

## THE TIPPING POINT: INTIMATE PARTNER VIOLENCE AMONG HISPANIC WOMEN OF MEXICAN ORIGIN

### EL PUNTO DE INFLEXIÓN: VIOLENCIA DE PAREJA ENTRE LAS MUJERES HISPANAS DE ORIGEN MEXICANO

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#### **ABSTRACT**

*Intimate partner violence (IPV) is an international public health problem. In the United States, IPV appears to be more prevalent among Hispanic women when compared to non-Hispanic women. Despite the body of research that focused on IPV among Hispanic women, no study could be located that describes how Hispanic women experiencing IPV decide to leave a relationship in which IPV is occurring. **Aims:** the purpose of this study is to use qualitative methods to explore how Hispanic women of Mexican origin who have experienced IPV decided to leave the relationship in which IPV occurred. **Methods:** fifty-nine women of Mexican origin were recruited from a low-income housing authority complex in El Paso, TX to participate in audiotaped focus groups. Data from the focus groups were transcribed and analyzed using grounded theory (GT) methodology. Data were collected until saturation was achieved. **Results:** participants were able to describe a process whereby they decided to leave a relationship in which IPV was occurring. The process included the categories of the shadow of violence, Vulnerability, Normalizing violence, the Tipping point, Lucidity, and Escaping the shadow of violence. **Conclusions:** the results of the study provided some important clinical implications for nurses providing care to Hispanic women experiencing IPV, or Hispanic women at risk for IPV. Results of this study provide directions for future research focused on the unique experiences of Hispanic women of Mexican origin in the context of IPV.*

**Key words:** Domestic violence, intimate partner violence, Mexican origin, Qualitative study, women.

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#### **RESUMEN**

*La violencia de pareja es un problema de salud pública. En los Estados Unidos parece ser más frecuente entre las mujeres hispanas, en comparación con las mujeres no hispanas. A*

pesar de la cantidad de investigaciones focalizadas en violencia de pareja entre las mujeres hispanas, no se encontró ningún estudio que describa cómo las mujeres hispanas que experimentan violencia de pareja deciden abandonar una relación de este tipo. **Objetivos:** el objetivo de este estudio es utilizar métodos cualitativos para explorar cómo las mujeres hispanas de origen mexicano que han experimentado violencia de pareja decidieron terminar con la relación de pareja. **Métodos:** investigación cualitativa, con grupos focales cuyos participantes fueron cincuenta y nueve mujeres de origen mexicano reclutadas en un complejo de viviendas de bajos ingresos en El Paso, TX. Los grupos focales que se grabaron en video. Los datos de los grupos focales fueron transcritos y analizados utilizando la metodología de la teoría fundamentada y se recogieron hasta que se alcanzó la saturación. **Resultados:** los participantes fueron capaces de describir el proceso por el que decidieron dejar una relación en la que se estaba produciendo violencia de pareja. El proceso incluye las categorías de la sombra de la violencia, la vulnerabilidad, normalización de la violencia, el punto de inflexión, la lucidez, y escapar de la sombra de la violencia. **Conclusiones:** los resultados del estudio proporcionan algunas implicaciones clínicas importantes para las enfermeras que atienden a las mujeres hispanas que experimentan violencia de pareja, o las mujeres hispanas en riesgo de maltrato. Los resultados de este estudio proporcionan directrices para futuras investigaciones.

**Palabras clave:** *Violencia doméstica, violencia de pareja, de origen mexicano, estudio cualitativo, mujeres.*

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## INTRODUCTION

Intimate partner violence (IPV) is a term that describes acts of physical, psychological, or sexual violence that occurs between those in intimate relationships<sup>(1)</sup>. According to the World Health Organization (WHO) <sup>(2)</sup> estimates, 15 to 71% of the global female population will experience intimate partner violence (IPV) during their lifetime that may result in short- and long-term injuries. IPV is a global public health pandemic, and a violation of human rights<sup>(3)</sup>.

Annually in the United States (U.S.), approximately 29 million women experience violence perpetrated by an intimate partner or spouse<sup>(4)</sup>. In addition, one in four women and one in seven men experience extreme physical violence from intimate partners<sup>(5)</sup>.

Persons who experience IPV are prone to long-term physical and psychological maladies that often require lengthy treatment<sup>(6)</sup>. Consequently, in the U.S., on a yearly basis, roughly \$5.8 billion is spent on medical and mental health care for those experiencing IPV. This amount does not include the burden on the legal system<sup>(7, 8)</sup>. In addition, IPV costs approximately \$1.8 billion annually, or the equivalent of 8 million paid work days or 32,000 jobs<sup>(7)</sup>. Furthermore, females experiencing IPV are often unemployed and require public assistance<sup>(9)</sup>.

## REVIEW OF LITERATURE

IPV is physical, psychological, or sexual aggression <sup>(10)</sup> that has negative physical, psychological, reproductive and sexual

health outcomes<sup>(2)</sup>. Those who experience IPV sustain chronic disease, permanent dysfunction, miscarriages, psychological disorders, and even death<sup>(11, 5, 12)</sup>. The risk of acquiring sexually transmitted infections (STIs) and HIV infection is greater among those experiencing IPV<sup>(13, 14)</sup>.

IPV affects all cultures and all socio-economic levels, with some populations experiencing higher rates<sup>(15, 16)</sup>. As the Hispanic population continues to grow, the reported rates of IPV among Hispanic couples (14%) compared to non-Hispanic White couples (6%) also continues to increase<sup>(17)</sup>. Recurrence rates of IPV are higher among Hispanic couples (59%) when compared to non-Hispanic Blacks (52%), and white couples (37%)<sup>(18)</sup>. Hispanic women were also at greater risk for being murdered by intimate partners when compared to non-Hispanic women<sup>(19)</sup>.

In 2014, Hispanics totaled approximately 54 million of the United States (U.S.) population<sup>(20)</sup> and are projected to reach 128.8 million by 2060<sup>(21)</sup>. In 2012, Mexican Americans were the largest sub-population of Hispanics in the U.S. (64%)<sup>(22, 23)</sup>. Additionally, Mexican Americans comprised (11%) of the entire U.S. population<sup>(23)</sup>. The number of Hispanic women in the U.S. is expected to increase from 6.4% to 25.7% by 2050<sup>(24)</sup>.

There are common risk factors for IPV victimization among Hispanic women such as female gender<sup>(25, 26)</sup>; younger age<sup>(27, 28)</sup>; and a history of childhood physical and/or sexual abuse<sup>(26, 29-31)</sup>. Other common risk factors include violence within the family origin<sup>(14, 25, 26, 32, 33)</sup>, and economic issues as financial dependence<sup>(30)</sup>, and females earning more than the male partner<sup>(34)</sup>. Low self-esteem<sup>(14)</sup>, and having four or more children at home<sup>(28, 29, 35)</sup> were also found to be risk factors among Hispanic women.

In addition, a cultural IPV risk factor is the adherence to and acceptance of conventional gender roles such as *Machismo* for men and *Marianismo* for women because of the unequal balance of power

<sup>(36, 37)</sup> and the use of violence as a way to resolve conflict<sup>(38)</sup>. The negative attributes of *Machismo* that are correlated with IPV perpetration risk include aggression, infidelity, and dominance. The attributes of *Marianismo* include humility, devotion to family, faithfulness, loyalty, submissiveness, submissiveness, and unassertiveness, and are cited as IPV risk factors<sup>(39, 40)</sup>.

There are reported relationship factors such as the lack of interpersonal communication, and conflict resolution skills, which increase IPV risk<sup>(41)</sup>. Conflict within the relationship and infidelity were also reported as IPV risk factors<sup>(26, 14)</sup>. In addition, the absence of social support with resulting social isolation was also cited as a risk factor for IPV<sup>(35, 26, 28)</sup>.

The environment, in which relationships occur such as home, school, or work, in particular if they are socioeconomically disadvantaged, crime ridden, and disorderly, have been identified as IPV risk factors<sup>(41)</sup>. The risk for IPV is increased among women who lived in poor and/or violent neighborhoods<sup>(42, 43)</sup>, disorderly neighborhoods<sup>(44)</sup> or the mere perception of living in an unsafe neighborhood<sup>(45)</sup>. Not attending church services also increased the risk of IPV among Hispanic women<sup>(28)</sup>.

Many women who experience IPV are compelled to remain in abusive relationships due to factors such as economics<sup>(46)</sup>, fear of exposing the abuse<sup>(47)</sup>, fear of not having a father figure for children, a coping strategy<sup>(47)</sup>, attachment<sup>(48)</sup>, fear of losing custody<sup>(49)</sup>. Moreover, factors that may influence women of Mexican origin to stay in abusive relationships include cultural<sup>(50, 51)</sup>, familial<sup>(52)</sup> and or religious values<sup>(53)</sup>, and immigration status<sup>(54)</sup>. Despite the growing body of research that documents the risk factors for IPV among the general population, and to the lesser extent among Hispanic women, a gap in the research knowledge base is evident. No studies to date could be located that describes the process of how Hispanic women experiencing IPV decide to leave

the relationship. The objective or purpose of this study was to develop a GT that explains the process by which American women of Mexican origin decide to leave a relationship in which IPV is occurring.

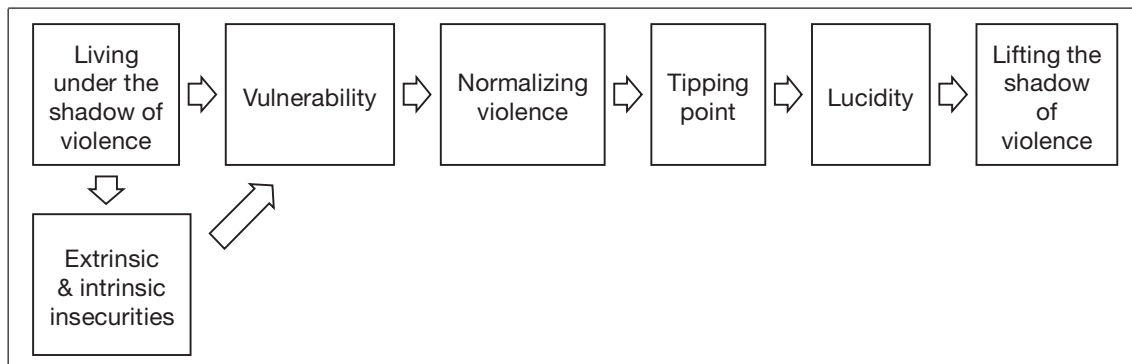
## **METHODS**

This study used Grounded Theory (GT) as its qualitative research design. The method of GT was developed by Glaser and Strauss<sup>(55)</sup>. These authors believed that theories are extracted from grounded data. Researchers used GT when action, interactions, or social processes are studied. Data are presented as categories that encompass the developed theory. The GT process was achieved by coding the initial

data, then abstracting it to understand the experience of the women<sup>(56)</sup>. The Data was then analyzed by comparing the abstracted themes to develop new categories<sup>(56)</sup>. The systematic inductive data abstraction led to analytic categories, which ultimately led to the development of the process described in Figure 1.

Qualitative data for this study were part of a larger funded mixed-method pilot study VIDA-II (Violence, Intimate Relationships, and Drugs Among Latinos), which explored the intersection of substance abuse, violence and risky sexual behavior. The qualitative portion of VIDA-II was analyzed after the quantitative data in order to delve deeper into the IPV phenomenon.

**Figure 1.** First Conceptual Diagram of the grounded theory. *The tipping point: Intimate partner violence among Hispanic women of Mexican origin*



## **Sample**

Participants were recruited using theoretical sampling with the assistance of a key informant from a public housing development in El Paso, TX. Theoretical sampling is the sampling method of GT whereby researchers select participants to interview who have the ability to describe the real life events of interest that aids in the generation of the theory<sup>(57)</sup>.

In order to assure that participants could describe the phenomenon of interest, inclusion criteria were established for participation. In order to contribute to this study, participants were required to meet

the following inclusion criteria: a) self-identify as a Hispanic woman, particularly a woman of Mexican origin; b) be between the ages of 18 and 55; c) Hispanic women who have knowledge of or experience with IPV were recruited for this study, and d) ability to communicate in English or Spanish. Those not meeting all inclusion criteria were excluded from participation.

Data saturation was used to determine the number of focus groups that were required to be conducted. Saturation is intuitively decided by the investigator and is the point where no further information, categories or themes are derived from the

data<sup>(55)</sup>. Saturation was achieved after the fourth focus group but an additional focus group was held to ensure data consistency

### Setting

The study was conducted in El Paso, TX. The county of El Paso, Texas is a predominantly Hispanic (81%) community along the U.S.-Mexico border with a population of over 833,000<sup>(21)</sup>.

The per capita yearly income \$18,379 for a family of three<sup>(22)</sup>, is below the established federal poverty guidelines of \$25,112<sup>(58)</sup>. The selection of the Housing Authority of the City of El Paso (HACEP)<sup>(59)</sup> is due to the availability of women of Mexican origin who may have experience with the phenomenon of interest. The HACEP<sup>(59)</sup> ranks 14<sup>th</sup> in the United States in the number of housing units and is the largest public housing authority in the state of Texas<sup>(48)</sup>. There are over 40,000 low-income residents of predominantly Mexican origin<sup>(59)</sup>. Study participants were recruited from HACEP<sup>(59)</sup> housing communities located in El Paso County because of the access to women of Mexican origin in a neighborhood environment.

Fliers were strategically placed in HACEP communities. Ultimately, the assistance of key informant, a well-respected housing resident, who volunteered to recruit participants from her neighborhood was critical to the success of the study. The focus groups were bilingual (English and Spanish) as a majority of the women understood both languages. A total of six focus groups were conducted, although one focus group had to be discarded as the audio recorders failed during the session. Thus only five focus groups, with a total of 57 women (i.e. 8-12 women per group), were held in a designated community room within the HACEP complex.

### Data Collection

The University's Institutional Review Board approved this study prior to its commencement. Data collection occurred from

September 2013 through May 2014. Members of the research team travelled to the HACE complex to conduct the study. At the initiation of the focus groups, the women were greeted by the research team and offered childcare. Food and beverages were provided to the women and their children. Age appropriate activities were also provided to the children in an adjoining room. The initial meet and greet allowed the research team and the women the opportunity to become acquainted with each other.

As the women ate, the study, consent to participate, the protection of confidentiality, and the use of alphabetic letters to protect their identities was explained. Also discussed was how the group would be audio taped and that notes would be taken for accuracy. After addressing any questions, the informed consent was obtained in language of preference, then signed by all the participants. The anonymity and confidentiality of all the participants was once again reiterated.

A set of broad and follow-up probing questions regarding their experiences with violence, substance abuse, and risky sexual behavior was used to guide the focus groups. The constant comparison of the responses to the broad and probing questions allowed for their modification for subsequent focus groups. Each focus group was audio-taped and observation notes were taken. Observation notes aided in the rich description of the setting and the participants' interactions.

Each focus group process took approximately 2 hours to complete. Group discussion took approximately 1.5 hours. Each focus group was facilitated by two Ph.D. students in English, Spanish or both languages to facilitate participation. Both doctoral students took turns moderating and taking notes. Participants were given \$30.00 cash upon completion of the focus groups to compensate for time.

Audio-taped recordings were translated and transcribed verbatim by a bilingual translation/transcriptionist consultant. Ver-

ification and back translation of the transcriptions was provided by one of the doctoral students, who listened to the original recordings and compared them to the actual words of the women. Discrepancies were corrected. Transcripts and consent forms were filed separately in a locked filing cabinet in a secure office.

### **Data Analysis**

Data were analyzed using GT methodology<sup>(57)</sup> of the constant comparative method using open coding, axial coding, and selective coding. Open coding in English is the first step in the process. The translated/transcribed interviews were then analyzed line by line as the new data was constantly compared to existing data<sup>(57)</sup>.

Axial coding was then conducted. During axial coding, the relationships between categories developed and the process emerged depicting the theory that is grounded in the data<sup>(57)</sup>. The data lead to emerging themes, and then to higher levels of abstraction, upon which the final abstraction lead to the over-arching themes which represented the experiences of the women.

Lastly, the research team conducted selective coding. Selective coding is the narrative summary of theory that includes data from participants to illustrate each of the themes and categories. Selective coding also was used to generate ideas for future study based on this study's findings<sup>(47)</sup>.

### **Maintaining Rigor**

Rigor within this study was facilitated through the use of two methodologies, peer debriefing and analyst triangulation in order to mitigate researcher bias. Peer debriefing was utilized to ensure credibility through the assistance of a peer qualitative researcher, whose expertise was not the phenomenon of interest, in order to test and defend emergent hypotheses<sup>(60)</sup>. Analyst triangulation was also used to elucidate points in the data that may have been missed for more accurate analysis and theme abstraction<sup>(61, 62)</sup>.

## **RESULTS**

### **Participant characteristics**

The sample consisted of a total of 57 adult Hispanic women of Mexican descent, ages 18 to 55 years who participated in five separate focus group interviews (i.e., 8-12 women in each group). A more complete description of the sample is included in Table 1. Focus group participants were born in Mexico (58%), the United States (40%), or somewhere else (2%). The number of reported years living in the United States ranged from 3 years to 50 years ( $M = 19.4$ ,  $SD = 12.42$ ). The reported mean years of education was 11 years ( $SD = 3.32$ ). The majority of women were unemployed (70%), either divorced or separated (54%), and did not live with a spouse or partner (44%). Most of the women (64%) lived on a total monthly household income of less than \$999.00, had no health insurance (72%) and no regular healthcare provider (70%).

The participants' interviews provided thick, rich descriptions of the process by which Hispanic women of Mexican origin leave a relationship in which IPV is occurring. Selected quotes from the participants have been provided to illustrate the categories and subcategories of this grounded theory. The quotes are used to illustrate the process that occurs in the context of the women's experiences with IPV. This process contains the categories of Living under the shadow of violence, Vulnerability, Normalizing Violence, The tipping point, Lucidity, and Lifting the shadow of violence.

### **Living under the shadow of violence**

Participants reported that the starting point for the process was the shadow of violence. The shadow of violence was the actual manifestation of IPV and how women lived as though a shadow was looming over them. The shadow of violence encompassed all types of abuse and control including financial, physical, psychological, sexual, verbal, and possibly fatality. Participant Q stated:

“Various forms of abuse: Physical, verbal, psychological, sexually, all go hand on hand”.

In the words of participant D:

“Yes, I experienced it (IPV) and I think no one should be ashamed of admitting they suffer from domestic violence. The violence between couples is not only when they beat you, but also when they insult you. Also, domestic violence is about equity... we think it only happens to people without education, really poor, or who live in a marginalized neighborhood...how was it possible that I was able to see violence in other’s homes but I didn’t see my own situation?”

Intimate partner violence survivor, participant a mentioned:

“Verbal abuse, emotional abuse. That’s what hurts”.

Participant K conveyed her experience with various forms of IPV and how it made her feel:

“I have lived through both verbal and physical abuse. I became very depressed. The abuse leaves you in a mental block. You believe what they tell you. If they tell you, you’re a cockroach your feel like a cockroach. If they tell you you’re shit, you feel you’re shit. If they slap you, it will hurt maybe for just one day but verbal abuse perhaps affects you the rest of your life”.

Participant C:

“The beating hurts more. I wish he just called me “fat” but they are always violent and they are always offensive”.

Living under the shadow of violence contained two sub-categories. These sub-categories were named Extrinsic insecurities and Intrinsic insecurities.

Extrinsic insecurities. The environments in which the participants lived. Participant reported living in environments that were unsafe, plagued by filth, graffiti, vandalism, violence, drugs, and crime. This environment had no activities or parks for their families. There was a general lack of connection among neighbors and little parental guidance or supervision of children, in par-

ticularly toddlers. More importantly, the participants reported that there was no respect for persons or property and they feared retaliation for reporting any illegal or criminal activities. These extrinsic insecurities are the perfect “breeding ground” for violence within the home. Participant D stated:

“One problem I’ve seen in this community is that people do not have much respect or communication among them. There should be more communication among people and they should stop thinking that others are getting involved in what it’s not their business, instead they should support each other to look after the kids, adolescents, and to have a cleaner community. However, people usually react by saying ‘that lady has come twice around here and she has no business here. But people should think - it is good that lady is walking around our home because she keeps an eye on us, she looks after us. But they don’t think that”.

Participant K expressed what her children were exposed to:

“...kids see and hear what goes on, the neighbors fighting with each other, screaming”.

Intrinsic insecurities. The internalization of external manifestations of community violence. Intrinsic insecurities was how women experiencing IPV felt internally about their experience with IPV and why these women felt that they were unable to leave the violent environment. The women reported that various factors compelled them to stay in a violent environment such as a lack of support, education, finances, loss of material possessions, and a loss of a paternal figure for their children. Participant E’s opinion on the problems that affect women of her community:

“I think women here struggle to work because there are no jobs and there are many women living alone with their children”.

### **Vulnerability**

The next step in the process as reported by the participants was Vulnerability.

Vulnerability is described as the psychological state of numbness, disbelief, and uncertainty, reported after violence occurs. Vulnerability is a state of confusion, somewhere between not understanding the violence, knowing it is wrong, and yet not being able to escape the violence. Women reported that they are made to feel there is nowhere to go for help and no one to turn to for assistance, which facilitates subsequent violent encounters:

Participant H:

"Sometimes it is because of fear, or ignorance. Sometimes there is not enough support and we have children so we do whatever we can to survive it and sometimes we have to hide it so our children don't see what's going on".

Participant I:

"Domestic violence lowers your self-esteem that's why it's hard to get out of the situation. They make you feel you are not worth it, you're ugly and stupid. "They make you feel as if you are nothing. It is a very strong cycle. This is my house, this is where I reign and if you don't like, there is nothing you can do about it".

Participant C:

"Some of us want to leave and hide. I wouldn't go out, just feed my children and I used to sleep all day. Many would tell me "get up, don't be dumb".

### **Normalizing violence**

As the participants continued to live in violent environments in which IPV occurred, many reported that IPV was a "normal" experience that had occurred in multiple generations. In a sense, IPV was expected, and was seen as a "way of life". Many participants shared experiences of how violence was normalized in their homes.

Participant L:

"You feel that domestic violence is normal because you lived it and saw it in your family".

Participant G:

"I used to tolerate it because I was stupid. I guess I used to think it was normal.

I saw it in my sisters-in-law and I thought this is how it is supposed to be".

Participant K:

"A lot of women believe that because of the culture...men feel they can do whatever they want...many women suffer from domestic violence".

Participant I:

"...because men grow up in an environment that accepts machismo, and also that I saw my mom taking the abuse and never complaining about it and that got me accustomed to thinking I should tolerate the same from my husband".

Participant K:

"As women and mothers, most of us have lived difficult experiences with men. We can't just say well not me, but my neighbor has. I imagine that the majority of women have lived some sort of violence with partners. Intimate partner violence is very ugly".

Participant G

"In my case, I came as illegal, I was fearful of deportation. I was been told I couldn't even go out because 'la migra' would see me. I thought it was normal, kept quiet about abuse".

### **Tipping Point**

Despite the violent environments, vulnerabilities or the normalization of violence that occurred among the Hispanic female participants there was a "tipping point". This was a defining moment or a point in time in the lives of the participants. The "tipping point" was some incident, perhaps one too many violent episodes, or the type of incident, perhaps involving their children that occurred which caused the women to consider leaving the relationship where IPV was occurring. This was described by a number of the participants:

Participant G:

"At some point I was so tired of the situation and I thought he doesn't love me anymore because someone who loves doesn't hurt you. He didn't respect or appreciate me anymore. And his anger was



that I wouldn't complain about it. Then, he thought I was cheating on him because I wouldn't get jealous or because I wouldn't fight him every time he got home. The problem in our marriage had nothing to do with me, I was doing my part but he wasn't doing his... When I finally realized the problem of my situation and what my kids and I were going through. When I started noticing that my daughters were becoming defensive, I said I had enough".

Participant C:

"When he beat my daughter I wanted to kill him but I thought if I kill him I will leave my daughter by herself with him".

Participant G:

"I endured IPV for 13 years. I realized how bad my situation was when one day he was drugged and he hit me in front of my kids. They saw how he was beating me, he even broke my nose. When I saw how my kids were crying I said to myself this is it".

Participant B:

"El valiente vive hasta que el cobarde decide"/"The brave live until the coward decides".

Participant D

"Later I understood that I was not the only one suffering ... my children...they were in greater danger".

Participant I:

"I thought I stayed for the kids, but they were the ones who open my eyes. They asked me - why do you stay with him, this won't change? That's when I realized I was not doing it for them, I was with him for me and I was being selfish. My kids ask me "why did you pick a dad like him?" My kids have psychological problems because of the situation".

Participant A:

"My husband beat me for 18 years. One day he beat me until there was a pool of blood. That day I said no more. He also wanted to hit my daughter and I told him you can do whatever you want with me but you won't touch my children. I realized I was worth a lot".

Participant (unknown)

"I was told marriage was until death do us part. Until I said to myself, I will break the cycle or he is going to kill me... Until finally I said 'that's enough'".

Participant F:

"In my case it was when my husband wanted to kill himself in front of my children because I wanted to leave him and that's when I said - enough! He committed suicide anyways but he did it away from us".

### Lucidity

After the tipping point, participants reported that the next stage of the process was *Lucidity*. *Lucidity* was described by the participants as that "aha" moment, at which point women experiencing IPV start seeing beyond the violence to focus on a new path in life away from IPV, regardless of the personal or financial cost. This is where mental clarity enables the victim to see the harm and danger caused by IPV. The women envision, escape, and survive IPV.

Participant L:

"You have to love yourself enough to not let anybody hurt you".

Participant I:

"It is true. My ex used to come drunk at night and sometimes I thought I could hit him with a bat while he was sleeping, but he wouldn't feel anything. But if he awoke he would kill me. But I thought if I kill him I'll go to jail, then what happens to my children? Then I would think, if he kills me what is worse? If you think about the humiliation and all the stupidity that they tell you".

Participant K:

"In your mind you say - I want to kill him! But then there is a ray of light from God".

Participant A:

"It's a chain my mother lived this and I tolerated it as well but just because I lived this doesn't mean that you have to".

Participant I:

"What doesn't kill us makes us stronger"

Participant J:

“God made women stronger”

### **Lifting the shadow of violence**

The final step in the process as reported by the participants was termed *Lifting the shadow of violence*. This is the point in the process when the women reported that they no longer saw themselves as victims, but as a survivor that was mentally liberated. Participant reported that survival for them meant leaving material possessions, losing an intimate partner, and losing the father of their children. It was also at this point that the women reported that they refused to look back at their lives as a “victim of IPV”, and decided that they will never allow abuse to occur again. In several focus groups, there was robust discussion related to *Lifting the shadow of violence* which made it difficult to differentiate the individual participants. Participants in various groups described Lifting the shadow of violence with the following quotes:

“I make myself brave I went to a shelter. We are strong and can take care of our children”

“We shouldn’t feel ashamed I preferred to leave my house and comfort. I left everything and took my children”.

“But when I started to get involved with support groups I realized it was not normal and I started to open my eyes”.

“I had to work for the first time in my life so I could take of my children...I often think about how sometimes is not only that men are violent or jealous, but also they have low self-esteem and they can’t stand women who are secure”.

“When I finally left him I had to start from the bottom. I didn’t take anything not even furniture. But now I am happy by myself”.

### **DISCUSSION**

The purpose of this study was to describe the process by which women of Mexican origin experiencing IPV decide to leave the relationship. In describing this process, a grounded theory study was developed from the inferred themes gen-

erated from the data. Numerous studies (25-27,29,30,33,34,37) have focused on Hispanic women and IPV risk factor but few have detailed the process of how Hispanic women of Mexican origin leave violent relationships. From this study, implications for practice and research can be developed.

The findings of this study support previous research. The theme of *Living under the shadow of violence* is supported by<sup>(16)</sup> and has noted that IPV is more common among Hispanics when compared to non-Hispanic whites. Given that IPV is more common among Hispanics, it makes sense that Hispanic women have witnessed IPV in their families of origin and their communities. Because of the prevalence of IPV among Hispanics, the “shadow” of violence is a part of the lives of the Hispanic women of Mexican origin who participated in this study.

The subcategories of extrinsic and intrinsic insecurities has also been documented in the literature. Extrinsic insecurities that are consistent with the literature include the community as a source of violence<sup>(4,42,44)</sup>. Intrinsic insecurities supported by the existing literature include financial dependence<sup>(30)</sup>, low self-esteem<sup>(14)</sup>, and a lack of social support<sup>(35)</sup> which occur among Hispanic women, and may contribute to the risk of IPV.

The findings of the category of Vulnerability is supported by the existing literature. Campbell<sup>(11)</sup> noted that IPV may result in negative health outcomes. As noted by the participants in this study and consistent with previous research, IPV has the potential to impact the physical and psychological health of women in relationships in which IPV occurs<sup>(6)</sup>.

Lifting the shadow of violence as reported by the participants in this study has been described in previous research. In this study, this was the point in which Hispanic women were able to imagine lives free of IPV. Although not specifically described among Hispanic women, some evidence is available<sup>(63)</sup> that documents

that women experiencing IPV have the ability to develop relationships free of IPV after leaving relationships in which IPV has occurred.

There are unique findings from this study that are not currently described in the literature. The first is the category of Normalizing violence. Evidence to support this category could not be located in the existing literature. Perhaps the reason that participants in this study normalized IPV could be linked to the fact that IPV was more common among Hispanics<sup>(17)</sup>, that violence was prevalent in the communities in which the women resided<sup>(42,43,45)</sup> combined with unique Hispanic cultural factors<sup>(36-37)</sup> caused the women in this study to “normalize” IPV. In other words, IPV was almost expected due to prevalence in the community, and as a perceived part of Mexican culture. Therefore, when IPV occurred, the participants in this study were not surprised, and in a possible attempt to manage IPV, the participants attempted to “normalize” the experience as much as possible.

A second finding that was not supported in the literature was *The tipping point*. Support for this category could not be located in the literature focused on IPV among Hispanic women, particularly women of Mexican origin. In fact, a great deal of literature has been devoted to reasons why women remain in relationship in which IPV occurs<sup>(48, 53,54)</sup>, but no studies have documented the process by which Hispanic women leave relationships in the context of IPV. This finding is unique to this study and requires further exploration.

This study’s findings provide some implications for nurses providing care to Hispanic women, in particularly women of Mexican origin, in the context of IPV. Nurses must realize that Hispanics are at risk for IPV. Nurses should screen Hispanic women for IPV at each healthcare encounter and refer those experiencing IPV to appropriate psychological/mental health services. In addition, nurses must realize

that some women in relationships in which IPV occurs may not be ready to leave the relationship, i.e., these women have not reached their “tipping point”. Nurses and other mental health providers must be able to provide non-judgmental care to these women while providing for the physical and psychological safety of the women and any children in the home in which IPV is occurring<sup>(1, 26)</sup>.

The findings of this study provide some implications for future research. More research is needed on the “tipping point”. It is important to explore this category further with future research so that factors that promote the “tipping point”, as well as factors that inhibit the “tipping point” can be identified. Because it appears that the “tipping point” is a critical and traumatic moment for these women, more research needs to be conducted with Hispanic women who have left relationships where IPV occurred in order to know how best to help these women deal with the after effects of IPV.

#### Limitations

Despite this study’s findings that are consistent with existing literature, and the new findings that emerged from this study, there are a few limitations that need to be acknowledged. It is important to acknowledge these limitations because of the potential to impact the study’s findings. The first limitation involves the sampling strategy. Participants, with firsthand knowledge of issues surrounding IPV in the Hispanic community were recruited. This knowledge, although necessary to describe the phenomenon of interest, also has the potential to impact the study’s findings. Second, this study only included Hispanic women, of Mexican origin, from one study site that constituted a homogenous sample. Therefore, the experiences of these Hispanic women may not be reflective of all sub populations of Hispanic women who have experienced IPV. Despite the study’s identified limitations, this study

provided some new information on the experiences of Hispanic women of Mexican origin experiencing IPV, and provided

some directions for future research that may help address the issue of IPV among Hispanic women.

**Table 1. Participant characteristics**

<b>Participant Characteristics</b>	<b>Women (n=5) M(SD) or %</b>
Age	18-55
Country of Origin	
United States	40%
Mexico	58%
Years living in U.S.	19.4 (12.42)
Years of Education	11.0 (3.32)
Currently Employed	30%
Total monthly household income all sources after taxes.	
Less than \$999	64%
Between \$1,000-\$1999	30%
Between \$2,000-\$2,999	2%
Between \$3,000-\$3,999	2%
More than \$4,000	2%
Relationship Status	
Married or in a relationship	46%
Language preferred	
English	46%
Spanish	54%
Sexual orientation	
Heterosexual	98%
Gay or bisexual	2%
Three or less children	61%
<b>Selected Health Determinants</b>	
No health insurance coverage of any type	72%
No regular doctor or healthcare provider	70%

## REFERENCES

1. Breiding, M.J., Basile, K.C., Smith, S.G., Black, M.C., & Mahendra, R.R. Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements, Version 2.0. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. 2015 Jan 10.
2. World Health Organization. Violence and Injury Prevention: Prevention of intimate partner and sexual violence (domestic violence) [Internet]. Switzerland: World Health Organization; 2014 [cited 2016 Jan 15]. Available from [http://www.who.int/violence\\_injury\\_prevention/violence/sexual/en/](http://www.who.int/violence_injury_prevention/violence/sexual/en/)
3. Garcia-Moreno C, Jansen HA, Ellsberg M, Heise L, Watts CH. Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. *The Lancet*. 2006 Oct 13; 368(9543): 1260-9.

4. Breiding MJ, Smith SG, Basile KC, Walters ML, Chen J, Merrick MT. Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization-national intimate partner and sexual violence survey, United States, 2011. *Morbidity and mortality weekly report. Surveillance summaries* (Washington, DC: 2002). 2014 Sep; 63: 1-8.
5. Black MC, Basile KC, Breiding MJ, Smith SG, Walters ML, Merrick MT, Stevens MR. National intimate partner and sexual violence survey. Atlanta, GA: Centers for Disease Control and Prevention. 2011 Apr 18; 75.
6. Rivara FP, Anderson ML, Fishman P, Bonomi AE, Reid RJ, Carrell D, Thompson RS. Healthcare utilization and costs for women with a history of intimate partner violence. *American journal of preventive medicine*. 2007 Feb 28; 32(2): 89-96.
7. Centers for Disease Control and Prevention. Injury prevention & control: Violence prevention, costs of intimate partner violence against women in the United States [Internet]. US; 2003 [cited 2015 Dec 5]. Available from <http://www.cdc.gov/violenceprevention/pdf/ipvbook-a.pdf>
8. Max W, Rice DP, Finkelstein E, Bardwell RA, Leadbetter S. The economic toll of intimate partner violence against women in the United States. *Violence and victims*. 2004 Jun 1; 19(3): 259-72.
9. Lloyd S, Taluc N. The effects of male violence on female employment. *Violence against women*. 1999 Apr 1; 5(4): 370-92.
10. Whiting JB, Parker TG, Houghtaling AW. Explanations of a violent relationship: The male perpetrator's perspective. *Journal of family violence*. 2014 Apr 1; 29(3): 277-86.
11. Campbell JC. Health consequences of intimate partner violence. *The Lancet*. 2002 Apr 13; 359(9314): 1331-6.
12. McFarlane J, Nava A, Gilroy H, Paulson R, Maddoux J. Testing two global models to prevent violence against women and children: methods and baseline data analysis of a seven-year prospective study. *Issues in mental health nursing*. 2012 Dec 18; 33(12): 871-81.
13. Maman S, Campbell J, Sweat MD, Gielen AC. The intersections of HIV and violence: directions for future research and interventions. *Social science & medicine*. 2000 Feb 29; 50(4): 459-78.
14. González-Guarda RM, Vasquez EP, Urrutia MT, Villarruel AM, Peragallo N. Hispanic women's experiences with substance abuse, intimate partner violence, and risk for HIV. *Journal of Transcultural Nursing*. 2011 Jan 1; 22(1): 46-54.
15. Kelly JB, Johnson MP. Differentiation among types of intimate partner violence: Research update and implications for interventions. *Family Court Review*. 2008 Jul 1; 46(3): 476-99.
16. González-Guarda RM, Ortega J, Vasquez EP, De Santis J. La mancha negra: Substance abuse, violence, and sexual risks among Hispanic males. *Western Journal of Nursing Research*. 2009 Nov 14.
17. Cummings AM, González-Guarda RM, Sandoval MF. Intimate partner violence among Hispanics: A review of the literature. *Journal of family violence*. 2013 Feb 1; 28(2): 153-71.
18. Caetano R, Field CA, Ramisetty-Mikler S, McGrath C. The 5-year course of intimate partner violence among White, Black, and Hispanic couples in the United States. *Journal of interpersonal violence*. 2005 Sep 1; 20(9): 1039-57.
19. Azziz-Baumgartner E, McKeown L, Melvin P, Dang Q, Reed J. Rates of femicide in women of different races, ethnicities, and places of birth: Massachusetts, 1993-2007. *Journal of interpersonal violence*. 2011 Mar 1; 26(5): 1077-90.
20. The United States Census Bureau. Facts for Features: Hispanic Heritage Month 2014: Sept. 15 - Oct. 15 [Internet]. US; 2015 [cited 2015 Dec 15]. Available from <http://www.census.gov/newsroom/facts-for-features/2014/cb14-ff22.html>
21. The United States Census Bureau. State and county quick facts [Internet]. US; 2015 [cited 2016 Jan 15]. Available from <http://www.quickfacts.census.gov/qfd/states/48/48141.html>
22. Centers for Disease Control and Prevention. Minority health: Hispanic or Latino populations [Internet]. US; 2015 [cited 2015 Dec 5]. Available from <http://www.cdc.gov>

- gov/minorityhealth/populations/REMP/hispanic.html
23. Pew Research Center. A Demographic Portrait of Mexican-Origin Hispanics in the United States [Internet]. US; 2013 [cited 2015 Dec 10]. Available from <http://www.pewhispanic.org/2013/05/01/a-demographic-portrait-of-mexican-origin-hispanics-in-the-united-states/>
  24. Center for American Progress. The state of women of color in the United States [Internet]. US; 2015 [cited 2015 Dec 1]. Available from <https://www.americanprogress.org/issues/race/report/2013/10/24/77546/the-state-of-women-of-color-in-the-united-states-2/>
  25. Field CA, Caetano R. Longitudinal model predicting partner violence among white, black, and Hispanic couples in the United States. *Alcoholism: Clinical and experimental research*. 2003 Sep 1; 27(9): 1451-8.
  26. González-Guarda RM, Peragallo N, Vasquez EP, Urrutia MT, Mitrani VB. Intimate partner violence, depression, and resource availability among a community sample of Hispanic women. *Issues in mental health nursing*. 2009 Jan 1; 30(4): 227-36.
  27. Ingram EM. A comparison of helps seeking between Latino and non-Latino victims of intimate partner violence. *Violence Against Women*. 2007 Feb 1; 13(2): 159-71.
  28. Lown EA, Vega WA. Prevalence and predictors of physical partner abuse among Mexican American women. *American Journal of Public Health*. 2001 Mar; 91(3): 441.
  29. Castro R, Peek-Asa C, García L, Ruiz A, Kraus JF. Risks for abuse against pregnant Hispanic women: Morelos, México and Los Angeles County, California. *American journal of preventive medicine*. 2003 Nov 30; 25(4): 325-32.
  30. Moreno CL. The relationship between culture, gender, structural factors, abuse, trauma, and HIV/AIDS for Latinas. *Qualitative health research*. 2007 Mar 1; 17(3): 340-52.
  31. Schafer J, Caetano R, Cunradi CB. A path model of risk factors for intimate partner violence among couples in the United States. *Journal of interpersonal violence*. 2004 Feb 1; 19(2): 127-42.
  32. Aldarondo E, Kantor GK, Jasinski JL. A risk marker analysis of wife assault in Latino families. *Violence Against Women*. 2002 Apr 1; 8(4): 429-54.
  33. González-Guarda RM, Peragallo N, Urrutia MT, Vasquez EP, Mitrani VB. HIV risks, substance abuse, and intimate partner violence among Hispanic women and their intimate partners. *Journal of the Association of Nurses in AIDS Care*. 2008 Aug 31; 19(4): 252-66.
  34. Perilla JL, Bakeman R, Norris FH. Culture and domestic violence: The ecology of abused Latinas. *Violence and victims*. 1994 Jan 1; 9(4): 325-39.
  35. Denham AC, Frasier PY, Hooten EG, Belton L, Newton W, Gonzalez P, Begum M, Campbell MK. Intimate partner violence among Latinas in eastern North Carolina. *Violence Against Women*. 2007 Feb 1; 13(2): 123-40.
  36. Campbell DW, Masaki B, Torres S. Water on rock: Changing domestic violence perceptions in the African American, Asian American, and Latino communities. *Ending domestic violence: Changing public perceptions/halting the epidemic*. 1997: 64-87.
  37. Jewkes R. Intimate partner violence: causes and prevention. *The lancet*. 2002 Apr 20; 359(9315): 1423-9.
  38. Peralta RL, Tuttle LA. Male perpetrators of heterosexual-partner-violence: The role of threats to masculinity. *The Journal of Men's Studies*. 2013 Oct 1; 21(3): 255-76.
  39. Dietrich DM, Schuett JM. Culture of honor and attitudes toward intimate partner violence in Latinos. *Sage open*. 2013 Apr 1; 3(2): 2158244013489685.
  40. Galanti GA. The Hispanic family and male-female relationships: An overview. *Journal of Transcultural Nursing*. 2003 Jul 1; 14(3): 180-5.
  41. Mancera BM, Dorgo S, Provencio-Vasquez E. Risk factors for Hispanic male intimate partner violence perpetration. *American journal of men's health*. 2015 Apr 19: 1557988315579196.
  42. Straus MA, Smith C. Violence in Hispanic families in the United States: Incidence rates and structural interpretations. *Physical violence in American families:*

- Risk factors and adaptations to violence in. 1990; 8(145): 341-68.
43. Caetano R, Schafer J, Cunradi CB. Alcohol-related intimate partner violence among white, black, and Hispanic couples in the United States. *Alcohol Research and Health*. 2001 Jan 1; 25(1): 58-65.
  44. Cunradi CB. Intimate partner violence among Hispanic men and women: The role of drinking, neighborhood disorder, and acculturation-related factors. *Violence and victims*. 2009 Feb 1; 24(1): 83-97.
  45. Reed E, Silverman JG, Welles SL, Santana MC, Missmer SA, Raj A. Associations between perceptions and involvement in neighborhood violence and intimate partner violence perpetration among urban, African American men. *Journal of community health*. 2009 Aug 1; 34(4): 328-35.
  46. Anderson, D. K., & Saunders, D. G. (2003). Leaving an abusive partner: an empirical review of predictors, the process of leaving, and psychological well-being. *Trauma, Violence, & Abuse*, 4(2), 163-191.
  47. Rhatigan DL, Street AE, Axsom DK. A critical review of theories to explain violent relationship termination: Implications for research and intervention. *Clinical psychology review*. 2006 May 31; 26(3): 321-45.
  48. Rhatigan DL, Axsom DK. Using the investment model to understand battered women's commitment to abusive relationships. *Journal of Family Violence*. 2006 Feb 1; 21(2): 153-62.
  49. Bui HN. Help-Seeking Behavior Among Abused Immigrant Women A Case of Vietnamese American Women. *Violence against women*. 2003 Feb 1; 9(2): 207-39.
  50. Acevedo MJ. Battered immigrant Mexican women's perspectives regarding abuse and help-seeking. *Journal of Multicultural Social Work*. 2000 Sep 5; 8(3-4): 243-82.
  51. Gillum TL. Community response and needs of African American female survivors of domestic violence. *Journal of Interpersonal Violence*. 2008 Jan 1; 23(1): 39-57.
  52. Lacey KK, Saunders DG, Zhang L. A comparison of women of color and non-Hispanic White women on factors related to leaving a violent relationship. *Journal of interpersonal violence*. 2011 Mar 1; 26(5): 1036-55.
  53. Eckstein JJ. Reasons for staying in intimately violent relationships: Comparisons of men and women and messages communicated to self and others. *Journal of family violence*. 2011 Jan 1; 26(1): 21-30.
  54. Raj A, Silverman J. Violence against immigrant women the roles of culture, context, and legal immigrant status on intimate partner violence. *Violence against women*. 2002 Mar 1; 8(3): 367-98.
  55. Glaser B, Strauss A. *The discovery grounded theory: strategies for qualitative inquiry*. Aldin, Chicago. 1967.
  57. Charmaz K. *Constructing grounded theory* 2nd edition. London, ENG: Sage; 2014.
  58. Strauss AL, Corbin JM. *Basics of qualitative research*. Newbury Park, CA: Sage; 1990.
  59. U.S. Department of Homeland Security. 2015 HHS Poverty guidelines for affidavit of support [Internet]. US; 2015 [cited 2016 Jan 15]. Available from [www.uscis.gov/sites/default/files/files/form/i-864p.pdf](http://www.uscis.gov/sites/default/files/files/form/i-864p.pdf)
  60. The Housing Authority of the City of El Paso. HACEP by the numbers [Internet]. US; 2015 [cited 2015 Dec 10]. Available from <http://www.hacep.org/about-us/hacep-by-the-numbers/>
  61. Denzin NK. *The research act: A theoretical orientation to sociological methods*. Piscataway, NJ: Transaction Publishers; 2009.
  62. Creswell JW. *Qualitative inquiry and research design: Choosing among five designs*. Newbury Park, CA: Sage Publications, Inc.; 2013.
  63. McDonald PW, Dickerson S. Engendering Independence While Living With Purpose: Women's Lives After Leaving Abusive Intimate Partners. *Journal of Nursing Scholarship*. 2013 Dec 1; 45(4): 388-96.