contributed to my own misunderstandings or misinterpretations of data obtained in the interviews or through participant observation. However, I attempted to combat this source of error by analyzing the data in Spanish rather than English (so as not to lose the nuances of the language in translation), checking my interpretations of parts I did not fully understand with native Spanish-speakers, and consulting key informants to affirm the validity of my results (note: quotes in Spanish from participants in this paper were translated for readability in English and for that reason are not exact translations). Another limitation of this study was the limitation of my sample to women who were former but not current victims of IPV. While this was a necessary aspect of recruitment for the safety of my participants as well as myself, it unavoidably produced a sampling bias. This bias was manifested in the fact that all of my participants reported having received some sort of IPV-related education, direct services, psychological therapy, and/or other support that likely affected their perspectives of their situations and

experiences. However, it should be noted that the effect of this bias was somewhat lessened by my collection of anecdotes—from participants who themselves grew up in IPV-affected households as children, from key informants who worked with my population, and from my own family members—focusing on the parenting experiences of mothers who suffered from IPV but had not received any type of IPV-related education or support. Also, while this study intentionally aimed to focus on parenting from the perspective of the mothers/primary victims of IPV, parenting is obviously not a unilateral endeavor, so it was a limitation that this study did not explore IPV's perceived effects on parenting from the perspective of the children of Latina immigrants or from the perspective of the grandparents of such children.

Another limitation was that most of the participants were recruited from the same Latinx organization, thus limiting the diversity of my sample, despite my efforts to combat this bias. This reality involved the lack of sufficient participants from Spanish-speaking countries in Latin America other than Mexico to make meaningful comparisons between Mexican participants and participants from other Latin American countries. However, the generally limited diversity of my sample was somewhat alleviated by the fact that participants who themselves grew up in IPV-affected households as children provided me with data from their own mothers' parenting experiences. This, in effect, widened my sample, even if only in a limited way. My inability to make meaningful comparisons based on country of origin and conduct more exact analyses of how this sociodemographic variable and others affected mothers' qualitative experiences and health outcomes is also attributable to another limitation of this study: the exclusively qualitative nature of the data obtained. However, it should be noted that this decision was made based on time and resource constraints, the lack of existing relevant quantitative data sets, and the difficulty of recruiting enough participants for quantitative analyses due to the marginalized

status of this population. Also, some primary participants were completely alone during their interviews, while others had family members in the room, possibly affecting what they told me. In addition, two participants were still in romantic relationships with their formerly abusive partners, possibly affecting the interview data they provided to me, as compared to the data I obtained from the other women.

Lastly, various aspects of my own positionality likely influenced my data collection and thus the findings of this study. Specifically, many of my participants likely saw their children in me as a young person, which could have potentially led to them to present themselves in a more positive light as mothers in their interviews with me. Secondly, the fact that I have significantly more privilege than my participants as a U.S. citizen who is a student at an elite university could have resulted in my participants telling me what they thought I wanted to hear with the hope of gaining my favor and perhaps accessing some of the resources that I have access to, influencing the data. In addition, the fact that I was the sole researcher conducting this project means that I brought my own inherent and unavoidable biases into my questioning, analyses, and interpretations of results. However, as discussed earlier, I tried to minimize these biases by consulting key informants during the analysis stage of the research process to verify my conclusions. Finally, I am a student, so I am not an expert on the issues of immigration, IPV, parenting, or any others that were at the center of this investigation. As a student, I also still have a lot to learn about general research design and implementation.

Practice Implications

The design and implementation of this study were guided by the ultimate goal of producing empirical knowledge with the greatest potential to benefit the study population, particularly the individual women who were participants in this study. In other words, this study

aimed to produce results that could be practically applied to positively contribute to immigrant Latinas' parenting experiences, at least in a local context. Thus, a synthesis of the implications of the study findings for practice in “the real world” is in order. The knowledge about the parenting experiences of immigrant Latina mothers obtained through this study is relevant to the work of CPS workers, social workers, police officers, healthcare workers, IPV service providers, people who work in the criminal justice system, and others who significantly interact with this population. However, it is my perspective that the main practical implication of this study is the motivation to create a program—following a model informed by this study's findings—whose purpose is: 1) to enable mothers who have been victims of IPV to build strong relationships with their children and 2) to facilitate their whole family's achievement of the highest standard of psychological, social, and physical health possible. The following recommendations focus on what such a program would look like.

1) Information

First, the program should provide empirically-based information. This information would center on the effects of IPV on children, as well as how this contributes to the intergenerational nature of IPV. This topic would be supplemented by information about healthy childhood development, informed by the most up-to-date research literature. Emphasis would rest on how to “romper la cadena” (break the chain) of IPV, and information would include specific tools mothers could use to talk explicitly about IPV, relationships, and respect with their children. Learning strategies for how to manage the rebelliousness and aggressiveness of their children during or after the period of IPV, effective and healthy disciplinary techniques, and how to improve communication with their children should also be a focus for the mothers. This information would provide the motivation for mothers to make positive changes in the spheres of

parenting that they do have control over. Most importantly, all information should be provided in a way that is as empowering as possible for the women, rather than in a way that subscribes to the traditional top-down model of learning (in which professionals provide all of the information and the women who live these phenomena are passive recipients of it). Based on my participant observation, this is one area I believe existing programs in the community oriented toward survivors of IPV could generally improve on: presenting information in a more empowering way.

2) Self-Care

Secondly, the program should center on mothers' self-care, for if mothers themselves are not in a state of well-being, they will be less able to ensure that their kids achieve well-being. First and foremost in this area would be helping mothers (re)gain, maintain, and/or nurture a sense of self, identity, and personhood. On a related note, the program should support mothers' (re)building of their self-esteem and feelings of self-efficacy, both in general and specifically as mothers. In addition, the program should facilitate the connection of mothers with more serious cases of mental illness to the appropriate resources in the community, while teaching all mothers how to manage less severe emotional/mental stress in healthy ways, so as to minimize its impact on their parenting. Finally, an extremely important focus of this component would be helping mothers to recognize, manage, and eventually overcome their internalization of a victim-blaming mentality, particularly as manifested in feelings of guilt. The guilt mentioned here can refer to a mother's guilt over staying in an IPV-affected relationship for as long as she did, which she now realizes caused her children harm; however, based on the results of this study, a stronger source of guilt would be a mother's guilt over *leaving* the abusive relationship and thus depriving her children of a father. A suggested strategy for how to help mothers overcome this guilt would be

to explain how elements of IPV converge with aspects of society-wide systems of oppression to limit Latina immigrant mothers' parenting options, from which mothers are forced to choose in order to care for their children in the way they think is best.

3) Abuser-Related Support

The third main component of the program should consist of support for mothers in dealing with issues related to their former abusers. One important area of emphasis within this component would be providing mothers with strategies for managing the negative influence of their former abusers in the parenting endeavor. These should include tactics for minimizing the effects of things like the former abuser's modeling of unhealthy or undesirable behaviors for the children (e.g. drinking, smoking, cussing, being violent), as well as for combatting the former abuser's active attempts to ruin the mother-child relationship through his interactions with the children (i.e. his constant blaming, criticizing, or insulting of the mother when speaking with or in front of the children). In addition, the program should give tools to any mother who needs them to help their kids process and cope with the partial or permanent absence of their father in healthy ways. For example, the program could emphasize why single motherhood is preferable to having an abusive father living in the household, helping to break down the social taboo of single motherhood, as well as the common fear among mothers that the absence of a father will significantly harm their child's healthy development.

4) Specific Support in Miscellaneous Areas

Finally, according to this study's findings, an effective program should include forms of support specifically relevant to various miscellaneous issues that Latina immigrant mothers deal with. For example, this component would involve providing emotional support and management strategies to mothers who are forced to parent at a distance, whether due to shared child custody

or the loss of child custody, transnational migration, and/or the abuser's kidnapping of the mother's child(ren). In addition, it would be important to facilitate mothers' access to community resources for counseling and mental health services for their children if they need them. Also, the program could provide the space and time for mothers to help each other troubleshoot problems they may have with their children's schools, since this population often faces linguistic, economic, and sociocultural barriers to monitoring their children's educational progress/school experience and stepping in if necessary. Finally, one of the most pressing needs found among this population was the need for affordable legal assistance, so the program should also connect mothers to such resources in the community as available. Existing programs for this population in the community currently provide some of these forms of support, but it would be useful for them to expand the range of issues they address.

Proposed Program Characteristics

The structure of the recommended program would be a communal support group, and it would be facilitated by a professional (in social work, counseling, psychology, or a similar field). The group would consist of around 10-15 Latina immigrant mothers who have suffered from IPV (although non-immigrant Latina mothers could join as well), so as to provide the mothers with opportunities for social support through the formation of friendships with women in similar situations, as well as mutual learning (through listening to each other's personal experiences). However, the expertise and experience of the professional would be important to have, so as to provide knowledge that the women may otherwise not have access to. In addition, the professional would serve as an important guide for the women in the recovery and empowerment process, particularly in the beginning of the program. The program would aim to reduce the burden of economic and time considerations on mothers by providing free child care and a free

meal for each session, as well as being held at a convenient location. Based on the results of this study, confidentiality was identified as an important principle that should guide such a program. Creators of such a program could also consider other possibilities for addressing other systemic factors that constrain the opportunities available to Latina immigrant mothers in their parenting. These could include providing practical support for mothers in helping their undocumented children apply for the DACA program, helping undocumented mothers create a detailed plan for who will care for their kids who are U.S. citizens in the event that the mothers are deported (particularly given the increased likelihood of this possibility under the administration of President Trump), and/or facilitating mothers' access to family planning services. In addition, the program could provide or connect mothers to resources and support for practical issues like housing, job training, and personal advancement.

It is important to emphasize that the above recommendations are not comprehensive by any means, but rather only address the specific elements of a program that were indicated by the process of this research study, as well as its findings. In other words, the proposed program model is the product of the integration of what I learned from working with diverse community partner organizations with existing community-based programs and the primary data I collected surrounding the perceived effects of IPV on parenting. At the time of the writing of this paper, I am in the process of discussing with my community partner organizations the feasibility of making these recommendations a reality, as well as the steps that need to be taken to do so. Currently, there are two existing intervention models in the community that I think could be tailored/built on to adequately fulfill the needs of this particular population. In fact, some of the proposed program characteristics I outlined above were taken from my personal experience and knowledge of these existing programs. In addition, I am collaborating with a third community

partner organization to potentially incorporate my results into some written educational materials they give to clients from this population.

Research Implications

One of the most obvious directions for future research indicated by this study is the exploration of this same issue, the effects of IPV on parenting, from the perspective of children in IPV-affected households. This would provide a more comprehensive picture of the phenomenon and further clarify, to an extent, the exact cause-effect relationships in the qualitative data. In addition, it would be interesting to investigate the question of how the effects of IPV on parenting change as the children age (i.e. from infants to adult children) from the mother's perspective and the children's perspective, both of which would likely require larger samples than the one used in this study. Further studies are needed to understand the parenting experiences of Latina immigrant mothers who have never experienced IPV, so as to be able to qualitatively compare them to the findings of this study, and thereby, provide a way to more closely approximate the degree of causality in the relationships between IPV and parenting outcomes among this population. Of course, the best way to determine the causal nature of such relationships would be to investigate them from a quantitative perspective, perhaps by testing the correlations between diverse elements of IPV and various parenting outcomes such as parent-rated social support in caring for children, self-esteem, self-efficacy, mental health outcomes, harsh disciplinary practices, quality of communication with children, and/or quantity and quality of interactions with CPS (while controlling for a host of sociodemographic variables). Finally, this study indicates the need for similar studies to be carried out at other locations and/or with other minority groups.

Conclusion

The analyses conducted in this study did not produce rigid, straightforward, or one-dimensional conclusions regarding IPV's effects on the health and parenting experiences of Latina immigrants. However, the reality is that simplistic and uncomplicated cause-and-effect relationships are hard to come by in the field of global health. Furthermore, the purpose of this exploratory study was to shed light on such effects of IPV as comprehensively as possible, with the understanding that no single study can completely answer a research question. In summing up the significance of this study, it is important to note that the overall goal of this study was not to identify all the ways in which immigrant Latina mothers "fail" in their parenting because of IPV. In fact, this victim-blaming mentality was specifically guarded against throughout the entire process of designing and implementing this project, down to the analysis of the data and the interpretation of results. The purpose of this study was to contribute to the knowledge base that informs primary, secondary, and tertiary prevention of negative health outcomes related to IPV and parenting among a marginalized population. In that regard, the study appears to have been a success.

Overall, the isolating, stress-inducing, divisive, and regressive nature of IPV produced a constant stream of risk factors that made self-care extremely difficult for the Latina immigrant mothers in this study and made ensuring the well-being of children dependent on them even *more* difficult. From triggering a strong sense of protection in the mothers to hindering their ability to realize that instinct, the effects that IPV's atmosphere of real danger and fear had on the mothers' parenting seemed particularly malicious. In addition, by intentionally targeting the core of a Latina immigrant mother's identity—her role as a mother—with the occasional help of context-specific factors, the perpetrator used particular forms of abuse that successfully broke-

down any sense of success or certainty within the realm of her life that she regarded as most important (after all, “if she was not a good mother, what was she?”). The effects of these parenting-specific tactics, in addition to the abuser’s more general strategies of wresting power and control, manifested as severe psychological and emotional distress among these mothers. The acute and chronic forms of this stress had varying effects on their parenting, the majority of which were psychosocial and negative. Reducing a mother’s resources in terms of assistance for life’s daily tasks and the additional challenges that IPV presented, the abuser made sure she had the least tools possible to do anything about the harmful dynamics discussed above. Despite all these difficult and complicated realities however, mothers in their resilience found ways to resist the harmful legacy of IPV in their lives by doing everything they could to ensure their kids would not suffer the same fate. Of course, on top of everything, systemic sexism, racism, classism, nationalism, and xenophobia were always present—the silent forces doing some of the worst damage—, mutually reinforcing each other and interacting with the above aspects of IPV to constrict the possibilities for Latina immigrant mothers’ parenting.

It is my foremost hope that the data collected in this study, above all, will benefit the study population of immigrant Latina mothers, particularly the specific individuals who collectively represented the primary motivation for this study—as well as the primary reason for its success. However, as a student researcher with prior experience working with marginalized populations, I know that this is the group of people for whom it is often most difficult to ensure the realization of benefits. It takes so much time, as well as many systems, actors, and resources aligning just right, for the benefits of research to reach individual girls and women, but I plan to do everything in my power to make that a reality. The first way I will do this is by presenting this study’s results to my participants in a form that is easily accessible to them. This will likely take

the form of formal presentations at the various community organizations that served as my partners throughout the research process. However, if some of my participants are unable to attend such events, I will individually deliver the results to them as they desire. Secondly, if any participant asks for her individual interview transcriptions, I will discuss the pros and cons of her taking these written documents, given that it could be quite risky for her depending on her specific post-IPV situation. If at the end of such discussions, the participant still wants to possess copies of the transcriptions, I will give them to her because it is her right to possess such material, but also because I hope that having her story in written form will help the participant reflect on it in a way that is healthy and productive. Finally, as mentioned earlier, at the time of writing this paper, I am in the process of working with my community partners and my participants to clarify what the application of my results and recommendations will look like on a local level, whether in the form of a curriculum, the expansion of an existing program, an entirely new program, or perhaps another form entirely. It is my hope that whatever form this application takes, it aids in reducing the impact that IPV has on our world. I believe that the investigation of IPV's effects on parenting among immigrant Latina mothers, embodied by this thesis, represents a step toward the ultimate goal of ending the intergenerational cycle of IPV among all people, for the elimination of this phenomenon depends on its prevention among each new generation.

New Year's Eve, 2016.

Houston, TX.

(continued)

After admitting my own faults in the way I treat her sometimes, through tears I told my mom that I worried about her and that she should not have to put up with that kind of mistreatment from my dad... at which point she also began to cry, not because of the pain she felt over being the recipient of mistreatment, but because I know she hates seeing my sister and I upset or worried about her due to how she is mistreated. As we sat crying and hugging each other, I was reminded of my participants and how in interviews discussing their experiences, they also seemed to be

more hurt by their children's hurt than their own hurt, an exceptionally strong trend I noticed in my participant observation data and in the existing research literature on IPV.

Eventually, my mom, my sister, and I decided to leave our house and go somewhere to let my dad cool down for a while, to be in a healthier physical and mental/emotional space, and to try to salvage the rest of what was supposed to be a festive night. As we tried to brainstorm places that were open late where we could maybe play board games or something, we started getting ready to leave. I was in the bathroom when I heard my dad walk toward the back of the house where we all were, stop in the hallway outside the bathroom, and say, "Well I guess I just make y'all miserable right? Would it be better if I just wasn't in your lives at all?" The thing was, he didn't seem to be saying it sarcastically like I expected, but rather, he seemed to be asking in earnest, with perhaps a twinge of pain in his voice. I didn't answer him, thinking I was the one he was least talking to, since I figured he had directed his comments to someone he could actually see, like my mom or sister. But my mom and my sister didn't seem to respond either (at least from what I could hear), and by the time I came out of the bathroom five minutes later, he was gone. I asked my sister if he had been there and who he had been talking to, but she said she didn't know. When we made our way to the front of the house to leave, my dad was nowhere to be found, and my grandma was in bed. My dad's car was gone, so we figured he had gone to do "bookwork" at the automotive repair shop he owns—what he usually does after a situation/night like that.

My mom, my sister, and I ended up going to a restaurant to get tea and dessert and play Banana Grams. We didn't talk about what had happened for most of the time we were there, but then my mom slowly started to bring it up. As she talked, I felt a growing urge to ask my mom a question that I had been wanting to ask her for years, but at the same time had not wanted to ask her (because I was scared of the answer)... "Are you happy?" I said. She looked at me and, pausing only a millisecond, said, "No... Honestly, no." I told her, "Yeah, when we were little, I wanted you and Daddy to always be together, but now, honestly, I've realized that the most important thing is your happiness." She responded by describing how she and my dad had been having a "rocky past couple of months" up until my sister and I had come home for Christmas break. In fact, things had gotten to the point that—during one of their "trying-to-mend-things" conversations after a big fight—my dad had said to her, "I know you've been thinking about leaving me." And she told him, "Honestly, well yeah... I'm not gonna lie, I have been thinking about it." He responded by saying, "I know I have to change. I have to treat you better." My mom then told us that over the past of couple weeks since my sister and I had arrived home for break, my dad had "really been trying to be better." I was shocked because that was the first time I had ever heard of either of them mentioning the possibility of separation.

Looking directly at my mom, I began to talk about how my thesis research had made me very familiar with the complicated factors that motivate women to stay in abusive relationships. Listening to me, my mom rushed to say, "No, don't worry I'm not stupid." And I said, "But Mother, neither are the women that I talked to. They were just facing so many factors – economic need, desire for their kids to have a father, love for their abusers, concern for their own safety if they tried to leave, etc. that prevented them from realizing their situation and leaving." Then I told her, "Honestly, a big part of my motivation to choose my thesis topic was my knowledge that Abuelito was abusive and the—honestly very machista—tendencies that Daddy has." At that point, my sister suddenly spoke up: "I knew it. I knew that had something to do with it."

As we talked, I explained how my dad thinks he is doing “pretty well” compared to how his own dad treated my abuelita, since my dad doesn’t physically abuse my mom (well, anymore I later found out) and has never cheated on her. Then, my mom did something that I didn’t realize the gravity of until later that night: she explicitly confirmed that she feels/believes my dad’s behavior toward her is “abusive.” I cannot properly convey how big of a moment this was for her and for our family because she had never before used that word to describe my dad’s behavior towards her. My mom went on to talk about how she couldn’t do anything about it, feeling trapped because her mom had moved into our house about a year prior and because my mom’s brother, who was recovering from a stroke, would soon come live in our house as well. She also noted that on top of that (really, the first factor that came to my mind), was the economic aspect of it all... I tried to envision what it would look like for my mom to live apart (not even taking my grandma and uncle into account for a second), and I didn’t know what would happen. I didn’t know if my dad would completely cut her off, forcing her to try to find work. Furthermore, I didn’t know how easy finding a job would be for her since she hasn’t worked outside the home in years. Fortunately, I found out that my dad told her later that if she were to ever leave him, he would pay for her and my grandma (and now my uncle) to live in a nice place and would continue financially supporting them as if they were still living with him. However, not knowing this information at the time contributed to my worry and uncertainty about the future.

Reflecting on that New Year’s Eve (not the first tumultuous start to a new year that my family has had), I recognize now that the conversation my mom, my sister, and I had at that restaurant table was the beginning of the process of my coming to terms with the fact that my dad is verbally/emotionally/psychologically abusive toward my mom—and was formerly physically abusive toward her as well. That was a crazy thing for me: realizing that I had been hesitant for years to put that label on his behavior. Before starting my thesis, I thought the terms “domestic violence”, “IPV,” or “abuse” were way too extreme to describe the dynamic between my own parents. However, now I realize that I was just in denial... trying to downplay what was really going on and the toll that it was taking on my mom’s mental/emotional/psychosocial and even physical health. I think the extra stressors of family deaths, family illnesses, and other big changes in our home lives pushed my mom (and me) to finally see my dad’s behavior for what it is, reinforcing our conviction that it is unacceptable. I expected to have my family life and family history influence and be integrated into my thesis work and results in some ways, but I wasn’t expecting it to come so full circle... I wasn’t expecting it to hit so close to my immediate family’s home. Immediately after this realization, I wrote the following:

“I don’t know what to do honestly. I don’t know how to help my mom because it seems like the two biggest factors trapping her in this relationship/house (my grandma and my uncle) are unchangeable.... At least as of right now. But at the same time, my mother never explicitly said she actively wanted to try to figure out how to leave my dad... she didn’t seem determined to. But at the same time, I remember her saying while sipping her tea, ‘Something has to change soon. Something has to give.’”

I feel like that New Year’s Eve was profound in a complicated way because it was like everything I had been learning all my four years studying global health and cultural anthropology at Duke—about how systems of oppression and diverse risk factors interact to make negative life/health outcomes more or less likely—was happening to me and my own family. However, this in itself was not the root of the night’s profoundness, since I had begun applying the analytical

skills I learned through my classes to realities in my own life when I was a freshman. Rather, its profoundness was tied to my analysis of how exactly my family came to live the specific life/health outcome of IPV and its secondary effects.

For example, I noted how my mom attributes his abuse, above all, to the stress he experiences at his automotive shop (a low-income, blue collar job). She thinks he just deals with the stress in unhealthy ways that involve lashing out at her. She admits that she doesn't know how to help minimize such effects of my dad's job because my dad believes there really isn't another job that he knows how to do that would give us at least a comparable income. My family has talked about stress reduction strategies for my dad's work environment a million times, with some of the main ones being hiring workers that are competent and willing to work, as well as hiring a really good manager so my dad doesn't have to micro-manage everything to make sure it gets done well. However, he can't afford to hire those really good mechanics and managers. The other strategy my mom urges him to use is to not lend money or cars to people he knows will not pay him back (based on his previous experience with them), but my dad always insists that he feels a strong compassion toward such people. He says he can't help but want to help them when they are in need. In this way, the constant stressors of my dad's life connected to money and his job continue to bombard him.

This is just one small example, but in reality, my family's entire relationship to the issue of IPV is located within the web of risk factors and protective factors that I have learned about as a global health and cultural anthropology major. Some of the most salient ones for my parents' relationship seem to be: socioeconomic status, race, ethnicity, and my dad's having grown up in a household affected by IPV and child abuse... In other words, a lot of the same factors influencing the IPV experiences of the participants in this study.

A couple days after that fateful New Year's Eve, I told a close friend of mine all about how much I was enjoying and had been growing through my work on my thesis, which, in light of our discussion, led me to entrust him with the reality of my own family dynamics. He asked me if I had talked a lot to my immediately family about my thesis over the past semester. And—surprising myself with my answer—I said that I had not. I then immediately thought to myself, “Wait... why haven't I?” I thought about how I was so obsessed with my thesis that I eagerly talked anyone's ear off who would listen about it... So why had I only given my family the bare minimum, broad, and superficial details about it? Reflecting on this question now, I think I may have been subconsciously aware of just how closely tied my personal/family life was to the issues I was learning about through my thesis research, leading me to initially try to keep them as separate as possible. However, this artificial boundary I had built, like most boundaries, did not hold up against the weight of reality as my immediate family's connection to IPV blasted through it on that New Year's Eve night. Clearly, no, IPV was not all “history” that stayed in my family's past. No, my personal experience with the issue was not limited to dealing with mere ‘remnants’ of the IPV of my grandparents' generation. But rather, I, Briana Acosta, have lived in an IPV-affected household my entire life.

In closing, I think it is important to note that my parents' relationship has improved in many important ways. However, everything is a process, and as a family we still face many struggles now, and predictably in the future, related to my dad's abusive behavior. My entire family is hopeful that the small successes he experiences will lead to pathways toward greater success and long-term well-being. The important thing is that he wants to and is committed to trying to change. In the interest of respecting (what remains of) my family's privacy, as well as acknowledging the uncertainty that comes with empowering victims of IPV to make their own

decisions about their well-being and lives, I will leave it at that. I simply want to reiterate my commitment to supporting my mom in whatever ways she needs and to ensuring that my dad “breaks” the pattern of abuse he inherited, helping him root out machismo and IPV from his forma de pensar y forma de ser.

Thus,—as was hopefully evident throughout this work—I believe it matters very much that I was the person who conducted this thesis research. I decided to elaborate on these personal dynamics of the research in this final paper because part of the reason phenomena like IPV repeat across lifetimes and generations is that they are not talked about. How can I expect my participants to be vulnerable in discussing these issues if I am not also willing to make myself vulnerable in discussing how they impact my own life? I believe that my subjectivity and life experiences occupying the same position as the children of my very own participants made me a better researcher, a better listener, a better advocate, and a better friend to the women who participated in this project. My knowledge of this reality has made this project even more meaningful for me as the culminating work of my Duke experience.

The combination of my love for Latinx people and cultures and my deep interest in health constitutes more than a passion. I feel that it is truly my calling in life. I have been supremely blessed to be able to explore what this calling means to me and how I can live it out in the world over the past four years, but I have realized that at the heart of my journey lies a sentiment I have carried with me since I was a child, expressed beautifully in the following poem:

of course
i want to be
successful but
i don't crave
success for me
i need to be
successful
to gain enough
milk and honey
to help those
around me
succeed

-rupi kaur

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Appendix A

*Note: The term “Latinx” is commonly used as a gender-neutral and non-binary alternative to the terms “Latino” or “Latina.”

In other words, my decision to use this term, rather than simply “Latino,” stems from my desire to resist the inherently patriarchal nature of the Spanish language that requires the exclusively masculine form of descriptive words to be used when referring to groups comprised of both men and women together. My decision also stems from my desire to be more inclusive of gender-non-conforming people who do not necessarily identify with either of the two categories of “men” or “women.”