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Effects of Intimate Partner Violence on Maternal Reflective Functioning and Attachment Relationship in Hispanic/Latina Women and Their Preschool-Age Children: A Qualitative Study

Patricia Martinez Burr

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EFFECTS OF INTIMATE PARTNER VIOLENCE ON MATERNAL REFLECTIVE FUNCTIONING AND ATTACHMENT RELATIONSHIP IN HISPANIC/LATINA WOMEN AND THEIR PRESCHOOL-AGE CHILDREN: A QUALITATIVE STUDY

BY

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Submitted in Partial Fulfillment of the Requirements for the Degree of Doctor of Philosophy

Family Studies

The University of New Mexico
Albuquerque, New Mexico

July, 2014
DEDICATION

This dissertation is dedicated with all my love to my two shining stars…my beautiful daughters, Cecilia and Lauren, who have always been my inspiration. To my beloved husband Steve, who provided a loving and supportive environment that allowed me to attain this educational goal. To my sister, Marianne, who has been my strongest cheerleader – thank you for always being there for me. To my Goddaughter Nicole, my kindred spirit, and to all my family members and friends who supported me in this endeavor.

In memoriam of my mother, Cecilia, and brother, Robert
ACKNOWLEDGMENTS

I acknowledge my research participants and extend my deep appreciation for their willingness to share their story with me in their own voice. These women are a great inspiration to us all.

I thank my dissertation chair, Dr. Virginia Shipman, and committee members, Dr. Pam Olson, Dr. Marythelma Brainard, and Dr. Trinidad for their encouragement and valuable guidance and assistance they provided to me during this research study.
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ABSTRACT

Research indicates that thousands of women across the world suffer intimate partner violence (IPV) under the hands of their partner on a daily basis. Understanding the effects of intimate partner violence on their psychological functioning and maternal response to very young children is crucial to our understanding and provision of appropriate treatment. This qualitative study used a transcendental phenomenological approach designed to analyze the in-depth interview responses of ten Hispanic/Latina mothers of preschool-age children, who had been victims of IPV within the last year to examine these effects. Given the researcher’s desire to better understand the effects of IPV on these women, the focus was on obtaining the lived experiences in the words of these women including their maternal reflective functioning and the effect on their relationship with their child. In addition, the researcher attempted to discover and highlight any ethnic issues or childhood experiences, including the home atmosphere and
how they were parented that participants perceived as having contributed to their being a victim of IPV. The purposefully selected sample was composed of ten Hispanic/Latina women who were mothers of preschool-age children, drawn from various agencies in a southwestern state in the United States. Data collection comprised three separate interview sessions within a 10-day period. The data were coded and organized according to the main research questions. The research revealed that for some of these women suffering childhood trauma, receiving poor parenting and exposure to IPV in their parents’ marital relationship transmitted to the mother’s parenting style. In other cases, women were able to overcome these negative effects and parented well. However, IPV was believed to be commonplace in the Hispanic/Latin culture and was perceived as having contributed significantly to these women as victims of IPV. In response to the study findings, recommendations are offered to family educators, counselors, and practitioners who come in contact with mothers and children suffering the plight of IPV, and suggestions for future research offered.
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Chapter 1

Introduction

Background

The reported incidence of intimate partner violence has grown at an alarming rate in the United States over the past several decades, and has been identified as a significant public health problem (Black, Basile, Breiding, Smith, Walters, Merrick, Chen, & Stevens, 2011; Litrownik, Newton, Hunter, English, & Everson, 2003). However, according to a special report on intimate partner violence, data collected over the last eighteen years and published by the U.S. Department of Justice (2012), a trend shift has appeared in that the overall rate of intimate partner violence is in decline in the United States from approximately 2.1 million victimizations in 1994 to approximately 907,000 in 2010.

According to a research report from the National Intimate Partner and Sexual Violence Survey (Black, et al., 2011), more than one in three females (35.6%) in the United States have experienced physical violence, stalking, and rape by their intimate partner in their lifetime. National surveys performed in the United States on violence against women and men, consistently have reported that more women experience intimate partner violence than do men (Black, et al., 2011; Tjaden & Thoennes, 2000). However, according to the National Intimate Partner and Sexual Violence Survey (NISVS, 2011), nearly half of all women (48.4%) and men (48.8%) in the United States reportedly have experienced emotional and psychological abuse by an intimate partner in their lifetime.
Although some surveys suggest that reports of intimate partner violence are similar in proportion for men and women, abused women reportedly experience more physical and emotional harm than do men (Archer, 2000; Canadian Centre for Justice, 2000; Tjaden, & Thoennes, 2000, as cited in Wathen & MacMillan, 2003). As reported by Bureau of Justice Statistics (2012), from 1994 to 2010, approximately four in five victims of intimate partner violence were female.

Previous research has documented the many detrimental effects women suffer as a result of intimate partner violence (Levendosky, Huth-Bocks, Shapiro, & Semel, 2003). National surveys in the U.S. have found that female victims of intimate partner abuse have reported feeling fearful, worried about their safety, anger and stress, depression, posttraumatic stress disorder symptoms (flashbacks, panic attacks, trouble sleeping, and low self-esteem), a hard time trusting others or being in relationships, feeling suicidal, coping in unhealthy ways, such as smoking, alcohol use/abuse, drug use/abuse, having risky sex, and/or eating disorders. Female victims of intimate partner abuse reportedly suffer physical injury, from minor injuries such as cuts, scratches, bruises, and welts, to major injuries such as broken bones, internal bleeding, and head trauma, a need for health care, need to contact a crisis hotline, need for housing services, need for victim’s advocate and legal services, and missed at least one day at school or work (Black, et al., 2011; CDC, 2012). Of major concern for researchers in this area of study, is the impact intimate partner violence has on parenting children exposed to this type of family violence.

Past meta-analytic reviews of marital discord and parent-child relations, have shown a significant correlation between overt interparental conflict and negative
parenting (Erel & Burman, 1995; Krishnakumar & Buehler, 2000). More recent studies have supported these past findings (Sturge-Apple, Cummings, & Davies, 2009; Tatsuo, Katsumi, Hiromitsu, Chika, & Yoshihiro, 2010; Whiteside-Mansell, Bradley, McKelvey, & Fussell, 2009). Some of the conclusions from these studies and other similar longitudinal studies, have lead researchers to believe that maritally distressed parents are often left with a reduced capacity to effectively manage daily challenges of rearing children. This research supports that marital disharmony, conflict, hostility, and other negative mutual interactions tend to leave spouses angry, frustrated, depressed, and unable to cope well. These parents often displace their intense feelings onto their children, also referred to as “the spill-over effect” (Malik & Rohner, 2012).

Renner (2009) examined the role of depression to surmise the correlation between intimate partner violence and parenting. Renner’s findings suggested that depression accounts for part of the reason psychological intimate partner violence in particular rendered victim mothers less able to effectively manage parenting demands. Levendosky and Graham-Bermann (2001) found that maternal psychological functioning was significantly predicted by intimate partner violence that, in turn, significantly predicted maternal parenting styles and young children’s functioning. Levendosky, Huth-Bocks, Shapiro, & Semel (2003) reported findings that indicated poor maternal psychological functioning mediated the relationship between intimate partner violence victimization and parenting effectiveness.

The study of intimate partner violence on the effects of parenting is critically important to understand, as parenting is considered a significant contributing influence on child attachment quality, which in turn has been found to be associated to the social and
emotional functioning level of children (Levendosky, Leahy, Bogat, Davidson, & Alexander von Eye, 2006).

As reports of intimate partner violence have markedly increased over the last few decades, it has become evident that children are at high risk for exposure to intimate partner violence (Levendosky, Bogat, & Martinez-Torteya, 2013; Litrownik, Newton, Hunter, English, & Everson, 2003). In a comprehensive national survey conducted between January and May 2008 by the Office of Justice Programs (Finkelhor, Turner, Ormrod, Hamby, & Kracke, 2009), on children’s exposure to violence in the past year and lifetime exposure, reportedly one in ten (9.8%) children witnessed a violent act by one family member against another. Finkelhor, et al. (2009), also reported that the most common life stage in which children of this study were more likely to have experienced or witnessed victimization of family violence was during infancy, toddlerhood (ages two to five years), and during early adolescence.

Fusco and Fantuzzo (2009) reported that when intimate partner violence episodes involve law enforcement, the rate of children of all ages witnessing it rises to 95%. Other sources reported as many as 3 to 18 million children annually are exposed to domestic violence perpetrated against a parent, most commonly their mother (Carlson, 2000; Tajima, Herrenkohl, Moylan, & Derr, in press as cited in Sousa, Herrenkohl, Moylan, Tajima, Klika, Herrenkohl, & Russo, 2011; United States Census Bureau, 2000, as cited in Edleson, Ellerton, Seagren, Kirchberg, Schmidt, & Ambrose, 2007).

Recent findings of studies examining the effects of intimate partner violence on children have indicated that children suffer a myriad of detrimental effects. Exposure or
witnessing intimate partner violence puts children at high risk for possible lifelong difficulties with physical health, mental health, school and peer relationships, emotional problems such as disruptive behavior, anxiety and withdrawal (Briggs-Gowan, Carter, Clark, Augustyn, McCarthy, & Ford, 2010; Department of Justice, 2013). Children exposed to intimate partner violence often experience intense terror, fear, and dread around the potential lethal injuries of a family member. They often feel a tremendous sense of loss, guilt and shame for the inaccurate belief or tendency toward self-blame that they should or could have prevented the violence, intervened, or may have caused the violence. Children fear the loss of the offending parent as well, for example, if the offending parent is incarcerated, has been removed from the home, or killed as a result of intimate partner violence (Department of Justice, 2013).

Levendosky, et al. (2013) examined posttraumatic stress disorder (PTSD) symptoms in young children exposed to intimate partner violence. Findings from this study indicated that children affected by witnessing intimate partner violence typically exhibited a traumatic response. Levendosky, et al. (2013) found that PTSD symptoms of children were more likely reported during infancy and preschool stages as per maternal reporting. Young children are quite likely to see and hear parental violence directly as they are often in the presence of their mothers (DeJonghe, von Eye, Bogat, & Levendosky, 2006).

Children’s exposure to intimate partner violence is typically identified in three categories: hearing the event; direct involvement with the event, as an eye witness, intervening, or being used as a part of a violent event (such as a shield against abusive actions, or being held by the victim during an assault); and being exposed to or
experiencing the aftermath of the violent event (Bragg, 2003; Lemmey, Malecha, McFarlane, & Wilson, 2001). Children are likely to be more vulnerable in the context of intimate partner violence when family functioning is poor. Previous studies have consistently indicated that maternal psychological functioning mediates the effects of intimate partner violence on children’s well-being (Jung, Raikes, & Chazan-Cohen, 2013; Schecter, Coates, Kaminer, Coots, Zeanah, Davies, Schonfeld, Marshall, Liebowitz, Trabka, McCaw, & Myers, 2008).

In the examination of mediating and moderating factors that contribute to the resiliency of children exposed to intimate partner violence in the home, researchers have reported the family environment or family emotional climate, a secure attachment to a non-violent parent or other significant caregiver, maternal positive parenting, and maternal depression has consistently been found to be important factors directing either positive or negative outcomes (Graham-Bermann, DeVoe, Mattis, Lynch, & Thomas, 2006; Holt, Buckley, & Whelan, 2008; Martinez-Torteya, Bogat, von Eye, & Levendosky, 2009; Raikes & Thompson, 2006).

The experience of domestic violence to the child and the child’s mother is viewed as a major source of stress. Caregivers who are victims of intimate partner violence have been found to be at risk for child maltreatment (Bair-Merritt, Ghazarian, Burrell, & Duggan, 2012; Holt, et al., 2008; DeJonghe, et al., 2005; de la Vega, de la Osa, Granero, & Ezpeleta, 2013). Caregivers experience high levels of stress in the context of intimate partner violence which may contribute to a preoccupation with issues other than meeting the needs of their children, and by intense feelings of anger, lack of control, and frustration, which may contribute to child maltreatment, or at the very least, a
compromised relationship between mother and child (Cox, Kotch, & Everson, 2003; de la Vega, et al., 2013).

According to Fontes (1998), most past research on intimate partner violence has been ethnocentrically framed primarily by the dominant culture’s views, most of whom have been White and of middle-income status. Montalvo-Liendo (2008) reviewed literature on studies that examined cross-cultural factors associated with disclosure of intimate partner violence and found that only one study included a sample of Mexican-American women. Edelson, Hokoda, and Ramos-Lira (2007) in their examination of the differences in effects of domestic violence between Latina and non-Latina women reported inconsistencies in reported prevalence rates of domestic violence, and recommended that more research include Latina women to further examine this issue. This tendency in past research has limited the ability of researchers to fully understand and accurately report the experiences and perspectives of people from low income and minority status groups. According to Fontes (1998), accurate cross-cultural research includes using researchers who share the same or similar identity of the participants, as well as considering research aspects that make a study relevant to the ethnic composition of the study sample. Specific to intimate partner violence research, some researchers have reported there are particular barriers that have been more recently identified with studying immigrant participants, including low levels of acculturation, discrimination, and language issues (Frias & Angel, 2005; Lipsky, Caetano, Field, & Larkin, 2006; Prinz & Feerick, 2003; Rodriguez, Sheldon, Bauer, & Perez-Stable, 2001). Considering the differential issues that some Hispanic/Latina women may present while examining the effects of intimate partner violence exposure on maternal emotional interactions with
their young children appears clinically warranted, as is necessary whenever trying to better understand an individual’s responses in the broader socio-cultural context in which they occur.

**Statement of the Problem**

Research has indicated that parental conflict can cause distress among children of all ages (Bragg, 2003; Finkelhor, Turner, Ormrod, & Hamby, 2010; Holt, et al., 2008; Connolly, Hazen Cohen, Kelleher, Barth, & Landsverk, 2005; Groves, 2002). In previous decades, studies on the impact of intimate partner violence tended to a focus on middle-childhood age children and adolescents. However, according to some researchers who have more recently focused on the impact of intimate partner violence on infants and young children, children’s responses to parental conflict can be seen as young as infancy (DeJonghe, et al., 2005; Holt, et al., 2008; Jung, et al., 2013). Very young children have been reported to display involvement in parental conflict by attempting to distract, comfort, or resolve problems for their parents (DeJonghe et al., 2005; Levendosky, et al., 2013). This research highlighted that even infants and young children are aware of negative tension in the home and they are affected by this behavior (Groves, 2002; Levendosky, et al., 2013).

Furthermore, children who have been traumatized as a result of violence in their home have a better chance of positive recovery when parents or other supportive individuals are emotionally available to them (Graham-Bermann, et al., 2006; Groves, 2002; Holt, et al., 2008; Martinez-Torteya, et al., 2009; Raikes & Thompson, 2006). There is ample research that has shown that mothers who have experienced intimate
partner violence are likely to suffer posttraumatic stress disorder (PTSD) and major depression (Bargai, Beh-Shakhar, & Shalev, 2007). When a mother is depressed and not emotionally available to her child as a result of the impact of psychological trauma or violence in her life, there are often negative effects on the care of her child. Poor interpersonal functioning is generally reported to occur as a result of psychological trauma (Ford, Courtois, Steele, van der Hart, & Jijenhuis, 2005). In the examination of the effects on maternal response to young children, in women having experienced intimate partner violence in their lifetime, researchers reported that a high rate (approximately 76%) of these mothers expressed maternal withdrawal (i.e., fearful/avoidant maternal behavior) in response to their children (Grienenberger, Kelly, & Slade, 2005; Schecter et al., 2008). Research has supported that the physically closer a child is to those involved in a violent act, the more likely the child is to suffer trauma as a result (de la Vega, et al., 2013; Dejonghe et al., 2005; Holt, et al., 2008).

Groves (2002) reported that young children are often held by their mother during the fighting and, consequently, are in the line of fire. She pointed out that young children in particular lack the ability to remove themselves from the violence, and very young children often cling desperately onto their mother. In addition, exposure to domestic violence often causes children to worry for their mother’s well-being and fear for her life, as well as their own. Groves (2002) stated that these children are, in effect, psychologically robbed of both their parents, as one parent is the terrifying offender and the other the terrified victim. In her work with victims of domestic violence and their children, Groves (2002) reported that mothers who are victims of intimate partner
violence are often overwhelmed and emotionally unable to read their children’s cues of distress. Consequently, the situation deteriorates rapidly.

Children’s recovery has been reported to be related to the resulting parenting stress and disruptions that occur among mothers who suffer intimate partner violence. Many of these mothers are living in a hostile environment which is emotionally draining, stressful, and terrifying, and that often leaves them emotionally less available to their children (Kalil, Tolman, Rosen, & Gruger, 2003). Researchers have found that a strong, positive relationship with a healthy adult, preferably a parent or close family member, can buffer children from adversity (Graham-Bermann, Howell, Lilly, & DeVoe, 2011; Levendosky, et al., 2013; Martinez-Torteya, et al., 2009). Exploring the effects of intimate partner violence on the ability of a mother to parent her young children in a healthy and empathetic way is clinically significant.

How mental health issues that are often related to intimate partner violence may impact maternal reflective functioning of her preschool-age child is clinically significant for both mother and children caught up in the devastating plight of domestic violence and warrants further research. Researchers examining the development of state-of-mind or the reflective self have purported that this human capacity is developed out of interpersonal interactions, and some have noted that this occurs primarily in the context of the infant-caregiver relationship and in early childhood (Cahill, Deater-Deckard, Pike, & Hughes, 2007; Fonagy, Steele, Steele, Moran, & Higgitt, 1991; Fonagy, Gergely, Jurist, & Target, 2002).
Observational studies of infant development have reported that infants as young as two months of age are capable of showing signs of social orientation to their physical and emotional environment (Fonagy, et al., 1991; Fonagy, et al., 2002). Szalavitz and Perry (2010) reported that babies are born with skills that enable them to experience empathy – “the ability to begin to imitate facial gestures and the automatic response in which the cries of other infants cause them to cry as well” (p. 21). Cells known as “mirror neurons” discovered by Rizzolatti and colleagues in the early 1990s (as cited in Szalavitz & Perry, 2010) explained this process of how humans understand one another.

Researchers have reported that by the third year of development, some children show the capacity to understand that other people have feelings and intentions similar to and different from their own, and express concern and caring for the other and self (Fonagy et al., 2002). More important is whether a caregiver develops the capacity to become an internal observer of self and infant; to be able to contain and hold an infant’s feelings, anticipate the infant’s needs, attune or adapt to an infant’s perspective, known as “maternal reflective functioning” and to model this to her child (Fonagy, et al., 2002). The examination of healthy attunement by the mother to her preschool-age child’s signal for engagement or disengagement that creates a mutual co-regulation of resonating emotional states is important (Cahill, et al., 2007; Hughes, Jaffee, Happe, Taylor, Caspi, & Moffitt, 2005; Siegel, 1999). Fonagy and colleagues (2002) proposed that an adult caregiver’s ability to “reflective function” or to express in words the states of mind, feelings, perceptions, intentions, beliefs, and behaviors of their children is at the heart of many secure attachments. Considering how exposure to intimate partner violence can affect maternal attunement or the ability to reflect on her young child’s emotional,
cognitive, and behavioral state is an important variable to research for helping the understanding and development of appropriate interventions for both mother and child in this regard.

Equally significant to the development of parental caregiving behavior are internal representational processes or a parental state-of-mind which has been found to be strongly correlated with the infant’s attachment behavior to the parent (Fonagy, et al., 2002). According to Main, Kaplan and Cassidy, 1985, (as cited in Hesse, 1999), these representational processes include a caregiver’s childhood attachment experiences or how he/she recalls these experiences of attachment with his/her caregiver. Examining how intimate partner abuse affected maternal mood regulation as well as how mothers recalled their childhood attachment experience and how it may have affects their reflective functioning and quality of attachment relationship with their young child(ren), warrants further exploration.

Finally, how ethnic differences in parenting may relate to domestic violence needs further exploration (Prinz & Feerick, 2003). Previous research on domestic violence has consistently found regarding a socioeconomic risk profile as women in low-income families are at elevated risk of victimization (Frias & Angel, 2005). Clearly, women with few social resources are at greater risk of domestic abuse. Frias and Angel (2005) reported that African American and Hispanic women, who are overrepresented in the lower socioeconomic strata, are at particularly higher risk of domestic abuse. Lipsky, et al. (2006) reported that in general, Hispanic women were found to have multiple health and social service needs, but many not as likely to access social resources as compared to non-Hispanic white and black women cohorts. Also, the researchers found that low
acculturation was associated with decreased use of social services among abused Hispanic women (Lipsky et al., 2006). Other studies of abused ethnic minority women have revealed that additional barriers to seeking healthcare and other social services included social isolation, financial constraints, language barriers, discrimination, fear of deportation, dedication to family, shame, and cultural stigma of divorce (Lipsky, et al., 2006).

Past studies that examined immigrant Latina women have suggested that victimization for intimate partner violence is prevalent among these women (Hazen & Soriano, 2007). These immigrant Latina women who suffered intimate partner violence revealed that immigrants’ assimilation and acculturation processes, measured in multiple ways, have been found to affect the risk of intimate partner violence (Frias & Angel, 2005; Hazen & Soriano, 2007). Poor English proficiency and low acculturation, factors related to immigration and citizenship status have been found to contribute to higher stress levels and fear of potential negative repercussions which tended to keep these women from seeking necessary help (Flicker, Cerulli, Zhao; Tang, Watts, Xia, & Talbot, 2011; Frias & Angel, 2004; Hazen & Soriano, 2007; Wrangle, Fisher, & Paranjape, 2008). Some data suggest that among Hispanics, the risk of intimate partner violence is largely influenced both by country of origin and nativity. For example, foreign-born Mexicans and individuals born in Puerto Rico reported lower rates of domestic violence than did U.S.-born Latinas (Bonomi, Anderson, Cannon, Slesnick, & Rodriguez, 2009; Frias & Angel, 2005; Wrangle, et al., 2008).

Furthermore, a residual effect on the victim that often arises from intimate partner abuse is learned helplessness. Learned helplessness is a psychological pattern reported in
battered women that renders them submissive and reluctant to leave the offending relationship (Bargai, et al., 2007; Walker, 1996). In a study on the mediating role of learned helplessness in relation to posttraumatic stress disorder and depression in battered women conducted by Bargai, et al. (2007), adverse early cultural and educational factors, especially those which sanction male dominancy and submissiveness in women, were found to be associated with reactions to abusive relationships in adulthood and reduced resiliency in abused women. Further examination of cultural contributions that mediate effects of intimate partner violence on victims found in Hispanic/Latin cultures, highlights an area for further development and future research in the area of intimate partner violence.

**Study Questions**

The purpose of this study was to examine further some of the questions raised in preceding section, Statement of the Problem, discussing the impact of intimate partner violence.

**Question 1.** The reported effect of IPV currently and/or within the past year on the women who participated in this study in their reflective functioning and their attachment relationship with their preschool-age child, as assessed by their responses to the Working Model of the Child Interview (WMCI) and by the Adult Attachment Interview (AAI), respectively.

**Question 2.** The extent to which participants reported cultural issues such as ethnic identity and their childhood experiences, including the home atmosphere and how
they were parented that they perceived as having contributed to their being a victim of IPV.

**Question 3.** The extent to which differences in selected demographic characteristics such as sex, age, marital status, education level, and ethnicity on the researcher-developed background questionnaire were significantly correlated with differences in reported effects of IPV.

**Conceptual Framework**

**Attachment Theory.** Attachment theory offers a framework that promotes understanding between the associations between maternal past history and current relationship with a child (Bowlby, 1980). Following ecological theory and research, Bowlby (1969) believed that infants have an inborn need to formulate close attachments to significant others in order to survive. The timely and adequate satisfaction of these attachment needs by the primary caregiver allows a child to form a secure attachment to his or her caregiver. This is known as the “attachment behavioral system” (Cassidy, 1999). When a child experiences stress, the attachment behavioral system is activated and motivates the child to seek out the caregiver for support, nurturance, and protection. Bowlby (1988, p. 161, as cited in Cassidy, 1999) referred to differences in attachment processes as “secure” and “insecure” attachment. According to Bowlby (1969), an “internal working model” of self and other is formed by the young child based on the history of infant attachment relationships, and may serve as a foundation for current relationship interaction and future relationships. These working models of the
attachment figure formed by the child are built on the child’s previous experience with primary caregivers (Kobak, 1999).

Ainsworth, Blehar, Waters & Wall (1978) conducted an empirical study known as the “Strange Situation” to assess infants and toddlers’ responses to strangers and to a brief separation from their mother. Ainsworth et al. (1978) categorized infants according to their responses to one of three categories: “securely” attached children were upset by the mother’s departure but greeted the mother upon return with arms outstretched, molded to her body, and were easy to console and to leave to explore; the second attachment style described by Ainsworth and her colleagues as “anxious-avoidant” were children who appeared not to be affected by the mother’s departure, and avoided her upon return; and the third group of infants were classified as “anxious-ambivalent/resistant” as they displayed anger towards the mother upon her return, demanded her attention, but then could not be calmed.

The common link of poor caregiver-child bonding related to disrupted early childhood attachment processes and maternal/child exposure to domestic violence, suggests the attachment theoretical framework as an appropriate model to use in the examination of maternal emotional sensitivity and responsivity to their preschool-age children. The attachment styles identified by Ainsworth et al. (1978) and Main & Solomon (1990, as cited in Lyons-Ruth & Jacobvitz, 1999) provided an understanding as to how healthy versus chronic insensitive or inappropriate caregiving may result in a child’s secure or insecure internal model of attachment.
In addition to understanding early attachment processes and how they affect the
development of children’s sense of self, attachment theory also lends an understanding to
subsequent attachment relationships. Since attachment processes are often compromised
when a mother and child are exposed to domestic violence, the attachment theoretical
framework is suitable for use in the identification of early attachment processes and may
serve as an early assessment and prevention model when providing intervention to
mothers and their preschool-age children experiencing domestic violence. For example,
eyearly identification of disrupted attachment processes between mother and child may
suggest parent education for the mother that may assist in the securing of a strong,
emotional closeness with her child despite violence in her life. This type of early
intervention may modify the negative effects of violence exposure for both mother and
child, and promote healthy development of interpersonal relationships and coping skills.

**Research Design.** A qualitative interview research design was used. An
interview approach was considered appropriate to use in this study as it allowed
individuals to tell their story in their own words thereby enabling an understanding of the
lived experience and the meaning the participants made of that experience which is
important for researchers to grasp. According to Seidman (2006), “Telling stories is
essentially a meaning-making process. When people tell stories, they select details of
their experience from their stream of consciousness.” (p. 7). Vgotsky (1987) reported
that each and every word people use in the telling of their stories is a reflection of a
microcosm of their consciousness and experiences. The Adult Attachment Interview
(AAI) measure reflects this as well as somatic experiences of their stories (Main and
Many research approaches may limit understanding of others. Interviewing can provide an avenue to the context of people’s behavior, which allows for a greater understanding of the meaning of that behavior (Schutz, 1967, as cited in Seidman, 2006). According to Blumer (1969, as cited in Seidman, 2006), “a basic assumption to in-depth interviewing research is that the meaning people make of their experience affects the way they carry out that experience” (p. 2). According to Moustakas (1994), a qualitative interview approach allows researchers to reduce a particular individual’s experience to one of a universal theme while at the same time reflecting how individuals participating in a study experience this phenomenon differently. Also, according to Creswell (2007), the use of a qualitative interview approach allows for the telling of more personal and commonly shared experiences with regard to an issue; may provide for a new aspect of understanding or assessment of an issue to an often understudied population; and more importantly, may give an otherwise unspoken voice to individuals often not heard in their own words in the research literature.

**Justification**

Research exploring the impact of maternal exposure to intimate partner violence is important because of the negative sequelae that may result for the mother and child that may potentially compromise her young children’s healthy development. The majority of research examining the effects of family violence on children has typically included school-age children or adolescents (Levendosky, Huth-Bocks, Shapiro, & Semel, 2003). The studies that have examined both preschool-and school-age children exposed to domestic violence reported that preschool-age children were more severely affected than older children (Levendosky et al., 2003). For example, infants and very young children
without significant language skills are unable to effectively express or verbalize the symptoms they are feeling. Consequently, they are in a position whereby they must rely on an observer to ask or assess what they are experiencing after exposure to intimate partner violence (Levendosky, et al., 2013). This suggests young children may be more vulnerable to the negative effects of domestic violence when compared to older children.

In his examination of trauma symptoms in eighteen infants exposed to domestic violence, Bogat (2006) reported that nine displayed symptoms of increased arousal, ten infants showed symptoms of psychic numbing, and ten showed fearfulness and increased aggression. Additionally, Bogat (2006) found that these infants exhibited trauma symptoms co-occurring with their mothers who experienced severe levels of violence. Groves (2002) reported that infants and toddlers who have witnessed domestic violence in their home are cognitively and emotionally limited in their ability to fully understand what they have witnessed, which is influenced by their developmental stage (Groves, 2002). According to Piaget (1964, as cited in Crain, 2000), it is usually not until a child turns 11 that he or she may begin to more frequently use abstract thinking, and is able to better understand causes and effects of events such as domestic violence. Adults often assume children are either too young to be affected by domestic violence, or that children think like they do, and thus tend to discount or ignore how children view violent events (Groves, 2002). Further research on the impact of domestic violence on preschool-age children is needed.

This investigation of the effects of a mother’s exposure to intimate partner violence may be useful for mental health practitioners, pediatricians, family life educators, and other professionals who come into contact with these mothers in their
efforts to provide intervention for them and their children. In their examination of much needed research in the area of child exposure to domestic violence, Prinz and Feerick (2003) recommended: short- and long-term research on outcomes in children of different ages exposed to domestic violence in order to better understand comprehensive outcomes and contribute to a more informed developmental perspective; intervention research to determine the earliest and most appropriate time and skills for effective intervention; parenting programs; and research to determine how interventions for parents affect the development of their children.

**Definition of Terms**

*Maternal attachment.* The definition provided by Bowlby (1969) was used in this study: the learned response of mothers to quickly provide appropriate responses to cues expressed by infants/children so as to enable them to form secure attachment for support, nurturance and protection in order to survive.

*Maternal exposure to intimate partner violence.* For the current study this is defined as willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior perpetrated by an intimate partner against another (National Coalition Against Domestic Violence, 2013).

*Maternal Reflective Functioning:* The definition provided by Fonagy and colleagues (Fonagy, et al., 2002; Siegel, 1999) was used in this study: “reflective function”, in which the mind of one person is able to “mentalize” or create the mind of another. For the proposed study, the definition was specifically used to describe how able the mother was to “mentalize” the mind of her preschool age child.
Chapter 2

Review of Related Research

This chapter provides a description of past and current research on those variables that are specifically related to the focus of the current study. These topics include reported incidence of intimate partner violence and related background variables, with special attention to maternal psychological functioning, including reflective functioning as well as maternal parenting and maternal-child attachment among Hispanic/Latina women as victims of intimate partner violence and the variety of effects. The chapter will conclude with a summary of the major findings reported.

Incidence of Factors Affecting Intimate Partner Violence

Definition

Intimate partner violence (IPV) is defined as any physical, psychological, or sexual harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviors, by a current or former partner, spouse, or significant other (U.S. Department of Health and Human Services, 2010; WHO, 2010). According to a research report from the National Intimate Partner and Sexual Violence Survey (Black et al., 2011), more than one in three females (35.6%) in the United States have experienced physical violence, stalking, and rape by their intimate partner in their lifetime. National surveys conducted in the United States on violence against women and men, consistently have reported that more women experience intimate partner violence than do men (Black, et al., 2011; Tjaden & Thoennes, 2000). However, according to the National Intimate Partner and Sexual Violence Survey (NISVS, 2011), nearly half of all women (48.4%)
and men (48.8%) in the United States reportedly have experienced emotional and psychological abuse by an intimate partner in their lifetime. According to a special report on intimate partner violence, with data collected over the last eighteen years and published by the U.S. Department of Justice (2012), however, a trend has appeared in that the overall rate of intimate partner violence is in decline in the United States from approximately 2.1 million reported victimizations in 1994 to approximately 907,000 in 2010.

Intimate partner violence, as are other forms of domestic violence, is clearly a traumatizing experience that is typically chronic and repetitive in nature and results in a myriad of negative sequelae for its victims. It reportedly is widespread among adults in the United States, and reportedly is the most common form of violence against women (Kaur & Garg, 2008). Violence reported by women at the hand of intimate partners revealed that 64.0% of these women reported being raped, physically assaulted, and/or stalked since 18 years of age (Tjaden & Thoennes, 2000; U.S. Department of Justice, 2001-2005a). In a study conducted on violence against women in ten countries by the World Health Organization (2009), sexual violence and intimate partner violence is the most pervasive form of reported violence against women and is considered to be a major public health and human rights issue.

**Reporting to Police**

Between 1994 and 2005, reports to police by female victims of nonfatal intimate partner violence increased (Bureau of Justice Statistics, 2010). As reported by the Bureau of Justice Statistics (2008, as cited in Wallace and Roberson, 2011), only about
half the intimate partner violence against women was reported to the police in 2007. However, statistics on reports to police are often inaccurate or considered as underreported by professionals who work with intimate partner violence. Some reasons for not reporting intimate partner violence by female victims was found to be fear of reprisal (12%), intent to protect the offender (14%), and the belief that the police would not do anything (8%) (Bureau of Justice Statistics, 2010). Reports of intimate partner violence are particularly lower in rural settings. Women as victims of intimate partner violence living in rural areas appear to be at a disadvantage in calling police for a number of reasons. Police officers in rural settings must travel greater distances to a domestic abuse call, and the number of law enforcement officers tend to be sparse (Barnett, et al., 2011). Also, police tend to participate in the good ol’ boys [emphasis added] attitude that oppresses women (Websdale, 1995, as cited in Barnett, et al., 2011). Research has found that rural female victims of intimate partner abuse view law enforcement as less responsive as compared to urban women (Shannon, Logan, Cole, & Medley, 2006; Shuman, McCauley, Walternaurer, Roche, Hollis, Gibbons, Dever, Jones, & McNutt, 2008).

Low reporting to law enforcement of sexual assault, rape, or sexual coercion against women is usually a result of discouraging responses to the victim from reporting the rape or sexual assault, by telling her the cross-examination will be grueling or that her identity might accidentally be exposed during trial (Campbell, 2009). In addition to this, the acceptance and belief by some police officers of rape myths such as she deserves what she got and she was asking for it, or lying [emphasis added] continues to be prevalent (Braniuk, Seefelt, Cepress, & Vandello, 2008, as cited in Barnett, et al., 2011).
More recently, the issue of intimate partner abuse by police officers has come to light in the media more than before, and has moved researchers to take interest as to why this is so. Studies have reported that law enforcement officers experienced high rates of on-the-job stress and burnout, continuous exposure to trauma and tragedy experienced by victims of crime, and the chronic risk of being in danger have been found to be contributing factors to family violence by police officers (Johnson, 1991; Neidig, 1992, as cited in Wallace & Roberson, 2011). In addition to these findings, Erwin (2005) and colleagues proposed that a lack of follow-up by fellow law enforcement agencies when one of their own is accused of intimate partner violence is often the case. Consequently, many victims of partner violence by police officers do not call their law enforcement agency out of fear that the case will not be handled appropriately by officers who may know their partner or are likely to defend (Wallace & Roberson, 2011).

**Age**

There appears to be a recent trend that younger women may be at greater risk for intimate partner violence. According to findings of a study across countries by the World Health Organization in (2010), women between the ages of 15 and 19 years of age were reported at higher risk for physical and sexual violence by a partner in all settings except Japan and Ethiopia. There is concern that this pattern may reflect that younger men are becoming more violent than older men, and that partner violence may start early in some relationships (WHO, 2010). Also, younger women may be considered more vulnerable by their partners than older women, as in some settings older women are viewed with greater status than young women (WHO, 2010).
According to the Bureau of Justice Statistics, (2008, as cited in Wallace and Roberson, 2011) considering by age category, women in the United States, aged sixteen to twenty-four reportedly experienced the highest per capita rates of intimate partner violence (19.7 per 1,000 women). In a more current study in the United States Catalano (2012) reported that from 1994 to 2010, females ages 18 to 24 and 25 to 34 generally experienced the highest rates of intimate partner violence. Catalano (2012) also reported that as compared to every other age group, a smaller percentage of female victims ages 12 to 17 were previously victimized by the same perpetrator.

**Marital Status**

As both past and current research indicates, women are still showing greater numbers as reported victims of intimate partner violence than are males. Recent reports by the United States Department of Justice indicated that overall rates of intimate partner violence amongst married women has declined by 66%, from 5.9 victimizations per 1,000 females age 12 or older in 1994 to 2.0 per 1,000 in 2010 (Catalano, 2012). This same study reported that separated females experienced the highest rate of intimate partner violence during 1994 to 2010 (Catalano, 2012). Moreover, younger non-married women who are cohabitating with partners have been found to be at higher risk for intimate partner violence (WHO, 2010).

**Socioeconomic Status**

Socioeconomic status (SES) is typically defined by an individual’s occupation, level of education, and, to a lesser extent, their income and residence. A reduction in any of these components in socioeconomic status is likely to cause elevated stress to an
individual, and as such, is often correlated with incidents of intimate partner violence. Cattaneo (2010) reported that lack of education that leads to lack of opportunities tends to increase levels of stress in relationships that may lead to an increase in violent outbreaks. Chronic stress that comes as a result of poverty or lack of opportunities tends to build up that often negatively impacts families. VanBuren, Trachtenberg, Anderson, and Sabatelli (2009) found that individuals in a lower SES level experience spillover effects from daily stressors in the workplace that often lead to violence against their partner and/or children. Alcohol and drug use is often reported as correlated with lower socioeconomic status that is strongly related to intimate partner abuse (Stalans & Richie, 2008). The Bureau of Justice Statistics (2010) reported that during 2001 and 2005, women living in households with lower annual incomes experienced the highest average annual rates of intimate partner abuse.

Past and current research continues to support that intimate partner abuse is reportedly more prevalent in blue-collar and lower socioeconomic status families than in others (O’Donnell, Smith, & Madison, 2002). This data indicates that lower socioeconomic status is a stronger predictor of reported intimate partner violence than is higher socioeconomic status (Stalans & Ritchie, 2008). Wealthy, well-educated women have been reported as also remaining in abusive relationships. However, according to Flowers (2000), women who hold high status occupations that are typically correlated with wealth, higher education, and influence often find themselves staying in abusive relationships out of normality and fear. According to Kaukinen (2004), most women of high socioeconomic status tend to want to keep their lives as normal as possible. Their
fear of negative judgment by their peers and shame in their community as held by their high degree of status often keeps them locked in their abusive situation.

**Race and Ethnicity**

Research findings on racial and ethnic differences in intimate partner violence are mixed. Some studies have reported higher rates of intimate partner abuse among several minority groups, and others report few if any differences (McFarlane, Groff, O’Brien, & Watson, 2005; Smith & Chiricos, 2003). Caution in interpreting these reported findings is recommended and consideration of factors such as police bias, demographic and socioeconomic status, and a tendency for researchers to combine data from diverse ethnic groups may distort findings (Lauritsen & White, 2001; Sokoloff & Dupont, 2005, as cited in Barnett, et al., 2011). Important to note is that no empirical evidence that support racial differences in intimate partner violence that is rooted in biology has been found.

According to the Bureau of Justice Statistics (2010), during 2001 and 2005 as reported to police, nonfatal intimate partner victimizations were higher for black females than for white females. Rates of intimate homicide have reportedly fallen for black females and the rate for white females has remained the same between 1976 and 2005. The percentage of nonfatal intimate partner victimizations for Hispanic and non-Hispanic females as reported to the police was about the same during 2001 and 2005, but higher rates of intimate partner violence were reported for American Indian and Alaskan Native females (Bureau of Justice Statistics, 2010).

**Setting**
According to the Bureau of Justice Statistics (2014), most intimate partner violence and domestic violence (77%) occurred at or near the victim’s home. The significance of location of residence, urban, suburban, or rural, for the years from 2001 to 2005, females living in urban areas reported the highest levels of nonfatal intimate partner violence (Bureau of Justice Statistics, 2010). However, females living in rural and suburban areas may be equally likely to suffer intimate partner violence, but the lower reports in rural areas may be due to isolation and a tendency toward patriarchal and a male ideological belief system espoused and maintained (Barnett, et al., 2011). Some factors that make reporting and life dangerous for rural abused women include: “(a) a more patriarchal social order, (b) greater gun use, (c) inadequate or no criminal justice response to incidents of male-to-female IPV, and (d) a lack of confidentiality, phones, shelters, transportation, social support, and legal representation” (Thompson, 1995; Websdale, 1995, as cited in Barnett, et al., 2011, p. 21).

Use of Alcohol and Drugs

The report by many offenders of intimate partner violence that alcohol and drugs are the real cause of family violence [emphasis added], is considered a myth by most professionals who work in the family violence arena. However, Kanto and Strauss (1990, as cited in Barnett, et al., 2011) reported that the rate of husband-to-wife violence is approximately 3 times higher (19.2%) for binge drinkers, as compared to non-drinkers, and that alcohol use is often involved in 1 out of 4 incidences of intimate partner violence, especially wife beating. The majority of research on this issue has found that alcohol and specific types of drug use is highly correlated with adult intimate partner violence (Greenfeld, 1998).
According to the Bureau of Justice Statistics (2010), between the years 2001 and 2005 it was reported that alcohol or drugs were present in approximately 42% of all nonfatal intimate partner violence. Victims reported that about 8% of nonfatal intimate partner violence incidents took place while the offender was under the influence of both drugs and alcohol, with 28% of the females compared to 22% of the males being victims for an alcohol-influenced offender. Male victims of intimate partner violence reported that approximately 12% of their attackers were under the influence of drugs as compared to 8% of the female victims (Bureau of Justice Statistics, 2010).

**Weapons**

The possession of weapons by offenders is often hazardous in intimate partner violence. In male-to-female homicides (femicide), the weapon typically used is a gun (Barnett, et al., 2011). Thus, the presence of or access to a gun is a strong predictor of a fatal assault (Campbell, Webster, Koziol-McLain, Block, Campbell, & Curry, 2005; Paulozzi, Saltzman, Thompson, & Holmgreen, 2001, as cited in Barnett, et al., 2011). In a survey of female victims residing in a protective shelter for victims of domestic violence in California, 36% of residents reported the presence of a firearm in the home (Sorenson & Wiebe, 2004, as cited in Barnett, et al., 2011).

Guns and other weapons are often used to coerce and terrorize victims, even if not resulting in a fatality (Gwinn, 2006). Kernsmith and Craun (2008) reported that female victims may be more likely to use a gun during intimate partner violence, to counteract the discrepancy between size and strength sex differentials. As reported by the Bureau of Justice Statistics (2010), between the years 2001 and 2005 for nonfatal intimate partner
violence, female victims were more likely in comparison to male victims to face an offender armed with a firearm, and 6% of female victims and 10% of male victims faced an offender armed with a sharp weapon, such as a knife. Current statistics have shown a drop in intimate partner homicides by a firearm in recent years, with homicides as a result of other weapons remaining stable (Bureau of Justice Statistics, 2010).

**Dating Aggression, Sexual Assault, and Stalking**

Dating violence typically occurs in private as does intimate partner violence, and thus is often difficult to detect. Ambiguous definitions of dating violence, problems with research sample selections and data analysis makes accurate depictions and statistical information regarding dating aggression difficult (Hilton, Harris, & Rice, 1998). One reporting by Rand (2009) estimated 85.9% of female victims suffered dating aggression by boyfriends; 46.3% by friend or acquaintance; and 31.7% at the hand of strangers.

Research on sexual assault, sexual coercion, and rape in intimate relationships is especially problematic, again due to ambiguous definitions, nondisclosure, and underreporting due to poor criminal justice system and law enforcement responses (Campbell, 2009; Page, 2008, as cited in Barnett, et al., 2011). Regardless, unwanted sexual behaviors include sexual coercion, rape, and sexual assault (Barnett, et al., 2011). Statistical reports have indicated a decline in recent years regarding sexual crimes against women, but are still considered a crisis in our society and can take place at any time and any place. Wallace and Roberson (2011) reported that overall approximately 91% of victims of rape and/or sexual assault were female; about 60% occurred in the victim’s
home or at the home of a friend, neighbor, or relative; and about 90% of all incidents involved a single offender.

Stalking is a stand-alone offense that does not necessarily fall under the category of intimate partner violence per se. However, as early as the 1980s, it became evident that offenders of intimate partner abuse stalked their victims. Stalking has been found to be highly correlated with dating violence and sexual assault (Slashinski, Coker, & Davis, 2003). Among women who have reportedly experienced dating violence, physical aggression was the most common form of dating violence reported (51.5%), followed by sexual assaults (38.9%) and stalking (33.2%) according to Slashinski, et al. (2003). Women who reported being stalked also reported higher levels of fear as a result of being stalked (41.1%), as compared to men who also reported being stalked (2.7%) (Slashinski, et al., 2003).

**Results of Intimate Partner Violence**

According to the Center for Disease Control and Prevention (Saltzman, Fanslow, McMahon, & Shelly, 2002) there are four main types of intimate partner violence that results in injury:

- Physical abuse – the intentional use of physical force with the potential for causing harm, disability, injury, or death. Physical violence includes, but is not limited to, scratching; pushing; shoving; throwing; grabbing; biting; choking; shaking; slapping; punching; burning; use of a weapon; and use of restraints or one’s body, size, or strength against another person.
• Sexual violence is divided into three categories: 1) use of physical force to compel a person to engage in a sexual act against his or her will, whether or not the act is completed; 2) attempted or completed sex act involving a person who is unable to understand the nature or condition of the act, to decline participation, or to communicate unwillingness to engage in the sexual act, (e.g., because of illness, disability, or the influence of alcohol or other drugs, or because of intimidation or pressure); and 3) abusive sexual contact.

• Threats of physical or sexual violence by the use of words, gestures, or weapons to communicate the intent to cause harm or death.

• Psychological/emotional violence involves trauma to the victim caused by acts, threats of acts, or coercive tactics. Psychological/emotional abuse can include, but is not limited to, humiliating the victim, controlling what the victim can and cannot do, withholding information from the victim, deliberately doing something to make the victim feel diminished or embarrassed, isolating the victim from friends and family, and denying the victim access to money or other basic resources. It is considered psychological/emotional violence when there has been prior physical or sexual violence or prior threat of physical or sexual violence. In addition, stalking is often included among the types of IPV. Stalking generally refers to “harassing or threatening behavior that an individual engages in repeatedly, such as following a person, appearing at a person’s home or place of business, making harassing phone calls, leaving written messages or objects, or vandalizing a person’s property” (Tjaden, & Thoennes, 1998, p. 1).
According to the Bureau of Justice Statistics (2010) between 2001 and 2005, on average half or all females who reported experiencing nonfatal intimate partner violence suffered an injury from their victimization; with approximately 5% seriously injured; 44% suffered minor injuries; and 3% suffered rape and/or sexual assault. Twenty-seven percent of female victims reported experiencing threat by the offender; with 1 in 10 female victims reported the offender attempted to hit, slap, or throw them down (Bureau of Justice Statistics, 2010). Reported injuries by female victims of male batterers have shown a gendered pattern of injuries [emphasis added] (Rand, 1997). The most common injuries in these cases have been as a result from blunt force trauma to the face (e.g., being hit with a fist); being strangled; complex fractures; orbital blow-outs; and intracranial injuries (Sheridan, & Nash, 2007; Arosarena, Fritsch, Hsueh, Aynehchi, & Haug, 2009, as cited in Barnett, et al., 2011).

Research has consistently shown that female victims of intimate partner violence have significantly poorer health than nonbattered women, that includes physical illness, disabilities, and injuries (Affifi, MacMillan, Cox, Asmundson, Stein, & Sareen, 2009; Bonomi, Anderson, Reid, Rivara, Carrell, & Thompson, 2009).

**Homicides of Intimates.** Intimate partner violence has been associated with high mortality and morbidity rates, primarily amongst women, and has been cited as a major public health problem (Chalk, & King, 1998; Quinlivan, & Evans, 2001, as cited in Quinlivan, & Evans, 2005; Tjaden, & Thoennes, 2000; U.S. Department of Justice, 2001-2005a). In 2007, women were approximately three out of four victims of the murders attributable to intimate partners (Bureau of Justice Statistics, 2008, as cited in Wallace, & Roberson, 2011). It has been reported that most intimate homicides in the United States
involved marital partners, with an increase in the number of deaths by boyfriends and girlfriends at about the same rate in recent years (Bureau of Justice Statistics, 2010).

**Treatment**

Law enforcement officers and health care providers are generally the first-liners to come into contact with victims of intimate partner violence. In addition to offering assistance by way of emergency medical attention, medical care, protection and safety, shelter, psychological and legal assistance, thorough documentation of the incident is important, and will likely be vital to the legal outcome for the victim. Recent proposal for a protocol for thorough medical documentation in intimate partner violence incidences has been suggested to include: taking photographs of injuries; legible handwritten notes; use of patient’s own words or use of “patient reports”; avoidance of usage of phrases as “patient claims” or “patient alleges” which implies doubt; usage of medical terms as opposed to legal terms; a description of the offender as reported by the patient; description of patient’s demeanor as observed by the medical provider; accurate recording of date and time patient is examined and an approximation of how much time has elapsed since the abuse occurred (Isaac, & Enos, 2001, p.1).

According to the Bureau of Justice Statistics (2010), since 2001 on average approximately 62% of female victims of nonfatal intimate partner violence contacted a government agency for help; while a reported 38% of female victims contacted a private agency. The average annual percent of medical treatment sought in nonfatal intimate partner violent incidences reported that approximately 9% of female victims sought and received treatment at a hospital; about 8% received treatment at their home; 1.3%
received medical care at a doctor’s office or medical clinic; and about 33% were injured and not treated (Bureau of Justice Statistics, 2010).

**Effects of Intimate Partner Violence on Women**

Women who experience intimate partner violence are at an increased risk of injury and death, including a range of physical, emotional, mental, and social problems (Eisenstat, & Bancroft, 1999), such as gynecological, central nervous system, and stress-related physical health problems (Campbell, Jones, & Dienemann, 2002), impairment in mental and emotional health (Campbell, 2002), such as depression, anxiety, suicidality, posttraumatic stress disorder, mood and eating disorders, substance abuse, antisocial personality disorders, and nonaffective psychosis (Danielson, Moffitt, Caspi, & Silva, 1998; Golding, 1999, as cited in Wathen, & MacMillan, 2003; Sutherland, Bybee, & Sullivan, 1998; Roberts, Williams, Lawrence, & Raphael, 1998).

**Learned Helplessness**

One of the most immediate feelings victims of intimate partner violence experience is *helplessness* [emphasis added], with fear, depression, anxiety, posttraumatic stress disorder, anger and other negative emotional reactions coming at a later date (Barnett, et al., 2011). Walker (1984) observed in her study of battered women a repetitive theme reported from victims, a sense of helplessness andpowerlessness at the hands of her abusive partner’s acts of control and domination over her. Walker (1984) later referred to this as “learned helplessness”. Hermann (1992) noted that although perpetrators of dominance and control may use violence infrequently, it is not necessary to use violence to maintain control over their victim, as threatening behavior is often just
as effective as violence or direct threats of harm against the victim. Often only one actual act of physical violence needs to take place combined with subsequent threats, keeping female victims of violence dominated by their abuser.

Women as victims of intimate partner violence often report that their abuser threatens to harm their children, take them away, or kill them, as well as the victim’s parents, or friends who may protect them, and women are often left fearful and frozen to act as a result (Hermann, 1992). The inability for many female victims of intimate partner violence to mobilize themselves after an abusive attack by their mate may have to do with the incongruent nature between the belief they hold that their intimate partner loves them and means well, and their abusive treatment of them. Victims of partner abuse also have reported that they believed that there was no way for them to prevent the violence from happening or a way out of the relationship (Wallace & Roberson, 2011). Many victims are left confused and conflicted with how to react and what to do, especially when children are involved. This along with unpredictable outbursts by the abuser makes the abuse insidious in nature, throws the victims off balance, confused, and brainwashed (Evans, 1992; 1996; Walker, 1984). Many victims believe that their abuser is all-powerful and will somehow find them and hurt or kill them as threatened over and over again (Wallace, & Roberson, 2011). This type of psychological/emotional and verbal abuse particularly tends to render long-term traumatic effects for victims of intimate partner violence that changes their lives forever (Barnett, et al., 2011).

Fear
Fear is another common feeling expressed by victims of intimate partner abuse. After the first attack of violence by their abuser, many women are left shocked and terrorized. They are shocked and in disbelief about what just happened and terrorized that if it did in fact happen what to do about it.

Fear is often the reason many female victims stay or return to the abusive relationship. Female victims have reported that even if they leave, they fear the abuser will go after them and commit greater harm, so many report they would rather stay with their abuser and know where he is than not. This latter response is typically found in women who have experienced intimate partner violence to such an extreme extent that extremely high levels of fear are experienced (Healey, 1995; Hendy, 2003). This is due in large part because the victim lived with the abuser and came to truly believe his threats and rightfully fears for her and her family’s safety and this fear dominates their lives (Barnett, et al., 2011; Wallace, & Roberson, 2011). These victims come to be afraid to leave and afraid to stay [emphasis added] (Barnett, et al., 2011).

Many victims of intimate partner violence also reported that they stay or return to the abusive relationship due to lack of resources as many victims have been kept isolated at the hands of their abuser; are often financially dependent on him; and fear and believe they will have failed in their responsibility as a woman, wife, and mother; or have caused or deserved the abuse as punishment (Wallace, & Roberson, 2011). Of the fearful reasons to stay or return to an abusive relationship, one of the most common reasons reported is fear of losing one’s children (Danis, 1998, as cited in Barnett, et al., 2011).
Victims of intimate partner violence become conditioned and brainwashed in the sense of classical conditioning that scientifically explains fear as a learned behavior (Mineka, & Zinbarg, 2006). As a result of this conditioning, cues such as yelling or verbal abuse by the abuser, put-downs and insults, certain gestures and facial expressions, and drinking heavily are often recognized as a sign of forthcoming abuse (Werner-Wilson, Zimmerman, & Whalen, 2000). Furthermore, once threats from an abusive partner are followed by actual violence, these cues are often generalized to current situations, which then keep victims in a chronic state [emphasis added] of fear or anxiety (Nurius, Furrey, & Berliner, 1992; Pontius, 2002, as cited in Barnett, et al., 2011).

The repetitive cycle of abuse most victims experience at the hand of their abusers produces stress and chronic hyperarousal significantly more than nonvictims that in most cases leads to posttraumatic stress disorder (Eby, 2004; Weaver & Clum, 1995, as cited in Barnett, et al., 2011).

**Stress, Traumatic Stress, and Posttraumatic Stress Disorder**

*Stress.* Barnett et al., (2011) define stress as: “a physiological or psychological response to internal or external stressors (e.g., pain, humiliation)” (p. 370). Chronic forms of stress cause a stress-reaction cycle to take place that often negatively impacts the human cardiovascular, musculoskeletal, nervous system, and immune system once an individual is experiencing hyperarousal as a result of a stressor (Kabat-Zinn, 1990). This stress-reaction cycle if left uninhibited may cause chronic hyperarousal that in turn has been found to cause high blood pressure, arrhythmias, sleep disorders, chronic headaches, backaches, anxiety; that in turn may lead to maladaptive coping such as self-destructive
behaviors, overworking, hypervigilance, overeating, substance abuse/dependency; to an eventual breakdown as a result of physical and psychological exhaustion, loss of drive and enthusiasm, depression, genetic predispositions, heart attack, and cancer (Kabat-Zinn, 1990).

VandenBos (2007) stated that stress affects every system of the body, which then influences how people feel and behave, and also causes temporary or permanent changes in the human brain. Halligan, Michael, Clark, & Ehlers, (2003) reported several problems in cognitive processing, trauma memory, problem-solving and appraisals in victims that stem from trauma and chronic stress following assault. These findings resulted in confirmation of an association between cognitive processing during trauma, disorganized trauma memory, dissociation, and negative interpretations of trauma memories that predict PTSD symptoms at 71% of the variance of PTSD severity at 6 months (Halligan, et al., 2003).

Traumatic Stress. A traumatic stressor (for adults) according to the fifth edition of the American Psychiatric Association’s (2013) Diagnostic and Statistical Manual of Mental Disorders (DSM-V):

…involves directly experiencing the traumatic event(s), but are not limited to, exposure to war as a combatant or civilian, threatened or actual physical assault (e.g., physical attack, robbery, mugging, childhood physical abuse), threatened or actual sexual violence (e.g., forced sexual penetration, alcohol/drug-facilitate sexual penetration, abusive sexual contact, noncontact sexual abuse, sexual trafficking), being kidnapped, being taken hostage, terrorist attack, torture,
incarceration as a prisoner of war, natural or human-made disasters, and severe motor vehicle accidents…(p. 274).

Emotional reactions to the traumatic event (e.g., fear, helplessness, horror) may occur in some individuals, and in others fear-based reexperiencing, emotional, and behavioral symptoms may predominate, or anhedonic or dysphoric mood states may occur. While yet in others, dissociative symptoms predominate, or a combination of these symptoms (APA, DSM-V, 2013).

Carlson and Dalenberg (2000) proposed a conceptual framework that could assist health care providers with a guide toward a more accurate understanding and diagnosis of traumatic experiences. They suggested three main points to consider in identifying and defining traumatic events: “lack of controllability, suddenness, and an extremely negative valence” (p. 5). When individuals experience an intense magnitude of a stressor, his/her view as to whether he/she has control over what is happening often determines the experience as traumatic or not (Carlson, & Dalenberg, 2000). Victims who are traumatized from such events often ruminate with “if only” and “what if” thoughts following the traumatic event (Carlson, & Dalenberg, 2000). Some studies on stress reactions have found that adequate preparation for a stress event, if possible, moderates and protects individuals from traumatic stress reactions (Chemtob, Bauer, Neller, Hamada, Glisson, & Stevens, 1990, as cited in Shalev, 2007)

The suddenness of an event is also attributable to a traumatic event for some individuals, especially events that involve imminent threat of harm (Carlson, & Dalenberg, 2000). This is due in large part to the little time individuals have to act,
physically protect themselves, or psychologically prepare to deal with the potential negative outcome (Carlson, & Dalenberg, 2000). The third element according to Carlson and Dalenberg (2000) in traumatic experiences is one’s perception of the event as negative. While perception is subjective, most human beings have a fearful response that stems from a biological need for survival and is an emotional human reaction that is universal. This fearful response, while uncomfortable, also allows for an emotional response that serves as self-preservation or self-protection from potential injury, harm, or death (McFarlane, & van der Kolk, 2007).

The elements of suddenness and unpredictability, lack of control, and negative view of the stressful event are typically found in intimate partner violence. Unpredictability is one of the most common and significant characteristics of abuse of intimate partner violence (Evans, 1992, 1996; Walker, 1984). No matter how intelligent or discerning a woman is, she can never tell what will set off her abuser or when it will happen. This is likened to what captives have been known to experience with their captors during captivity, known as the Stockholm Syndrome or hostage syndrome—intermittent rewards of small indulgences, that undermine the psychological resistance of the victim or captive more effectively than consistent deprivation or abuse, that often results in the captive identifying with the captor and a hope that the captor will stop the torture (Strentz, 1979, as cited in Dutton, 1995; Mega, Mega, Mega, & Harris, 2000, as cited in Barnett, et al., 2011; Hermann, 1992). This process was originally conceptualized by Anna Freud (1936; as cited in Camic, & Miller, 1998) as “identification with the aggressor,” that has been described an ego defense mechanism individuals use when dealing with external objects which arouse anxiety. It is
identification based on fear and the need to protect oneself (Ferenczi, 1936; as cited in Miller, 1998).

Also, the cyclical nature of intimate partner abuse, albeit unpredictable, often results in the female victim to focus on altering her behavior so as to avoid future abuse. This then creates an emotional bond that strengthens over time which renders the belief for the woman, that she has more invested in the intimate relationship, is more responsible, and creates a desire in her to maintain homeostasis in the relationship (Dutton, 1995). Research supports that intermittent rewarded behavior often results in traumatic bonding in intimate partner violence, which is often resistant to extinction (Dutton, & Painter, 1993b; Towns & Adams, 2000, as cited in Barnett, et al., 2011).

This component of unpredictability in intimate partner abuse is connected to the issue of control. Use of controlling behaviors and verbal abuse tends to operate in both directions within intimate partner violence according to Dutton (1995). Feminists have purported that male to female violence stems from a sociopolitical permission for men to dominate women, and that women believe they are powerless in relationships (Dutton, & Ryan, 1994, as cited in Dutton, 1995).

More current research on interpersonal control in relationships showed that female victims of intimate partner violence who held high levels of perceived control over the abuse, also had greater levels of drug use, depression, low self-esteem, and disengaged coping strategies, that stemmed from helplessness (Clements, Sabourin, & Spilby, 2004). This indicates that despite the belief that women have control over the
abuse in their abusive relationships more often they do not. This is also consistent with the reported belief that female victims of intimate partner abuse are blamed for the violence by their abuser; themselves; and by society (Evans, 1992). This belief about blame for the violence stems from the abuser repeatedly telling his victim that she provoked [emphasis added] the violence, or out of the belief that she should be able to prevent the abuse by changing her behavior (Towns, & Adams, 2000).

Women who reported to hold high expectations for control over future abuse by their partners, showed positive outcomes, with lesser levels of depression, hopelessness, and increased self-esteem (Clements, et al., 2004). However, in a study of abusive couples’ arguments by Jacobson and associates (1994, as cited in Barnett, et al., 2011), none of the wife’s behavior successfully suppressed or prevented her husband’s violence once it started. These studies indicate that a difference exists between real control and perceived control in intimate partner violence and needs further investigation.

According to Carlson and Dalenberg (2000), in addition to fearfulness, helplessness, and horror responses to traumatic events, symptoms of depression, aggression, substance abuse, physical illness, lowered self-esteem, difficulties in interpersonal relationships, identity problems, and guilt and shame also develop.

Posttraumatic Stress Disorder. According to the American Psychiatric Association’s (2013) Diagnostic and Statistical Manual of Mental Disorders (DSM-V), the diagnostic criteria for posttraumatic stress disorder includes:

A. “Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) through direct experiencing the traumatic event(s), witnessing
in person, the event(s) as it occurred to others, learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental; and experiencing repeated or extreme exposure to aversive details of the traumatic event(s)…

B. Presence of one (or more) of intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred: recurrent, involuntary, and intrusive distressing memories of the traumatic event(s), recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s), dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring, intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s), and marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s)…

C. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of: avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s), and avoidance of or efforts to avoid external reminders that arouse distressing memories, thoughts, or feelings about or closely associate with the traumatic event(s)…

D. Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as
evidenced by two (or more) of: inability to remember an important aspect of the traumatic event(s), persistent and exaggerated negative beliefs or expectations about oneself, others, or the world, persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others, persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame), markedly diminished interest or participation in significant activities, feelings of detachment or estrangement from others, persistent inability to experience positive emotions…

E. Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by (two or more) of irritable behavior and angry outbursts typically expressed as verbal or physical aggression toward people or objects, reckless or self-destructive behavior, hypervigilance, exaggerated startle response, problems with concentration, and sleep disturbance…

F. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than 1 month.

G. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

H. The disturbance is not attributable to the physiological effects of a substance, or other medical condition… (pp. 271-272).

After a traumatic experience the human state of mind is that of hyperarousal, or intense permanent alertness as a form of self-preservation, on the lookout for more
possible danger (Hermann, 1992; Siegel, 2010). Posttraumatic stress disorder has been found to have a significant correlation with the degree of trauma exposure (Sledjeski, Speisman, & Dierker, 2008, as cited in Barnett, et al., 2011). Shalev (2007) proposed a set of predictors of PTSD include pretrauma vulnerability, magnitude of the stressor, preparedness for the event, quality of the immediate and short-term responses, and postevent “recovery” factors.

Studies on intimate partner violence have supported the association between male-to-female intimate violence with posttraumatic stress disorder (Mertin, & Mohr, 2001, as cited in Barnett, et al., 2011). Several studies examining PTSD symptoms in abused women identified a strong, positive correlation between the severity of abuse and PTSD, and that the more severe the abuse and injuries sustained, the greater the severity of PTSD symptomatology (Astin, Lawrence, & Foy, 1993; Astin, Lawrence, Pincus, & Foy, 1990; Astin, Ogland-Hand, Coleman, & Foy, 1995; Houskamp, & Foy, 1991; Kemp, Rawlings, & Green, 1991, as cited in Woods, 2000; Follette, Polusny, Bechtle, & Naugle, 1996, as cited in Barnett, et al., 2011). Herman (1992) reported posttraumatic self-dysregulation was prevalent among girls and women who had suffered sexual abuse, incest, and domestic violence. Bean and Moller (2002) reported that posttraumatic stress disorder (PTSD) was found in 33-83% of battered women, and is the most common mental disorder reported in victims of domestic violence. Woods (2000) found that abused women were still experiencing PTSD as long as 9 years after the abuse.

**Depression**
Research on depression in women has found that women are twice as likely as men to develop a diagnosable depressive disorder (Kessler, McGonagle, Swartz, Blazer, & Nelson, 1993, as cited in Nolen-Hoeksema, 2003). Many of these studies have provided strong support to indicate that depression amongst women has a strong association to women’s status in society and having lesser power as compared to men (Nolen-Hoeksema, 2003). Koss, Bailey, Herrara, and Richter (2003) reviewed studies that evidenced women are more likely than men to suffer physical and sexual abuse, and that abuse is strongly correlated to depression. Koss, et al. (2003) reported that the two primary psychological responses to physical and sexual abuse of women are posttraumatic stress disorder and depression symptoms.

Female victims of intimate partner violence have reported to be 1.5 to greater than 2 times more likely to be diagnosed with a major depressive episode or mood disorder, as compared to women who have not experienced intimate partner violence (Afifi, et al., 2009; Hedtke, Ruggiero, Fitzgerald, Zinzow, Saunders, Resnick, & Kilpatrick, 2008). Campbell, Sullivan, and Davidson (1995, as cited in Lilly, et al., 2011) reported that more than 80% of women who entered a domestic violence shelter presented with mild depression and more than 50% of these women remained depressed 10 weeks after leaving the shelter and up to 6 months later.

Sleep disturbances have been reported by women victimized. Saunders (1994, as cited in Walker, Shannon, & Logan, 2011), reported that in a study of 192 battered women, about 78% reported trouble sleeping, and 75% reported nightmares that involved the violence they experienced from their partner. Other studies have found that female victims residing in a shelter for domestic violence reported 82% having sleep patterns
that included sleeplessness, frequent awakening during the night, and symptoms similar to samples diagnosed with sleep disorders (Humphreys, Lee, Neylan, & Marmar, 1999, as cited in Walker, et al., 2011). Walker, et al. (2011) reported several findings that indicated heightened arousal, re-experiencing of abuse, and perceived lack of control over circumstances, as reported by victims of intimate partner violence has shown strong associations with disturbed sleep patterns.

Leone (2011) reported findings that indicated women who experienced intimate partner violence had a significantly higher risk for suicidal behavior (threatening or attempting to commit suicide), as compared to women who did not experience partner violence. Pico-Alfonso, 2006; Stark & Flitcraft, 1996; Wingood, DeClemente, & Raj, 2000, (as cited in Leone, 2011), reported between 19% and 40% of female victims of intimate partner violence reported suicidal behavior, with low-income, African American female victims constituting greater risk.

The role of shame in women experiencing intimate partner violence has been found to be strongly related. Follinstad (1991, as cited in Shorey, Sherman, Kiviston, Elkins, Rhatigan, and Moore, 2011) found that approximately 26% of female and 16% of male victims reported feeling shamed and humiliated after experiencing physical and psychological violence by their partner. A study by Shorey, et al., (2011) on depression and anxiety among victims of IPV and the moderating effects of shame proneness found that shame proneness moderated the association between all forms of victimization and mental health symptoms. These findings indicated a strong correlation between shame proneness and increased victimization, as these victims may not seek help or end the
abusive relationship as they may tend to interpret the violence as their fault and a reflection of how they view themselves.

**Effects of Intimate Partner Violence on Maternal Psychological Functioning**

Tjaden, & Thoennes (2000) reported that physical and psychological morbidity are common for both the woman and her children. United States state-wide surveys have found a relationship between intimate partner abuse before, during, and after pregnancy, with domestic abuse occurring in an earlier period in the relationship strongly predicting abuse during a later period (Wathen, & MacMillan, 2003). Such abuse during pregnancy has been associated with harm to both mother and child (Wathen, & MacMillan, 2003). A recent meta-analysis and systematic review found that women abused during pregnancy have a higher significant likelihood of giving birth to low-birth-weight infants (Murphy, Schei, Myhr, & Du, 2001). It has been substantiated by past research that poor maternal psychological functioning is often an effect of domestic violence, and this, in turn, has negatively affected how a mother interacts with her children (Miller, Cowan, Cowan, Hetherington, & Clingempeel, 1993, as cited in Whiffen, Kerr, Kallos-Lilly, 2005).

**Maternal Depression.** Researchers have found that mental health issues that eventuate in victims from exposure to intimate partner violence often continue in protracted form (Campbell, 2002; Golding, 1999, as cited in Bargai, et al., 2007). Major depression is a predominant outcome amongst victims of domestic violence, and often takes place with PTSD (Bean, & Moller, 2002). Depression can have a serious, maladaptive impact on battered women. High levels of depression have been found to be
associated with somatic disturbances, problem-solving deficiencies, coping capacity, hopelessness and suicidal behavior (Arias, Lyons, & Street, 1997).

Maternal depression has been found to have a significant association with attachment insecurity among children less than two years of age (Lyons-Ruth & Jacobvitz, 1999; Teti, Gelfand, Messenger, & Isabella, 1995, as cited by Pelaez-Nogueras, Field, Hossain, & Pickens, 1996). Many researchers have reported correlations between maternal depression and poor mother-infant interaction (Campbell, Cohn, & Meyers, 1995; Cohn, Matias, Tronick, Connell, & Lyons-Ruth, 1986; Murray, Stanely, Hooper, & King, 1996, as cited in Burrous, Crockenberg, & Leerkes, 2009) and negative parenting, regardless of child age (Downey, & Coyne, 1990, as cited in Burrous, et al., 2009).

In a cross-sectional study of two families, one with children aged 3 ½ and the other with children aged 9 to 13, Miller and her colleagues (Miller, et al., 1993, as cited in Whiffen, Kerr, Kallos-Lilly, 2005) reported that mothers’ depressed mood that was associated with the level of marital conflict experienced resulted in less warmth within the marital relationship as well as less warmth expressed to the children. Davies and Windle (1997, as cited in Whiffen, et al., 2005), examined the link between chronic maternal depression (over 18 months time) and daughters’ depressive symptoms and found both were accounted for by marital conflict.

About four out of ten female victims of intimate partner abuse reside in households with children under the age of twelve (Wallace, & Roberson, 2011). Children exposed to domestic violence are often impacted by maternal depression that
affects the quality of the home environment and the mother’s emotional availability. Mothers as victims of domestic violence often become depressed and numb to the violence in their life, and may have less empathy for their children. Some become extremely traumatized by the violence in their homes and may expect their children to take care of them or protect them. Due to the lack of maternal emotional availability, a sense of basic trust and security may not be well developed for the child. Erikson (1978, as cited in Newman, & Newman, 1991) proposed in his theory of psychosocial development, that when a child senses that a primary caretaker/parent is appropriately consistent and dependable for his or her needs, a sense of basic trust in that person and their environment is established for the child. Conversely, a sense of mistrust results if the caretaker/parent is unpredictable, unreliable, nonresponsive and/or unavailable to the child when needed. Trust in the primary caretaker/parent teaches infants and young children to tolerate that person’s absence and delayed response. However, if primary caretakers/parents are not dependable, infants and toddlers often panic and become fearful to let them go (Crain, 2000). This research supports Bowlby’s (1969) attachment theory.

Gondoli and Silverberg (1997) stated that researchers examining the relationship between parental emotional distress and levels of responsiveness to their children have reported that parents who experienced emotional distress tended to display lower levels of responsiveness than did non-distressed parents. For example, mothers diagnosed with clinical depression, especially protracted forms of depression, have been observed to be more rejecting, hostile, and intrusive than mothers who are not depressed (Cummings, 1995; Cummings, & Davies, 1994; Downey, & Coyne, 1990; Gelfand, & Teti, 1990, as
cited in Gondoli, & Silverberg, 1997). The body of research focusing on maternal depression has cited its association with decreases in maternal nurturance, less-positive affect, lower levels of stimulation, less physical interaction, and often with an increase in negative affect, hostility, and rejection; more negative perceptions of child behavior, and less tolerance for disruptions by their children which often results in interactions that serve to intensify mother-child conflict (Belsky, 1984; Burrous, Crockenberg, & Leerkes, 2009; Chilcoat, & Breslaw, 1997; Cohn, & Tronick, 1983; Downey, & Coyne, 1990; Field, 1994; Ford, Courtois, Steele, van der Hart, & Nijenhuis, 2005; Gelfand, Jameson & Altman, 1992; Gross, 1989; Gross, Conrad, Fogg, & Wothke, 1994; Hall, & Farel, 1988; Hoffman, & Drotar, 1991; Lyons-Ruth, Zoll, Connel & Greenbaum, 1986; NICHD Early Child Care Research Network, 1999; Panaccione, & Wahler, 1986; Patterson, & Bank, 1989; Richters, 1992; Tronick, Ricks & Cohn, 1982; Webster-Stratton, & Hammond, 1988, as cited in LeCuyer-Maus, 2003).

According to Foss, Hirose, and Barnard (1999), an infant’s first experiences of interaction, security, and learning are interwoven into the environment which is largely influenced by the mother’s emotional and mental status. The symptoms that result from major depression can impede a mother’s interaction with her child. Hoffman and Drotar (1991, as cited in Foss, et al., 1999) reported that infants’ depressed mothers tended to have less positive, engaging behaviors, and fewer easy-to-read cues. Recent research on infants born to depressed mothers have shown poorer orienting and motor tone, higher activity levels, and less robust behavior on infant performance scales (Adams, Field, Scafidi, & Prodorniidis, 1995, as cited in Foss, et al., 1999). Perry (1997, as cited in Groves, 2002) has conducted numerous studies on the impact of abuse and trauma on the
neurochemistry of the brain and reported that frequent exposure to violence actually changes the structure of the developing brain. Maternal depression in association with exposure to intimate partner violence may result in poor brain function and cognitive development of her infant/young child.

The development of attachment processes is associated with the manner in which the primary caretaker and child interact. Face-to-face interaction followed by adequate sensitivity and responsivity to the child’s cues is critical for the healthy development of the child’s secure attachment (Blehar, Lieberman, & Ainsworth, 1977; Radke-Yarrow, McCann, DeMulder, Belmont, Martinez, & Richardson, 1996, as cited in Foss, et al., 1999; Smith, & Pederson, 1988). Mbilinyi, Edleson, Hagemaeister, and Beeman (2007) reported finding that up to 88% of the mothers studied suffering intimate partner abuse were not able to care for their children in the way they wanted to as a result of the abuse they were experiencing.

These studies lend support to the hypothesis that poor maternal psychological functioning as a result of intimate partner violence poses a risk to healthy parenting response, strength of maternal warmth, impact on maternal reflective functioning of her children, and to the healthy development of children. The concern with regard to maternal depression for this researcher was the impact intimate partner violence had on a mother’s cognitions and feelings that impacted the ability to be emotionally available to her young children, and effectively parent them.

Thus, it is important to understand how intimate partner violence and the negative psychological consequences it renders affects a mother’s ability to respond to her young
children and cope with parenting a potentially traumatized child as a result of domestic violence. It is also crucial for researchers to understand the complexity and diversity of unexplored elements that may be contributing to maternal responsiveness to her young child in this type of situation. Thus, hearing from the mothers who have experienced this terrible plight provided a more in-depth, personal experience as these women told their stories in their own voices. Further understanding of the influence of maternal depression on mother-child interaction in the face of domestic violence is clinically significant.

Effects on Children Exposed to Family Violence

It is critical to understand the effects on children exposed to domestic violence in light of children’s issues of vulnerability and development. It is estimated that 10% to 20% of children are exposed to intimate partner violence yearly (Carlson, 2000). Some common reactions for children exposed to IPV include emotional distress, anger, fear and anxiety, a desire to intervene, and depression (Carlson, 2000). Children in violent homes are at an increased risk for many types of maltreatment, including physical abuse, physical/emotional neglect, sexual abuse, emotional abuse and death (English, Marshall, & Stewart, 2003). Most research has been focused almost exclusively on school-aged and adolescent children. Thus, little is known about the effects of domestic violence on younger children who likely are at greater risk for exposure to domestic violence, and are more vulnerable (Cooley-Quille, Turner, & Beidel, 1995; Fantuzzo, Boruch, Eriama, Atkins, & Marcus, 1997, as cited in Martin, 2002; Fantuzzo, dePaola, Lambert, Martino, Anderson, & Sutton, 1998). Young children are likely to be more vulnerable to the negative effects of domestic violence exposure as they have not developed the capacity to
understand or cope with the trauma they experience (Main, & Hesse, 1990, as cited in Greenberg, 1999; Osofsky, 2003).

Infants and toddlers who are exposed to family violence in their home have been found to exhibit emotional distress, regressed behaviors, sleep disturbances, and fear of being alone (Hughes, Graham-Bermann & Gruber, 2001, as cited in Martin, 2002). According to Martin (2002), domestic violence interferes with the infant and toddler’s normal development of trust and exploratory behavior that leads to autonomy. Young children are often fearful and experience somatic problems such as headaches and stomachaches, along with insomnia, nightmares, sleepwalking, and enuresis (Rossman, 2001, as cited in Allen, Wolf, Bybee, & Sullivan, 2003). Domestic violence clearly affects a young child’s need for security and safety.

Pfefferbaum (1997, as cited in Rosenberg, 2001) reported that a child’s trauma response is affected by the emotional and physical proximity of exposure. Physical proximity is referred to as the relative distance between the observer or victim and the traumatic event; and emotional proximity is referred to as the personal nature of the trauma (e.g., an event affecting a loved one would be more traumatic than one affecting a stranger) (Pfefferbaum, 1997, as cited in Rosenberg, 2001). Furthermore, research findings have indicated that children suffer adverse effects as a result of witnessing domestic violence and from experiencing verbal and physical violence directed at them by caregivers (Fantuzzo, & Lindquist, 1988; Hughes, 1988, as cited in English, et al., 2003). Younger children are often in the line of fire when their parents are in conflict and have no means of protection or flight from the violence (Groves, 2002). Several studies have suggested that children who both witness and receive abuse, in effect experience a
“double whammy” (Hughes, Parkinson, & Vargo, 1989, as cited in Kitzmann, Gaylord, Holt, & Kenny, 2003) and show worse outcomes than children who only witness domestic violence (Carlson, 1991; Hughes, 1988; McCloskey, Figueredo, & Koss, 1995; O’Keefe, 1994b; Sternberg, Lamb, Greenbaum, Cicchetti, Dawud, & Cortes, 1993, as cited in Kitzmann, et al., 2003).

A child observing his or her mother being physically abused is likely to experience shock and intense feelings of fear and helplessness. The traumatic experience may be too overwhelming and pushed aside. Although emotional numbness has been found to be one negative consequence of exposure to domestic violence, older children who are repeatedly exposed to violent parental conflict have been found to react more strongly by becoming more anxious and aggressive (Cummings, & Davies, 1994, as cited in Groves, 2002). Various studies have found that older children living in homes where domestic violence is experienced tend to suffer a loss of self-esteem and experience high levels of anxiety (English, et al., 2003). These children are more likely to blame themselves and view themselves negatively. This distorted self-appraisal has been found to affect children in all areas of social functioning (Cummings, & Davies, 1994, as cited in Groves, 2002).

Graham-Bermann and Hughes (2003) reported that 13 to 60% of children exposed to domestic violence could be diagnosed with Post Traumatic Stress Disorder (PTSD). A hallmark symptom of PTSD is avoidance or the use of defensive strategies such as repression, distraction, emotional withdrawal and behavioral avoidance (Greenwald, 2000). Research has been found to support the view that domestic violence is especially toxic to young children and more psychologically threatening, as the child perceives him-
or herself to be in danger, and perceives his or her mother in danger as well (Groves, 2002). However, if the mother as victim of the violence falls apart or exhibits an inability to tolerate the traumatic event, this may reinforce the child’s own defensive posttraumatic reaction. Main and Hesse (1990; as cited in Greenberg, 1999) postulated “that the traumatized mother of the disorganized infant is unpredictably frightening to her child, and that disorganization is a response to this fear and inconsistency” (pp. 481-482). In addition, the child may move into an emotional caretaker role or parenting of his/her parent, leading to feelings of loss of care (Bloch, Silber & Perry, 1956; Green, Korol, & Grace, 1991; McFarlane, 1987, as cited in Greenwald, 1999).

Current research suggests that there is a wide range of behaviors and consequences associated with a child’s exposure to domestic violence, and that there are numerous differing factors that influence the degree to which exposure to domestic violence may or may not affect a child’s development (Edleson, et al., 2007). Children exposed to family violence clearly experience elevated levels of distress which increases the probability of evidencing posttraumatic stress disorder (PTSD) (Martin, 2002). Infants or young children exposed to parental violence are likely to experience the stress reaction of “fight or flight” but are often unable to do either and have different residual stress outcomes (Levine, & Kline, 2007). Infants and very young children show symptoms quite different from adults as a result of trauma exposure, which is due to the child’s brain’s developmental level of reasoning, perceptual development, incomplete personality formation, dependency and attachment to their adult caregivers (Levine, & Kline, 2007). Research findings indicate that young children’s unresolved energy as a result of trauma exposure is expressed through externalized behavior such as “acting out”
(e.g., hyperarousal, aggression, being highly active, demandingness, whiny, clingy, regressive behaviors), or “acting in” (e.g., shutting down, zoning out, fear and anxiety, sadness, worrying about mother, posttraumatic stress disorder, negative affect), as well as re-experiencing the traumatic event through play and intense emotion and physical distress (e.g., problems sleeping, eating, somatic complaints); cognitive processing issues (e.g., inability to understand), and social issues (e.g., trouble interacting with peers or adults, ambivalent relationship with caregiver (Carlson, 2000; Levine, & Kline, 2007).

Stress that comes from family violence may impact an infant’s developing brain in differing ways at different stages of development. In his work with traumatized children, Kagan (2004) noted that infants who are chronically neglected or over-stimulated from trauma as a result of exposure to violence, may suffer distorted development of neuronal functions. He recognized that brain growth is especially vulnerable during the prenatal period and early years of child development, but stated that lifelong processes of brain development have opportunities for remediation. He proposed that during the first years of a child’s life how a caregiver responds to a child forms indelible memories in a child’s limbic system. This occurs well before a child’s capacity for language development formulates expectations of parental response and modification of the child’s later emotional response system at times of stress. Beyond the negative impact these effects have on the child exposed to domestic violence, they are likely to be stressful to the caregiver as well, which may create a vicious cycle of continued insecure attachment between mother and child.

Maternal-Child Attachment. The secure attachment between the infant and toddler and his or her primary caretaker that facilitates healthy development of the young
child also has been well substantiated. Bowlby (1969/1982, 1973, 1980) posited that the internal working models developed in the infant shape how he/she emotionally responds within a relationship, which is part of the attachment response structure and process. Understanding a caregiver’s working model which may be characterized as the perceptions and subjective experience of the caregiver to his/her child or relationship with that child (Benoit, Zeanah, Parker, Nicholson, & Coolbear, 1997) appears clinically significant. The extent to which this attachment process may be compromised when both mother and child are exposed to domestic violence is important information to know, as the attachment experience is likely to influence a child’s cognitive, emotional, psychological and behavioral development and without intervention can have profound effects throughout an individual’s life. Current research, however, indicates that attachment is not a stable trait.

Anger and aggression have been linked to the attachment behavioral system during childhood. According to Bowlby (1973), anger is the typical response of the young child to separation from the attachment figure, and serves as a regulatory function to draw the attachment figure back. Bowlby observed separated children attack parent dolls, and described this anger toward a parent as ambivalence, as children frequently expressed their anger intermittently, interspersed with affection. Bowlby also referred to a child’s anger reaction to separation from their caregiver as an “anger born of fear” – which suggests a fear of loss. When access to the attachment figure is jeopardized, fear also activates the attachment system and serves as a communicative signal alerting the attachment figure to the child’s distress (Kobak, 1999). Excessive stress in childhood, without sensitive and adequate intervention by a caregiver, can negatively impact the
security of the developing attachment relationship, result in the child’s insecure
attachment, and adversely affect coping with stress (Kesner, Julian & McKenry, 1997).

A major adverse secondary outcome of intimate partner violence is potential
disruption of attachment processes between the mother and child (Quinlivan, & Evans,
2005). An increased risk of disorganized attachment in infants has been reported in
several studies of intimate partner violence (Karen, 1998). Lyons-Ruth and Jacobvitz
(1999) reported findings that indicated victims of domestic violence tend to show a
spectrum of problematic attachment representations, along with unresolved and
preoccupied/overwhelmed representations, dissociation, and narratives that lack a
consistent state of mind. In their research examining an insecure attachment style
classified as “disorganized/disoriented”, Main and Solomon (1986; 1990, as cited in
Solomon, & George, 1999) concluded that children that evidenced this category seemed
to lack any coherent, organized strategy for dealing with the stress of separation by the
mother. Among many reasons cited for this type of disorganized/disoriented attachment
found that maternal frightened and/or frightening behavior was related to the infant’s
attachment disorganization.

Lyons-Ruth, Bronfman, and Parsons (1999, as cited in Lyons-Ruth, & Jacobvitz,
1999) later expanded on this construct to include two other broad aspects of maternal
behavior, which included extreme parental misattunement specific to the infant’s
attachment-related communication, and the display of ambivalent caregiving strategies
that elicited and rejected infant attachment affects and behaviors. This maternal
misattunement and ambivalent caregiving often results in the infant as disorganized.
These caregiver constructs previously described may be some behaviors and outcomes found in mothers who have been victims of domestic violence. When attachment processes are compromised during infancy the lack of warm affective feelings of security that are provided from the “secure base”, are gradually transported to higher forms of consciousness around 2 to 3 years of age (Panksepp, & Biven, 2012). According to Panksepp and Biven (2012) if a child suffers early social loss, excessive separation distress, grief in the first six years of childhood, the child becomes neurologically sensitized to chronic anxiety and insecurity.

Based on past research that examined intergenerational transmission of attachment issues, unresolved past trauma, current violence, and adults’ states of mind as related to attachment processes, it is highly likely that abused women’s internal working models of self and others are negatively affected by domestic violence (Huth-Bocks, et al., 2004). The negative impact of intimate partner violence on the internal working models of mothers may be particularly significant as mothers form and reorganize representations of self as caregiver for their child.

Maternal depression is associated with insecure attachment among infants and preschoolers (Teti, et al., 1995, as cited in Pelaez-Nogueras, Field, Hossain & Pickens, 1996). Steiner, et al. (1994, as cited in Lyons-Ruth & Jacobvitz, 1999) reported that mothers who indicated higher levels of intimate partner violence were more likely to have infants with a disorganized attachment style. Similarly, mothers who indicated an inability to resolve violence witnessed in their childhood were more likely to have infants classified as showing disorganized insecure attachment (Bearman, & Ogawa, 1993, as cited in Lyons-Ruth, & Jacobvitz, 1999). Gelfand, Messinger, and Isabella (1995)
reported findings from their study of the relationship of maternal depression to the quality of infant and toddler attachment, that child insecure attachment was significantly associated with maternal depression. They reported that children without unitary, coherent secure attachment strategies tended to have more chronically impaired mothers than did children with coherent, organized secure attachment strategies.

In a continued examination of unresolved states regarding loss or abuse and second-generation effects in the offspring of traumatized non-maltreating parents, Hesse, Main, Abrams, and Rifkin (2003) suggested that dissociative parental behavior; anomalous forms of threatening parental behavior, frightened behavior where the infant becomes the source of the parent’s alarm; and timid/deferential behavior; and (role-inverting) tendencies to utilize the offspring as an attachment figure; or sexualized behavior toward the infant interfered with the offspring infant’s attachment behavioral system.

**Reflective Functioning.** Reflective functioning (RF) has been defined as the capacity of an individual to mentalize or understand one’s own and another’s behavior with regard to underlying mental states (thoughts, feelings, desires, beliefs, and intentions) in meaningful and accurate ways (Fonagy, Gergely, Jurist, & Target, 2002; Slade, 2005). Powell, Cooper, Hoffman, and Marvin (2014) defined reflective functioning “to mean the capacity to perceive and understand oneself and others in terms of psychological states that include feelings, beliefs, intentions, and desires (p. 35). This human reflective function capacity allows for a more accurate understanding of one’s own and other’s behavior, which increases the likelihood for the engagement in
productive, intimate, bonded, and sustaining relationships, while simultaneously allowing for an independent and separate mind (Fonagy, et al., 2002).

Fonagy, et al. (2002) highlighted the importance of a caregiver or parent’s capacity to make sense of his/her own and that of his/her child’s mental states or schemas to assist in the child adapting self-regulation and in the establishment of healthy social relationships. The underlying notion of healthy parental reflective functioning in part is that the parent’s ability to tolerate his/her own internal, affective experience will allow the parent to tolerate and regulate these affective experiences in his/her child (Slade, 2006). According to Powell, et al. (2014), healthy reflective functioning is expressed in a caregiver when a reasonable accurate perspective is communicated of what the child is feeling or experiencing, but also is the use of language that expresses the caregiver appreciates how separate minds function.

Grienenberger, Kelly, and Slade (2005) in their examination of maternal reflective functioning, mother-infant affective communication, and infant attachment, found that maternal reflective functioning appeared to serve as a buffer against breakdowns in affect regulation when infants were distressed. They found that highly reflective mothers were more likely to show fewer disruptions in affective communication with their infants. These findings also supported the importance of attachment processes between infant and caregiver, in that the infant is reliant on his/her mother to respond in an appropriately healthy and sensitive manner to the infant’s affective state, especially to his/her distress, that are reflective of the infant’s internal experience and assist in containment of it (as a safe haven) (Grienenberger, et al., 2005).
Schechter and associates (2005) examined how reflective functioning was associated with violence-related posttraumatic stress in an inner-city sample of female victims and their young children. Using the Working Model of the Child Interview (WMCI) measure to assess each mother’s mental representation of her child and her relationship with her child, they found a strong association (95% (CI)) between maternal interpersonal violence-related posttraumatic stress disorder (PTSD) and reflective functioning (RF) or mental representations of their children. More specifically, the findings showed the greater mean severity of PTSD in this sample to be more significantly associated with the distorted classification in mother’s representation of her child (Schechter, et al., 2005). However, Schechter and associates also recommended continued exploration of these types of samples to further ascertain other factors that may in fact be affecting maternal representations of children in these situations.

**Other Factors Affecting Maternal Parenting.** Parents may face many stressors in their lives that may add to what they experience in their role as parent and spouse or partner, such as employment, caring for aging parents, financial obligations, and social, religious, and community obligations to name a few. Other characteristics that have been found to influence the level of quality care given by parents include the quality of family relationships (Cox, Kotch, & Everson, 2003), the level of stress individual family members sustain separately and as a whole (Hall, & Farel, 1988, as cited in Cox, et al., 2003), the availability of social support (Nielson, Endo, & Ellington, 1992; O’Keefe, 1995; Starr, 1988, as cited in Cox et al., 2003), maternal depression (Kotch, Browne, Ringwalt, Dufort, Ruina, Stewart, & Jung, 1997, as cited in Cox, et al., 2003), alcohol and drug abuse (Cohn, & Daro, 1987, as cited in Cox, et al., 2003), and poor quality of
parent-child relationships (O’Keefe, 1995, as cited in Cox, et al., 2003). These factors may contribute to and/or exacerbate domestic violence between parents (Cox, et al., 2003). Needless to say, the experience of domestic violence is in and of itself a major source of stress that has been shown to have debilitating effects on parenting responsiveness as well.

In addition to domestic violence in a home, Belsky (1994, as cited in LeCuyer-Maus, 2003) has reported that many different sources of stress have the potential to disrupt parenting abilities and skills. For example, mothers’ cognitive appraisals of stressful events and coping abilities, such as attitudes toward and perceptions of events and child behaviors, as well as perceptions of their own ability to cope will influence maternal coping processes (Kurtz, & Derevensky, 1994, as cited in LeCuyer-Maus, 2003). In their examination of contributing factors to infants’ insecure disorganized attachment, Main and Hesse (1990, as cited in Lyons-Ruth, & Jacobvitz, 1999) found a strong association with frightened or frightening parental behavior in conjunction with unresolved parental states of mind and insecure disorganized attachment behavior. These experiences have been related to problematic caregiving behaviors that include frightening, hostile, or withdrawn behaviors, that may be a result of the parent still feeling overwhelmed by past trauma (Cassidy, & Mohr, 2001; Jacobvitz, Hazen, & Riggs, 1997; Main, & Hesse, 1990; Scheungel, Bakermans-Kranenburg, & van Ijzendoorn, 1999, as cited in Lyons-Ruth, & Jacobvitz, 1999). Intimate partner violence often is an ongoing, repetitive cycle of trauma that may be unresolved, and may trigger or reactivate past traumas and re-evoke fearfulness (Huth-Bocks, Levendosky, Theran, & Bogat, 2004).
Many victims of intimate partner violence reported a prior history of suffering abuse in their childhood and having unhealthy family relationships and interactions (Stith, Smith, Penn, Ward, & Tritt, 2004). Some studies have shown that in addition to having suffered abuse as a child, individuals who have a history of experiencing poor parenting as a child places them at greater risk for victimization in adult relationships (Kantor, & Jasinski, 1998; Stith, et al., 2004).

In addition to this, lack of support in the mothers’ family of origin reportedly has a diminishing effect on their psychological resources (Belsky, 1984; Main, & Goldwyn, 1984, as cited in LeCuyer-Maus, 2003), complicate their perceptions of their children, and their ability to adopt new parenting practices. The family of origin provides the original social environment in which infants and children learn how to cope with stressful events as related to their parents’ and their own appraisal processes (LeCuyer-Maus, 2003). Thus, a history of childhood abuse also has been found to be associated with the likelihood for an individual to become involved in a domestically violent relationship, as well as increase the likelihood of abuse or neglect of one’s own children (Hall, Sachs, & Rayens, 1998, as cited in Cox, et al., 2003).

In addition to external stressful events, parenting in and of itself may serve as a source of stress for parents. For example, young children’s social and self-regulatory behavior during the preschool-age period may be a difficult time for parents (LeCuyer-Maus & Hauck, 2000, as cited in Secco, & Moffatt, 2003). In a pilot study of twenty high-risk mothers with 12-month-old toddlers who were assessed for stress-related factors and coping strategies and their effect on parenting, parental stress was found to result in elevated scores at the 75th percentile as measured on the Parental Distress Scale.
These results suggest that these mothers were not necessarily stressed by their child’s behaviors, but that most of their stress likely came from their own personal adjustment to potential stressors in the parenting role (LeCuyer-Maus, 2003).

Whether mothers are depressed or stressed due to parenting issues or as a result of intimate partner violence, children need them available to provide for their emotional, physical and attachment needs in an able and healthy manner. In addition to providing a secure base for a child, the attachment relationship also provides for a goal-corrected partnership (Bowlby, 1969). In such a partnership, each member is able to perceive the world from the other’s point of view, and subsequently takes the other’s perspective into account when negotiating joint goals. Preschool-age children have been reported to have some basic abilities to take on their parent’s perspective (Bretherton, & Beeghly, 1982, as cited in Bretherton, Biringen, Ridgeway, Maslin, & Sherman, 1989). Equally important in a goal-corrected partnership is the mother’s capacity to see issues from her child’s point of view (Bretherton, et al., 1989).

Given the importance of maternal responsiveness to healthy child development, it is crucial to examine how sensitive and appropriately responsive mothers are to their children in the absence or presence of trauma. Levendosky, et al. (2003) reported in their study of mothers and preschool-age children who had experienced family violence, that some mothers were able to use the experience of domestic violence as a motivating force regarding attachment processes and parenting effectiveness. In these cases it appeared that these mothers were able to compensate for the violence by offering more attention and responsiveness to the child. There have been few studies of attachment processes, however, that have focused on the parental perspective only. In light of the negative
sequelae mothers experience as a result of intimate partner violence, it may be helpful to understand possible modifying factors relative to mothers and their children.

**Relationship of Ethnic and Racial Factors in Incidence and Effects of Intimate Partner Violence**

Ethnic diversity among women as victims of intimate partner violence has become a complex issue that can no longer go unconsidered and unexplored in current and future research. Cultures are in constant flux, ever-changing and evolving with current events and times. Thus, researchers must acknowledge that culture is shaped by many factors that include current and historical social contexts, and is often particular to different racial and ethnic groups. Researchers who engage in studies exploring domestic violence issues among families must take into consideration the complex, but important contextual information specific to individual and group differences in their sample under study for a clear and accurate understanding of these differences (Fontes, 1998).

Investigating between and within group differences among different racial and ethnic participants in domestic violence research is clearly warranted and may lead to the identification of protective factors that may reduce vulnerability to domestic violence for families from various backgrounds.

There appears to be very little research as to the effects intimate partner violence has on ethnically-diverse mothers and their parenting styles with their children. Bargai, et al. (2007) examined the mediating factor of learned helplessness in battered women, and found educational and early cultural influences that pressured women into submissive roles with domineering male partners, which tended to undermine their
emotional resources, coping ability, and resulted in PTSD, learned helplessness, and depression. In another study conducted by Mbilinyi, et al. (2007) in four cities chosen for their diverse populations and geographical locations (Dallas, Minneapolis, San Jose, and Pittsburgh), as to what happens to children when their mothers are battered, Hispanic mothers were found to be more likely to be injured while trying to protect or stop abuse of their children as compared to African-American mothers in similar circumstances.

The National Center for Injury Prevention and Control (CDC, 2007) reported a variety of demographic, attitudinal, behavioral, and cultural factors associated with high risk for perpetration and victimization of intimate partner abuse. Some factors reported were: less formal education, unemployment, relationships dominated by one partner over the other, poverty/economic stress, strict gender roles (with the male as the primary decision-maker or with male aggression and female submissiveness), social isolation, drug and alcohol abuse, and low self-esteem (CDC, 2007). Research has shown that these cultural and situational characteristics are commonly found in the migrant population (Kugel, Retzlaff, Hopfer, Lawson, Daley, Drewes, & Freedman, 2009). These findings highlight the importance of examining further ethnic/racial factors, or mediating factors that may clarify why certain ethnic or racial groups may be more vulnerable to the negative effects of intimate partner abuse than others (Mbilinyi, et al., 2007).

It is equally important to consider differences within and between different racial and ethnic groups of mothers and the consequences they suffer from intimate partner violence. Some of these consequences gleaned from multicultural research of family violence may indicate not only devastating results, but cultural and familial strengths may reveal potential solutions, not only problems, regarding effects of intimate partner abuse.
Continued research regarding the varying elements that may be particular to certain racial/ethnic groups of mothers who suffer intimate partner violence may be most beneficial. The manner in which victims as mothers cope and parent children may indicate culture and experience-specific needs and strengths that may be utilized in prevention/intervention programs developed to better serve diverse families caught up in the plight of domestic violence. This information may highlight how the consequences of intimate partner violence in turn affect mother-child attachment processes.

Clearly, data regarding the confounding of social class and racial or ethnic group membership among women as victims of domestic violence is complex, and as yet inconclusive. A clearer understanding of victimization and the consequences domestic violence renders on culturally-diverse mothers and children requires a more differentiated ethnic categorization so as to avoid oversimplification and inaccurate generalizations of the complex factors related to culture, family structure, social class, and minority group status among this population.

**Unknown Contributing Factors**

Most past and current research on intimate partner violence and the effects on mothers and children have typically used quantitative analysis. This approach may limit the examination of specific variables that a researcher considers when studying this population. The use of a qualitative analytical approach may enable a more contextual, detailed, personal reporting of lived experiences by individual participants under study. It was this researcher’s intent that the use of this analytical approach brings to light
previously unreported or unconsidered factors in the phenomenological experience of intimate partner violence for women and their young children.

Summary

This chapter reviewed the definition and incidence reports in relation to intimate partner violence. Sub-topics of incidence referred to in this chapter were findings on police reporting, age, marital status, socioeconomic status, race and ethnicity, setting, use of alcohol and drugs, weapons, dating aggression, sexual assault, and stalking, in relation to intimate partner violence.

Results and effects of intimate partner violence on women were also discussed, and included four main types of intimate partner violence, physical abuse, sexual violence, threats of physical or sexual violence, and psychological/emotional violence. The different types of injury, homicide rates, and negative sequelae (learned helplessness, fear, stress, trauma, posttraumatic stress disorder, and depression) were discussed in detail, including some aspects of treatment.

Finally, the effects on children, maternal-child attachment, reflective functioning, maternal parenting, and ethnic difference, as related to the effects of intimate partner violence were discussed. This reviewed research and information led the researcher’s decision and pursuit in developing the methodology used in the current study, which will be described in the next chapter.
Chapter 3

Methodology

Introduction

This chapter describes the methodology utilized in this study. First, a brief review of the type of research design chosen for the study is provided, with an explanation as to the choice of design as an effective means for use in this study. A description and explanation of the criteria for sample selection and recruitment strategies follows. Next, the variables studied and the measures used to assess them are presented. In the next two sections, the procedures for data collection and for data processing and analysis are described. The chapter concludes with a discussion of the limitations of the study and a brief summary.

Phenomenological Research Approach

A qualitative phenomenological interview research design was used to address the questions posed for this study. Telling stories to relate past events has long been a form of study anthropologists have used to understand people and their cultures (Seidman, 2006). According to Watkins (1985, as cited in Seidman, 2006), “the root of the word story is the Greek word histor, which means one who is “wise” and “learned” (p. 74). Expressions of human beings and what it means to be human includes the ability to symbolically verbalize lived experience through language (Heron, 1981, as cited in Seidman, 2006). Research models have been patterned after this form of storytelling and interviewing has adapted to a research method often used in qualitative research that provides access to the context of people’s behavior and experiences and thus allows
researchers to better understand the meaning of their behavior and experiences (Seidman, 2006).

A qualitative interview approach was appropriate to use in this study as this approach supported the purpose of the research in the current study and the questions being asked. According to Moustakas (1994), two overarching general questions are being asked of participants in this approach: What have you experienced in terms of the phenomenon? What contexts or situations have typically influenced or affected your experiences of the phenomenon? In addition to other open-ended questions, these two general questions place a focus on gathering data that will lead to a textural and structural description of participant experiences that will ultimately lead to a greater understanding of the common experiences of the participants (Moustakas, 1994).

This approach allowed the researcher to potentially experience “subjective understanding” of the subjective experience of the participants, and what meaning they made out of their experience (Shutz, 1967, as cited in Seidman, 2006). Semi-structured interviewing can be an effective way to gain insight into the most critical issues of intimate partner abuse and the impact it has on families. The use of this approach allowed for the telling of more personal and commonly shared experiences with regard to the issues of interest in this study; provided for a new aspect of understanding or assessment of an issue with an often understudied population; and more importantly, gave an otherwise unspoken voice to individuals often not heard in their own words in the research literature (Creswell, 2007).

Selection of Participants
The sample for the present study was a purposive sample of individual women who experienced intimate partner violence currently or within the past year, and were willing and able to tell their lived experience in a lengthy interview. This intentional type of purposeful sample is appropriate for qualitative research as this was a group of individuals that considered to be able to best inform the researcher about the problem under study (Creswell, 2007). Moustakas (1994) stated:

General considerations include: age, race, religion, ethnic and cultural factors, gender, and political and economic factors. Essential criteria include: the research participant has experienced the phenomenon, is intensely interested in understanding its nature and meanings, is willing to participate in a lengthy interview and (perhaps a follow-up interview), grants the investigator the right to tape-record, possibly videotape the interview, and publish the data in a dissertation and other publications (p. 107).

The sample selected for the current study comprised ten (10) self-identified Hispanic/Latina mothers who currently or within the past year experienced intimate partner violence and who have a preschool-age child (3 – 5 years of age), and can read, write, and speak English. Current research on participant selection in qualitative analysis indicates that the number of participants can vary, depending on the nature of the research (Newsome, Hays, & Christensen, 2008). However, Sheperis, Young, and Daniels (2010) reported that between 8 and 10 participants are recommended for most qualitative research. Creswell (2007) reported he has seen “the number of participants range from 1 (Dukes, 1984, as cited in Creswell, 2007, p. 126) up to 325” (Polkinghorne, 1989, as cited in Creswell, 2007). Dukes (1984, as cited in Creswell, 2007, p. 126)
recommended the use of 3 to 10 participants in a phenomenological study. The prospective sample size of ten (10) participants used in this qualitative interview study was an appropriate sample size for the questions that are addressed in this study.

**Recruitment Strategies**

Participants were recruited from community victim-advocate and family support agencies in a metropolitan city in a Southwestern state. A cover letter and flyer describing the purpose of the study and information for contacting the researcher was handed out to administrators and owners of victim-advocate and family support agencies (see Appendices A & B). Potential participants were screened by the researcher during an initial telephone call by the prospective participant to the researcher, in order to determine whether they met the sample criteria required for this study. (See Appendix C for a copy of the Participant Screening Survey.) Study participants were informed that they would be given $25 upon completion of the interviews in appreciation for their cooperation.

**Data Collection Procedures**

**Pilot Study**

Prior to submitting this research proposal to the University of New Mexico Institutional Review Board for approval, an initial pilot study was conducted with two women from victim-advocate or family support agencies who were not included in the study. Their comments helped the researcher identify issues that might come up during data collection regarding recruitment, entry and access, time needed to collect data, ease in understanding the questions asked and potential other measurement and ethical issues.
For example, the researcher benefitted from the pilot study in assuring efficient and adequate audio-taping of interviews by using three audio-recording devices (i.e., micro-cassette, cassette, and hand-held recorder) as opposed to only one hand-held recorder. Also, the pilot study experience heightened the awareness and importance of securing a quiet, private, and conducive setting to assure as little disruption as possible for the interviewing process.

**Ethical Considerations**

In order to assure the meeting of appropriate standards during this study, the researcher explained the general purpose of the study to each prospective research participant and assured them the principal investigator was not engaging in deception about the nature of the study. The researcher also made it clear to each participant that her position was that of a researcher and not as a therapist. Furthermore, since the subject matter in this study is of a sensitive nature, the researcher reported only general and not specific information about the participants, so as to assure anonymity. The researcher in this study was aware of risk and safety issues and maintained safety as much as possible for the participants involved. The sample in this study was a vulnerable population who had undergone considerable distress in various forms. Intimate partner violence is an extremely painful and uncomfortable experience that often brings shame, which makes the experience of domestic abuse difficult to think about, much less share with others. Given her training and experiences as a counselor, the researcher is well aware of this and was particularly careful and sensitive in her approach and interaction with each research participant.

**Informed Consent**
The necessary consent form informing participants of the purpose of the study and
the nature of data collection procedures as well as guaranteeing their confidentiality
(within legal constraints) and the right to refuse to participate at any time with no penalty,
was supplied to every potential participant prior to data collection. Research participants
were assured that any agency support they were receiving was not contingent on
participation in the study. Two copies of the letter of consent was provided to
participants - one signed copy for participants’ records and one signed copy to return to
the researcher prior to data collection (see Appendix D). The researcher reviewed the
purpose of the study, the amount of time that was needed to complete the interviews, and
plans for using the results of the information collected from the interviews, and addressed
any other questions the participant had. The researcher asked each participant if she had
any questions about what had been explained to her about the study, the informed consent
form, and if she had understood everything that had been discussed. Once each
participant acknowledged that she understood, signed the informed consent form, and
clearly stated she wanted to proceed, a date for the collection of the research data was
determined. The researcher noted that a copy of the summary of the completed study
findings would be made available to the participant, with all participants anonymous.

For the actual study, participants were asked to meet with the researcher at her
private office or where they felt most comfortable and safe. With the exception of one
participant who did not have transportation available which required the interview to take
place at her home, all other participants met at the principal investigator’s private office
that afforded privacy, confidentiality, and a quiet location free from distractions which
provided a physical setting conducive to audio-taping. Mothers were asked to have
children placed in daycare or with another care provider so that they were not disturbed. The entire interview was audio-tape recorded.

In an effort to “do no harm” to research participants, the researcher anticipated risks that may be associated with this study and conducted a de-briefing session after every interview to assure each participant had not been negatively affected as a participant in the current study. In addition to this, the researcher provided her telephone number to each participant if the participant needed to discuss any concerns she had after the conducted interview session. In addition, the researcher offered a list of agencies or programs that specialize in support of victims of intimate partner violence and their children that may assist them if they desired further counseling. Most of the research participants in this study were already in counseling or with agencies that addressed the issues of intimate partner violence they had experienced.

Each participant was informed that upon completion of this study, all tape-recordings of collected data and other forms of study data, and code-identified information would be destroyed as required by the University of New Mexico Institutional Review Board. Upon completion of these interviews, each research participant was given $25 as a token of appreciation for the time and effort participants gave to the study.

Interview Schedule

The three-part interview and questions were conducted over three separate dates for each participant, from December, 2011 through June, 2012. Each of the three interview sessions took approximately 1 ½ - 2 hours, and in general were completed within ten days.
Interview One: Focused Life History

A brief demographic history was first taken (see Appendix E).

1. The Adult Attachment Interview (AAI, Main, & Goldwyn, 1984a, 1998a; as cited in Hesse, 1999) was used to gather personal childhood history and assess attachment experience (see Appendix F).

Interview Two: The Details of Maternal Parenting Experiences and Reflective Functioning

1. The Working Model of the Child Interview (WMCI, Zeanah, Benoit, & Barton, 1986, rev. 1993) was used to assess maternal internal representations of their relationship to their preschool-age child (see Appendix G).

Interview Three: Experiences and Details of the Partner Violence Experience and Reflection on the Meaning of Participants’ Responses.

“Today I would like to ask you about your experience with intimate partner violence and the other life experiences you have shared with me so far in these interviews.”

1. Participants were asked to talk about their experience as a victim of intimate partner violence in their current or most recent relationship.

   a) “Please talk about your experience as a victim of intimate partner violence in your current or most recent relationship.”

   b) “How do you think you may have come to be a victim of intimate partner violence?”
2. Reflection on the Meaning of Participant’s Responses (see Researcher-developed Questionnaire in Appendix H for this measure).

“I want to thank you for participating in this interview. I want to assure you of confidentiality of your responses and potential future interviews.”

Variables and Measures

Background Information

Participants completed a brief researcher-developed questionnaire that provided background information on age, sex, race and ethnicity, partner relationship status, educational level and current occupation. Participants also provided child background information including age, sex, race and ethnicity. This form took approximately 8 to 10 minutes to complete. (See Appendix E for a copy of this questionnaire.)

Adult Attachment

Mothers were interviewed by the researcher using the Adult Attachment Interview (AAI), developed by Main and Goldwyn (1984a, 1998a) to gain a sense of the perceived experiences of the participants’ childhood attachment experiences and other attachment perspectives. The AAI is a semi-structured protocol consisting of 20 questions that incorporate set probes focusing on a general description and assessment of relationships with other adults and to their parents in childhood. Adult Attachment Interview patterns express an overall representation of attachment relationships that are a reliable measure of the adults’ parenting and have been subjected to a series of rigorous psychometric stability and discriminant validity tests (van IJzendoorn, 1995). Stability studies of the AAI have shown from 78% stability (kappa = .63) across the three organized attachment
categories, with 83 participants to 90% test-retest stability (kappa = .79) with 59 participants (Bakermans-Kranenburg, & van IJzendoorn, 1993; Sagi, van IJzendoorn, Scharf, Joels, Koren-Karie, Mayseless, & Aviezer, 1994). In an effort to examine validity of the AAI, Waters, Merrick, Treboux, Crowell, and Albersheim (2000) conducted the AAI with 50 lower to middle-class young adults (aged 20 to 22) that had been observed in the Ainsworth Strange Situation measure at 12 months of age. In their first 3-way analysis of the findings (n = 50), 64% of the subjects were placed in the adult attachment category corresponding to their original Strange Situation response category (kappa = .40), and 72% of the subjects (kappa = .44) resulted in secure versus insecure infant strange situation categorization of coherent versus incoherent interview texts.

The AAI measure uses categorical scales. Some of the continuous scales represent coded estimations of certain critical aspects of the participant’s actual experiences with each parent, and others evaluate varying aspects of the participant’s current state of mind regarding attachment experiences with others. Participants are also asked about the nature of their current relationship with their parent, and how their experience being parented may have affected responses to their own child (Hesse, 1999). It took an hour to an hour and a half to complete the Adult Attachment Interview. The AAI responses are extrapolated using a score-to-classification table that enables analysis and assignment of the best-fitting overall AAI classification among delineated five major categories. Three of these categories are referred to as organized categories - secure-autonomous (F), dismissing (D), and preoccupied (E), that parallel, respectively, the infant Strange Situation behavior categories – secure (B), avoidant (A), and resistant or ambivalent (C) (Hesse, 1999). Following this, AAI texts are assigned to 1 of 12
subclassifications. A fourth category, unresolved/disorganized (U), parallels the disorganized/disoriented (D) category used in the infant Strange Situation task and is used when a participant’s speech or reasoning regarding loss or abuse experiences is incoherent (Main & Solomon, 1990). A fifth category, cannot classify, is used and applied to irregular or inconsistent texts (Hesse, 1996; Main, Goldwyn, & Hesse, 2002; as cited in Behrens, Hesse, & Main, 2007). (See Appendix F for a copy of this measure).

**Maternal Reflective Functioning of Child**

Participant mothers were interviewed by the researcher using the Working Model of the Child Interview (WMCI), developed by Zeanah, Benoit, Hirshberg, Barton, and Regan (1994). This measure is used to assess the mothers’ internal mental representations or a working model of their relationship to their preschool-age child that reflects maternal reflective functioning capacity. The WMCI “is a structured interview developed as a means for classifying parents’ perceptions and subjective experience of their infant’s individual characteristics and the relationship with the infant” (Zeanah, Benoit, Hirshberg, Barton, & Regan, 1994; as cited in Benoit, Zeanah, Parker, Nicholson, & Coolbear, 1997, pp. 109-110).

Parents are asked to describe their emotional reactions during the pregnancy, describe and discuss their infant’s/child’s personality and development, characteristics of their relationship with the infant/child, their perceived as well as anticipated difficulties with infant/child characteristics, their reactions to the infant’s/child’s behavior and distress in a variety of contexts, and anticipated difficulties in later development. Parental responses are video/audio-recorded and transcribed verbatim. Eight anchored, 5-point, primary rating scales are used to classify descriptions: richness of perceptions,
openness to change, intensity of involvement, coherence, caregiving sensitivity, acceptance, infant/child difficulty, and fear for infant’s/child’s safety. In addition to these primary scales, eight secondary rating scales are used to assess the “affective tone” of parental representations. A 5-point scale is used to score the amount of joy, anxiety, pride, anger, guilt, indifference, disappointment, and other emotions expressed by the parent during the interview.

For research purposes, patterns of scores on each of the eight primary scales are examined to classify parental representations into one of three categories: balanced, disengaged, and distorted, which are then scored low, moderate, or high. Some preliminary research using the WMCI has addressed stability and predictive validity and reported coding reliability at 69%, and statistically significant correlation (.73) between mothers’ WMCI classifications and their infants’ Strange Situation classifications (Benoit, Parker, & Zeanah, as cited in Benoit et al., 1997). It took about an hour to an hour and a half to complete the Working Model of the Child Interview (see Appendix G for a copy of this measure).

**Experiences and the Details of Partner Violence Experience and Reflection on the Meaning of Participants’ Responses.**

Participants were asked to talk about their experience as a victim of IPV and how childhood experiences and cultural issues they perceived as relevant contributed to her being a victim of IPV. A research-developed questionnaire was used. (see Appendix H for a copy of this measure).

**Data Processing and Analysis Procedure**
Data Processing

According to Creswell (2007), data processing and analysis in qualitative research consists of preparing and organizing the data, and reducing it thematically through a process of coding, then presenting a representation of the collected data in figures, tables, descriptions, narrative, and discussion. The researcher in this study assigned numbers and masked names on completed interviews to protect participant confidentiality and anonymity.

An interview protocol form was completed in written form by the researcher along with an audio recording of the three interviews to assure all interview information was recorded in one form or another. An interview protocol is “a predesigned form used to record information collected during an observation or interview” (Creswell, 2007, p. 135). An interview protocol enables the researcher to take notes, and later organize thoughts, ideas, headings, and reminders to extend courteous and appropriate interviewing (Creswell, 2007). (See Appendix I for a copy of the Interview Protocol Form).

The researcher in this study followed the principles for data collection and storage as outlined by Creswell, (2007):

- Always develop backup copies of computer files (Davidson, 1996, as cited in Creswell, 2007).
- Use high-quality tapes for audio-recording information during interviews. Also, make sure that the size of the tapes fits the transcriber’s machine.
Develop a master list of types of information gathered.

Protect the anonymity of participants by masking their names in the data.

Develop a data collection matrix as a visual means of locating and identifying information for a study. (pp. 142-143).

In addition, all data was kept in a locked file and only accessible to the researcher in this study. Following the University of New Mexico Institutional Review Board requirements and for enabling verification and accuracy of data reported, research participants’ original responses along with any link to coded identification to participants will be destroyed upon completion of this study.

Data Analysis

Descriptive Analyses. Descriptive statistics were obtained for the participants’ demographic variables providing frequency, mean, and percentage as appropriate for each of the following items: participant mother’s age, race, ethnicity, relationship status, educational level, and occupational status and personal characteristics of the child such as age, sex, race/ethnicity and relationship to participant. Where appropriate, the relationship between variables assessed with a particular measure, were also assessed using Pearson r correlations.

Study Questions. The raw data was reduced and analyzed by the principal investigator in this study by using a simplified version of an analysis and representation model proposed by Moustakas (1994) known as a transcendental or psychological phenomenological approach. According to Moustakas (1994) this approach focuses less
on the interpretations of the researcher and focuses more on providing descriptions of the experience of the participants. “Transcendental”, according to Moustakas (1994), refers to “in which everything is perceived freshly, as if for the first time” (p. 34). It is as follows:

1. **Bracketing.** First, the process referred to as *epoche* or *bracketing* was applied in an attempt to set aside the researcher’s personal experiences so that the focus was directed on each participant’s phenomenological experience in this study (Moustakas, 1994; Sheperis et al., 2010). The process of *epoche* was applied as much as possible, so as to allow the researcher to take a fresh perspective toward the phenomenon under study (Moustakas, 1994).

2. **Horizontalization.** Each taped interview of the ten participants was then transcribed verbatim, and all participant descriptions were read several times by the researcher to get an overall sense of them. As recommended by Reisetter (2004, as cited in Sheperis et al., 2010), in addition to this, the researcher of this study also listened to the taped interviews so as to grasp participants’ expressions and meanings in the broadest context. This process was used to identify *significant statements* of each participant’s experience relevant to the topic under study. Each significant statement is considered as having equal value. In this step, every expression relevant to the experience is listed for each participant. This process is referred to as *horizontalization* of the data (Moustakas, 1994). See Appendix J for a full listing of the horizontalization of the data).
3. **Meaning Units.** This is a process that further reduced and eliminated the less relevant data. The remaining statements were then grouped into **meaning units**, which are invariant constituents that were considered necessary and sufficient for capturing the experience under study. According to Moustakas (1994), two questions are posed to test each expression and to determine whether they are invariant constituents, as follows: “a) Does it contain a moment of the experience that is a necessary and sufficient constituent for understanding it? and b) Is it possible to abstract and label it?” (p. 121). If so, it is a horizon of the experience. Expressions not meeting these two requirements are eliminated. Overlapping, repetitive, and vague expressions are also eliminated or presented in more exact descriptive terms. The horizons that remain are the invariant constituents of the experience. (See Appendix K for a full listing).

4. **Thematizing and Clustering the Invariant Constituents.** These invariant constituents of the experience under study were then clustered and related into a thematic label. These were the core themes of the experience. This data was then further reduced to construct a meaningful and workable framework for communicating the themes, as recommended by Bloomberg and Volpe (2012). One example of this thematic chart is shown in Table 3.1 below. A full listing of the thematic chart can be found in Appendix L.

<table>
<thead>
<tr>
<th>Table 3.1 Thematic Chart Example (Theme 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>THEME 5:</strong> The majority of participants reported continued detrimental effects of having experienced intimate partner violence.</td>
</tr>
<tr>
<td><strong>Question:</strong> “Please talk about your experience as a victim of intimate partner violence in your current or most recent relationship.”</td>
</tr>
</tbody>
</table>
**Keywords:** It was hurtful… I saw him as the devil… I still do; I was never good enough; I thought he was going to kill me…; mentally tiring; fearful; trapped

**OVERVIEW**

The majority of the participants reported that the intimate partner violence they experienced expressed moderate to severe levels of physical, verbal, emotional, psychological, and sexual abuse, that included intense controlling, isolating, threatening forms of treatment.

All participants reported that the intimate partner violence they experienced had negatively affected their self-esteem (low self-esteem); and caused them to experience fearfulness, depression, anxiety, insecurity, a feeling of being “trapped”, and a tendency to self-blame for the abuse (as blamed by the offending partner).

Many of the participants felt helpless, frozen, and terrified that her abusive partner was going to kill her, based on his threatening behavior.

Many of the participants reported continued negative effects on their self-esteem, fearfulness, and relationship difficulty currently.

**FINDINGS/OUTCOMES**

According to the Bureau of Justice Statistics (2010), between 2001 and 2005, on average half or all females who reported experiencing nonfatal intimate partner violence suffered an injury from their victimization; with approximately 5% seriously injured; 44% suffered minor injuries; and 3% suffered rape and/or sexual assault. Twenty-seven percent of female victims reported experiencing threat by the offender; with 1 in 10 female victims reported the offender attempted to hit, slap, or throw them down (Bureau of Justice Statistics, 2010). Reported injuries by female victims of male batterers have shown a *gendered pattern of injuries* [emphasis added] (Rand, 1997). The most common injuries in these cases have been as a result from blunt force trauma to the face (e.g., being hit with a fist); being strangled; complex fractures; orbital blow-outs; and intracranial injuries (Sheridan & Nash, 2007; Arosarena, Fritsch, Hsueh, Aynehchi, & Haug, 2009, as cited in Barnett, et al. 2011).

Research has consistently shown that female victims of intimate partner violence have significantly poorer health than nonbattered women, that includes physical illness, disabilities, and injuries (Affifi, MacMillan, Cox, Asmundson, Stein, & Sareen, 2009; Bonomi, Anderson, Reid, Rivara, Carrell, & Thompson, 2009).

Women who experience intimate partner violence are at an increased risk of injury and death, including a range of physical, emotional, mental, and social problems (Eisenstat & Bancroft, 1999), such as gynecological, central nervous system, and stress-related physical health problems (Campbell, Jones, & Dienemann, 2002), impairment in mental and emotional health (Campbell, 2002), such as depression, anxiety, suicidality, posttraumatic stress disorder, mood and eating disorders, substance abuse, antisocial personality disorders, and nonaffective psychosis (Danielson, Moffitt, Caspi, & Silva, 1998; Golding, 1999, as cited in Wathen & MacMillan, 2003; Sutherland, Bybee, & Sullivan, 1998; Roberts, Williams, Lawrence, & Raphael, 1998).
Female victims of intimate partner violence have reported being 1.5 to greater than 2 times more likely to be diagnosed with a major depressive episode or mood disorder, as compared to women who have not experienced intimate partner violence (Afifi, et al., 2009; Hedtke, Ruggiero, Fitzgerald, Zinzow, Saunders, Resnick, & Kilpatrick, 2008). Campbell, Sullivan, and Davidson (1995, as cited in Lilly, et al., 2011) reported that more than 80% of women who entered a domestic violence shelter presented with mild depression and more than 50% of these women remained depressed 10 weeks after leaving the shelter and up to 6 months later.

Sleep disturbances have been reported among women victimization. Saunders (1994, as cited in Walker, Shannon, & Logan, 2011), reported that in a study of 192 battered women, about 78% reported trouble sleeping, and 75% reported nightmares that involved the violence they experienced from their partner. Other studies have found that female victims residing in a shelter for domestic violence reported 82% having sleep patterns that included sleeplessness, frequent awakening during the night, and symptoms similar to samples diagnosed with sleep disorders (Humphreys, Lee, Neylan, & Marmar, 1999, as cited in Walker, et al., 2011). Walker, et al. (2011) reported several findings that indicated heightened arousal, re-experiencing of abuse, and perceived lack of control over circumstances, as reported by victims of intimate partner violence has shown strong associations with disturbed sleep patterns.

Leone (2011) reported findings that indicated women who experienced intimate partner violence had a significantly higher risk for suicidal behavior (threatening or attempting to commit suicide), as compared to women who did not experience partner violence. Pico-Alfonso, 2006; Stark & Flitcraft, 1996; Wingood, DeClemente, & Raj, 2000, (as cited in Leone, 2011), reported between 19% and 40% of female victims of intimate partner violence reported suicidal behavior, with low-income, African American female victims constituting at greater risk.

The role of shame in women experiencing intimate partner violence has been found to be strongly related. Follinstad (1991, as cited in Shorey, Sherman, Kiviston, Elkins, Rhatigan, and Moore, 2011) found that approximately 26% of female and 16% of male victims reported feeling shamed and humiliated after experiencing physical and psychological violence by their partner. A study by Shorey, et al. (2011) on depression and anxiety among victims of IPV and the moderating effects of shame proneness found that shame proneness moderated the association between all forms of victimization and mental health symptoms. These findings indicated a strong correlation between shame proneness and increased victimization, as these victims may not seek help or end the abusive relationship as they may tend to interpret the violence as their fault and a reflection of how they view themselves.

**PARTICIPANT PERSPECTIVES**

“I thought he was going to kill me…so I was kind of scared to fight back, which is kind of why I kind of turned off…there was even sexual abuse…after giving birth to the twins my uterus was all messed up but he wouldn’t stop. He also wanted me to be heavy and I turned into a different person. I turned into where I didn’t care at all. I didn’t care about anybody, not the kids, not him, not my family, nobody and I don’t know if it was fear,
but I knew mentally that’s what I had to do to be able to like get away and I was scared. I left him after 11 years….and there was verbal, emotional, psychological, physical and sexual abuse… “I just want to say that being a victim of domestic violence has had a strong effect on me for a long time…I still…I’m so fearful of life and all these years he tore me down, no matter how many people tell me that I’m beautiful, smart, amazing person…it pulls you so low and it, it, it’s a struggle. It makes me even scared of other men…uh…other relationships of …everybody…like I feel like sometimes it’s wrong to have friends when I know it’s not…and being put through all that domestic violence is, it’s straining and it’s tiring it’s, you know, mentally it’s just tiring…” (SP 5).

5. **Validation.** A final identification of the invariant constituents and themes were then checked against the complete record of each participant. The researcher checked this by posing three test questions: a) Are they expressed explicitly in the complete transcription? b) Are they compatible if not explicitly expressed? and c) If they are not explicit or compatible, they are not relevant to the participant’s experience and should be deleted.

6. **Textural Descriptions of the Experience for each Participant.** Using the relevant validated invariant constituents and themes, the researcher then constructed for each participant an individual textural description of the experience under study. Verbatim examples were included from the transcribed interview. (See Appendix M for a full listing of textural and structural descriptions).

7. **Structural Descriptions of the Experience for each Participant.** Using the individual textural descriptions, the researcher then constructed for each participant an individual structural description of the experience under study. Verbatim examples were included from the transcribed interview. (See Appendix M for a full listing of textural and structural descriptions).
8. **Exhaustive Composite Textural-Structural Description.** Finally, the researcher wrote an exhaustive overall description of the “essence” of participants’ experience of the phenomenon under study. The “essence” of the described participant experiences represents the culminating underlying structure of their experiences. A composite exhaustive description focuses on the common experiences of the overall described participants’ experience of the phenomenon under study, representing the group as a whole. (See Appendix N for Exhaustive Composite Textural-Structural Description).

The data collected in this study was analyzed using each of these systematic procedures. The researcher performed each step so as to continually reduce the data as descriptions of each participant into common “essences” of their lived experience.

A summary is provided in Chapter 5 that includes, but is not limited to, descriptions of the research questions, the participants in the study, methods used to gather information, structured reporting of the participants’ reported experiences, and a discussion of the findings (Sheperis et al., 2010). This summary contains participants’ verbatim portrayal of their personal experiences, and a description of the researcher’s method of how the data was organized. Included in this report are core themes that resulted from the data analysis, and how they connected to previous research and theory, practical implications and their impact on participants if any (Wertz, 2005, as cited in Sheperis et al., 2010).

**Limitations**

Considering that this study used only an interview format, may have led to the possibility that mothers responded to the questions in a biased fashion to look favorably
in the eyes of the researcher and/or provided information she thought the researcher may have wanted. Another potential drawback of this study was that the primary investigator in the current study is a female of Hispanic/Latina descent. This may have positively influenced the participants in this study who also are Hispanic/Latina females, to be more open and honest in the interview process. However, these factors may have potentially influenced or inhibited the investigator’s objectivity that may have caused her to over-identify with the participants in this study and vice-versa.

In addition, the necessary use of volunteers limits the researcher to not generalize findings to others than the participants. Also, the small sample size used in the current study reduced any generalization of the findings. Additional limitations included differences in participants’ verbal abilities, expressiveness and ease in talking about feelings and personal experiences which may have led to misinterpretations of what was said.

Summary

A qualitative interview research design was chosen to capture the essence of the individual mother’s experience and interaction with her world via three separate interviews of each participant. The interview research design used in this study was to focused on the participant mother’s perception of her experiences and circumstances, which enabled the researcher to capture and report from each mother’s world view and in her own voice these perceptions, interactions, and experiences relevant to intimate partner violence, which enabled her to report these experiences and feelings that provided a deeper understanding to the phenomenon under study.
Chapter 4

Results

Introduction

This chapter presents the findings obtained from this study. The first section describes the demographic characteristics reported by the participants and includes their age, marital status, and educational level, and the age, sex, and ethnicity of their preschool-age child. The second section describes the findings to the three study questions that emerged from responses during the three interview sessions.

Descriptive Data

Demographic Characteristics

The study consisted of ten participants. All participants were Hispanic/Latina women who currently and/or in the past year experienced intimate partner violence and who also were mothers of a three-to-five year old preschool-age child. The selected demographic characteristics of the mother and child are presented in Table 4.1.

Table 4.1

Demographic Characteristics of Participants and Participants’ Child

<table>
<thead>
<tr>
<th>Study Participant Number</th>
<th>Age</th>
<th>Current Relationship Status</th>
<th>Current Educational Level</th>
<th>Child’s Gender</th>
<th>Child Age</th>
<th>Child Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>SP 1</td>
<td>36</td>
<td>Cohabitating</td>
<td>College grad</td>
<td>Female</td>
<td>4</td>
<td>Hispanic/Latina</td>
</tr>
<tr>
<td>SP 2</td>
<td>26</td>
<td>Single</td>
<td>Some college</td>
<td>Male</td>
<td>3</td>
<td>Hispanic/Caucsn</td>
</tr>
<tr>
<td>SP 3</td>
<td>27</td>
<td>Divorced</td>
<td>4-year college</td>
<td>Male</td>
<td>3</td>
<td>Hispanic/Latino</td>
</tr>
<tr>
<td>SP 4</td>
<td>30</td>
<td>Married</td>
<td>HS grad</td>
<td>Female</td>
<td>3</td>
<td>Hispanic/Latina</td>
</tr>
<tr>
<td>SP 5</td>
<td>30</td>
<td>Divorced</td>
<td>Some college</td>
<td>Female</td>
<td>5</td>
<td>Hispanic/Latina</td>
</tr>
<tr>
<td>SP 6</td>
<td>25</td>
<td>Engaged</td>
<td>Some college</td>
<td>Male</td>
<td>3</td>
<td>Hispanic/Latino</td>
</tr>
<tr>
<td>SP 7</td>
<td>24</td>
<td>Separated</td>
<td>Some college</td>
<td>Male</td>
<td>4</td>
<td>Hispanic/Native American</td>
</tr>
</tbody>
</table>
As indicated in Table 4.1, the participants ranged in age from 24 years of age to 36 years of age. The mean age was 25.4. Participants were asked to select the one answer that best described their current relationships status: single, engaged, cohabitating, married, divorced; separated, remarried, or widowed. The most frequent response was single or divorced (N=6). No participants indicated they were remarried or widowed.

Participants were asked to select the one answer that best described their current educational level: less than 7th grade; 8th or 9th grade; some high school (10th or 11th grade); high school graduate/GED; post-high school study/some college; 4-year college degree; and graduate work. The most frequent response was completion of high school/GED (70%). No participants indicated an educational level of less than or more than a high school graduate and reported working outside the home.

The participants’ preschool-age children comprised six males and four females, ages 3, 4, or 5 years of age.

Study Questions

Question 1. The reported effect of IPV on the mothers’ reflective functioning and on her attachment relationship with her preschool-age child. Among the major ten thematic clusters that emerged during reflective functioning participants expressed a concerned view of child’s behavior/misbehavior.

Maternal Reflective Functioning
Among the major ten thematic clusters that emerged during their interview sessions in expressing maternal reflective functioning the majority of participants expressed a concerned view of the child’s behavior/misbehavior.

**Attachment Relationship.**

All ten participants reported having a close relationship with their child and expressed a genuine desire to break the cycle of abuse for their child. The majority of participants (N = 9) conveyed positive maternal care for their child that indicated both compensation and overcompensation to their child in response to their child having been exposed to intimate partner violence.

**Study Question 2.** The extent to which participants reported cultural issues such as ethnic issues or childhood experiences including their home atmosphere and how they were parented that participants perceived as having contributed to their being a victim of IPV.

All ten participants reported direct negative results of experiencing intimate partner violence as preventing the provision of quality parenting to their child during the time of their victimization. The majority of participants (N = 9) currently expressed concern about the negative effects of exposure to intimate partner violence on their child. Nine of the participants expressed the belief that their childhood experiences contributed to their becoming a victim of intimate partner violence. They also expressed the belief that their Hispanic/Latina culture also contributed to their becoming a victim of intimate partner violence. Nine of the participants indicated that they suffered [ambivalent] care from their parents, felt rejected, and experienced direct or indirect [trauma] during their
childhood. They also expressed the belief that their childhood experiences contributed to their parenting of their child.

**Thematizing and Clustering the Invariant Constituents**

These data were then further reduced in order to construct and identify a meaningful and workable framework for communicating the core themes expressed by the participants in the interviews as recommended by Bloomberg and Volpe (2012). A full listing of the themes are presented in a chart which can be found in Appendix L.

Following is a discussion of the results of the thematizing and clustering the invariant constituents of the interview data described in Chapter 3 under the section under Data Analysis.

**Theme 1:** *All ten participants reported having a close relationship with their child.*

A primary and overriding theme of this study is that all of the participants reported having a close relationship to their child, with some “very close”. The majority of the participants reported the pregnancy with their child was unplanned. However, once the baby was birthed, all but one of the mothers wanted the baby. The latter participant mother eventually came to want her baby. Participants who had a desire to provide health and bonding via breastfeeding resulted in a continued close relationship with their child, despite an unplanned pregnancy. Most of the children in this study spent more time with their mothers, and it appeared that most participant mothers fostered a loving, nurturing, comforting relationship with their child. These mothers were very protective of their child as a result of IPV and conveyed a strong desired to provide security for their child so as to secure a violent-free future for their child.
Participants expressed this close relationship with their child in the following ways:

“We have an intense connection…I need her, she needs me. I am nurturing, overindulgent…I want to avoid conflict with her. But she is special and her needing me is fulfilling” (SP4);

“I’d say my son is closest to me…his dad gets real mad at him a lot…so he always tells me things like “I don’t wanna go to my dad’s, my dad’s mean to me, umm…I just wanna stay with you.” When my son wants me, his dad gets like angry towards me because of it…yeah, my son has always been closer to me …” (SP3);

“I would describe my relationship to my son now as good, it’s positive, it’s fun…we have a lot of fun, we play and…have a lot of time together” (SP6).

**Theme 2:** *All ten participants reported direct negative results of experiencing intimate partner violence as preventing the provision of quality parenting to their child during the time of their victimization. All ten participants continue to currently express concern about the negative effects of exposure to intimate partner violence on their child.*

The experience of IPV for participant mothers frequently appeared to have prohibited their positive parenting and emotional availability to their child. Participant mothers often experienced a form of “parent blocking” by their abusive partner in ways that directly and indirectly disallowed them to tend and care for their infant/child. Some participant mothers were fearful of the negative repercussions that disobeying their abusive partner might have brought on were they to have parented their child in the way they wanted.

The negative sequelae of IPV such as depression, acute stress disorder, posttraumatic stress disorder, fearfulness, and psychic numbness, to name a few effects, appeared to have left participant mothers unavailable to their child. Some participant mothers were aware of the negative effects IPV had on their parenting and their child but
had emotionally given up. For some mothers, this emotional breakdown often resulted in a role-reversal wherein child comforted them.

For example, some participants stated:

When my daughter was a baby, I’m trying to protect her and there’s yelling, he’s trying to spank her, I’m trying to grab, grab her from his arms, he’s throwing and breaking stuff…I’m sad it took me so long to realize, you know, I’m grateful to have my children, but I’m sad for the way that they had to get their first years of life. It wasn’t normal. I’m worried about, you know, how she’s going to, if this is going to affect her developmentally. I worry when she goes to her dad’s now (SP1);

Oh yeah, being a victim of domestic violence has blocked the way I want to parent my daughter. I stay home now so I have this wonderful relationship with her that now I’m able to have…when he’s not there and that’s the sad thing. I’m always like oh, when are you going to work, you know…so I can be normal. Because when he’s there, it’s like you know walking on egg shells (SP4); and

The violence started when my son was two and because I know that I spent a lot of the first years of his life focused on my husband and there are specific instances where I remember my son watching us and like I remember him uh just being really concerned with me because I’d be crying and he would come up to me and he’d be like are you okay and he’d hug me and he was comforting me…and I remember thinking I don’t want to start my relationship with him this way…I want to be the one comforting him…I need to be a better mother and it shouldn’t be this way. I didn’t want him to be exposed to so much violence and anger and take over and him not get his needs met (SP10).

I just want to say that being a victim of domestic violence has had a strong effect on me for a long time…I still…I’m so fearful of life and all these years he tore me down, no matter how many people tell me that I’m beautiful, smart, amazing person…it pulls you so low and it, it, it’s a struggle. It makes me even scared of other men…uh…other relationships of …everybody…like I feel like sometimes it’s wrong to have friends when I know it’s not…and being put through all that domestic violence is, it’s straining and it’s tiring it’s, you know, mentally it’s just tiring… (SP5).

All participants expressed a continued concern for the well-being and safety of their child when in the care of their former abusive partner (the child’s father) indicated as follows:
Sometimes I see my son mimics his dad’s behavior…he’ll lash out at his sister or at me…he thinks it’s okay…daddy does it so it’s okay for me to. Sometimes when I cry my son freaks out…he gets kind of scared…he gets very anxious…to the point that he’ll do everything he can to make sure that I stop or he starts comforting me…” (SP7);

Separations from me were awful…she freaks out…she won’t want to go with her dad. It worries me a lot…and I wonder if something is going on over there. I worry and cry for awhile…because I’m wondering if she’s okay…and he won’t let me talk to her so it’s hard. (SP5);

**Theme 3:** **All ten participants expressed a genuine desire to break the cycle of abuse for their child.**

All but two of the ten participants have left their abusive relationship. Two are still married to their abusive partner. However, all ten participants expressed hope that their child would become a self-respecting and other-respecting adult who would not abuse others or allow others to abuse him/her [break the cycle of abuse]. Most participant mothers expressed hope that their child would grow up to have a voice [the ability to express oneself without fear or intimidation], attain positive self-esteem, achieve success and happiness with a significant other as an adult and not experience abuse in their relationships. All ten participants expressed hope that they would break the cycle of intimate partner violence for themselves and their child. Some verbatim expressions of this by participants are as follows:

I want my daughter to know that she deserves more and to not fall in love with the family first…I would teach her not to do some of things I did… and I’m nervous of how I’m gonna have to answer to certain things that I did, but um all I can do is just try, try to be real with her, but always keep that I’m mom (SP4);

Experiencing domestic violence has made me realize that I can be miserable dwelling in the past and just be an angry person, but experiencing it has made me not naïve anymore…and the abuse because I’m a better mom because of it because I am very over protective of my son, more than I would have been if I was still in the situation and no harm should cross my son at all. I don’t think if I didn’t experience any of
that, I would be such a good mom. Like I intervene if someone is being rude to my son… I speak…I let people know they are being watched very closely (SP6);

I’m glad I’m out of my relationship with my ex…but I gained strength from that experience and wisdom for my son about it. Now my son has a better example to follow…and I think it’s awful that our childhood can hold us down for so long. But I am glad I have broken the cycle… (SP7);

I just want to say that my mom taught me how to respect others and when I was in my relationship with my son’s dad I felt like if I just stayed he would change…but he didn’t and I am glad, you know, that I got out of the relationship and I hope my son doesn’t grow up to be like his father…(SP10).

**Theme 4:** An overwhelming majority of participants (N=9) indicated that they suffered [ambivalent] care from their parents, felt rejected, and experienced direct or indirect [trauma] during their childhood.

A primary theme of this study revealed that an overwhelming majority of these participants described aspects of their childhood experience as [ambivalent] care from their parent(s), and difficult experiences such as parents’ divorce, abandonment/rejection by a parent or close family member, and/or direct and indirect experience of physical, verbal, emotional, sexual abuse and some form of neglect [trauma]. These participant mothers believed these childhood experiences negatively affected their personality, the way they interacted in intimate and interpersonal relationships, as well as their self-concept and self-esteem. These childhood experiences may have been a precursor that led to an unconscious choosing of the abusive partner. It appeared that for most participants these traumatic childhood experiences were largely unresolved and continued to negatively impact them. Some verbatim examples of this are as follows:

I was primarily raised by my grandmother…I don’t think my mother was capable…My mom…we never really had a relationship. Umm there was no affection like it was more…just like that’s my mom pretty much… I met my dad when I was 13…but he was an alcoholic too so there was also like…abuse, it wasn’t as bad as it was at my mom’s house…it was just more like verbal. The way I would describe the
relationship with my mom is neglectful, painful or hurtful, very closed off, unaffectionate, confusing. She left me alone a lot, there was a lot of mental, physical abuse by she and my step-father. I’ve tried to have a relationship with my mom, but she turns me away and ignores me. (SP2);

My relationship with my parents…I was the one who was always put aside… I would describe my childhood relationship with my mother as separated, control, resentment, lack of love, and favoritism. My mom had to be in control of everything and have the last word. I resent her for having stayed with my dad and them fighting and hitting each other so I think she could’ve made better choices. My mom never gave me love, she was always arguing with my dad or being with my older sister. I was left out because my older sister was my mom’s favorite… With my father I felt distant, alone, favoritism, non-supportive and lack of expression. He was never around…always working, and I always felt very alone…and he favored my middle sister. He doesn’t express himself to me, he tells my mom how he feels about me, but not to me (SP6);

My younger brother was very abusive and physically abusive and mean to me. This affects me now as an adult a lot…like when now I try to have friends…I never know if I’m doing right or wrong… It affects the way I parent my kids cause I have twin boys and one girl…and the boys are so mean to her and it sends me right back to how my brothers were to me and I…try to talk to the kids or send them to their room when it gets really bad and they don’t stop…I have to go into my own zone and be away from them, I can’t hear it, I have to put headphones, I just, have to, you know, and zone out because it really affects me bad (SP5).

Yeah, I always felt rejected when I was young. I felt like my parents had better things to do than to be with me and my sister so we were left with each other. I mean when I think about my childhood, I mostly think about my sister…and not so much my parents. We were kind of our own support system…and I definitely felt neglected by them (SP7).

**Theme 5: An overwhelming majority of participants (N=9) reported continued detrimental effects of having experienced intimate partner violence.**

The majority of the participants reported that the intimate partner violence they experienced were moderate to severe levels of physical, verbal, emotional, psychological, and sexual abuse, that included intense controlling, isolating, threatening treatment. All participants reported the intimate partner violence they experienced negatively affected their self-esteem, caused them to experience a sense of insecurity, fearfulness,
depression, a feeling of being “trapped”, and a tendency to self-blame for the abuse (as blamed by the offending partner). All participants appeared to continue to suffer from the detrimental effects of IPV in one way or another. Some participant mothers reported the negative effects of IPV to some extent negatively affected their parenting their child.

A few participants that conveyed this view said:

My experience of intimate partner violence in my last relationship was umm…more verbal…putting me down, cussing, uh yelling, um threatening, um…scared, um…I guess I thought it was normal…it was hurtful…I saw him as a, especially at the end as the devil…uh as a monster…I still do… (SP 1);

It was mainly emotional, psychological, and verbal. One time he pushed me and I fell down the steps and he knew he did wrong, but he uh kind of put the blame on myself…A lot of mind games…so he would do things that almost kind of convinced myself…you know that I would, is, I was the one at wrong…I would always be apologizing for things that I didn’t even do wrong, but I would just apologize for them because I didn’t want to confrontation… He hardly ever, ever, ever said sorry or took blame for anything that he did. He was very controlling…one time I had and I would never go out partying and stuff like that and um one day after work my best friend said she’d meet me at your know this one place for happy hour for a drink…and he lost his mind like he called me every word in the book and, and I was, I mean even when I was at the bar, I wouldn’t look at nobody, you know…and he would say that I’m like a whore and this and one time he got his cell phone one time and was so upset that he threw it against the wall, busted it, and then he blamed me for his broken cell phone that he threw. I was never good enough either…I went through this for ten years. It still has an impact on me but in a different kind of way because I would never say anything about it, I would just take the abuse and deal with it and um…me and my mom kind of sympathizes with him, and I said to my mom the other night…I tried to make it work for ten years and I was just smart enough to finally, you know, realize I didn’t deserve that and she goes well I don’t understand why you stayed in the relationship for ten years and um not got out sooner and I was like well it’s not easy, you don’t just…get out, you know…it just feels like you’re trapped in it…and no way out. It’s made me a little bit insecure…in relationships that I’m in now and I think it is because I kinda freak out a bit when something bad happens…or, or I fear that something bad’s gonna happen. I put up a wall and I just don’t wanna deal with this no more… (SP 3);

I thought he was going to kill me…so I was kind of scared to fight back, which is kind of why I kind of turned off…there was even sexual abuse…after giving birth to the twins my uterus was all messed up but he wouldn’t stop. He also wanted me to be heavy and I turned into a different person. I turned into where I didn’t care at all. I didn’t care about anybody, not the kids, not him, not my family, nobody and I don’t
know if it was fear or but I knew mentally that’s what I had to do to be able to like get away and I was scared. I left him after 11 years….and there was verbal, emotional, psychological, physical and sexual abuse… “I just want to say that being a victim of domestic violence has had a strong effect on me for a long time…I still…I’m so fearful of life and all these years he tore me down, no matter how many people tell me that I’m beautiful, smart, amazing person…it pulls you so low and it, it, it’s a struggle. It makes me even scared of other men…uh…other relationships of …everybody…like I feel like sometimes it’s wrong to have friends when I know it’s not…and being put through all that domestic violence is, it’s straining and it’s tiring it’s, you know, mentally it’s just tiring… (SP 5).

Theme 6: The majority of participants (N=8) expressed a concerned view of their child’s behavior/misbehavior.

Some participant mothers’ maternal reflective functioning capability appeared to have been compromised to some degree. This could have been as a result of their childhood experiences (the parenting by their parents and/or unresolved trauma), or the IPV experience, or a combination of both. These mothers appeared to “personalize” their child’s difficult behavior. Some mothers were able to view their child’s difficult behavior as normal to the child’s age and with a sense of open-minded reflection that allowed them to get into the cognitive, affective, and behavior experience of their child, from their child’s point of view, and respond in kind. Some verbatim examples of participant responses are as follows:

My son’s behavior is most difficult when he gets upset and starts hitting himself and screaming for no reason because he wants something or…he can’t have it. This behavior is frustrating to me. If he doesn’t listen to me, I spank him, or he will go to his room when I tell him. I’m pretty sure he knows that I don’t like this behavior. He does it to get what he wants, to try to manipulate and…I don’t know (SP2);

The most difficult about her behavior has been her constant wanting of food, she never knows what it is she wants and then once I get it for her, she doesn’t want it. It’s like she is playing a game with me… I feel like it’s excessive. I feel like pulling my hair out and running away. I feel worried that she’s gonna continue this… She does it to bug me…but then my heart melts and I know she’s not doing it to bug me, she really doesn’t know…and then I totally give in. Sometimes I think she says, “See I told you you’d do it… (SP4)”
The most difficult of her behavior is that she whines a lot… and always needs me to be around her… I feel like ignoring her… sometimes I put my headphones on to not hear it. I feel frustrated and just ignore her. Uh huh… she knows I don’t like it, but does it for attention… she cries. She probably feels awful being ignored… I hate being ignored. I grew up being ignored and it’s frustrating (SP5);

The most difficult behavior of my son now is his whining, he whines a lot. It’s hard not to yell about it, so… I feel like putting him in timeout or just yelling. I feel very frustrated when he whines… cause I feel he should be outgrown of it by now… I don’t know. I try to be stern with him and tell him he needs to not behave like that. Uh huh, he knows I don’t like it when he whines. I think he does it out of his own frustration… I don’t think he does it maliciously. I think he just gets frustrated and is trying to talk, but he’s upset at the same time. I’m hoping he’ll grow out of this behavior (SP 8);

My son does get upset often… especially when he doesn’t get what he wants, he gets really upset… he cries a lot. I tell him it’s not a big deal… I don’t really console him… I’m like… you are crying for no reason. But when he is crying for real I’m there and I’m consoling him and stuff like that. Sometimes I just feel like when I see him cry like that, I just feel like sitting there and crying with him… (SP10).

**Theme 7:** The majority of participants (N=8) expressed belief that their childhood experiences contributed to their parenting of their child.

Most participant mothers reported experiencing hurtful, negative parenting from their parents and made a conscious effort to NOT parent their child this way, or treat their child the way they were treated by their parents. This was an interesting theme as a result of this study question, as it highlighted what appeared to be a heightened level of awareness that these mothers carried with them into their adulthood. This awareness allowed them to recognize how they had suffered in their childhood at the hands of their parents and used this as a motivating force to end this repetitive pattern between she and her child. A couple of mothers happily reported experiencing a loving relationship with their parents and repeated some parenting in like manner with their child. The following are verbatim examples of this:
This affected my approach to my son… I’m a lot different. It’s crazy, I think about the way I was raised so much when it comes to parenting to my son that I just kind of do everything opposite of the way my parents did… when it comes to disciplining, there’s no way that I would do what my dad cause I just, I know it’s like, it’s horrible and there’s times like when I first started with the kids, uh that’s the kind of approach that I took and it was the same like spanking and um… like you just start to notice like the fear in their eyes when you approach them and… and it’s just like I don’t want them to be afraid of me… I just want them to know that I want the best for them so it’s definitely affected me, I mean I’m kind of thankful that I went through that cause I might be a different parent if I hadn’t… it definitely made me a better parent… (SP 7);

I think I learned from my childhood to be a parent to my son and will always be there for him no matter what… like I will never leave his side… until the end, you know… I think that shaped it because I didn’t feel that way with my father… (SP 10);

What I have learned from my childhood experiences for my daughter… is to be very close to her. I give her a lot of attention and affection since I did not get it. I spoil her because I got hand-me-downs… my mom would not give me treats or rewards, but I give my daughter rewards all the time… (SP 9);

Based on my childhood and past life experiences… made me want to give my daughter as much as I could like my parents gave to me… to experience you know the childhood as I did… to instill what was taught to me and teach it to her. To be a tight-knit family… (SP 1);

I’m very close to my mom and I think and I always, you know, wanted like uh a sister like uh another female and so I, I had a bond with my mom and, and I think that bond is what led me, luckily, to have the bond that I do with my daughter… (SP 5).

**Theme 8:** The majority of participants (N=8) expressed the belief that their childhood experiences contributed to their becoming a victim of intimate partner violence.

Most participants experienced some form of trauma in their childhood, which led them to believe that in some form or fashion, this contributed to their becoming a victim of intimate partner abuse. Some stated that being exposed to IPV in their parents’ marital relationship, they came to view IPV as normal, and thus they more readily accepted it in their adult relationship with their partner. For some, the experience of direct and indirect
trauma in the form of various forms of abuse, neglect, and abandonment, led them to choose and stay with an abusive partner as they reported being use to this treatment and so as to not be alone, regardless of IPV. One participant denied that her experiencing abuse in her childhood directly and indirectly had not contributed to her becoming a victim of IPV. This could be a form of suppression or denial as a defense mechanism for this participant. Some verbatim examples of participants’ responses to this experience were:

I think I became a victim of partner violence one hundred percent to do with childhood cause like that’s exactly how my mom was, she’s very submissive…and when I was going through it with my ex…I would just keep thinking…I don’t wanna become my mom…but I had…Because of my childhood…the violence just felt normal, it just felt natural…it was like just that’s all I knew…was the way my mom handled situations, that’s all that I knew… (SP 9);

I came to be a victim of intimate partner violence because I never stood up for myself. I didn’t have a voice. I was too scared to use it so I just allowed it to happen. I mean without being able to stand up for myself and letting it continuously happen over and over again…that’s how I became a victim (SP1);

Yeah because my mom…never really explained to me what I deserved…she never said you deserve the best, you don’t deserve to be treated like this, she just kind of let me figure it out on my own…and then compared it to her ways…this contributed some to me being a victim of abuse in my marriage. I think I became a victim because I allowed it…um…I never like stood up for what, how I felt…you know I never confronted him about it because I just didn’t want the confrontation and so it was kind of like an easy way out too…I just ended up making it worse. I don’t really like conflict….I think like my mom, I was more worried about what other people thought, instead of worried about what I, how I felt…and um she…even to this day, always thinks that you know if you get into a marriage you, you’re supposed to make it work, no matter what, no matter what…but my dad is really laid back and um…you know passive about things, he just kind of, you know stays out of people’s business, he doesn’t like conflict and stuff like that… I would say that would be more me… My mom was more aggressive and controlling. I felt like it was more um..because my ex was controlling, um…I felt like he handled things…took charge (SP 3);

Yes, I think that since I was primarily raised by my grandma and even my mom was the same way well we weren’t fighters, we were more turn the other cheek type…so very submissive…we never had arguments in our household so I try to just move on
I don’t know how I ended up being a victim of abuse... if it was because the way my father treated me when I was younger or what... or I just was in the wrong relationship or what it was... I didn’t want to lose him... I was afraid to lose him or anyone else to have him. I think I always wanted to be with someone... wanted a male partner since I was young... I couldn’t be alone and I felt weird if I was alone. I felt like nobody wanted me or something... so I would always have to be with someone... and I think because of the way my father treated me I was always looking for someone to love and be loved by... (SP 10).

**Theme 9:** The majority of participants (N=8) expressed the belief that their Hispanic/Latina culture contributed to their becoming a victim of intimate partner violence.

Most participants believed and expressed that their Hispanic/Latina culture contributed to their becoming victims of intimate partner abuse in that violent treatment of women was prevalent in their family-of-origin, extended families, and their overall culture. They believed that this male chauvinistic tendency in their families, made them view this behavior as normal, which made them more accepting of IPV than they otherwise would have been. They also believed that the Latino culture espouses machismo and fosters male chauvinism in most Latino males, which condones mistreatment, infidelity, and controlling women. The majority of the participants stated that they are culturally expected to be submissive to Hispanic/Latin men, and these men expected to be treated as “kings”. Some participant verbatim expressions are as follows:

I do believe being Hispanic did contribute to me ending up as a victim of abuse... I grew up seeing it in my extended family. The men were very macho, cheaters and this was just very much accepted. Latino men treat their wives badly... everyone lived this way. His dad treats his mom this way and he treated me the same... and I put up with it like all the other women did. It was normal... and is still like this today... (SP 9);
I don’t think my culture or ethnicity played a role in me ending being a victim of domestic violence…because neither side of my family is very traditional. Only our Christian values that when we get married we need to stay together always… (SP 7);

I think Hispanic women we get abused more and we ex…we see our parents do it so then we think it’s okay and then the cycle continues as you go on and there’s very few that actually leave their situation. But once you get out and you look around you see it happening everywhere, it’s all around you, so I mean everybody’s just repeating the cycle of getting abused. I think my mom’s mother passed it onto her because she went through it too. Hispanic males seem to think they have more of a right to control women…it’s kind of their belief that’s it okay for men to hit women. But I am being a different Hispanic and my son will be too… (SP 6).

**Theme 10:** The majority of the participants (N=8) conveyed positive maternal care to their child that indicated compensation and overcompensation to their child in response to their child being exposed to intimate partner violence.

The majority of participant mothers had developed an awareness of the detrimental effects IPV had on them and their child. Consequently, these women made conscious efforts to protect and over-protect their child from potential tension, conflict, or abuse. The majority of these mothers also tended to be more desirous of showing patience in their parenting efforts as opposed to using corporal punishment with their child. Most mothers reported that their experience of IPV had in some manner motivated them to create a stronger bond between she and her child. For some mothers still detrimentally impacted by past and continued experience of IPV, they reported often being physically and emotionally unavailable to their child. As some participants stated:

I try to be more calm and I try to show my son more affection now…try to give him attention more um…and…because I was in the, you know bad relationship, I know, I guess I kind of grew from it…and so I don’t want my son to ever treat somebody that way so that’s why I try to be so positive with him and respectful… (SP 3);

Based on my experience as a victim of intimate partner violence…yes, yes and no… I know that um after I had my son, I was, I was real protective of him at first…um just cause I, I didn’t know his dad that very, like very well and…I didn’t let his dad take
him at first…until he proved himself. He made me not want to have my spend time with him… (SP 2);

Experiencing domestic violence has made me realize that I can be miserable dwelling in the past and just be an angry person, but experiencing it has made me not naïve anymore…and the abuse because I’m a better mom because of it because I am very over protective of my son, more than I would have been if I was still in the situation and no harm should cross my son at all. I don’t think if I didn’t experience any of that, I would be such a good mom. Like I intervene if someone is being rude to my son… I speak…I let people know they are being watched very closely… (SP 6);

I hope my daughter learned from me to give your best and you can’t go after people hurtfully, you don’t treat people bad, and to try see the good in everything. If she can focus on what’s good in from of her, instead of what’s bad, that everything will work out and I hope I can give her confidence… (SP 5);

Me being a victim of IPV has made me more aware of it and I am very – very protective of her when she is out of my sight. I am very cautious around her and try to keep the tension. We are very close and I am open with her…I talk to her more to teach her about not taking abuse from people. I provide security for her... (SP 9).

Chapter Summary

In describing the study findings this chapter presented the ten themes uncovered by in-depth analysis of the interview responses. These themes were organized according to the research questions. The data collected from the individual interviews expressed research participants’ lived experiences and perceptions of their experiences on the effects of intimate partner violence on their maternal reflective functioning and the attachment relationship with their preschool-age child. This main question was accompanied by additional questions posed during a three-part interview so as to enable the participant’s behavior and experiences to become more understandable when their lived experiences are placed in the context of their lives and in their own words. Extensive samples of verbatim quotations from participants were included in order to accurately represent the reality of the participants’ experiences and situations under study.
The primary theme of this study was that all participant mothers reported having a close relationship with their child, despite their experience with intimate partner violence with the child’s father.

A second theme was that all ten participants reported having experienced direct negative results from intimate partner violence; and specifically that their abusive partner or the negative effects of being a victim of intimate partner violence, often prohibited them from providing quality parenting to their child in need often. The majority of the participants continue to express concern about the negative effects of exposure to intimate partner violence on their child, as well as being in the care of the abusive partner (the child’s father).

In a third theme all ten participants expressed a genuine desire to break the cycle of abuse for their child. These included two out of the ten participant mothers who were still married to the abusive partner.

A fourth theme of the study was that the overwhelming majority of the participants indicated that they suffered [ambivalent] care from one or both of their parents during their childhood. The majority reported experiencing a feeling of rejection from at least one or both parents or other close family member (such as a brother or grandmother). The majority of the participants also reported having experienced directly or indirectly a form of physical, verbal, emotional, and sexual abuse within their family-of-origin and/or extended family unit, during their childhood. The majority of the participants reported continued negative traumatic effect of these childhood experiences on them as an adult and a parent to their child.
A fifth theme showed that the majority of participants reported continued detrimental effects of having experienced intimate partner violence. These participants reported the intimate partner violence they experienced negatively affected their self-esteem, caused them to experience fear, depression, a feeling of being “trapped”, and a tendency to self-blame for the abuse (as blamed by the offending partner).

A sixth theme revealed that the majority of the participants expressed a concerned view of their child’s behavior. The majority of participant mothers expressed belief that their children were behaving/misbehaving in a manner that indicated the child knowingly did so to upset them, or to manipulate them so as to get their way. The majority of participant mothers were concerned that their child’s behavior would worsen over time. Some of the participants, however, viewed their child’s behavior/misbehavior as “normal for their age and would go away over time”.

The seventh theme revealed how the majority of the participants reported their belief in the impact of their childhood experiences as parented by their parents and how it affected their parenting of their child. Most of the participants stated that what they had learned by the way their parents had parented them was what NOT to do, whereas some believed that their parents did the best they could in their parenting that resulted in an overall positive outcome for the way they parent their child.

The eighth theme indicated that the majority of the participants held the belief that their childhood experiences contributed to their becoming a victim of intimate partner violence. Many of these participants expressed that being exposed to their parents’ intimate partner abuse created a sense of acceptance or viewing IPV as “normal”, thus they allowed for it. Some stated that their distant or absent father left them wanting a
male partner to avoid being alone or suffering loneliness, despite the violence in the relationships they became involved in, and for this reason stayed in the abusive relationship.

A ninth theme revealed that the majority of the participants expressed the belief that their Hispanic/Latina culture contributed to their becoming a victim of intimate partner violence. Many of these participants believed that male violence against women was normal and frequent in their extended families and family-of-origin which taught them to more readily accept violence in their intimate relationship; and that the practice of “machismo” and male chauvinism in Latin males contributed to this pattern and continues to do so to this day.

The tenth and final theme of this study revealed that the majority of the participants conveyed positive maternal care to their child that indicated compensation and overcompensation to their child in response to their child being exposed to intimate partner violence. Many of the participant mothers conveyed regret that their child was exposed to the intimate partner violence they experienced in their abusive relationship. As a result, these mothers made it a point to be loving, nurturing, attentive, and protective of their child’s well-being. Some mothers overcompensated by allowing certain behaviors or providing rewards indulgently.

These themes were reported by the researcher as conveyed by the participants interviewed in this study. The themes herein appear to confirm frequently occurring phenomena and patterns of behavior as reported in similar research findings on the effects of intimate partner violence on maternal care of children. In some examples
reported, participant experiences contradict previous studies. A discussion and an attempt at explanation of these similarities and differences will be addressed in Chapter 5.
Chapter 5

Summary and Discussion

The major purpose of this study was to describe in what ways exposure to intimate partner violence currently and within the past year had reportedly affected the women who participated in this study in their maternal reflective functioning and attachment relationship with their preschool-age child. Additional research questions were developed and asked to help enable the participant’s behavior and experiences to become more meaningful and understandable when their lived experiences were placed in the broader context of their lives and in their own words. Background questions were also asked specifically directed toward determining the relationship of selected demographic factors such as participants’ ethnicity, age, education level, marital status and sex, age, and ethnicity of her preschool child.

A qualitative interview research design was used as it enables individuals to tell their story in their own words thereby allowing an in-depth understanding of the lived experience and the meaning participants made of those experiences, which is important for researchers to grasp. The researcher put forth her best efforts to establish trustworthiness in her findings. Trustworthiness in qualitative research, as stated by Lincoln and Guba (1985, as cited in Creswell, 2007), refers to the credibility, transferability, dependability, and confirmability of the investigation. This means that the researcher attempted to answer the questions, “How can one establish confidence in the ‘truth’ of the findings of a particular inquiry for the respondents with which and the context in which the inquiry was carried out?” (Lincoln & Guba, 1985, p. 290). “To what extent are the findings of the current study applicable in other contexts and with other
respondents?” “And to what extent are the findings indicative of replication and repetition of themes if the method of inquiry were to be applied with similar or the same research participants” (Lincoln & Guba, 1985, p. 290). Finally, the researcher of this study attempted to maintain neutrality in the findings, meaning that the research findings are genuinely a reflection of the participants being studied and not a reflection of the researcher’s biases, motivation, interests, or perspectives (Sheperis et al., 2010).

This chapter integrates the emergent core themes within the context of previous research as cited in the literature review and the theoretical framework, as well as in the qualitative research methodology used in this study, along with specific methods used by the researcher to establish the trustworthiness of the study and the practical implications of these themes.

The broad research findings described in Chapter 4 were supplemented by analytic categories to code and present the dominant themes expressed in the interview sessions. Chapter 4 revealed “how” the themes of this study were organized into categories that produced a readable narrative. In this secondary form of analysis, the relevant theory and research was tied in, and the themes that emerged were compared and contrasted to findings and issues raised by the literature on this subject matter. This same method and use of analytic categories was used in this final analysis and synthesis of the core themes. However, the purpose of this chapter is to provide interpretive insights into the themes of this study to facilitate the development of ideas for promotion of future intervention and research. The goal of the researcher was an attempt to reconstruct the themes in a more integrated picture toward a holistic understanding of the essence of this study.
Interpretation of the core themes encompassed an interpretation outline tool as recommended by Bloomberg and Volpe (2014). This interpretation outline tool is a mechanism that enabled the researcher to consider the core themes in a deeper way, so as to examine layers of meaning or possible reasons how a theme can be explained (Bloomberg & Volpe, 2014). This tool prompts critical thinking in the questioning of each theme by asking “Why?” and “Why not?” so as to exhaust all possibilities that might explain the theme (Bloomberg & Volpe, 2014). These explanations then become the basis of interpretation. (See Appendix O for the interpretation outline tool model used in this study). Finally, a chart of findings, interpretations, and conclusions was formulated as a visual display of the final synthesis of findings. (See Appendix P for the Consistency Chart of Core Themes, Interpretations, and Conclusions).

The discussion section of this chapter considered the literature on the issue of intimate partner violence and its effects on women and their maternal relationship with their young children, as well as cultural differences as referred to herein. The chapter concludes with addressing the limitations and advantages of this study, multicultural considerations, potential application of the results of this study, and suggestions for future research.

**Discussion**

In this study, ten Hispanic/Latina women who experienced moderate to severe levels of intimate partner violence (IPV) currently and in the recent past with an abusive partner were interviewed. These women birthed a child with their abusive partner and were currently parenting this preschool-age child, either as single or married mothers. The majority of participants reported that they suffered moderate to severe levels of
physical, verbal, emotional, psychological, and sexual abuse, along with menacing, controlling, and isolating treatment, as has been supported by previous studies (Arosarena et al., 2009, as cited in Barnett, et al. 2011; Bureau of Justice Statistics, 2010; Rand, 1997; Sheridan & Nash, 2007). Most of the participants reported experiencing continued negative effects of IPV regardless of separation from their abusive partner, with two women continuing to experience IPV with their current partners.

Some of the negative effects reported by the participants were consistent with past and current studies on the effects of IPV, and included acute stress reactions, fearfulness, learned helplessness, powerlessness, sleep disturbances, depression, posttraumatic stress disorder, mood disorders, impairment in mental and emotional health, substance abuse, hypervigilance, psychic numbness, confusion, a sense of insecurity, low self-esteem, avoidance of conflict, shame, self-doubt, to name a few (Affifi, et al. 2009; Bonomi et al., 2009; Campbell, 2002; Campbell et al., 2002; Danielson et al., 1999, as cited in Wathen & MacMillan, 2003). Some of these effects were diagnosed and undiagnosed disorders. Most of the participants in this study had received some form of counseling and treatment for these issues, but the effects appeared to be ongoing as reported by the participants.

Of the core themes that came to light as a result of this study, “parent blocking” was one of the most interesting. Though this was not surprising, the researcher had not previously come across it as expressed by the participants in this study, or in past or current studies of IPV. However, it could be a form of “using children” as described in the Power and Control wheel (Domestic Abuse Intervention Program, 1984).

Specifically, participants reported that during their experience of IPV their abusive partner often blocked their ability to parent and provide care to their child. For
some of these mothers, their abusive partner directly disallowed the tending to their child by physically and verbally threatening and intimidating her. This tendency on the part of the abusive partner to disallow or block the participant mothers’ ability to respond in a natural and nurturing way to her child certainly had a negative impact on maternal responsiveness and caregiving of her child. This “parent blocking” appeared to create a brainwashing effect on these mothers. Rather than naturally responding to their child without hesitation, they appeared to have to catch themselves, stop and think about the repercussions of doing so, and ultimately became inhibited to follow through. It is the researcher’s opinion that this type of brainwashing rendered in these women a feeling of overwhelming fear and powerlessness to care for their children and in their own home. These mothers conveyed sadness and emotional pain for their child, along with frustration and anger toward themselves and their abusive partner at not being able to respond to their child during their time of need.

More so, but not surprising, were how the negative effects of IPV rendered mental and emotional distress to some participant mothers, so much so, that they were unable to physically and/or emotionally available to their child. This has been a consistent and supported finding in other studies of IPV effects on victims (Burrous, et al., 2009; Campbell, et al., 1995; Cohn, et al., 1986; Lyons-Ruth & Jacobvitz, 1999; Mbilinyi, et al., 2007; Palaez-Nogueras, et al., 1996; Pfefferbaum, 1997, as cited in Rosenberg, 2001; Whiffen et al., 2005). The concern here is how poor maternal psychological functioning is significantly associated with attachment insecurity among young children (Downey & Coyne, 1990, as cited in Burrous et al., 2009; Lyons-Ruth & Jacobvitz, 1999; Teti, et al., 1995, as cited in Pelaez-Nogueras, et al., 1996). Former studies have substantiated the
importance of face-to-face interaction with adequate sensitivity and responsivity to a child’s cues in the establishment of healthy development of a child’s secure attachment (Blehar, et al., 1977; Radke-Yarrow et al., 1996, as cited in Foss et al., 1999; Smith, & Pederson, 1988). One study revealed that 88% of the mothers studied suffering IPV were not able to care for their children in the manner they wanted as a result of the abuse they were experiencing.

It is the researcher’s opinion that all participant mothers suffered the detrimental effects of IPV victimization that compromised their ability to be aware of and understand the child’s attachment cues for comfort, soothing, protection, and assistance with mood regulation. These mothers appeared to take their child’s responses, needs, and behaviors as a personal affront to them, or as a manipulation attempt on the child’s part. This lack of healthy attunement to her child likely resulted from the mother’s unresolved childhood trauma and neglect, continued trauma as a result of IPV victimization, intense mood dysregulation and anxiety, and accumulation of all of these. It became clear to the researcher that all of these participant mothers had also become overwhelmed with the stressors and trauma IPV had rendered. They simply were physically and emotionally drained, distracted and overly depressed to respond in a healthy manner whether to their child or on their own behalf.

Mothers were asked how they experienced and viewed their child’s difficult behavior so as to get a sense of their maternal reflective functioning capability. Some mothers viewed their child’s behavior/misbehavior as normal, whereas others seemed to be unable to understand or tolerate it. It is the researcher’s belief that a possible explanation as to how some participant mothers came to view their child’s
behavior/misbehavior in a negative light could be explained again by unresolved childhood trauma, the way they were reared, and the negative impact of IPV. This finding herein has been supported by other research (Grienenberger et al., 2005; Karen, 1998; Lyons-Ruth, & Jacobvitz, 1999; Main, & Solomon, 1986; 1990, as cited in Solomon, & George, 1999; Powell, et al., 2014).

Huth-Bocks et al. (2004), examined unresolved past trauma, current violence, and adults’ state of mind as related to attachment processes in women, and reported that it was highly likely that abused women’s internal working models of self and others were negatively affected by domestic violence. Understanding a caregiver’s working model which may be characterized as the perceptions and subjective experience of the caregiver to his/her child or relationship with that child, has been found to have clinical significance in maternal reflective functioning capability (Benoit, Zeanah, Parker, Nicholson, & Coolbear, 1997). For example, as shown in studies conducted by Zeanah, & Benoit (1995) the use of the structured instrument such as the Working Model of the Child Interview (WMCI), supports important clinical and research implications for assessing the “meaning” a child has for his/her caregiver and in the identification of major themes in the caregiver’s perceptions and subjective experience of who their infant is and why he/she behaves in particular ways. This significant information allows clinicians to modify infant-parent therapeutic intervention to the specific needs of the infant-caregiver dyad (Zeanah & Benoit, 1995).

One core theme that emerged in this study has supported the importance of attachment processes between infant and caregiver, in that the infant is reliant on his/her mother to respond in an appropriately healthy and sensitive manner to the infant’s
affective state, especially in his/her distress, that are reflective of the infant’s internal experience that assist in containment of it (as a safe haven) (Grienenberger et al., 2005). Many of the participants seemed to be so overwhelmed by their child’s difficult behavior they experienced mood dysregulation such that they could not sufficiently compose themselves to reflect on how their child was experiencing emotional distress and foster effective attunement. Many of these mothers seemed to personalize their child’s behavior and became defensive, almost to a point of aggressively responding to their child.

Some mothers seemed to indicate healthy reflective functioning of their child even during difficult behavior. This was evident in the report by some participant mothers as viewing their child’s difficult behavior as normal for their child’s age, that it was a sign of frustration at not being able to express his/her emotions and needs, and that the behavior would eventually dissipate. It is the researcher’s conclusion that a combination of the intense stress and fear these women experienced and continue to experience as victims of intimate partner violence, and parental stress experienced by most parents, exacerbated their sense of feeling overwhelmed and took many of these women over the edge emotionally in response to their child’s difficult behavior.

Despite this emergent theme, the majority of participant mothers conveyed striving to render positive maternal care to their child. In some cases the participant mothers in this study were found to have compensated and overcompensated for the fact that their child had been exposed to IPV. This was evident in participants’ level of awareness of the negative effects IPV had on them and their child. These mothers reported that to this end, they made cognizant choices as to the manner in which they
parented their child, which was to be patient, attentive, nurturing, reassuring, and sensitive, when talking to or disciplining their child as opposed to relying on punitive measures, as their former partner had. This theme/finding is supported by Levendosky, et al. (2003), who reported on their study of mothers and preschool-age children who had experienced family violence, that for some mothers domestic violence appeared to be a motivating, positive force regarding attachment processes and parenting effectiveness, indicating that some mothers were able to compensate for the violence by offering more attention and responsiveness to the child.

However, some participant mothers in this study indicated frequent and heightened worry for their child’s well being and were likely over-protective. This over-protectiveness in some cases displayed itself in a neurotic anxious fashion. These particular mothers found it extremely difficult to be away from their child or reportedly suffered anxiety and panic when their child was not in their presence or sight, even when these mothers knew where their child was and in whose care they were in. This observation indicated to the researcher that this reaction was likely the result of unresolved childhood trauma, IPV trauma, or combination of both.

Many of these mothers expressed concern about their child continually being exposed to his/her father (the abusive ex-partner) and the negative influence this had and could continue to have on their child. The latter was a logical concern based on the reality of the IPV experience these mothers had suffered. To this end, the majority of the participants had ended their relationship with their abusive partner, so as to break the cycle of violence for themselves and their child. Two mothers had remained with their abusive spouses but still hoped to instill an end to violence for their child. Regardless of
leaving or staying with their abusive partner, the majority of participants in this study reported having a very close and protective relationship with their child and hoped for a violent-free life.

For many of the participant mothers, prior to their experiencing IPV, and despite an unplanned pregnancy, they welcomed their baby to the world and breastfed to provide healthy nutrition and bonding with their newborn. Some mothers believed that the way they were parented by their parents fostered their desire to positively parent their children and thus followed in their suit. For the majority of mothers, they bluntly stated that they consciously chose NOT to parent their child in the way they had been parented. This was a significant emergent theme in the researcher’s opinion as it highlighted what appeared to be a heightened level of awareness that these mothers carried with them into their adulthood. This awareness allowed them to recognize how they had suffered in their childhood at the hands of their parents and used this as a motivating force to end this repetitive pattern between she and her child.

On a sad note, most of these mothers had experienced trauma of one form or another in their childhoods. For some, it was in the form of direct and indirect physical, verbal, emotional, psychological, and sexual abuse in their family-of-origin and extended family. For others, it was suffering neglect and abandonment by one or both parents. It is the opinion of this researcher that these participants were still attempting to resolve these traumatic experiences, and were still suffering the negative effects. To this end, the majority of the participants expressed belief that to some degree their childhood experience contributed to their becoming a victim of IPV. Whether it was being exposed
to IPV in their parents’ marital relationship, and being on the receiving end of abuse, they came to view family violence as normal and had learned to accept it.

Some participants experienced abandonment by their father, which left them wanting and accepting love from a male, even at the cost of suffering IPV. For others the issue of a lingering unresolved trauma left them vulnerable to abuse. Many studies of contributing factors to IPV against women, including insecure attachment relationship with their parents, support this finding (Carlson, 2000; Hesse, et al., 2003; Huth-Bocks, et al., 2004; Kantor, & Jasinski, 1998; Levine, & Kline, 2007; Stith, et al., 2004).

Similarly, mothers who indicated an inability to resolve violence witnessed in their childhood were more likely to have infants classified as showing disorganized insecure attachment (Bearman & Ogawa, 1993, as cited in Lyons-Ruth & Jacobvitz, 1999).

With regard to whether being of Hispanic/Latina descent and cultural influences had anything to do with the participants ending up as victim of IPV, the majority of the mothers indicated the belief that it had. In reports on the examination of cultural differences, educational level, and socioeconomic status, several studies have shown a correlation between high rates of IPV and these cultural factors (Bargai, et al., 2007; Barnett, et al., 2011; Bureau of Justice Statistics, 2010; CDC, 2007; Kugel, et al., 2009; Mbilinyi, et al., 2007). This is not to say that all families of Hispanic/Latina descent are prone to IPV as victims or offenders. Clearly more research in this regard needs to be conducted.

**Limitations of the Study**

The use of a qualitative phenomenological research design in this study provided the researcher a valuable tool to gain an understanding of the true essence of the
participant’s experience, but it also posed some potential limitations. For example, all of
the participants in this study had undergone counseling prior to the interviews and some
were still in treatment. This experience could have facilitated the extent to which they
were able to discuss the topics raised in this study.

The use of an interview as the primary means for collecting data in this study
poses a particular drawback found in the interview process itself. In the case of this
study, the length of the questionnaires over three separate interviews was time consuming
and could have been a tiresome process for all involved. Moreover, the researcher
attempted to create a safe, private, quiet setting to conduct the interviews in this study,
but could not control for unforeseen things that may have interfered with the interview
process or caused distractions for the participants during the interview. In one case, the
interview process took place in the participant’s home due to her lack of transportation.
Although the participant and the researcher maintained privacy and quiet as much as
possible, the fact that the setting was different than for other participants could have
skewed the way in which the participant responded. Also, the influence of the
relationship between the researcher and the participant could have been potentially
problematic in this study. According to Christensen (2005), there is the potential for a
participant to “over-identify” with the researcher or vice-versa. As a result of this, some
participants may have felt pressure to “perform”, “please” or give responses that they
believe the researcher might want. For example, the participants interviewed in this
study were of Hispanic/Latina descent, as is the researcher. The researcher is also a
practicing counselor. The researcher addressed both these issues directly prior to the
initial interview with each participant, and stated clearly that their own perceptions and
experiences were the responses that were appropriate. The researcher also made clear that her position was as a researcher not as a therapist in this relationship. The researcher being of Hispanic descent and having experienced intimate partner abuse in her lifetime, as well as having treated victims, perpetrators, and children of family abuse as a counselor, although she attempted to remain as objective as possible during the interviews and during data analysis, may have been affected unknowingly by these experiences.

As researcher of this study acknowledges, there are multiple ways of interpreting findings and to that end the researcher has sought rival explanations for the experiences of this study. The researcher admits, however, that her interpretations herein are but one perspective.

**Advantages of the Study**

The researcher’s use of a qualitative phenomenological research approach comes with drawbacks and limitations, but it also has advantages. The particular topic of research is one of a socio-historical and political manifestation of abuse in our past and current society today. It is a subject that needs to be explored further toward an understanding as to causation, correlation of factors, prevention, and treatment for families caught in the plight of intimate partner violence. The nature of a phenomenological research approach is interactive (Merchant, & Dupuy, 1996, as cited in Sheperis, et. al, 2010). The researcher and study participants are in a relationship, such that the research relies on. This is an advantage to participants as they are able to share their lived experiences, effectively tell their ‘story’ and be heard by a trustworthy other, employing active listening skills, in a safe and private environment. This process allows
participants the opportunity to enhance their understanding and possibly gain insight into 
the phenomena under study and of themselves and their personal life experience.

Another advantage of using an in-depth interview with participants in this study 
was the chance for the researcher to ask questions that often go unexamined or neglected, 
with more in-depth probing of important issues that were surfaced and given voice 
(Lester, 1999, as cited in Sheperis et al., 2010). Also, as Creswell (1998) stated, the use 
of phenomenological research captures a “complex, holistic picture” (p. 15), reflecting 
the goal of the researcher in this study.

Multicultural Considerations

The researcher in this study examined a sample of women of Hispanic/Latina 
descent. According to Sheperis, et al. (2010), the use of a phenomenological method of 
research proves to be the ideal means of exploration when studying diverse populations, 
oppressed populations, and unique phenomena. The researcher in this study agrees with 
this, and found that this research approach proved to be more effective in exploring more 
deeply based themes and real lived experiences than what a quantitative approach might 
have been able to do. The information the researcher was able to gather, albeit with a 
small sample, made light and gave voice to themes and issues that may otherwise not 
have been exposed.

Application

Inquiring as to the effects intimate partner violence has on Hispanic/Latina 
mothers and their maternal reflective function and attachment relationship with their 
school-age child may have been an efficient way to assess female victims’ 
representations of IPV and how they cope with this terrible plight. This method of
interview as assessment may have contributed to deeper introspection for the participants in this study so as to enable them to develop deeper insight as to how they became a victim of IPV and prevent it from happening again and to their child as well.

The results of this study hopefully are an addition to a knowledge base already in place on IPV with some new bits of information and insight for family educators, counselors, health care providers, and those who come across those impacted by this issue in our society. The researcher’s goal for this study was to not only understand the lived experiences of the participants, but to come away with a greater understanding as to what types of prevention and early intervention strategies are needed to assist their recovery and breaking the cycle of abuse. Another goal of the researcher in this study was to gain insight as to contributing factors that led to the compromised reflective functioning ability and attachment relationship of the participants in this study, in hopes of identifying types of social support as early intervention strategies to promote infant/child security.

**Implications for Future Research**

The results of this study have resulted in more questions than answers with regard to the plight of intimate partner violence in our society. From this research it can be posited that early attachment experiences of women who end up as victims of IPV may have significant relatedness to this outcome. This then begs the question whether a person who experiences insecure attachment in their youth would be more likely to end up in an abusive relationship? Beside those cited in this study, other specific contributing factors that result to this end need deeper exploration.
What exactly are the components that are correlated for mothers who compensate and overcompensate with their children while and after suffering IPV as compared to those that don’t? What factors went into prompting some of these women to leave their abusive partners, and others not? More research is needed to understand the impact of cultural influences, especially the ideology of “machismo” in Hispanic/Latino populations. How and in what ways does the notion of machismo influence Hispanic/Latino males, and if so, how is it correlated with perpetration of IPV? How does machismo affect Hispanic/Latina women in their expectations of intimate relationships, and how is it correlated with their victimization of IPV?

What type of preventive measures can emerge from this study and future studies for the development of prevention and early intervention with pregnant mothers and mothers with infants to foster healthy maternal reflective functioning and secure attachment? For example, would home visitation programs as an early intervention strategy support mothers who are victims of IPV, with caregiving skill building and improve child security outcomes (Stone & Page, 2009; Olds, Henderson, & Kitzman, 1994). What specific contributing factors, or lack thereof, are correlated with poor reflective functioning of mothers with infant who also suffer family violence? Would the provision of social support by way of alloparenting moderate or minimize negative effects of compromised maternal reflective functioning with a child as a result of IPV or compromised early childhood attachment processes? (Blaffer Hrdy, 2009).

Finally, what are the short-and long-term neurological effects on victims of intimate partner violence for both mothers and children involved? In what ways can we use brain studies that reveal neurological impact in the creation of social policy,
prevention, and early intervention for such victims? Follow-up research on the participants and their relationship with their child would be a worthwhile endeavor.

Summary of Interpretation of Core Themes

This chapter portrayed the lived experiences of ten Hispanic/Latina women who had experienced in the past year or currently are experiencing intimate partner violence and considered the effects of IPV on their maternal reflective functioning and attachment relationship with their preschool-age child. The prior discussion illustrated the multifactored and complex nature of intimate partner violence and how it diversely affects mothers and children. The goal of the researcher for this study was to render an accurate, multileveled, holistic, and integrated synthesis of the lived experiences of the participants herein. The sample size in this study was small and of a specific cultural milieu of women that warrants caution regarding the implications of the findings for the sample group under study. The researcher recognized potential bias from her experience with IPV and extended her best effort to put aside any and all biases, acknowledging that another researcher may have made different interpretations and rendered different conclusions of the lived experiences presented herein.
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Appendix A

Cover Letter to Agencies

The University of New Mexico

College of Education
Dept. of Individual, Family & Community Educ.
Simpson Hall, MSC05 3040
1 University of New Mexico
Albuquerque, NM 87131-0001
Telephone (505) 277-4535
FAX (505) 277-8361

LETTER OF INTRODUCTION

I am respectfully requesting your office’s cooperation in a research study I will be conducting as a Ph.D. candidate at the University of New Mexico in the College of Education Family Studies Program. The results of this study will contribute to data used for the completion of my dissertation project, as well as providing potentially important information for program development, future research, and/or the development of state legislative and policy practice to better assist families caught up in the plight of domestic violence.

The purpose of this study is to examine the effects of domestic violence on the mothers’ relationship with their preschool-age children. I will also examine issues around ethnicity relating to Hispanic/Latina women. Let me assure you that I am not evaluating your program in any way. I would appreciate it if your agency would be willing to place flyers around your agency as designated by your office to let women know about the study.

The attitudes, knowledge, and experiences of study participants will be assessed through a series of three interviews. Each interview will take approximately 1 to 1 ½ hours to complete. Upon completion of all three interviews, participants will be given $25 as a token of my appreciation for their willingness to participate in the study. The potential risks and benefits will be outlined and included in a consent form explaining the issues around confidentiality and the right for any participant to withdraw from the study at anytime without penalty. I will be placing a follow-up call to your office so that we may further discuss issues around confidentiality and other concerns you may have, and I gladly will address these questions or any others. You also may email me at
pmb@unm.edu, or call me at (505) 463-0472, or the Chair of my dissertation, Dr. Virginia Shipman, at (505) 277-4063.
I thank you for your consideration in this matter and appreciate your time.

Sincerely,

Patricia Martinez Burr, MA, LPCC, NCC
Ph.D. Candidate – UNM, College of Education, Family Studies Program

Enclosures: Flyers
Appendix B

Flyer

Dear Prospective Participant:

If you are an Hispanic/Latina woman and a mother of a child between the ages of 3 to 5 years of age, you are invited to participate in a study about mothers and children who experience domestic violence.

Purpose:
The purpose of this study is to gather information about your experience and attitudes concerning the effects of intimate partner violence on you and your preschool-age child.

What You Will Be Doing:
You will participate in a series of three (3) interviews approximately 1 to 1 ½ hours each to recall your experiences growing up and your experiences as a victim of intimate partner violence and parenting a preschool-age child.

Benefits of Participation:
Your responses can be a benefit to society as they can help to identify the needs of those experiencing abuse and thereby serve to help develop more effective programs for not only dealing with the effects of abuse on mothers and preschool-age children but to help prevent them.

Confidentiality:
All information you share with me will be kept confidential and anonymous unless a suspicion of potential harm to yourself or another is indicated.

Study Time-Line and Compensation:
You will receive $25 in cash as a token of appreciation for your participation upon total completion of all three interviews.

Who to Contact:
Please contact Patricia Martinez Burr, a graduate student in Family Studies at UNM, at (505) 463-0472 if you are interested in participating in this study or need additional information. This study has been approved by the University of New Mexico Institutional Review Board.
Appendix C

Participant Screening Survey of Intimate Partner Violence

Intimate Partner Violence

For the current study, intimate partner violence (IPV) will be defined as assaultive and coercive behaviors that mothers have received from their intimate partner currently or in the past year that includes but is not limited to:

“An incident by a household member against another household member consisting of or resulting in: physical harm, severe emotional distress, bodily injury or assault, a threat causing imminent fear of bodily injury by any household member, criminal trespass, criminal damage to property, repeatedly driving by a residence or workplace, telephone harassment, harassment, and harm or threatened harm to children” (Family Violence Protection Act, [40-13-1, NMSA 1978]).

Prospective participants were asked whether they ever …

_____ experienced physical harm by their former or current partner (threw something at you that could hurt you; pushed, grabbed, or shoved you; pulled your hair; slapped or hit you; kicked or bit you; choked or attempted to drown you; hit you with some object; beat you up; beat you unconscious; kicked or punched you in the stomach when pregnant; used a gun, knife, or other weapon on you?)

_____ experienced feeling threatened or frightened by what your former or current partner said/says or did/does?

_____ experienced feeling threatened or frightened by your former or current partner destroying or damaging property, such as punching walls, kicking doors, throwing objects, or intentionally destroying your personal property?
_____ experienced verbal abuse from your former or current partner, such as yelling, screaming, use of profanity against you, harassing you verbally, or verbally pressuring you to do something you were uncomfortable with?

_____ experienced sexual abuse, or pressured to have sex with your former or current partner when you expressed unwillingness?

_____ experienced feeling threatened or frightened as a result of your former or current partner stalking you, such as driving by your residence or place of work, leaving notes or written correspondence on your vehicle or at your residence, harassing you by telephoning you constantly, etc.?

_____ experienced witnessing your former or current partner threatening harm or causing emotional, physical, or sexual harm to your child(ren)?
Appendix D

Letter of Informed Consent

Fall, 2011

CONSENT TO PARTICIPATE IN RESEARCH

Dear Participant:

You are invited to participate in a research study conducted by Patricia Martinez Burr, Doctoral Candidate, from the Family Studies Program, College of Education at the University of New Mexico. The results of this study will contribute to data used for the completion of a dissertation project. You were identified as a possible participant in this study because you are receiving services from this agency, and your experiences will be valuable in examining attitudes and perceptions concerning the effects of domestic violence on mothers’ interactions with their preschool-age children.

The purpose of this study is to examine your experiences and attitudes concerning the effects domestic violence may have on you and your preschool-age child. Your experiences and attitudes will be gathered through a three-part series of interviews. As the researcher, I will meet with you at my private office that I will assure is comfortable, private and safe for you as much as possible. I will explain the purpose of the study I am conducting and ask you to read and sign two copies of a consent letter. I will review with you the consent letter to be sure you understand what you are reading and signing. I will retain the original signed consent form in my records in a locked file cabinet and will give you a copy of the consent letter for your records. Participation of each interview will take approximately 1 ½ hours to complete. The interviews will be audio-tape recorded and will be used solely for data analysis purposes, and is a required component of my study. If you are uncomfortable with being audio-tape recorded or do not want to be audio-tape recorded you will not be able to participate in my study. All collected data will be protected in a way that names will be masked and numbered and kept in a locked file cabinet to assure protection of your confidentiality and privacy. You will be provided compensation for participating in this study in the amount of $25, when the interviews have been completed. In no way is the $25 compensating you for your time however, your role is vital to this project and much appreciated.

There is minimal foreseen risk associated with participating in these interviews. I will be asking you to indicate your experience of intimate partner abuse victimization and witnessing, which may require you to reflect on personal experiences. In the event that these interviews cause you to experience discomfort I will be happy to meet with you upon completion of the interview to de-brief or discuss any questions or concerns you may have as a result of the interview. I will have available for you resources of
counselors and counseling services that will provide additional help to you, if necessary. However, if you wish to stop participating in the study at any time, I will respect your wish immediately. Participating in this interview should not expose you to physical, social, psychological, economic or other risks associated with studies such as this. I will keep confidential anything you say to me, with the following exceptions: 1) If I have reason to believe that violence or harm has occurred or will occur to self or other(s), I will take the necessary steps to stop the offender and warn potential victim(s) and report to the appropriate authorities (this includes domestic abuse, elder abuse, intimate partner abuse); and 2) I will report suspicions of child abuse or neglect to the appropriate legal authorities or agencies. In the case of these events occurring, I will seek supervision and consultation with Dale Klein-Kennedy, LPAT, LPCC, Clinical Director, S.A.F.E., House, who has agreed to act as consulting supervisor to me should these types of events occur.

While I cannot guarantee you any immediate benefits from participating in this study, it is possible that reflecting on issues concerning your relations with your preschool-age child will provide you with an opportunity to examine your own relationship with your preschool-age child in a new way and may possibly prompt you to discuss some of these topics with a counselor or family educator. Your responses will be a benefit to society because they will help identify for the general public the needs concerning the effects intimate partner abuse has on mothers and young children under five years of age and the findings may lead to implementation of new legislation and parenting programs that could be of benefit to you and to other women and children in our community.

Any information obtained in connection with this study and that can be identified with you will be destroyed upon completion of this project. This consent form will be removed and stored separately from the actual data collected to maintain your confidentiality. You can choose whether to participate in this study or not. If you volunteer to participate, you may withdraw at any time without penalty or loss of benefits to which you might otherwise be entitled. You also may refuse to answer any questions you do not want to answer and still remain in the study.

If you have any questions or concerns about the research, please feel free to contact: Patricia Martinez Burr, MA, LPCC, NCC, 1100 Alameda Blvd., NW, Albuquerque, New Mexico 87114, (505) 463-0472 or Dr. Virginia Shipman, Simpson Hall, MSC05 3040, Room 130, Albuquerque, New Mexico 87131-0001, (505) 277-4063. If you have other concerns or complaints, contact the Institutional Review Board at the University of New Mexico, 1717 Roma, NE, Room 205, Albuquerque, NM 87131, (505) 277-2257, or toll free at 1-866-844-9018.

SIGNATURE OF RESEARCH PARTICIPANT

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been provided a copy of this form.
Name of Participant (please print)

____________________________________
Signature of Participant                     Date

SIGNATURE OF INVESTIGATOR

In my judgment the participant is voluntarily and knowingly providing informed consent and possesses the legal capacity to give informed consent to participate in this research study.

____________________________________
Name of Investigator or Designee

____________________________________
Signature of Investigator or Designee                     Date

**************

IRB APPROVAL STAMP
Appendix E

Participant Background Information Form

This questionnaire is aimed at learning more about your background. Please respond to each item as honestly and as accurately as you can. If you have any questions or concerns about this questionnaire, please feel free to address them with the researcher.

Thank you.

*Please select the one answer that best describes how you see yourself, by circling the letter of the response or by filling in the answer.*

1. My current age is: ________________

2. My Race/Ethnicity is primarily:
   a. African-American/Black
   b. Asian or Asian-American, Pacific Islander
   c. Hispanic/Latina, Mexican, or Mexican-American
   d. Native-American Indian
   e. White/Anglo/Caucasian (non-Hispanic)
   f. Biracial (Please specify.)__________________
   g. Other (Please specify.)_________________

3. My current relationship status is:
   a. Single; never married
   b. Engaged
   c. Cohabitating (living with my partner)
   d. Married
   e. Divorced; separated
   f. Remarried
   g. Widowed

4. My current educational level is:
   a. Less than 7th grade
   b. 8th or 9th grade
   c. Some high school (10th or 11th grade)
   d. High school graduate/GED
   e. Post-high school study/Some college
      f. 4-year college degree
   g. Graduate work
5. My current occupation is: ______________________________.
The kind of work I do is: ______________________________.

6. Study child’s age: __________

7. Pre-school child’s gender: _____ a. Male _____ b. Female

8. Pre-school child’s Race/Ethnicity is primarily:
   _____a. African-American/Black
   _____b. Asian or Asian-American, Pacific Islander
   _____c. Hispanic/Latino, Mexican, or Mexican-American
   _____d. Native-American Indian
   _____e. White/Anglo/Caucasian (non-Hispanic)
   _____f. Biracial (Please specify.) ____________
   _____g. Other (Please specify.) ______________
Appendix F

Adult Attachment Interview

1. Could you start by helping me get oriented to your early family situation, and where you lived and so on?
   If you could, tell me where you were born, whether you moved around much, what your family did at various times for a living?

2. I’d like you to try to describe your relationship with your parents as a young child…please start from as far back as you can remember.

3. Now I’d like to ask you to choose five words that describe your relationship with your mother starting from as far back as you can remember in early childhood – as early as you can go, but say, age 5 to 12 is fine. I know this may take a bit of time, so go ahead and think for a minute …then I’d like to ask you why you chose them. I’ll write each one down as you give them to me.

4. Now I’d like to ask you to choose five words that reflect your childhood relationship with your father, again starting from as far back as you can remember in early childhood – as early as you can go, but again say, age 5 to 12 is fine. I know this may take a bit of time, so go ahead and think again for a minute…then I’d like to ask you why you chose them.
   I’ll write each one down as you give them to me.

5. Now I wonder if you could tell me, to which parent did you feel the closest, and why?
   Why isn’t there this feeling with the other parent?

6. When you were upset as a child, what would you do?
   When you were upset emotionally when you were little, what would you do?

   Can you think of a specific time that happened?

   Can you remember what would happen when you were hurt physically?

   Do any specific incidents come to mind?

   Were you ever ill when you were little?

   Do you remember what would happen?

   Do you remember being held by either of your parents during any of these times, I mean when you were upset, hurt or ill?

7. What is the first time you remember being separated from your parents?
   How did you respond?

8. Did you ever feel rejected as a young child? Of course, looking back on it now, you may realize it wasn’t really rejection, but what I’m trying to ask about here is whether you remember ever having felt rejected in childhood?

9. Did your parents ever threaten you in any way, maybe for discipline or ever jokingly?

10. In general, how do you think your overall experiences with your parents during childhood have affected your adult personality?
11. Why do you think your parents behaved as they did during your childhood?
12. Were there any other adults with whom you were close, like parents, as a child?
13. Did you experience the loss of a parent or other close loved one while you were a young child – for example, a sibling, or a close family member?
14. Other than any difficult experiences you’ve already described, have you had any other experiences which you would regard as potentially traumatic?
15. Were there many changes in your relationship with your parents after childhood? We’ll get to the present in a moment, but right now I mean changes occurring roughly between your childhood and your adulthood.
16. Now I’d like to ask you, what is your relationship with your parents like for you now, as an adult?
17. I’d like to move now to a different sort of question – it’s not about your relationship with your parents, instead it’s about an aspect of your relationship with your children. When your children were young, how did you respond, in terms of feelings, when you separated from child/children?
18. If you had three wishes for your child, what would they be?
19. Is there any particular thing which you feel you learned, above all else, from your own childhood experiences? I’m thinking here of something you feel you might have gained from the kind of childhood you had.
20. What would you hope that your child(ren) might have learned from his/her experiences of being parented by you?
Appendix G

Working Model of the Child Interview

I am interested in how parents think and feel about their children. This interview is a way for me to ask you about child’s name and your relationship with him/her. The interview will take about an hour to complete.

1. I’d like you to begin by telling me about your child’s development.

(1a) Let’s start with your pregnancy. I’m interested in things like whether it was planned or unplanned, how you felt physically and emotionally, and what you were doing during the pregnancy (working, etc.).

*In a follow-up probe, find out how much the baby was wanted or not wanted by mother and father.*

Had you ever been pregnant before?

Why did you want to get pregnant at this time in your life?

When did the pregnancy seem real to you?

What were your impressions about the baby during pregnancy?

What did you sense the baby might be like (including gender, temperament, personality)?

*The idea is to put the subject at ease and to begin to obtain a chronological history of the pregnancy. Additional probes may be necessary to make sure that the individual is given a reasonable opportunity to convey the history of his/her reactions to and feelings about the pregnancy and the baby (which may or may not be the same).*

(1b) Tell me about your labor and delivery. *Give some time to respond before proceeding.*

How did you feel and react at the time?

What was your first reaction when you saw the baby?

What was your reaction to having a boy/girl?

How did your family react?

*Be sure to include husband/partner, other siblings.*
(1c) Did the baby have any problems in the first few days after birth?

How soon was the baby discharged from the hospital?

Did you decide to breastfeed or bottlefeed?

Why?

What was the experience of breast-/bottle feeding like for you?

(1d) How would you describe the first few weeks at home in terms of feeding, sleeping, crying, etc. This is often a very important time because it may set the “emotional tone” of the baby’s entrance into the family, particularly if the delivery and perinatal period were routine.

(1e) Tell me about your baby’s developmental milestones such as sitting up, crawling, walking, smiling, and talking. Be sure to get a sense of the ways in which the baby was thought to be different, ahead or behind in motor, social, and language development.

Did you have any sense of your baby’s intelligence early on?

What did you think?

(1f) Did your baby seem to have a regular routine?

What happened if you didn’t stay in the routine?

(1g) How has the child reacted to separations from you? Try to get a sense of the child’s reactions at various ages.

Were there any separations of more than a day in the first or second year?

How did the child react?

How was it for you?

How did you feel?

What did you do?

(1h) How and when did you choose your child’s name?

Find out about family names, etc.

How well does your child’s name fit him/her?
(2) Does your child get upset often? *Give some time to respond before proceeding to specific queries.*

What do you at these times?

What do you feel like doing when this happens?

What do you feel like at these times?

(2a) What about when he/she becomes emotionally upset?

Can you recall a specific example (or tell about a time when your child was emotionally upset [e.g., sad, frightened]). *Make sure that subject describes incident(s) about the child being sad, frightened and not only angry. Also, indicate that you want an example by providing a reasonably long time to think of one.*

What did you do when that happened?

What did you feel like doing?

How did you feel or what was that like for you to see him/her upset like that? *If the subject becomes extremely anxious and cannot recall an example, then proceed to part (2b).*

(2b) Tell me about a time when he/she was physically hurt a little bit (e.g., *a bump on head, scraping knees, cuts, bleeding*) – in terms of what happened, what you did and what you felt. *Be sure to find out what the subject felt like and did.*

(2c) Tell me about a time when your child was ill (e.g., *ear infection, measles, flu/cold, etc.*), in terms of what happened, what you did and what you felt like. *Again, include what this experience was like for the parent and how they responded to the child affectively and behaviorally.*

(3) Describe your impression of your child’s personality now. *Give the subject enough time to respond to this before proceeding to specific descriptors below.*

(3a) Pick 5 words (adjectives) to describe your child’s personality. After you have told me what they are, I will ask you about each one. *For each one.* What is it about him/her that makes you say that? *Then again for each one,* tell at least one specific incident which illustrates what you mean by each word that you chose. *You may tell the subject that it is fine to use any of the descriptors they used in response to the general probe above, but do not remind them what they said before you have given*
them time to recall themselves. Some subjects will have a hard time coming up with 5 descriptors. If you feel that they cannot come up with 5, then move on. The numbers are less important than the descriptions.

At this point, whom does your child remind you of? In what ways?

When did you first notice the similarity? If only one parent is mentioned ask.

In what ways does the child remind you of (the other parent)? The following questions should be asked whether or not the parents have been mentioned.

Which of his/her parents is your child most like now?

In what ways is your child’s personality like and unlike each of his/her parents?

(4a) Are there any family characteristics on your side you see in your child’s personality?

What about (other parent’s) side?

(4b) How did you decide your child’s name? How well does the name seem to fit?

(4) What do you feel is unique or different about your child compared to (what you know of) other children?

(5) What about child’s behavior now is the most difficult to handle? Give a typical example.

(6a) How often does this occur? What do you feel like doing when your child reacts that way?

How do you feel when your child reacts that way? What do you actually do?

(6b) Does he/she know you don’t like it? Why do you think he/she does it?

(6c) What does the child do after you respond to the difficult behavior in the way you described?
How do you imagine the child feels when you respond this way?

(6d) What do you imagine will happen to this behavior as your child grows older?

Why do you think so/what makes you feel that way?

(6) How would you describe your relationship to your child now? *Give time to respond.*

(7a) Pick 5 words (adjectives) to describe your relationship. For each word, describe an incident or memory that illustrates what you mean.

(7) What pleases you most about your relationship with your child? What do you wish you could change about it?

(8) How do you feel your relationship with your child has affected your child’s personality? *Give ample time to respond.*

(9) Has your relationship with your child changed at all over time (*since birth*)? In what ways?

What’s your own feeling about that change?

(10) Which parent is your child closest to now? How can you tell?

Has it always been that way?

Do you expect that to change (as the child gets older, for instance)? How do you expect it to change?

(11) Tell a favorite story about your child – perhaps one you’ve told to family or friends. I’ll give you a minute to think about this one. *If the subject is struggling, you may tell them that this doesn’t have to be the favorite story, only a favorite.*

What do you like about this story?

(12) As you know, the first (age of child) months/years can be difficult at times – what is your worst memory of (child’s name’s) first (age of child) months/years of life?

(13) Are there any experiences which your child has had which you feel may have been a setback for him/her?
Why do you think so? Indirectly, we’re trying to determine whether the parent feels responsible in any way for the setbacks. Therefore, be sure to give time to respond before moving on to the more direct questions which follow.

(14a) Do you have any regrets about the way you’ve raised your child so far?

(14b) If you could start all over again, knowing what you know now, what would you do differently?

(14) Do you ever worry about your child?
What do you worry about?
How worried do you get about (list each worry)?

(15) If your child could be the same age forever, let’s say you can freeze him/her in time – any age at all – what would you prefer that age to be?
Why (what do you like about that age?).

(16) As you look ahead, what do you think will be the most difficult time in your child’s development?
Why do you think so?

(17) What do you expect your child to be like as an adolescent?
What makes you feel that way?

What do you expect to be good and not so good about this period in your child’s life?

(18) Think for a moment of your child as an adult. What hopes and fears do you have about that time?
Appendix H

Reflection on the Meaning of Participant’s Responses – Researcher-Developed Questionnaire

1. “How do you think you came to be a victim of intimate partner violence as a result of your childhood or past life experiences?”

2. “How do you think you came to have the kind of relationship with your preschool-age child based on your childhood and past life experiences?”

3. “How do you think you came to have the kind of relationship with your preschool-age child based on your experience as a victim of intimate partner violence?” (Wait for response). “How do you think you experiencing intimate partner violence with your current or former partner affected the parenting of your child?” (Wait for response). “Were there any negative effects on the parenting of your child as a result of the intimate partner violence you experienced with your current or former partner?” (Wait for response). “Were there any positive effects on the parenting of your child as a result of the intimate partner violence you experienced with your current or former partner?”

4. “How do you think your ethnicity or being Hispanic/Latina has affected your experience as a victim of intimate partner violence?”

5. “How do you think your ethnicity or being Hispanic/Latina has affected your relationship with your preschool-age child?”

6. “Is there anything you want to add?”
Appendix I

Interview Protocol Form

Time of Interview:

Date:

Place:

Interviewer:

Interviewee:

This is a three-part interview that is being conducted in a qualitative phenomenological study.

Interview One: Focused Life History

1. A brief demographic history will first be taken (see Appendix D);

2. The Adult Attachment Interview will be given (see Appendix E);

Interview Two: The Details of Maternal Parenting and Perception

1. The Working Model of the Child Interview will be given (see Appendix F);

Interview Three: Experiences and the Details of Intimate Partner Violence and Reflection on the Meaning of Participant’s Responses (Researcher-Developed Questionnaire (see Appendix G).

Experiences and the Details of Intimate Partner Violence

“Please talk about your experience as a victim of intimate partner violence in your current or most recent relationship.”

“How do you think you came to be a victim of intimate partner violence?”
Reflection on the Meaning of Participant’s Responses

“How do you think you came to be a victim of intimate partner violence as a result of your childhood or past life experiences?”

“How do you think you came to have the kind of relationship with your preschool-age child based on your childhood and past life experiences?”

“How do you think you came to have the kind of relationship with your preschool-age child based on your experience as a victim of intimate partner violence?” (Wait for response).

“How do you think you experiencing intimate partner violence with your current or former partner affected the parenting of your child?” (Wait for response).

“Were there any negative effects on the parenting of your child as a result of the intimate partner violence you experienced with your current or former partner?” (Wait for response).

“Were there any positive effects on the parenting of your child as a result of the intimate partner violence you experienced with your current or former partner?”

“How do you think your ethnicity or being Hispanic/Latina has affected your experience as a victim of intimate partner violence?”

“How do you think your ethnicity or being Hispanic/Latina has affected your relationship with your preschool-age child?”

“Is there anything you want to add?”

“I want to thank you for participating in this interview. I want to assure you of confidentiality of your responses and potential future interviews).
Appendix J

Horizontalization of the Experience

Horizons from SPI’s Experience
(Invariant constituents of the experience)

AAI

1. “Uh my parents were great. I felt I could go to my parents for anything.”
2. My relationship with my parents was excellent. I mean always very affectionate. There was never any, any fighting, any yelling, or very, very minimal.
3. I would describe my relationship with my mother as nurturing, generous, selfless, loving and respected.
4. I would say my father was hardworking, loving, strong, accepting, and generous.
5. I felt closest to mom because I did everything with my mom.
6. When upset as a child I would go into one of my parents’ arms and just kind of snuggle up with them…
7. When upset emotionally as a child I would just cry or shut down, maybe even sometimes go to my room and be by myself and just close the door and sit on my bed.
8. Umm there were times when my parents would fight and I would get scared and just go in my room or sit somewhere by myself and cry…
9. When hurt physically my parents would care for me.
10. When ill my parents waited on me hand and foot.
11. When separated from parents…I cried the whole drive away from them…and begged, I didn’t wanna go…umm but I got through it…but I sure was happy to be home. My mom didn’t like to see me cry and sad and she would cry as well…
12. My parents have never really said anything that I can remember that made me feel rejected.
13. No, my parents were never threatening.
14. The way my parents parented me…it makes me want to just talk things through, instead of resorting to hitting… But, my ex-partner couldn’t come to agree with me on this as to how it (discipline) should be done, it was his way basically or I mean he was gonna do it his way, which was hitting…
15. I did not have any threatening experiences involving anyone outside my family during my childhood.
16. My overall experiences with parents and the effect this had on my adult personality…umm…well I have two very loving, caring, umm accepting parents that also treated me with respect and umm…and let me, respect myself as well so you know even as an adult now, I value everything that I had growing up with them. I value the affectionate uh the affection that we shared and that we still continue to share, you know, I, I respect both of them umm for all that they’ve done for me…and helped me become, you know, the strong person that I am today.
17. A setback for me was during my teen years, when my parents got divorced.
18. My parents behaved the way they did, I would hope because of me and my 
brother, I mean we, we were a family unit and that’s just how everybody 
behaved, I, that’s what I thought…
19. The other adult I was close to was my grandma…very close.
20. As a child I experienced the loss of my dad’s mom, uh that was hard for me 
because they wouldn’t let me see her. It affected me because that was uh a 
time when I saw my dad really break down and it made me sad…it was hard. 
It was scary to see my grandma lying in uh a coffin that young…umm it’s 
kind of scary.
21. As I got older, then I became more used to…to death and what happens.
22. I can’t remember losing other important persons in my childhood.
23. In adult years I lost a best friend…umm an uncle…umm my grandma. My 
friend was killed in a motorcycle accident…umm from the result of the driver 
drinking. That was terribly painful, and the loss of my grandmother was hard.
24. My parents got divorced so a lot of things changed uh my attitude um feeling 
that I had. I had starting to be rebellious because it was just brought on to us 
with, you know, we had, it was we were blindsided by it. I think it brought 
me um closer to my dad because I felt he needed me at that time uh…I had I 
guess some feelings of anger for my mom because uh she left my dad. I think 
because she was messing around with this other man…Sometimes I don’t 
even want to call her and I feel bad about that…I just feel bugged sometimes.
25. Now, I have two very loving parents, very giving parents…and I feel very 
lucky and blessed to have parents like that.
26. When separated from child…uh I feel a lot of anxiety, sadness, um…worried, 
um it was hard…I didn’t like it. Umm….regretful about, you know, why I 
have to be away from her…umm…it’s hard to or when I had to go to work 
and leave her with her dad…she would just cry and cry and cry and when I 
left so I would cry on my way to work and be sad, but I would get a call uh a 
couple of hours later that I needed to get home because he couldn’t stop her 
from crying…and…it worried my because I was afraid that he was gonna get 
so frustrated and …shake her or just get mad and yell at her, which I don’t 
know if he did, I was never there..
27. The three wishes I have for my child I guess one would be to, to be strong and 
I want her to know that she, she’s able to face things that come her way, that 
she’s a very strong-minded, strong-willed person…um I want her to have a 
voice. I want her to be happy. I want her to have a happy life and you know 
be loved.
28. A particular thing which I feel I learned above all else from my own 
childhood experiences is that affection wins all uh I was very loved um as a 
child uh and I was shown affection, and I was uh told, you know, that they 
would always tell me, my parents would always tell me they loved me and 
that’s…you can’t go wrong uhh with affection, that’s uh…if I only needed 
one thing, I just need affection…and I love to give it to my child.
29. I would hope my child would learn from having me as a mom…that she had a 
mom that would do anything for her, um…that I was a very giving, caring,
loving mom that always put, I would like for her to say that I always put her and her brother first, above and beyond anything else, and their wants and needs before any of mine. That they, they’re the number one’s in my life.

WMCI

1. The pregnancy was planned. I felt excited about it. I was ready to settle down.
2. My impression of my baby before birth was of a sweet little angel that wouldn’t really cry.
3. After birth, my impression of her was that she was perfect.
4. I breastfed her for health benefits and bonding with her.
5. When I had to separate from my baby…especially when she had to go with her dad, it was very hard on her and me…I felt like a bad parent, guilty, cried a lot and very upset.
6. I get especially worried and upset when she has to have visitation with her father. He doesn’t have compassion for her. I feel very guilty, sad, and hurt.
7. When my child gets emotionally upset I am very comforting and reassuring of her.
8. I have a strong desire to get full custody of my child(ren), but I feel powerless to do so at this time.
9. At times my child reminds me of her father when she has a mean attitude. I don’t like this part of my child and blame my ex for this.
10. When my child is being difficult, I talk to her about it. I notice she shuts down as if afraid. I believe she is learning this response elsewhere…from being with her father.
11. I believe my daughter knows that I dislike having to repeat myself to her. She does it because she’s stubborn and she wants me to get it and do it for her.
12. I believe she will grow out of this behavior.
13. I believe my daughter trusts me never to leave her; we are very affectionate with each other; and I always want her by my side…and she wants to be my side.
14. What pleases me most about my daughter is that she does not hold a grudge and she quickly gets back to being loving.
15. The one thing I wish I could change is that she not have visitation with her father.
16. I accept my child as she is and that it’s okay to be her.
17. I know my child is closest to me…she cries when I have to take her to her dad’s.
18. My worst memory of my child’s years is her having to witness the actions of her dad, the words of her dad, when I left him…she was crying and scared.
19. The greatest setback for my child is when as a baby her dad would spank her and not let her cry or be herself…and the separation…having to adjust to two different homes.
20. If I could do things differently, I would have had a voice and speak up for myself and for my child to my ex…but I am proud how I’ve reared her on my own.
21. I am not worried about my daughter’s safety, but whether her needs are being met by her father when away from me yes…I worry.

22. I fear difficulty in her future could be her understanding the reasons I left her dad and that she’ll be rebellious toward her dad.

23. I hope for her as an adult to be strong, an individual, have a voice and not to be like me with having a bad relationship or end up with a man like her dad.

**Reflection on Meaning**

1. My experience of intimate partner violence in my last relationship was umm…more verbal…putting me down, cussing, uh yelling, um threatening, um…scared, um…I guess I thought it was normal…it was hurtful…I saw him as a, especially at the end as the devil…uh as a monster…I still do.”

2. I came to be a victim of intimate partner violence because I never stood up for myself. I didn’t have a voice. I was too scared to use it so I just allowed it to happen. I mean without being able to stand up for myself and letting it continuously happen over and over again…that’s how I became a victim.

3. I have no idea how I became a victim of IPV from my childhood because my childhood was fine, there was no problems…I guess there was nothing ever happened in order for my parents to kind of teach me the tools of how to defend myself…I was never taught to use my voice and how to be a strong woman. I always relied too heavily on my parents to stand up for me and talk for me so…that might’ve been…

4. In a previous relationship with a boyfriend…just a lot of putting down, um would insult me, um call me names, bitch, um and I was okay with it, I went along with it, thought it was, I tried to make a joke out of it. I never stood up for myself. I think I was afraid…that he would leave me.

5. Based on my childhood and past life experiences…made me want to give my daughter her as much as I could like my parents gave to me…to experience you know the childhood as I did…to instill what was taught to me and teach it to her. To be a tight-knit family.

6. Having been a victim of intimate partner violence has brought me closer to my daughter in a way…it just seems that she’s a lot closer to me that I’m, I was the one that was always there for her, I was umm almost like her protector…I am very protective of her and don’t like for anybody, including her dad to get mad at her.

7. Being Hispanic…I think it’s almost that I’m take advantage of for that reason because I don’t fit that stereotype where a lot of people think that, you know, Hispanic or Latina women are these mean ladies who are bitches, you know, is what I’ve heard people classify and even I think somebody told my ex at one time that I’m not like that at all so it’s almost like an invitation to go ahead and step on me because I don’t fit that stereotype that I’m this little weakling that could get treated like that.

8. I think it’s more normal in the Hispanic culture to have this type of violence…that it’s seen as okay because everybody else is doing it and going through it that…it’s a normal thing.
9. I don’t think that my race or any of that has any uh way of me raising my daughter any different. Uh maybe it’s the values that I teach of being, you know, uh Hispanic and coming from a strong Hispanic family, with our values you know Catholic and family dinners, kind of just that tight-knit I guess just to try and bring that up with my daughter.

10. When my daughter was a baby, I’m trying to protect her and there’s yelling, he’s trying to spank her, I’m trying to grab, grab her from his arms, he’s throwing and breaking stuff…I’m sad it took me so long to realize, you know, I’m grateful to have my children, but I’m sad for the way that they had to get their first years of life. It wasn’t normal. I’m worried about, you know, how she’s going to, if this is going to affect her developmentally. I worry when she goes to her dad’s now.

11. I wish I would have seen these violent tendencies in him earlier and been able to gone with my gut feeling and been strong enough to have said no…I just felt sorry for him. I felt obligated to him as my life-long partner…I wish I could have packed up my things and just left…many, many, times.

12. These experiences have impacted my relationship with my daughter in a way I think she has given me some strength that I didn’t know I had and…it just makes me so appreciative of, this little girl that she’s become after all that she’s gone through…she’s helped make me into a stronger person…to not give up. She’s just my little, my little savior.

SP1’s Listing of Meaning Units
- Aspects of the Experience
- Meaning Applied to the Experience

SP1’s Clusters of Meaning Units
- Both parents available
- Closest to mother
- Close to grandmother
- Separations from parents were hard, anxious
- When upset would shut down, cry, be alone
- No childhood abuse
- Setback was parents’ divorce
- Learned from childhood affection wins all
- Separation from child anxious, sad, worried, especially when goes w/dad
- Wishes for child to voice, be strong-willed, happy
- Pregnancy was planned
- Impression of baby – perfect
- Breastfed for health and bonding
- Child closest to participant; loving, nurturing relationship
- Child’s difficult behavior is stubbornness
- Child is similar to father in terms of mean attitude
- Separations are very hard, especially when goes w/dad
- I regret child witnessing IPV
• Worry a lot about child when away
• Wishes for child to voice and not be victim of IPV
• Experienced mostly verbal and emotional abuse
• Became victim of IPV due to no voice
• Childhood taught me how to be a loving parent
• Childhood experience disallowed voicing and self-protection
• IPV prevented good parenting
• Positive outcome of IPV - I now protect my child
• Being Hispanic contributed to IPV in negative way
• Being Hispanic contributed to parenting in positive way

SP1’s Themes of the Experience
• Close relationship to mother/grandmother
• Anxious separations from parents
• Emotional shut down when upset
• Planned pregnancy
• Close loving relationship with child
• Anxious separation from child
• Setback for child IPV witness
• Verbal and emotional abuse
• Childhood relatedness to IPV no voice
• Childhood taught loving parenting
• IPV prevented good parenting
• IPV resulted in protection of child
• Hispanic culture related to IPV
• Hispanic culture related to positive parenting

Horizons from SP2’s Experience
(Invariant constituents of the experience)
AAI
1. I moved around a lot, quite a lot, uh between my grandparents, my mom, and just different housing, different cities.
2. I was primarily raised by my grandmother…I don’t think my mother was capable…
3. My mom…we never really had a relationship. Umm there was no affection like it was more…just like that’s my mom pretty much…
4. I met my dad when I was 13…but he was an alcoholic too so there was also like…abuse, it wasn’t as bad as it was at my mom’s house…it was just more like verbal.
5. The way I would describe the relationship with my mom is neglectful, painful or hurtful, very closed off, unaffectionate, confusing. She left me alone a lot, there was a lot of mental, physical abuse by she and my step-father.
6. The way I would describe the relationship with my dad in my childhood is accepting, encouraging, loving, affectionate, caring. He was very open to
meeting me and fully accepted us into his life right away. He encouraged me a lot and just says positive things about me.
7. I felt closest to my dad because I could open up to him.
8. I’ve tried to have a relationship with my mom, but she turns me away and ignores me.
9. When upset as a child I would hit things, punch things, just cry a lot, and started cutting myself in seventh grade.
10. When upset emotionally I don’t remember what I did…I guess I didn’t really know how to take any of it. I just held it in a lot, I never talked to anybody…
11. When hurt physically, I just kept it in uh…I just took it…after not being heard.
12. When I was ill, my grandma took care of me.
13. I remember being held by my dad, but not my mom.
14. When separated from my mom it never really bothered me to not see my mom or to be separated from her. I was more attached to my grandma at that time.
15. My mom never…uh really cared if I lived there or not…she just wanted me to stay at my grandma’s and my brother was the one to live with her. So that kind of felt like…she was rejecting me. It’s always been like that.
16. I was worried and frightened as a child all the time. By my mom and stepdad. When they would fight…cause they had pulled knives out on each other.
17. I remember my stepdad yelling at me and I was in trouble that day…I got to the point to where I cut myself with scissors…and…he like they didn’t want me to report it…and they didn’t wanna take me in for stitches which I really needed…and he told me that if I were to report it or if I was to go to anyone about it…then they would put me away in like a mental institution.
18. This has affected me as an adult ummm…it takes me awhile to…to let someone get close or me get close to somebody…
19. This has made me do things the opposite of how I was raised with my child. I spend a lot of time with him…whether it’s the park or…whether it’s just quality time at home or out doing something…just make sure he’s taken care of and that he has everything he needs.
20. My childhood experiences have affected my adult personality in that I’m pretty patient with people, open and patient with listening to them…wanting to help. I hold a lot of anger from my childhood…so…that can get in the way I think sometimes…
21. Childhood experiences that were a setback for me was my mom held me back from school just because I really don’t know why, for about a year. She moved, moved me around a lot…
22. I don’t know why my mom treated me this way…I feel like she did not care.
23. My father did what he could, he still does.
24. The relationship with my grandmother was very motherly…um I think she liked the idea of having me living with her…I lived with her my whole life. She’s more of a mom to me than my mom. We are very close to this day.
25. A traumatic memory I have is when I was 21 years of age, my stepdad tried sleeping with me uh…I left the house and went to my mom’s work and told her what happened and she left him for about two or three days and then she
went back to him and then just kind of ignored me after that…to this day she still doesn’t believe me, she thinks I lied about it.

26. My step grandpa molested me for about ten years on and off…we went to trial when I was 13…When I was living at my dad’s house his friends would try to come on to me too…and older cousins have tried it…so that’s always been a problem too.

27. There has been no change with me and my mom like we’ve decided that it’s just best not to talk ummm…I’ve given up on trying to have a relationship with her or try to talk to her. My dad…I barely talk to him now…I see him maybe once a year.

28. There’s not a relationship between me and my mother…no contact. There is some communication with my father..when I see him we catch up.

29. When separated from my child, I feel okay…it is nice to catch up on laundry…or cleaning…I do end up missing him.

30. I worry about my son getting hurt, or when he’s at school…he’s always falling and hurting himself.

31. I wish for my son in his future stability, school, job, umm…prob’ly for him to do things because he wants to do them, not cause someone else wants him to…

32. From my childhood experiences I have learned what not to do.

Horizons from SP2’s Experience
(Invariant constituents of the experience)

WMCI

1. The pregnancy was not planned.

2. My impression about my baby was he was very active; he kicked a lot, moved a lot…seems like he just wanted out. I thought he might me like he, hyper and active, and like his father…smart.

3. I felt like I knew it was a boy…and I was pretty happy about it when I found out.

4. I tried breastfeeding, but it didn’t work out for me…

5. He’s a fast learner. He’s really alert and really interested in everything around him.

6. When my son is separated from me…he seems to be okay with it…we never have attachment issues…and I was okay with it.

7. My son gets upset when I tell him no…he used to have fits and I let him throw his fits, or send him to his room just to kinda help him relax. Sometimes I spank him when we are in public…and he’ll cry, but he’ll get over it, but at home, I just let him…

8. When my son gets emotionally upset…I’ll comfort him…sometimes I feel frustrated…and sometimes I’ll hold him and I’ll get him to play with his toys or just hang out with him…I would never would leave him.

9. When he gets hurt I get him medical care if he needs it or just take care of him.
10. My son’s personality is very outgoing, he loves music, art, he’s loving, affectionate, active, distracted and smart.
11. My son physically like his dad but has my family’s temper.
12. My son is unique in that he learns quickly and he understands and communicates better than I think other kids.
13. My son’s behavior is most difficult when he gets upset and starts hitting himself and screaming for no reason because he wants something or…he can’t have it.
14. This behavior is frustrating to me. If he doesn’t listen to me, I spank him, or he will go to his room when I tell him.
15. I’m pretty sure he knows that I don’t like this behavior. He does it to get what he wants, to try to manipulate and…I don’t know.
16. He probably thinks that I don’t care how he’s acting. Sometimes after he acts this way he will give me a hug, and I’ll hold him and make him feel better about it…at the time if he’s upset.
17. I think this behavior will probably get worse as he grows older…his dad has a temper too…but we’ll just have to work on him as he gets older to either get him to talk about it or handle it in a different way.
18. I would describe my relationship to my son now as good, it’s positive, it’s fun…we have a lot of fun, we play and…have a lot of time together.
19. I don’t think there’s anything I would change about my relationship with my son.
20. I feel our relationship has affected him in a good way. I’m sociable and so is he.
21. My son is closest to me cause he spends more time with me than his father.
22. I think as he grows up he will be less close to me as he’ll be with his friends more…off wanting to do his own thing.
23. My worst memory of my son was him getting stitches…it was pretty painful for both of us…
24. I don’t think there are any experiences that have been a setback for my son. He seems pretty caught up with everything.
25. I have no regrets about the way I have raised him, I think everything’s been good. I would not do anything differently with how I have raised him.
26. I don’t ever worry about my son when he goes to school, he learns, with his dad, he learns so…he’s pretty well off everywhere.
27. I think the hardest part for my son will be him moving back and forth from his dad’s house to mine. It was hard on me growing up…so I can imagine how hard it would be for anybody…
28. I hope my son is respectful as a teenager. I was raised not be disrespectful, so I expect anyone to be respectful…
29. I don’t see anything bad in my son’s future. I definitely think he will be social so that’ll help him.
30. I don’t have any hopes and fears for him in his future….I don’t think that far in advance so I don’t know…I hope he finishes school.

Horizons from SP2’s Experience
Reflection on Meaning

1. My ex-partner was more verbally abusive, it never got to the point to where it was physical. He got jealous of everything and everyone and um… he wouldn’t let me leave the house, he would corner me or he would slam doors or tell me that he was suicidal. He was very manipulative.
2. I got out before anything bad could or would happen. Um…it was frustrating cause I didn’t know him that long until I got pregnant and then after I got pregnant, like things just got worse, it seemed…It was really stressful.
3. I don’t know how I came to be a victim of intimate partner violence…I’ve never experienced it before in the past, but …I don’t know. I got pregnant and he got more protective.
4. I don’t know if I became a victim of intimate partner abuse as a result of my childhood, because I tend to stay away from negativity and violence in relationships, I don’t like it. I don’t like it at all because that’s all I grew up with. So I just avoid it.
5. In my past relationships…like with a former boss, he’d make sexual comments and I just ignored it…, but then it actually got to the point to where um…I, I had to report the boss for assault and battery and I left…so and I know, like nowadays, a lot of women just ignore that…and they shouldn’t.
6. I was never close with my parents or grandparents or…or any family so…I think missing out on the comfort and the family life uh…missing out on that, it bothers me so it’s, it’s nice to have that with my son now.
7. Based on my experience as a victim of intimate partner violence…yes, yes and no. I know that um after I had my son, I was, I was real protective of him at first…um just cause I, I didn’t know his dad that very, like very well and…I didn’t let his dad take him at first…until he proved himself. He made me not want to have my spend time with him…
8. I don’t think being Hispanic affected me being a victim of intimate partner violence…I think there’s abuse in all cultures and races and…I don’t think it really has anything to do with being Hispanic. Probably has more to do with being a woman…I think guys do it because they know they can get away with it and the women let them get away with it.
9. I don’t think my ethnicity, being Hispanic, has affected my relationship with my son…Cause I, I don’t see things as black, brown, white, yellow…so…I’m not sure.
10. Being a victim of intimate partner abuse has made me want to keep my son away from all that…whether it’s TV or any situation, hearing it or seeing it…but it’s going to be hard to keep him from being exposed to it…as much as I don’t want to shelter him…um..just the less violence better, I think.

SP2’s Listing of Meaning Units

- Aspects of the Experience
- Meaning Applied to the Experience
SP2’s Clusters of Meaning Units

- Both parents emotionally unavailable
- Grandmother primary caregiver
- When upset - aggressive, shut down, be alone
- Separations from parents not hard
- Childhood abuse and trauma (unresolved)
- Learned from childhood what not to do
- Separation from child is welcomed
- Wishes for child to have success
- Unplanned pregnancy
- Impression of baby – active, smart
- No breastfeeding
- Child closest to mother; loving, nurturing relationship
- Child’s difficult behavior is indicative of manipulation; will worsen over time
- Comfort and care are provided to child
- Child is similar to father physically and in temper
- No setback for child
- Experienced mostly verbal abuse as IPV victim
- No childhood relationship to IPV victimization
- Childhood taught how not to parent
- Positive outcome of IPV - protective of child
- Being Hispanic has no relationship to IPV victimization
- Being Hispanic has no relationship to parenting of child

SP2’s Themes of the Experience

- Close relationship to grandmother
- Separations from parents insignificant
- Emotional shut down/aggression when upset
- Unplanned pregnancy
- Close loving relationship with child
- Separation from child is welcomed
- No setback for child identified
- Verbal abuse
- Childhood unrelated to IPV victimization
- Childhood taught how not to parent
- IPV resulted in protectiveness of child
- Hispanic culture unrelated to IPV
- Hispanic culture unrelated to positive parenting

Horizons from SP3’s Experience
(Invariant constituents of the experience)
AAI
1. “My mom was a stay-at-home mom. My dad was always working…but uh um I would stay at my grandma’s house a lot…so we were uh pretty close family.”

2. “I’ve always been, you know, real close to my mom, she’s always been the real mother type like uh she’s always worried about everything, and uh my dad uh you know I’ve always been close to him too, but like I said, he’s just kind of, it’s almost like um a way to describe it is like a shadow…”

3. “I would describe my relationship with my mother during my childhood as respect…you have to respect your elders; that I always had to prove myself to her; sorrow; I’d say kind of guilty. I never wanted to let her down/guilt. Loved her…you know I always feel like I kind of had to be her strength…I had to toughen myself up and not break down, for some reason, I was her strength so if she saw me breaking down, you know…she would break down too…and so you know I’d always have to be strong for her and hold all my emotions inside…”

4. “I would describe my relationship with my dad during my childhood as quiet, distant, hard working, supportive, and discipliner…” “My dad was really, really mellow, laid back…there was really no true communication. Distant, because I had no true…like close, real close relationship with him. He would go to work sick, sick, sick…and so he just is like, he’s just at work all the time. But he would always be there for all my performances—supportive. He made me feel like I was doing good.”

5. “I felt closest to my mom. Just because she was always physically there and you know, she played the mother role. Not dad because the distance of him always working and kind of just being in the background the whole time.”

6. “When upset as a child, I’d go play…just go off and…I’d do something creative. Make a clubhouse and go to those places and I felt like they were like my own place.”

7. “When physically hurt, I would get a little bit scared to tell them that I was hurt because I was probably doing something I wasn’t supposed to do. I was scared of the reaction that always made me feel that way…it was always like “What did you do this time?” “You’re hurt again?” She would get mad at me…so…I would always kind of have to toughen up and…”

8. “Whenever I was ill, umm…I would go to the nurse’s office a lot. I was always in there…would call my mom and she’d be like…”Uhhh okay.” I don’t know why I did this so much…”

9. “I recall my mom would hold me when I was upset or hurt…and…for some reason, my reaction would I would think has always been cause even to this day, when she holds me like I love her to death, she’s my mom, like I love her, but I don’t like to be…held by her…for some reason, I don’t, I have no idea why. It just makes me feel…I don’t know…kind of weird.” “Umm, well my nana was different. Her, I would always uh it felt comfortable to, you know, if she would hug me and stuff, like I just felt like it felt right.”

10. “Not really being held by my father, he’s kind of not that type either.”

11. “I remember the first separation from my parents was kindergarten…I had a hard time with that and then she left and I was just kind of like in shock like I
didn’t wanna talk to no one, I was just kind of like…I wanted to cry, I was like crying inside, you know, but I just didn’t know how to react. I was just like whoa, what’s going on right now…”

12. “I would say yeah, I felt rejected as a child…my parents always babied my younger brother and to this day…but yeah, I would never ask my parents for anything because I know that they didn’t have money…I felt real bad for them so I would never ever ask for anything. But my brother on the other hand, he wanted the newest game system…etc., and he’d had to have it. So yeah, I felt rejected that I wasn’t being treated fairly, but at the same time, I knew that they didn’t, that couldn’t financially…”

13. “I think my mom in her mind felt that she was treating us fairly.”

14. “I’ve always I guess worried that something would happen to them that I would lose them…it was just like a reaction of how my mom’s worries come off so it kind of like scared me of the world, you know…”

15. “My mom hiding things from my dad in a way had an effect on me…she would always say not to tell him…I think, I guess it kind of snucked me from him a little bit…” “Umm like I still catch myself doing things now such as like hiding things or just better not, I’m better off not telling umm on certain things and stuff than to have to deal with dealing with it.”

16. “This has influenced me with my son…because it makes me not want to do that to him.”

Horizons from SP3’s Experience
(Invariant constituents of the experience)

WMCI

1. “Pregnancy was planned. I was ready for a kid.”

2. “I became real attached to him just because umm ever since pretty much day one.”

3. “I had a feeling I was gonna have a boy…umm and he’d be kind of a lot like me…I thought everything he is now, he would be, yeah.”

4. “When I saw him for the first time, it was a bit overwhelming…I was scared…for him…you know, you’re not prepared for any…of the bad stuff so it’s kind of like…what’s going on, why didn’t you tell me things. Is he gonna be okay?” “I was just worried about him.”

5. “I was happy to have a boy…I wanted a boy so…I was excited once they told me that I was having a boy.” “My family was head over heels…”

6. “I tried to breastfeed him, but he was not cooperating, and uh, yeah, I didn’t get the whole bonding thing.”

7. “He was always really good, mellow, and would never cry just to cry.”

8. “He has always amazed me cause he’s just so smart and I noticed since the day that I had him, umm he had this like look in his eyes and look on his face where it wasn’t a normal newborn…he was focused…like really focused.”

9. “When my son would separate from me, he’s uh gets really upset with it…when I would have to go out of town for work…it was really hard for me…I felt like guilty being away from him.” “I would always make sure that I was like in contact with him…so I would call him to see how he’s doing.”
10. “When my son has tantrums…when things don’t go his way…umm you know I try to like negotiate with him or I will…just tell him…you know, that he needs to do it or threaten him like with his toys, you know, just be like okay, you’re not gonna be able to play with your toys or umm the one I’ve been telling him lately is Santa’s still watching…”

11. “It’s really frustrating, especially when there’s a lot of people around and stuff, umm. I could feel myself like boiling up right away and then I have to just like calm down and, you know, sometimes I do get a little bit angry and umm you know, just a little bit overwhelming.”

12. “I feel like just grabbing his toys sometimes and picking them up and like you know, this isn’t, you know, cause he, he’ll sit there and try to like test you and so…until he can his way…”

13. “When he has gotten emotionally upset…I grab him and hold him. It like really hurts me.”

14. “When he has gotten physically hurt, I’m the one that freaked out. I take every little precaution step, you know, so I have to weigh whether he had a cut, a cold, I’m there like doing everything in the remedy book, you know…”

15. “When he has been sick, it just hurts my heart, but at the same time, you know, you gotta. I was just like toughen myself up and did anything I could till like umm just care for him.”

16. “My son’s personality…umm…he’s really outgoing…a little charmer, umm, he’s very smart and so he, his vocabulary is umm like really advanced. He is loving, intelligent, sensitive, outgoing, and tries to be real tough…Mr. Tough Guy on the outside…but he has a big heart about a lot of things.”

17. “I would say my son is a mixture of both me and his dad…kind of stubborn like me, and really, really independent…and he reminds me of his dad…a lot, his personality because I think he’s kind of rubbing off on him…his stubbornness too…his attitude…say’s things his dad does that he thinks are funny but they’re not.”

18. “He is unlike his dad in…umm…he’s real respectful…he has good mannerisms.”

19. “The most difficult behavior for me to handle are when my son throws temper tantrums…he’ll run from you…he’ll say no, like you know he’ll talk back.”

20. “I can feel myself getting overwhelmed…and frustrated..and like mad. I go to bed angry.”

21. “What I do that I don’t wanna do because I don’t want it to affect him, but I tell him, okay, if you don’t, if you don’t, you know, get dressed cause he’ll say, if I go try to dress him, he thinks it’s funny to run off…and so I’ll say, okay, fine, I’m gonna leave without you. And, you know, after I do it, then I’m like oh, no, no, no, it can’t, I should not be doing this cause he gets really upset and like I really need to stop doing this and I do it so quick…out of just like reaction and then after I’ve already, you know, pretended to, to leave, and then I’m like I need to stop doing this.”

22. “He knows I don’t like it when he behaves this way.”

23. “I think he does it to see probably if he could test his way of getting, test to see if he can his way…"
24. “When I do this, he starts throwing a fit, he’ll start crying and a lot of time, it’s not even a real cry, he’ll fake cry…he’s really upset and like he gets really angry, sometimes he’ll like yell or stuff like that.”

25. “I think maybe it’s just like a phase that he’s going through now. Umm I’ve noticed that he gets really upset with his dad…his dad yells at him and like punishes him and stuff an so…I think that he just umm gets upset about that and throws a tantrum…like doesn’t know how to react to the situation and it upsets him.”

26. “Uh loving, umm…you know, I’d, I’m…I wouldn’t say I am strict with him…a little bit…I try to do a balance of being the mother figure of what I’m trying to teach him respect and teach him all these ways and…at the same time, I open up and just be a kid with him…and play and umm do all this stuff with him like you know making tents on the bed…”

27. “I feel guilt when I am away from him…fear that something’s gonna happen to him…you know, when we go to the store or stuff like that, like I make sure he’s always right next to me…I’m always right there with him.”

28. “So…one thing I, I like to do a lot with him is I’ll grab him and pick him up and like put him in the air like that and bring him down and he’s just like, you know like has no other care in the world, he’s just like laughing and happy and you know and that’s like…I like that feeling.”

29. “I wish because he’s been so independent all the time… he’s not real umm cuddly…and so I would…I would want to be more umm…I’m not sure what the word is, like just more…umm affectionate…”

30. “I feel my relationship with my son has kind of made him more mature and respectful.”

31. “I notice like with his dad acting, you know, the way he does towards me, my son sees it…and kind of tries to do it a little with me…rude…umm say like real disrespectful things…and I notice like sometimes my son will do things like that…”

32. “It kind of made me a little bit sad…umm…a little bit maybe frustrated…and a little bit kind of angry towards his dad.”

33. “I’d say my son is closest to me…his dad gets real mad at him a lot…so he always tells me things like “I don’t wanna go to my dad’s, my dad’s mean to me, umm…I just wanna stay with you.” “When my son wants me, his dad gets like angry towards me because of it…yeah, my son has always been closer to me up until the past six months…I noticed he’s close to his dad.”

34. “I don’t expect my son not to stay close to me…because you know his dad’s kind of pushing my son away a little bit and his dad’s like constantly on his phone texting, so his idea of spending time with him is being in the same room with him. He doesn’t like interact as much.”

35. “I guess that he doesn’t have both parents there when he does things, you know…so maybe has been a setback…so maybe he won’t feel as complete or accomplished about certain things….because we’re both not there to actually see it…”
“No, I would just say that what I’ve been doing lately, about the whole threatening him to…that I’m gonna leave and stuff, that’d be my, one of my only regrets with him.”

“I worry that something would happen…will happen to him when I’m not around him. Umm…I worry that you know he could become not attached to me or not want to be with me and…I just worry that he won’t like me.”

“Sometimes I get pretty worried and it’s just like when I’m not with him, and like I don’t know if it’s like the guilt or it’s just like, you know, just freak out about it but sometimes it, it’ll get to me like really, really affect me and I get really bad anxiety…and really upset, even though there’s nothing I could do at that very moment, but I just get that way.”

“It upsets me if I think about him not being attached to me…so this way I don’t push him away from me to not like me cause I see already what’s happening with his dad…and I don’t want him to feel like he don’t have nobody, that we’re just there to yell at him.”

“If I could keep my son at a specific age it would be one years old…because he was just happy all the time, I was just so happy…and he didn’t know how to talk back…”

“I think the most difficult time for my son will be when he starts school…umm…I’m not sure what’s gonna happen yet as far as the custody and stuff, but you know, I guess just being in school and going, you know, switching from house to house so much…and not having a stable place for him to sit down and do homework and umm…getting the help that he needs like every single night, like uh like a consistent…help, you know, and it’s just kind of gonna be just like alternating patterns…”

“I see my son as an teenager being real respectful…umm…and just because the way he’s so independent and stuff now, he’s gonna be a little bit frustrating, you know, to cause he’s gonna want, he’s you know, he’s the type that he will do like what he kind of wants, you know…I think it’s gonna be a little frustrating on my part.”

“I worry about not being able to control the situation…and we might not stay close. But, he’s real physical so he umm like he’s into sports and stuff like that…so that he’s gonna be active in school and do good.”

“As an adult I think he will like kinda calm down and just be focused on something, whether it’s like work, I have a feeling he’s just gonna be like real, whatever he chooses as his career.”

“I have the fear that any parent would have and not want their kid to start, to go on the wrong path.”

Horizons from SP3’s Experience

(Invariant constituents of the experience)

Reflection on Meaning

1. “It was mainly emotional, psychological, and verbal. One time he pushed me and I fell down the steps and he knew he did wrong, but he uh kind of put the blame on myself…” “A lot of mind games…so he would do things that
almost kind of convinced myself…you know that I would, is, I was the one at wrong…I would always be apologizing for things that I didn’t even do wrong, but I would just apologize for them because I didn’t want to confrontation…”
“He hardly never, ever, ever said sorry or took blame for anything that he did.”

2. “He was very controlling…one time I had and I would never go out partying and stuff like that and um one day after work my best friend said she’d meet me at your know this one place for happy hour for a drink…and he lost his mind like he called me every word in the book and, and I was, I mean even when I was at the bar, I wouldn’t look at nobody, you know…and he would say that I’m like a whore and this and one time he got his cell phone one time and was so upset that he threw it against the wall, busted it, and then he blamed me for his broken cell phone that he threw.”

3. “I was never good enough either…I went through this for ten years.”

4. “It still has an impact on me but in a different kind of way because I would never say anything about it, I would just take the abuse and deal with it and um…me and my mom kind of sympathizes with him, and I said to my mom the other night, “I tried to make it work for ten years and I was just smart enough to finally, you know, realize I didn’t deserve that and she goes well I don’t understand why you stayed in the relationship for ten years and um not got out sooner and I was like well it’s not easy, you don’t just…get out, you know…it just feels like you’re trapped in it…and no way out.” “It’s made me a little bit insecure…in relationships that I’m in now and I think it is because I kinda freak out a bit when something bad happens…or, or I fear that something bad’s gonna happen. I put up a wall and I just don’t wanna deal with this no more.”

5. “I think I became a victim because I allowed it…um…I never like stood up for what, how I felt…you know I never confronted him about it because I just didn’t want the confrontation and so it was kind of like an easy way out too…I just ended up making it worse. I don’t really like conflict.”

6. “I think like my mom, I was more worried about what other people thought, instead of worried about what I, how I felt…and um she…even to this day, always thinks that you know if you get into a marriage you, you’re supposed to make it work, no matter what, no matter what…but my dad is really laid back and um…you know, passive about things, he just kind of, you know stays out of people’s business, he doesn’t like conflict and stuff like that…I would say that would be more me.”

7. “My mom more aggressive and controlling. I felt like it was more um..because my ex was controlling, um…I felt like he handled things…took charge.”

8. “Yeah because my mom…never really explained to me what I deserve…she never said you deserve the best, you don’t deserve to be treated like this, she just kind of let me figure it out on my own…and then compared it to her ways…this contributed some to me being a victim of abuse in my marriage.”
9. “I try to take everything I have been through as more of lessons learned…and try to see it as how I would do it different if I was able to go back and do it different…and then I try to teach my son that for him.”

10. “When I was in the marriage, I could feel myself in the shadows…and as a parent had to give…I wasn’t able to parent my son…because I felt like I couldn’t…because when I tried to voice my opinion and say, uh, you shouldn’t do that to him, his dad would say, yes he could do that, why can’t he do that, go ahead and do that and he would override my…say so.”

11. “I would say a little bit, I kind of, the abuse make me feel like a little bit of an outsider, if that makes sense…like if my son would fall, I would pick him up and hold him, and his dad would say, “Stop babying him”…and so he would make me feel like I was doing something wrong so he kind or made me feel like I wouldn’t wanna give that affection towards him because you know I’d get in trouble for it.”

12. “I try to be more calm and I try to show my son more affection now…try to give him attention more um…and…because I was in the, you know bad relationship, I know, I guess I kind of grew from it…and so I don’t want my son to ever treat somebody that way so that’s why I try to be so positive with him and respectful.”

13. “I don’t say “I hate your dad” and always talk real positive to my son about his dad.

14. “I think like the Hispanic heritage, a lot of the women just deal with the abuse, and you’ve got the bigger families that you’ve gotta impress and you don’t want to be the person that fails and stuff um…I felt like that was what I was supposed to do. Yeah, I would say yeah big time it had an impact on me being a victim of abuse. Also, I think Hispanic families encourage the men to drink and domination…because they are the guys…”

15. “I think being Hispanic has made the woman sacrificing herself for the familia…and lately I am breaking away from their cycle and stuff…stopping the self-sacrificing.”

16. “I think being a victim of domestic violence…it’s just taught me to become more um…responsible and independent and…being respectful towards people and…you know, it gave me more strength and stuff…and this has benefitted my son.”

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SP3’s Listing of Meaning Units
- Aspects of the Experience
- Meaning Applied to the Experience

SP3’s Clusters of Meaning Units
- Both parents available
- Ambivalent relationship to mother
- Distant relationship to father
- Close relationship to grandmother
- When upset would shut down, go off alone
- When hurt or ill, keep it quiet, scared of mother’s reaction
- Held by mother, but disliked it; not held by father
- Separations from parents were hard
- Always felt rejected by parents
- Learned from childhood how not to parent
- Planned pregnancy
- Impression of baby – smart
- Breastfed for health reasons and bonding
- Child closest to participant; loving, nurturing relationship
- Separations from are hard for both mother and child
- Mother feels guilt and anxiety during separations
- Child’s difficult behavior is indicative of testing the limits
- Comfort and care are provided to child by mother when upset, ill, hurt
- Child is held by mother
- Child mimics father’s mistreatment of victim
- Setback for child was divorce
- Experienced mostly verbal, emotional, and some physical abuse as IPV victim
- Ex-partner very controlling and isolating
- Effects of IPV were self-doubt and loss of voice
- Childhood relationship to IPV victimization
- Mother never taught participant to voice or self-protect
- Childhood taught how not to parent
- IPV disallowed positive parenting of child
- Positive outcome of IPV - calm loving parenting of child
- Being Hispanic has strong relationship to IPV victimization; teaches women to be self-sacrificial
- Being Hispanic has relationship to positive parenting of child; family is important
- IPV experiences has made me strong, independent, respectful of others

SP3’s Themes of the Experience
- Ambivalent relationship to parents
- Close relationship to grandmother
- Separations from parents difficult
- Emotional upset resulted in emotional shut-down
- Planned pregnancy
- Close loving relationship with child
- Separation from child is difficult; results in guilt and anxiety for mother
- Mother worries about negative influence of father on child
- Child’s emotional and physical needs are met by mother
- Setback for child was divorce
- Verbal, emotional, and some physical abuse in IPV
- Childhood contributed to IPV victimization
- Childhood taught how not to parent
• IPV resulted in calm, loving parenting of child
• Hispanic culture unrelated to IPV
• Hispanic culture unrelated to positive parenting
• Overcoming effects of IPV

Horizons from SP4’s Experience
(Invariant constituents of the experience)
AAI
(No transcription available, audio was inaudible).

Horizons from SP4’s Experience
(Invariant constituents of the experience)
WMCI
1. “The pregnancy was definitely planned. I felt stressed…but for the most part I was really happy.”
2. “I would imagine…I didn’t care what she would look like…except that she was gonna be mine and in my arms and I was just so excited to uh…able to hold her. I imagined her to be just like me…the center of attention, and dancing and singing and performing…”
3. “She didn’t look like I what I had imagined…”
4. “I wanted to breastfeed and did try but couldn’t…so I ended up pumping.”
5. “Once home I got very depressed and I was terrified that there was something wrong…”
6. “My baby was intelligent early on.”
7. “When separated from her she could care less if her grandma was with her…and she would get kinda mad at me. It really breaks my heart leaving because I feel like I should never leave her. She cries so intensely.”
8. “When my daughter gets upset…and it is often…and I put my hands on her arms and look at her directly in the face and I have a firm voice and I tell her, “You are not to act like this, your behavior is not going to be tolerated…” I put her in the corner and she hits her head against the wall and then I have…I just spank her…pop her on the bottom.”
9. “I feel like screaming at the top of my lungs.”
10. “I feel anger…annoyance… and complete frustration.”
11. “When she becomes emotionally upset, I pick her up in this most loving position I can put her in, I sit her on my lap with her legs wrapped around my hips and rub her back…and tell her mommy loves you, everything’s okay, try and relax…”
12. “I feel like crying…” “It’s heartbreaking when she is upset.”
13. “My daughter’s personality…she is funny, spoiled, OCD, selective, aggressive, humorous and passionate.”
14. “She is like me in having very strong connections with certain others.”
15. “She is so much like her father…they are loving and nurturing and compassion for themselves but sometimes they’re not that way with other
people…they are very selective in the ones that they give their time to and they give their love to."

16. “The most difficult about her behavior has been her constant wanting of food, she never knows what it is she wants and then once I get it for her, she doesn’t want it. It’s like she is playing a game with me…I feel like it’s excessive.”

17. “I feel like pulling my hair out and running away.”

18. “I feel worried that she’s gonna continue this…”

19. “She does it to bug me…but then my heart melts and I know she’s not doing it to bug me, she really doesn’t know…and then I totally give in.”

20. “Sometimes I think she says, “See I told you you’d do it…or at times she feel comfortable and thankful…”

21. “I’m terrified of this demanding behavior…that she’s gonna not have friends…”

22. “I think she and I are close…we’re forgiving of each other…so I think that we really understand each other’s uh feelings.”

23. “We have an intense connection…I need her, she needs me. I am nurturing, overindulgent…I want to avoid conflict with her. But she is special and her needing me is fulfilling.”

24. “I like most that she is comforted by me rocking her and holding her…”

25. “I think I have affected her personality because I am so indulgent with her I guess or so nurturing, that she doesn’t feel like her dad can do anything.”

26. “Our relationship has changed recently…it’s much harder with her…she’s always the harder one to be alone with than her sister…”

27. “I don’t like it…I wish I could be more understanding and content with her and just umm appreciate she is the person she is and you can’t change someone, but it gets annoying sometime…maybe cause of her dad, those are the things that bug me about her dad…”

28. “My daughter is closest to me than her dad…she doesn’t want dad to do anything. It used to be the opposite. I hope it will change…I do hope that she creates a different, closer bond to him…”

29. “The only setback for her was potty training…it was hard.”

30. “I have lots of regrets…I would have more consistent with her and set better boundaries.”

31. “I worry all the time…does she have OCD…her personality…”

32. “I think her going into Kindergarten might be difficult for her…because she is very isolated.”

33. “As a teenager, she will probably be a loner and not have a lot of friends. But she will probably be selective of her friends but she may miss out on activities.”

34. “As an adult I hope that she finds someone who is good for her; a fulfilling career; or to be happy no matter what.”

35. “My fear is that she might make decisions too early in life on things that may affect her in her long term goals.”

Horizons from SP4’s Experience
(Invariant constituents of the experience)
Reflection on Meaning

1. “I do deal with a lot of emotional and verbal abuse…it’s not real physical, um but you know he constantly shoots down any idea that I have or interrupts me as soon as I start saying something and right away, it’s no…and it gets tiring to the point that I just don’t wanna do it anymore.”

2. “He completely makes me think I’m crazy. He’s not possessive and he’s not jealous, but he is very controlling, like to, to a weird level. Like I can’t touch the heater, move it up or down. This needs to be this way or that way and um…it’s a constant questioning, grilling, or suspicion.”

3. “I have always had a relationship like this, never a normal one…I realize that I always want to make things work…I never was willing to, to say, you know what, this isn’t working, this isn’t the guy for me. I was gonna beat a dead horse as they say. With my husband now it was about you know what’s gonna secure my future. And really we might not have been the right match.”

4. “Since my mom and dad were never together, I know in my heart that’s why I try so hard to make things work. My stepdad was very obsessive-compulsive about things to an annoying degree and it seems like my husband is exactly like my stepdad.”

5. “Yes, I think that since I was primarily raised by my grandma and even my mom was the same way well we weren’t fighters, we were more turn the other check type…so very submissive…we never had arguments in our household so I try to just move on and accept it. Also, I would feel like a failure if I got a divorce…I just couldn’t do it. I have made it my priority to just be a mom..and protect my children so that’s more of the thing, it’s like I don’t ever wanna have somebody hurt my children…”

6. “My grandma was always what do you need, what can I do to make you feel better, that was you know what was done to me so I just do the same things with my daughter.”

7. “Me experiencing abuse in my relationship has affected my daughter when she hears him say like you’re so dumb, or that’s stupid, or are you stupid…now I hear the kids say that or they’ll tell me, you’re stupid.”

8. “I wish I could say that being a victim of violence has made me stronger or it made me teach my girls to be stronger, but no, I think it’s completely destructive.”

9. “Oh yeah, being a victim of domestic violence has blocked the way I want parent my daughter. I stay home now so I have this wonderful relationship with her that now I’m able to have…when he’s not there and that’s the sad thing. I’m always like oh, when are you going to work, you know…so I can be normal. Because when he’s there, it’s like you know walking on egg shells.”

10. “It bothers me, it hurts me, I, I feel sometimes like a failure to my girl because I feel like, you know, I didn’t, I didn’t come, I didn’t start this whole process of trying to get pregnant with the idea that I was gonna bring kids in this world and mess them up. But I am trying to keep my marriage together, keep my family together.”
11. “Being Latina and in New Mexico um boys are the same, they’re all the same, they all are raised as kings, you serve them their food, you get them their drink, you’re the, you know, you do everything and flutter around the kitchen and make tortillas and you know uh that’s just the way it is. They come to you as mama’s boys. It’s the culture…the New Mexico culture.”
12. “I feel like the Hispanic has had a negative influence on my daughter…but she is very close to her grandma and that’s a very Hispanic thing…familia.”
13. “I want my daughter to know that she deserves more and to not fall in love with the family first…I would teach her not to do some of things I did… and I’m nervous of how I’m gonna have to answer to certain things that I did, but um all I can do is just try, try to be real with her, but always keep that I’m mom.”

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**SP4’s Listing of Meaning Units**
- Aspects of the Experience
- Meaning Applied to the Experience

**SP4’s Clusters of Meaning Units**
- Planned pregnancy
- Impression of baby – unimportant, just wanted her
- Unable to breastfeed
- Child closest to mother, an intense connection, more than father
- Separations from are hard for both mother and child
- Mother feels guilt and anxiety during separations
- Child’s difficult behavior is frustrating; mother feels like screaming
- Mother sees child’s misbehavior as if child is playing a mind game with her
- Mother worries misbehavior will continue and have a negative effect on child’s friendships as a teenager
- Put child in corner or gets spanked, it’s excessive
- Comfort and care are provided to child by mother when upset, ill, hurt
- Child is held by mother
- Child mimics father’s mistreatment of victim
- Setback for child was potty training difficulty
- Child needed more boundaries
- Wishes for child find a good partner and success as an adult
- Fears child as an adult may make wrong decisions for her future
- Experienced mostly emotional and verbally abuse as IPV victim
- Partner very controlling, demeaning, and crazy-making
- Passivity contributed to IPV victimization
- Effects of IPV were low self-esteem and loss of voice
- Growing up in broken home contributed to IPV victimization, I have to make my marriage work no matter what
- Mother and grandmother modeled submissiveness which likely contributed to IPV victimization
• Childhood experiences taught how to parent child
• IPV disallowed positive parenting of child
• IPV victimization has brought nothing positive, completely destructive
• Child witness to IPV had negative effect
• Being Hispanic has strong relationship to IPV victimization; teaches women to serve males and treat them as kings
• Being Hispanic has relationship to positive parenting of child; family is important
• Wants child to never be victim of IPV and is fearful she will have to answer as to why she stayed in an abusive relationship

SP4’s Themes of the Experience
• Planned pregnancy
• Intensely close loving relationship with child
• Separation from child is difficult for both mother and child
• Separation from child results in guilt and anxiety for mother
• Mother worries about negative influence of father on child
• Child’s emotional and physical needs are met by mother
• Verbal, emotional abuse, controlling, demeaning treatment
• Childhood contributed to IPV victimization
• Childhood taught how to parent
• IPV disallows positive parenting currently
• Hispanic culture very much related to IPV
• Hispanic culture related to positive parenting, familismo
• Overall IPV experience destructive for all family

Horizons from SP5’s Experience

Invariant constituents of the experience)

AAI

1. “I’ve always been very close with both my mom and my dad...we were always very close. Umm, I was a daddy’s girl too.”
2. “My relationship with my mom as a child was my best friend, angry, teacher, my support, and happy. I could always be honest with her...I could trust her and she was just my best friend...but when she went to work when I was in the fourth grade I was so angry because she wasn’t always there for me...and this made me really upset for a while. But if I was crying, having a bad day, I could just go to her and she was just there always, making it okay. My mom was very outgoing...umm happy a lot of the time...when I was little so I just liked being around her.”
3. “With my dad...confused, teacher, angry, spoiled, and loving. He would never talk to anybody so I would never know if I had done something wrong or if he was angry with me or what, I’d be confused...” “My dad knows absolutely everything...I would watch him build and I always learned so much from him, just by watching him.” “My dad treated me different than my
brothers... I think it had to do with me, the kind of kid I was, I did things to make my parents happy before they asked me and my brothers did not like this. I wanted to be treated like my brothers were because I did not want them to not like me and I always got, I didn’t ever ask for much...so when I did ask, I got it and it just made umm my brothers more mean and so I would be mad.” “I was spoiled with my dad and umm he always took more time with me, showed me how to do things more and stuff, I was very spoiled. He was very loving toward me.”

4. “As a child I would say I was closer to my dad. He was the one I was around a lot more...he stayed at home more...his business was the farm at our home.”

5. “I was close to both my parents, just more with my dad because I was like him, more outdoors type.”

6. “When I was upset as a child, I would like go sit in my closet, or something like a small space. I liked being enclosed...or just go to my mom.”

7. “I don’t remember being real upset in my childhood...maybe I blocked it or I just wasn’t upset as a child...maybe I would hold it in, I don’t...I’m not sure.”

8. “When I got physically hurt my mom always had her First Aid Kit and I was sprayed with you know...peroxide and put a bandage on and stuff like that.”

9. “I was always ill as a child...I loved it...I got to stay home. My mom would make me tea and I would just stay in bed.”

10. “Yes, I remember being held by my parents during these times...mostly my mom would lay with me or sit and talk with me while I was sick...my dad has never been much of a uh...affectionate, like hugging type of person so I don’t remember a lot of physical attention from him.”

11. “The first time I was separated from my parents when I was 19 years old and had my twins and moved out...it was horrible. Umm I had a really hard time and I was in a place that I didn’t wanna be...I was, you know, scared to call them...I felt like I had to stay and suck it up with my ex-husband because I don’t wanna put them, through that. I felt so alone when I didn’t have them.”

12. “I felt rejected as a child a lot...by my brothers, no matter what I did, no matter, I just wanted their approval...and never could get it...I always felt rejected by family and friends. I never knew why cause I really wasn’t doing anything wrong, but I always felt rejected.” “I didn’t feel rejected by my parents though.”

13. “I just held my feelings in. I don’t remember talking to anybody about it, or I remember just being confused.”

14. “For sure felt rejected by my grandma...my mom’s mom...she told me I couldn’t go over anymore...and I didn’t understand why.”

15. “I’d be scared of my brother, the younger one, he was really mean and would hit me and stuff like that and if I told, he’d be meaner so I would be scared of him a lot so I tried to stay away. I was also frightened of horses.”

16. “No, my parents were never threatening with me.”

17. “My younger brother was very abusive and physically abusive and mean to me.”

18. “This affects me now as an adult a lot...like when now I try to have friends...I never know if I’m doing right or wrong...”
19. “It affects the way I parent my kids cause I have twin boys and one girl…and the boys are so mean to her and it sends me right back to how my brothers were to me and I…try to talk to the kids or send them to their room when it gets really bad and they don’t stop…I have to go into my own zone and be away from them, I can’t hear it, I have to put headphones, I just, have to, you know, and zone out because it really affects me bad.”

20. “When I got with my ex-husband he was like the spitting image of my abusive brother…physically abusive…and he would yell at me and I’d shut down…like I didn’t even know how to respond. He would grab my face so hard, that I couldn’t chew. I was so unhappy with him that at times I didn’t want to live anymore.”

21. “The relationship with my parents affected my adult personality was positive…keeping a positive attitude. Umm, although I do think that’s what kept me staying…cause by dad was very jealous, possessive with my mom…I think how it was like with him growing up is sometimes I feel like I need their permission…” “Also my dad ignored me… I freak out if I’m ignored, like I don’t even know how to respond and I also like hate seeing kids treated differently. I just can’t handle seeing it, my ex husband does the same thing with my boys to my daughter…I don’t sit quiet and we end up fighting because I speak up…but you know like I tried to be like my mom and just, you know, be okay and not speak up or just deal with it…and try to positive…as positive as you could.”

22. “No aspects of my childhood were a setback to me.”

23. “My parents were trying to be good parents, I don’t know…”

24. “I was very close to one grandma until I was like four and after that, I was kind of hurt by her…or with her for a long time…”

25. “My marriage to my ex was traumatic and the divorce is very traumatic on me. Now my ex is going off revenge…he’s always trying to find ways to get me to court. I fought so hard to get away from him, I got away, and he still has control. I feel like he still has control of me and it’s really getting to the point where it’s too much for me. He’s just trying to hurt me…it’s overwhelming. I’m terrified of losing my kids.”

26. “Now as an adult me and my dad…I know he loves me…but we’re not close. I don’t want to be around him…he’s always telling me what to do about my ex. With my mom, I can’t go to her anymore…if I try to talk to her, she’s like well you should do this, this, and that and I just feel like I can’t, I don’t get that just holding you and loving you and being there for you, no matter what. I just don’t feel like we have a relationship anymore.”

27. “My daughter never separated from me, when she was about three years old…I went through…when I was first going through the divorce, I didn’t want to be a mom anymore. I gave up everybody, everything, completely changed about six months. It seemed that affected her. I have a hard time when she’s gone…me and her are very close and umm it’s hard for me, especially cause I know she’s not happy at her dad’s and she’ll cry a lot of times to leave him. But if she has to leave me, she cries and it’s hard uh being away from her. It’s only while she’s with her dad that it bothers me, but she’s
always freaking out like she’s gonna be left, like she’s so fearful of being left and I don’t know if I did that to her… She’s very clingy, jealous, possessive too, like with me… If I walk out of a room, she’ll freak out…”

28. “When she’s gone with her dad I become like a zombie…I’m in my pretty much the whole weekend, the whole night, umm I’m just kind of zombie. I don’t talk on the phone, I don’t talk to anybody, I don’t turn the TV on, I might have music on, but I just like lay there…and wait till she gets back. Pretty much I just go into a shell and just kind of stay there.”

29. “I worry about my girl all the time…I don’t know what’s going on…when she is with her dad sometimes she will pee her pants…and she doesn’t ever do that and that worries me…I worry a lot about her.”

30. “I would wish for my daughter to move away…out of state and go to school…to be happy and content in herself…umm always just secure and her own person and comfortable in her skin and who she is.

31. “I’ve learned from my own childhood experiences to talk to my kids…I sit and talk with them and let them know why I feel the way I do…and I encourage them always to do better…I learned this from my parents.”

32. “I hope my daughter learned from me to give your best and you can’t go after people hurtfully, you don’t treat people bad, and to try see the good in everything. If she can focus on what’s good in from of her, instead of what’s bad, that everything will work out and I hope I can give her confidence.”

Horizons from SP5’s Experience
(Invariant constituents of the experience)
WMCI

1. “Pregnancy was planned.”
2. “I was really unhappy the entire pregnancy…I did not want to be pregnant anymore. My husband was mean and verbally abusive to me during my pregnancy.”
3. “The only reason I got pregnant because my husband wanted a baby.”
4. “The pregnancy seemed real right away…I felt stuck.”
5. “I didn’t want the baby…I was just unhappy…I just did not want another baby at the time.”
6. “When I found out it was going to be a girl, I was excited about her…wondering what she looked like.”
7. “I imagined the baby would be calm…she didn’t move around a lot.”
8. “When I first saw her, I was excited to see her…happy.”
9. “I breastfed, because I think it was healthier for her and gave me a closer bond to the baby. It definitely bonded me to her. I held her all the time and would feed her and it was nice.”
10. “The first few weeks with the baby…she was easy…she didn’t cry much, she was real calm.”
11. “She was a lot ahead developmentally, talking when she was a year old.”
12. “Separations from me were awful…she freaks out…she won’t want to go with her dad. It worries me a lot…and I wonder if something is going on over there.”
13. “I worry and cry for awhile...because I’m wondering if she’s okay...and
he won’t let me talk to her so it’s hard.”
14. “When she gets upset I ignore her...it depends on what she’s upset
about...sometimes she won’t stop crying...and I’ll get really
frustrated...it’s overwhelming to me.”
15. “When she gets emotionally upset...she doesn’t leave my side...when I
want to use the restroom...I hear her screaming at the top of her lungs...I
explain to her I would never leave her.”
16. “I try to calm her down...it worries me...I kind of worry if it’s something
that I did wrong with her.”
17. “When she gets physically hurt...she doesn’t cry.”
18. “The most difficult of her behavior is that she whines a lot...and always
needs me to be around her...”
19. “I feel like ignoring her...sometimes I put my headphones on to not hear
it.”
20. “I feel frustrated and just ignore her.”
21. “Uhhuh...she knows I don’t like it, but does it for attention...she cries.”
22. “She probably feels awful being ignored...I hate being ignored. I grew up
being ignored and it’s frustrating.’
23. “I think she will become like me...hating to be ignored and freak out.”
24. “Me and her are very close...If I’m upset, she’s the one that’s like right
there for me.” I would describe her as my best friend, she would stick up
for me, close, frustrating, and distant.”
25. “What pleases me most about my daughter is how much she loves me.”
26. “I wish I would take more time with her...I don’t take the time with her.”
27. “I think during the time I was mentally gone made her clingy...at first I
didn’t want her...now me and her are closer. I feel good now.”
28. “My daughter is closest to me than her dad. She always says she wants to
be with me. “I don’t wanna go with my dad. I hate my dad.”
29. “When she was younger, she was crying all the time and was difficult.”
30. “I think the divorce was a setback for her...she’s very insecure now.”
31. “I worry about my daughter because she’s so insecure...I worry that when
she gets older she will seek attention from men or seek their love too
young. I get pretty worried, and think about it a lot...I will even cry.”
32. “I worry about her teen years...I expect her to be very hard...to give me
trouble, but I think she’ll be cute and smart.”
33. “As an adult I fear pregnancy and that she will end up with a broken heart.
I hope she sees that she there is no need for a man and be able to take care
of herself...like me build my own things and I don’t need any help.”

Horizons from SP5’s Experience
(Invariant constituents of the experience)
Reflection on Meaning

1. “It started out right away...there was a lot of yelling and there was
physical...not hitting per se...but he would grab me like so hard or squeeze
me so hard if I was trying to walk away from him that I would have bruises and stuff…”

2. “Then we split up and when we got back together the physical violence stopped, but I wasn’t allowed to have friends, work, go to school, um go anywhere, do anything without him, even to the grocery store…I had to constantly be with him.”

3. “I thought he was going to kill me…so I was kind of scared to fight back, which is kind of why I kind of turned off…there was even sexual abuse…after giving birth to the twins my uterus was all messed up but he wouldn’t stop. He also wanted me to be heavy and I turned into a different person. I turned into where I didn’t care at all. I didn’t care about anybody, not the kids, not him, not my family, nobody and I don’t know if it was fear or but I knew mentally that’s what I had to do to be able to like get away and I was scared.”

4. “I left him after 11 years….and there was verbal, emotional, psychological, physical and sexual abuse.”

5. “I think I got this way because my dad’s kind of the same way with my mom, not…he doesn’t yell and he’s never hit her and they never get violent, but my dad has control over my mom…I always thought it was kind of normal.”

6. “I went back to my ex because I still had to deal with him and it was easier to me just to be with him and deal with it than what he can do when I’m not with him, you know, having kids, you had to deal with it anyway.”

7. “Also one of my brothers was very the violent type and very violent with me and I think that violence you know again to me it was, not that it was normal cause I always was unhappy and I knew, you know, it wasn’t normal, but it, it was like well if you see that your whole life..you kind of feel like that’s how it’s supposed to be.”

8. “I’m very close to my mom and I think and I always, you know, wanted like uh a sister like uh another female and so I, I had a bond with my mom and, and I think that bond is what led me, luckily, to have the bond that I do with my daughter.”

9. “In the past, I didn’t want a relationship with my daughter because of all the violence and because of that I wanted to get away, I didn’t want her…he wanted her…but I overcame that…but I’ve never…I do parent her differently because I don’t give her the attention like I should, like not spend a lot of time with her.”

10. “It just seems like Latinos seem to be a little bit more controlling and so growing up around lots of Latinos, you see it and, as you see everybody so controlling, you know, all these males been able to control the women, it kind of feels like normal, like that’s how it’s supposed to be..”

11. “I’m not sure if my ethnicity has any effect on my parenting…I do see that some Latinos are closer to their kids so maybe we bonded a little bit more because Latino families are real close knit…all the family is always around so that could have possible made my relationship with my daughter have a strong bond.”

12. “I just want to say that being a victim of domestic violence has had a strong effect on me for a long time…I still…I’m so fearful of life and all these years
he tore me down, no matter how many people tell me that I’m beautiful, smart, amazing person…it pulls you so low and it, it, it’s a struggle. It makes me even scared of other men…uh…other relationships of…everybody…like I feel like sometimes it’s wrong to have friends when I know it’s not…and being put through all that domestic violence is, it’s straining and it’s tiring it’s, you know, mentally it’s just tiring…”

SP5’s Listing of Meaning Units
- Aspects of the Experience
- Meaning Applied to the Experience

SP5’s Clusters of Meaning Units
- Both mother and father available
- Closest to father, spent more time with him
- When upset as a child would go off alone to an enclosed place; hold it in
- When hurt or ill mother would care for me
- Recalls being held by both parents
- Felt rejected as a child a lot
- First separation not until 19 yoa; felt very alone
- Brothers very physically and emotionally abusive as child
- As an adult unable to trust relationships as a result of childhood abuse and impacted negative parenting of daughter
- Parents had positive effect on attitude
- No setbacks in childhood
- Relationship with ex-spouse is reminiscent of abuse by brothers in childhood and continues to be abusive currently
- Separations from daughter are hard and full of anxiety; I become zombie-like, shut-down, depressed
- Worries for child’s well being when with her father
- I learned from childhood to talk with my kids
- Hope child learned from her parenting confidence and treat others well
- Unplanned pregnancy, very unhappy, felt stuck, didn’t want baby
- Impression of baby – calm; not very active
- Breastfed for health and bonding
- Was easy baby
- Child closest to mother, not father
- Separations from are extremely hard for child, she freaks out
- Mother worries a lot during separations from child
- Child’s difficult behavior is frustrating; mother feels like screaming
- Mother sees child’s misbehavior as deep insecurity of child that she may have caused in child’s infancy
- Mother tries to calm child or ignores her
- Mother believes child misbehaves for attention
- Mother empathizes with child dislikes being ignored
- Comfort and care are provided to child by mother when upset, ill, hurt
• Child is held by mother
• Mother worries misbehavior will continue and child will become anxious about being ignored
• Child hates to go with father
• Setback for child was divorce
• Child needed more attention from mother when younger
• Wishes for child as an adult to become independent
• Fears child as a teenager will become very insecure and seek attention from men and become pregnant too soon
• Experienced physical, verbal, and sexual abuse as IPV victim
• Partner very controlling, demeaning, and threatening
• Effects of IPV were depression, hopelessness, and isolation
• Witnessing father treat mother abusively and controlling in childhood contributed to IPV victimization; normal
• Brother’s abusive treatment likely contributed to IPV victimization
• I stayed, left, and returned out of fear; better to be with him than not knowing
• Childhood experiences taught how to parent child
• IPV disallowed positive parenting of child; had a nervous breakdown and left unavailable to parent child
• IPV victimization has brought mother child closer currently
• Child witness to IPV had negative effect
• Being Hispanic has strong relationship to IPV victimization; Hispanic males are macho and controlling of women
• Being Hispanic has relationship to positive parenting of child; stresses families to be close unit
• Wants child to never be victim of IPV and is fearful she will have to answer as to why she stayed in an abusive relationship
• Being a victim of IPV has had and still has long-lasting negative impact on self-esteem and very tiring

SP5’s Themes of the Experience
• Both mother and father available
• Closest to father
• Suppressed feelings as a child
• Mother cared for child when hurt, ill, upset
• Parents held as child
• Felt rejected as child
• Unresolved childhood abuse and trauma
• Unplanned pregnancy, did not want baby
• Breastfed child for health and bonding
• Close loving relationship with child
• Separation from child is difficult for both mother and child
• Separation from child results in worry for mother
Mother worries about child’s wellbeing when with father
Child’s emotional and physical needs are met by mother
Mother views child’s misbehavior as attention-seeking
Verbal, emotional abuse, controlling, demeaning IPV
Childhood abuse contributed to IPV victimization
Childhood taught how to talk to child
IPV disallowed positive parenting, had nervous breakdown, unavailable to parent
Hispanic culture very much contributed to IPV, machismo
Hispanic culture related to positive parenting, close-knit families
Overall IPV experience negative effect of low-self esteem, exhaustion

Horizons from SP6’s Experience
(Invariant constituents of the experience)
AAI

1. “My relationship with my parents…I was the one who was always put aside…”
2. “I would describe my childhood relationship with my mother as separated, control, resentment, lack of love, and favoritism. My mom had to be in control of everything and have the last word. I resent her for having stayed with my dad and them fighting and hitting each other so I think she could’ve made better choices. My mom never gave me love, she was always arguing with my dad or being with my older sister. I was left out because my older sister was my mom’s favorite,”
3. “With my father I felt distant, alone, favoritism, non-supportive and lack of expression. He was never around…always working, and I always felt very alone…and he favored my middle sister. He doesn’t express himself to me, he tells my mom how he feels about me, but not to me.”
4. “I guess I felt closest to my mom cause she was the one always around, even though we didn’t get along, just because she was there.”
5. “I didn’t feel this way with my dad because he never showed emotion. He was very distant.”
6. “When I became upset I would lock myself in my room, most of the time. I wouldn’t talk, I just shut down and I didn’t talk to people.”
7. “When I was emotionally upset I would pick on my middle sister…just to get some sort of reaction from somebody.”
8. “When I got hurt physically or sick my mom would either try and comfort me…but it was mostly my middle sister who tried to comfort me the most.”
9. “Nu huh no…I don’t remember being held by either of my parents when I was upset, hurt, or sick.”
10. “I remember about six or seven years of old being separated from my parents for the first time and I cried a lot and then eventually I kind of just got used to it. I’d hear them arguing and my mom crying and packing all the time so I guess after awhile, I just got used to it.”
11. “I felt rejected by my parents most of the time cause I would try and do things to make them approve of me or make them happy by doing extra stuff where it was never acknowledged and it’s more of uh well you do that stuff because you have to, not because, you’re doing it to get a reward…they would just never acknowledge anything that I would do.”

12. “When I felt rejected I would just make myself distant, kind of like I wanted to disappear and I would stay in my room and…I mean all night and then the next morning ignore my mom or …my dad so I didn’t have to take care of them…so kind of like I was invisible.”

13. “Now if I’m in an argument with my son’s dad, I just leave, like it’s just a natural thing for me just to wanna pack up and leave… and I’ve been trying to kind of stick out arguments and change that pattern. But I find it very easy to leave.”

14. “Being rejected as a child, there are times I won’t talk to my parents for weeks or months at a time…because to me it’s easier not to deal with the problem.”

15. “With my son, I do different with him. I don’t hit him with hangers or with the belt, um I do things with him like take him to the park or to show him that I love him and I focus my attention on him when I have him.”

16. “My mom always used to say that she would take me and my sisters to the detention center and leave us there and sometimes she would put us in the car if we were acting out…and buckle us in and drive towards the detention center just to…I guess straighten us out…”

17. “My dad hit me a couple of times growing up…but my mom was the one that always hit me and my sisters…with either like a hanger or a cord or…throwing stuff at us…from age six or seven up to sixteen or seventeen.”

18. “Now as an adult it doesn’t affect me cause I try and understand where she was coming from at that time.”

19. “I don’t hit my son, I talk to him, most of the time I’ll put him in time out, but I don’t ever hit him the way I was hit.”

20. “I see a lot of what my parents have done and how they’ve treated me…I still have tried to change stuff about myself, but it always comes back to the same as what, how they brought me up is…it affects me when I let it affect me. Like if they tell me something, I just shut down and never express how I feel towards them.”

21. “No there are aspects of my early childhood experiences I don’t feel were a setback to me.”

22. “I think my mom treated me the way she did because my dad was never around and she had to raise three children on her own and was under a lot of stress and then my dad was doing drugs so…he would always spend the paycheck on his good time. So my mom had a lot of stress…with everything.”

23. “I was very close to my Aunt L…she was the one that I would always talk to growing up…there was a certain bond I had with her.”

24. “No changes in my relationship with my parents from my childhood to now…still the same…maybe it’s gotten worse now that I’m older, I’m not close to them…I’m not…so it’s probably the same or worse.”
25. “When my I separate from my son I worry more for his safety and his wellbeing when he’s not with me. I cry more when he’s not with me. I worry him being with his dad and his being a drug addict and cause I never know if I’ll see him…the next week or when he’s with his dad. His dad hangs around with a drug dealer who’s threatened us before so I worry that, you know, he may be at the wrong place at the wrong time or be doing something he’s not supposed to or…just I may not see him again.”

26. “I wish my son will grow to be respectful to his elders and women…to be successful in what he enjoys doing…and to be happy…with life.”

27. “I’ve learned from my childhood how to be a mom…how, what not to do to destroy my child. I do the opposite of what my mom’s done…when it comes to my son. I mean we can sit down and talk like adults and he tells me his feelings or I spend one-on-one time with him so he doesn’t feel alone or abandoned by me or grow up resentful towards me.”

28. “I would hope that my son would have learned and know that I’ve done everything to benefit him and he would grow up to be respectful…just a happy person when he gets older.

Horizons from SP6’s Experience
(Invariant constituents of the experience)
WMCI

1. “My pregnancy was planned.
2. “I sensed he would be more like me…stubborn…but I wanted him to just be himself.”
3. “My reaction to first seeing my son was excitement…he was cute. I was excited to have a boy.”
4. “Yes, I breastfed him…it seemed like the natural thing to do…I wanted the bonding.”
5. “I felt more attached to him and the bonding was positive when I breastfed him.”
6. “At home I had postpartum depression…it was hard…no one helped me with him. But he didn’t cry much. I spent more time arguing with my partner than being a mom.”
7. “Separations from my son were difficult for him and now. He says he does not want to go with his dad that his dad is mean to him. My son hits me when he comes back from being with his dad. A lot weighs on my heart when he’s not with me. I don’t sleep, I worry, am scared…it’s hard.”
8. “I usually just sleep or watch tv when he’s with his dad.” “I feel very frustrated then I tend to yell at him more…I don’t hit him.”
9. “When he gets emotionally upset…I hold him…I see it as his age…through his eyes and try to talk to him.”
10. “I feel like crying…I feel very frustrated.”
11. “When he is physically hurt I care for him.”
12. “I feel upset.”
13. “My son’s personality is like mine…very responsible, he loves to laugh, he’s outgoing, stubborn, caring, joyous.”
14. “His most difficult behavior is trying to get his emotions out…he bottles up. He has angry outbursts…especially when he comes back from his dad’s. He locks his toys up and buries them.”
15. “At these times, I feel like taking my son and leaving with him.”
16. “It hurts.”
17. “I take him to counseling. I let him know he’s safe and okay.”
18. “Yeah, he knows I don’t like his behavior, that it bothers me. Cause I cry. I think there are things he is exposed to that I highly disagree with.”
19. “I don’t think he understands what is going on and he gets upset.”
20. “I am hoping counseling will help him with this behavior and he will get better.”
21. “The one thing I would change…is that I wish I didn’t have to be the one to discipline him.”
22. “We have a good relationship…he’s well-structured.”
23. “A setback for my son has been the abuse he witnessed between his dad and me. To this day he gets triggered seeing cop cars.”
24. “The only regret I have is that I wished I had left his dad sooner…so that my son would not have seen so much abuse.”
25. “I worry a lot for my son when he is with his dad…his dad is still doing drugs. I have anxiety attacks, or get depressed…he’s always on my mind.”
26. “I worry that when my son turns into a teenager his father may pressure him to choose between his parents. But I expect him to be well-rounded, athletic, do homework and bull riding…he’s always been set on that.”
27. “I see that the structure I have set for him will be good for him as a teenager…but I also worry that he will be old enough to realize what is going on with his dad.”
28. “I hope for my son in his future that he’ll be a responsible man, marry and support his family…but I fear at times he will follow in his father’s footsteps.”

Horizons from SP6’s Experience

(Invariant constituents of the experience)

Reflection on Meaning

1. “It started off verbal abuse…and then it went from a push to a slap and then he would punch me…after my son was born. One time he picked me up from the couch and slammed me on the floor, and I hit my back of my neck and hurt my cervical…he used to choke me and like laugh about it until like I was getting ready to pass out and then he would let me go when he knew I was gonna pass out. It went on until I left…about three years.”

2. “I was depressed, I was in my own world, like I tried to make it work. I didn’t tell my parents or anybody what was going on cause I didn’t want them to change their opinion or the way they see him…so I kept a lot of it and I stopped going around my family and spent more time, like his family knew he was a drug addict and all that…I spent with his father and sister.”
3. “He was also jealous and possessive...like I that that’s where I couldn’t like
go see my mom because my mom’s very opinionated...my mom would tell
me to leave him...but I couldn’t wear certain things or I couldn’t wear
lipstick...if I went to the mall with my best friend he would call me like 70
times and I was gone for an hour and a half...it was just...I was always on my
toes.”
4. “He threatened...he always threatened to kill me, like if I can’t have you, no
one else will so if you leave, I’ll...you know, stalk you and he’s done that...”
5. “He has pulled knives before but I uh locked them in the storage, I wouldn’t
have knives or sharp objects in the house...when he was on drugs he was
mean...but whether he was using or not...he would snap.”
6. “I think I came to be a victim of domestic violence by seeing it with my
parents growing up...and I thought it was okay...like I was like I’ve seen this
with my mom, my mom made it work, you know, he’s gonna change, I have
the same hopes as my mom did and then I looked within myself and I’m kind
of screwed up as far as leaving...and my mom used to leave my dad all the
time and that’s the habit I have. Um...but I just didn’t want the same life for
my son, I didn’t want him to look back and think oh, it’s okay to hit my
girlfriend or my wife...I saw my dad do it...so when my light came on...I
left. I left for my son.”
7. “Based on my childhood experiences...I have a relationship different...I try to
do the opposite of what my parents have done raising me. I try to keep an
open relationship with him by talking about emotions or what’s going
on...and he can talk to me. I am more loving, like I give him hugs and kisses
I let him know when he goes to his dad’s, I’m gonna think about him, like
he’s not gonna be forgotten or I’m just gonna, you know, do my own
thing...and forget about him. He knows he’s on my mind and I’m gonna miss
him so I let him know that when he’s not with me, I’m gonna be sad.”
8. “The relationship I had with my Auntie L...she was like my mom, she was
someone that I can talk to and she didn’t judge or...she was just that kind,
loving, genuine person...and that’s how I want to be with my son.”
9. “Experiencing domestic violence has made me realize that I can be miserable
dwelling in the past and just be an angry person, but experiencing it has made
me not naïve anymore...and the abuse because I’m a better mom because of it
because I am very over protective of my son, more than I would have been if I
was still in the situation and no harm should cross my son at all. I don’t think
if I didn’t experience any of that, I would be such a good mom.” “Like I
intervene if someone is being rude to my son... I speak...I let people know
they are being watched very closely.”
10. “When I was with his dad I focused a lot on where and what his dad was
doing. I could have been spending time with my son instead, paying closer
attention to him or playing with him, you know, instead of arguing or fighting
with my ex. I would put my son in the crib and shut the door so he wouldn’t
see him hit me or...”
11. “I think Hispanic women we get abused more and we ex...we see our parents
do it so then we think it’s okay and then the cycle continues as you go on and
there’s very few that actually leave their situation. But once you get out and you look around you see it happening everywhere, it’s all around you, so I mean everybody’s just repeating the cycle of getting abused. I think my mom’s mother passed it onto her because she went through it too. Hispanic males seem to think they have more of a right to control women…it’s kind of their belief that’s it okay for men to hit women. But I am being a different Hispanic and my son will be too.”

SP6’s Listing of Meaning Units

- Aspects of the Experience
- Meaning Applied to the Experience

SP6’s Clusters of Meaning Units

- Both mother and father were emotionally unavailable
- Closest to mother versus father
- Special relationship with an aunt
- When emotionally upset as a child would go shut self in room; shut-down; didn’t talk to anybody
- When hurt or ill sister would care for me
- Recalls not being held by parents
- Felt rejected by parents a lot as a child
- First separation at 6 or 7 yoa; would cry a lot; then got use to it
- Received physical punishment by parents, mostly mother a lot as a child
- As an adult as a result of childhood rejection and abuse leaves; avoids conflict
- Learned from parents how not to parent; does opposite with son
- No setbacks in childhood
- Relationship with ex-spouse is reminiscent of abuse by parents; just shuts-down
- Separations from daughter are hard and full of anxiety; I cry a lot and worry for my son
- Worries for child’s well being when with his father
- I learned from childhood to talk with my son
- Hope child learned from her parenting that she loved and treated him well, to treat women with respect as a man, and be happy
- Planned pregnancy
- Impression of baby – sensed baby would be like her - stubborn
- Breastfed for health and bonding
- Was easy baby
- Child closest to mother, not father
- Separations from are extremely hard for child when he goes with his father; child often does not want to go with father
- Mother worries a lot during separations from child for his safety
- When child is emotionally upset; mother views this as his way of seeking comfort; it’s his age; sees through his eyes
• Comfort and care are provided to child by mother when upset, ill, hurt
• Child is held by mother regularly
• Mother worries misbehavior – tantrums, buries toys, views this as child’s bottling up feelings; loss of emotional control
• Mother takes child to counseling and hopes misbehavior will go away as he gets better
• Mother feels like taking child and leaving
• Child hates to go with father
• Setback for child was his witnessing IPV between parents
• Mother regrets not having left child’s father sooner
• Mother worries a great deal when son is with his father; father abuses drugs
• Fears for son as a teenager that his father will pressure him to choose to be with one parent over the other
• Wishes for son as an adult to be well-rounded, athletic, educated and pursue his interests
• Mother worries that son may follow in his father’s footsteps
• Experienced severe physical, verbal, and emotional abuse as IPV victim
• Partner very controlling, jealous, possessive, and threatening
• Effects of IPV were depression, hopelessness, and isolation
• Witnessing father treat mother abusively and controlling in childhood contributed to IPV victimization; viewed as okay
• I stayed to try to make relationship work; kept the abuse secret
• Childhood experiences taught how NOT to parent child
• IPV (ex-spouse) blocked parenting of child
• IPV victimization has brought mother child closer; mother very protective of son
• Child witness to IPV had negative effect
• Being Hispanic has strong relationship to IPV victimization; Hispanic males think they have the right to control women; Hispanic women tend to put up with it, because we think it is okay

SP6’s Themes of the Experience
• Distant relationship with parents; rejection
• Close relationship to other family member
• Emotional shut down as child
• Unresolved abuse in childhood
• Childhood experiences taught how not to parent
• Planned pregnancy; breastfed for health and bonding
• Separations are hard away from child; worries a lot; when with child’s father
• Views child’s misbehavior through his eyes
• Setback for child was divorce; witness of IPV
• Severe physical, verbal, emotional abuse
• IPV effects depression, hopelessness isolation
• Childhood experiences contributed to victim of IPV; stayed to make relationship work
• Abusive partner prevented parenting of child
• IPV victimization ultimately had positive outcome for mother and child
• Hispanic culture has strong relationship to IPV victimization

Horizons from SP7’s Experience
(Invariant constituents of the experience)
AAI

1. “My relationship with my parents…umm…it wasn’t really much of a relationship. I think they were more into each other than like taking care of me and being with me. I remember them like fighting…always fighting. My dad being very jealous of my mom all the time and we would just be scared of my dad cause he was so angry all the time and um my mom, she was just very emotional and didn’t really stand up for herself…so we just had to watch the abuse between them and it affected the relationship with me.”

2. “I would describe the relationship with my mom as a kid as protective, partners, betrayed, and convenient. I was always concerned about her wellbeing especially when it came to like my dad uh and how he would treat her a lot of times. When they would fight, I would stand up for her, I’d, you know, say things to my dad like trying to be brave for her because she couldn’t do it herself sometimes. I felt like we were partners cause we were going through it together as a family. I picture my dad and mom fighting and me and my sister standing behind my mom, cause we would never side with my dad with all the rage and the anger that he had. I also felt betrayed by my mom at times when she would leave me there with my dad and she would just leave to get away…she left us in a situation that she’s trying to get away from…so I didn’t feel like she was there with us. She was being selfish, she just wanted to do her own thing and ease her own pain. She always been convenient, for her, it’s convenient for her, it’s there. When she wanted to do something it didn’t matter if my sister were sick she would always find someone to watch us or put us where she could to do her own thing.”

3. “I would describe the relationship with my dad as angry, felt sorry for him, distant, loved and ignored. I just always felt very angry towards him all the time for how he treated my mom and how he was in general. I felt sorry for him because I felt like he just wanted affection…he was just desperate for attention. I had to distance from him because he treated me different because I look and act like my mom and cause at any moment he could snap so I had to build a wall. I didn’t feel loved a lot by him, but when I did I knew it was genuine. Yet, he spent a lot of time thinking about himself and my mom and I felt ignored a lot of the times.

4. “When I was young, I felt the closest to my mom. I felt like she needed me. Like she emotionally was not stable.”
5. “I didn’t feel close to my dad because he was angry a lot and I was very distant with him.”
6. “When I was upset as a child I would tell my sister and we’d always talk it out and cry together. We would hold each other when my parents would fight and that comfort with each other helped.”
7. “When I was emotionally upset I would just cry, that’s all I would do is cry.”
8. “I would cry to my sister.”
9. “I remember a time when I was emotionally upset…when I stood up to my dad when he was hitting my mom…and he just cussed me out…I cried…my sister held my hand. She was the main person that made me feel better.”
10. “When I got physically hurt, my parents were always, like “Oh, you’re fine, just get up, so I got the same mentality and wouldn’t do much about it after awhile. I would say it’s not that painful. Sometimes I just cry…to get the attention for somebody to, you know, comfort me…”
11. “I have no recollection of being sick when I was young, except once I had a stomach flu. I would just heal on my own.”
12. “No, when I was upset or ill I was not held by my dad…I could say for sure…and my mom wouldn’t hold me, but she’d always find a way to soothe me. She’d rub my back or stroke my hair, my head, that’s the one thing that always sticks in my mind cause she would just do that when we were hurt or angry and until we fell asleep.”
13. “When I was ten or eleven years old I spent the summer with my grandparents and that’s the first time I was separated from my parents. It was fine, like I didn’t, I wasn’t sad to be away from them, it was amazing for me. Our grandparents put so much time in me, they’d take me for ice cream, swimming, and I was like wow…”
14. “Yeah, I always felt rejected when I was young. I felt like my parents had better things to do than to be with me and my sister so we were left with each other. I mean when I think about my childhood, I mostly think about my sister…and not so much my parents. We were kind of our own support system…and I definitely felt neglected by them.”
15. “I was probably four when I first felt rejected by them.”
16. “I definitely felt threatened by my dad…just because of how angry he was a lot and when it came to disciplining us, he was kind of extreme…uh if we didn’t listen or if we didn’t do what he asked, he would actually bend us over on the bed and spank us with the belt…and he would definitely threaten us, if you don’t do that, uh you’re gonna get the belt. Sometimes he would just there with the belt and snap it.”
17. “As an adult it’s affecting me a lot cause when I feel threatened, I run away. You know like I feel like I’m really scared to just try, I’m just scared to take risks, I mean I just feel like when I feel threatened emotionally or physically, like I’m gone…like I’m just not about that at all.”
18. “Just watching my dad and the way that my ex-husband, they’re like exactly alike. It’s weird how you marry the person your dad is.”
19. “This affected my approach to my son…I’m a lot different. It’s crazy, I think about the way I was raised so much when it comes to parenting to my son that
I just kind of do everything opposite of the way my parents did…when it comes to disciplining, there’s no way that I would do what my dad cause I just, I know it’s like, it’s horrible and there’s times like when I first started with the kids, uh that’s the kind of approach that I took and it was the same like spanking and um…like you just start to notice like the fear in their eyes when you approach them and…and it’s just like I don’t want them to be afraid of me…” “I just want them to know that I want the best for them so it’s definitely affected me, I mean I’m kind of thankful that I went through that cause I might be a different parent if I hadn’t…it definitely made me a better parent.”

20. “Also, my mom leaving me makes me careful about people leaving me, even if it’s just a friend…I’m really concerned about how they feel towards me…I’m really emotional cause I don’t wanna be left alone.”

21. “I don’t want my son to feel this way with me…to worry about people leaving them…I just want them to be confident in themselves. I would never tell my son I would leave him somewhere…uh cause that scares me and I let them know that like I’m scared for them to leave me…that’s how it’s affected me, I have a hard time with them wanting to be with other people. I’m like I’m your mom, why don’t you wanna be with me?”

22. “I don’t think my parents realized the effect that it would have on my life…I think at the time they were just more concerned with themselves.”

23. “Yeah, I was always worried and frightened as a child cause my mom wouldn’t come home sometimes. My dad wouldn’t come home sometimes. I would worry when my mom would worry about my dad coming home angry and drunk and so I think we lived in fear a lot…because of their relationship. Sometimes me and my sister worried that neither of them would come back and we were just gonna be there alone…”

24. “I see a lot of my dad in me and I see a lot of my mom wouldn’t come home sometimes. My dad wouldn’t come home sometimes. I actually worry about that cause I spend a lot of time worrying that I’m gonna be just like my mom. I let my emotions guide me and a lot of time it gets me in a screwed-up place where people can manipulate me…”

25. “A setback for me as a child was the abuse…it had a lot to do with my personality right now cause I’m scare of going through that, I’m scared of people abusing me…cause I fell into that trap with my first relationship.”

26. “Traumatic events in my later life was more of my parents fighting…and the relationship with my ex was a lot of fighting with him…a lot…I saw my dad in him. He would come towards me angry and would corner me and make me talk to him, he’d push it as hard as he could just to get me down on the floor to a point where he had control of the situation. I just felt so controlled…like he knew how to manipulate me and how to corner me. I felt like I really couldn’t get away.”

27. “When I was sixteen years old my grandpa passed away…he was sick and kept it a secret…he had cancer. He always stood up for us and especially with my dad. It was hard…I still miss him so much…but I feel like he’s watching over me. I also feel like his spirit is in my son…cause my son is just like him, it’s crazy…”

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28. “Yeah, my relationship has changed with my parents…cause like with my, I started off as being on her side and kind of saw things one-sided and um then she started to turn on my dad, it was more like I felt betrayed by her…cause she left a lot and he was the one that was hurt and needed us…like we always felt needed by one of them. I have gotten much closer to my father…and I’ve started to resent my mom more.”

29. “My wish for my son as he gets older is to get a full education without any distractions. I want him to focus on his mind first before anything else. That he have a heart for God, and that he always respects people like when he gets married…to respect his wife and do what’s right.”

30. “From my childhood…I gained the experiences uh and the knowledge to not follow that same path…”

31. “I would hope my son will learn from me to feel confident in himself…and I hope he knows that like nobody abuses another person to get what they want…like I don’t want him to feel like he has to manipulate people. I want him to be happy with himself and not to worry about anybody else…”

**Horizons from SP7’s Experience**

*(Invariant constituents of the experience)*

**WMCI**

1. “My pregnancy was unplanned. I felt guilty…but also excited.”
2. “I wanted to be a mother…cause I could do it better than my mom.”
3. “I was really stressed out.”
4. “It felt real the minute I was holding him.”
5. “I sensed my baby would be musical…because every time I went to a concert he was the most active. I was excited for his potential. I wanted him to have a big heart…to spend as much time with him as possible so he knew I’m his mother and I would be there no matter what.”
6. “When I first saw him…it was worth it…I felt ready to be a good mother.”
7. “I wanted a girl though.”
8. “I breastfed him for three months. Because I heard it was healthier for the baby.”
9. “His first few weeks were great…no problems.”
10. “He developed normally…except speech, he was delayed. He saw a Speech Therapist.”
11. “He would do things I didn’t expect him to do…and say things I didn’t expect…he was really smart.”
12. “His routine was normal…he was very smart…very aware.”
13. “When we would go off his routine, I felt bad…I wasn’t giving him enough time.”
14. “It’s hard for him to leave me… he grabs on. He gets worried about people. He’s very protective of all of us. I think he has separation issues. When his father would take him…his dad didn’t do a good job telling him that I was gone…his dad would call me saying “Son is missing you”. When I would
pick my son up, he’d be mad at me at first…I’d talk with him, hug him and
he’d be okay.”
15. “I felt bad to leave him. His father wasn’t the same comforter for him as I am.
    His dad gets mad at him, he doesn’t explain things to him. My son would say
    he didn’t love his daddy.”
16. “I would cry a lot. I felt like I was just gonna give up.”
17. “When my son would get upset I would just talk to him and tell him…give
    him words that will comfort him. Sometimes I use threats to drop him off
    somewhere…I can’t handle the screaming…sometimes I spank him.”
18. “I feel so overwhelmed…so stressed out. I feel lost sometimes…like what do
    you do? I just really sometimes don’t know how to handle the situation…”
19. “I just feel like grabbing him andspanking him until he stops…”
20. “I wonder, what I’m doing wrong sometimes…and feel guilty as a mother. I
    will take the time to talk to him…no matter what. I don’t want my child to
    feel that way.”
21. “When he was physically hurt, I was sad…wanted to take the pain away. I
    wanna say the right things to make him feel better…and be the one that he
    runs to when he’s hurt.”
22. “I aid him and calm him.”
23. “When he is ill, I call the doctor…and explain to him.”
24. “I feel guilty when I am not there for him.”
25. “My son’s personality is loving…he often comforts me; caring; outgoing;
silly; and wise. I can see his emotions clear as day.”
26. “He reminds me of his dad when he gets angry…his dad can’t control his
    emotions and yells at our son…I see our son act like that.”
27. “He’s mostly like me thought…emotional…and emotional roller coaster. But
    he takes other’s opinion’s well and is very considerate of other people.”
28. “My son is very mature for his age and is unique in this way. He is well-
    behaved…he listens to me. I think he has a better understanding of things
    than other kids his age.”
29. “The most difficult behavior of his is his whining. It’s so hard for me to
    handle those situations.”
30. “I just wanna slap him sometimes…but I don’t.”
31. “I feel overwhelmed, high strung…like what do I do now?”
32. “I will just continue to explain to him in a calm voice…I don’t raise my voice
    to him…because I don’t want him to raise his voice at me. He eventually
    calms down.”
33. “He knows I don’t like this behavior…he has to! He acts like he’s crying
    sometimes.”
34. “I think he does it to get what he wants.”
35. “He runs off…he doesn’t want to talk. He’ll fight for awhile…until I calm
    him down.”
36. “I imagine he feels like I don’t care for him when I respond this way…”
37. “I don’t see this behavior going away…like um completely…it will get
    better.”
38. “I would describe our relationship as caring…we care for each other…we would just hold onto each other and cry; strong…he tells me things he can’t tell others; teaching…we teach each other…how to be considerate. He teaches me to be patient with him; satisfied with him…he’s gonna grow into this amazing child…he has so much potential…I’m proud of him; and supportive…I encourage him when he’s trying new things.”

39. “What pleases me most about him is the progress he’s made.”

40. “I wish I could change things so that I could be a stay-at-home mom and be with him all the time…and getting away from the bad influences of my family.”

41. “I think my relationship will affect my son in a HUGE way…everything that I’m doing today is gonna show when he’s older.”

42. “No, my relationship with my son hasn’t really changed over time…we’ve always been close.”

43. “My son is closest to me.

44. “I think he will always be close to me.”

45. “The worst memory of my son were his first few months…I was just like so depressed and like I mean it’s hard to have uh a baby as a teen…I just felt guilty like I didn’t love him enough. It was fear.”

46. “No, I can’t think of any setbacks for him…except maybe when we would spank him too much….it made him kind of scared of us…mostly his dad…then I started seeking my own way to discipline.”

47. “The only regret I have with my son is the period that I went through smoking weed a lot…but I don’t think it necessarily affected him. I feel bad thought that I let my selfishness get in the way of his safety and protecting him.”

48. “If I could do things different…I would have waited…I mean altogether and been more prepared.”

49. “I just worry about my son’s emotions…I don’t want his emotions to guide him um cause things I mean knowing the rest of your life you know you’re gonna be happy all the time, there’s gonna be trials and I just hope that you know this whole whining thing, I just really want that to go away cause I think that it would affect him in the long run…if it continues.”

50. “I worry about it to the point where I can’t sleep over it…”

51. “I wish my son could stay at the age he is now…four years old…so that he still comes to me for some things and is not completely independent yet.”

52. “I think the most difficult thing my son will go through is when he gets married. Cause I’ll have to let him go…I will have to let him be a man and take care of his new family…and it’s just gonna be sad to let him go.”

53. “I think my son as a teenager will wanna test me. He’s gonna wanna do things I’m not gonna approve of…but every kid goes through that so I’ll just have to there to pick him up when he falls.”

54. “I think it will be good for him as a teenager too because he’ll learn more about himself…who he wants to be and who he doesn’t want to be. It he chooses the wrong path and getting hurt…he’s very emotional and will probably take it very hard.”
55. “As an adult I think my only fear is like that he’s not gonna pursue his education, he’s not gonna let his mind grow into its full potential…cause my hope is that he will go to school and be a successful person…and be a Christian…cause it’s important for him to have a moral purpose.”

**Horizons from SP7’s Experience**

*(Invariant constituents of the experience)*

**Reflection on Meaning**

1. “Well the violence was more verbal…he was just very controlling, and would always corner me in a room…that drives me crazy…it makes me feel trapped.”

2. “When we would fight or when he would corner me…it was always in front of the kids. It started after I had my son…no, not during pregnancy.”

3. “He blamed for a lot of things…like no matter what I could never please him…he made me feel guilty a lot…I felt little. At the same time…he wouldn’t let me handle things…he controlled everything….like the finances. Now, he blames for the kids…my parenting of them…and now he’s blaming my family over things. “

4. “There were only a few times that we got in heated arguments and like he pushed in the bathroom toward the wall in the bathroom…him cornering me…he’s a very big man…so for him to block me and there’s nowhere to go.”

5. “Sometimes he would hide the car keys from me or threaten me that if we separated he would get custody of the kids…cause he would say I wasn’t responsible because I used to smoke weed…he knows how to cut to the core of me and like tear me apart…”

6. “Yeah, there were a lot of mind games…that’s all it was…like um he would leave me to uh like to feel like everything was okay…and then he’d turn things around…like he was the one moving everything, all the pieces around and I was just kind of like a pawn…his psychological state just tore us apart I think…”

7. “This just made me feel really weak. It made me feel like I couldn’t do anything, like I was stuck there and I always felt like I needed to try harder. If I tried to do something for myself…it would hurt him…and I was always scared to hurt his feelings…because he was always such a victim. I felt trapped and I remember my mom being that way too when I was little…”

8. “My mom always made excuses why she should stay with my dad and that kind of played a role in my mind too like I need to make it work because you know I made the decision to have kids with him and…that’s what you’re supposed to do…for better or for worse…”

9. “I suffered violence with him for about four years…and it got a lot worse over time…like it started as small things…and then it progressed into like we were fighting every day…more intense…more frequent…I couldn’t even stand to see his face…”

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10. “I was completely broken… I didn’t even know what to do and I didn’t even care at that point… I lost hope… but I went to my family for support and got counseling.”

11. “I think I became a victim of partner violence one hundred percent to do with childhood cause like that’s exactly how my mom was, she’s very submissive… and when I was going through it with my ex… I would just keep thinking… I don’t wanna become my mom… but I had…”

12. “Because of my childhood… the violence just felt normal, it just felt natural… it was like just that’s all I knew… was the way my mom handled situations, that’s all that I knew…”

13. “I compare every situation to my childhood, cause I don’t wanna do what my parents did to me… to my son… I wanna give him more support from me… uh so I think it has helped, I mean as bad as like what I had to go through like I know exactly what I don’t want him to go through.”

14. “I think being a victim of partner violence has absolutely shaped my parenting... I don’t want my son to have to put up with that… to go down the same road and not what to do… so I help them voice their emotions. I definitely don’t want my son to think he has control over anybody. I want my son to know what the way a woman should be treated… so I show him how to treat me and his sister… respect.”

15. “The violence started when my son was two and because I know that I spent a lot of the first years of his life focused on my husband and there are specific instances where I remember my son watching us and like I remember him uh just being really concerned with me because I’d be crying and he would come up to me and he’d be like are you okay and he’d hug me and he was comforting me… and I remember thinking I don’t want to start my relationship with him this way… I want to be the one comforting him… I need to be a better mother and it shouldn’t be this way. I didn’t want him to be exposed to so much violence and anger and take over and him not get his needs met.”

16. “I remember one time when I got the courage to leave and my ex’s parents were helping him take his stuff out of the house… my husband kept my son away from me and he was crying, screaming in the car… I couldn’t comfort him… because my ex wouldn’t let me get near him… and it was the worst feeling ever for me to want him and for him to standing in the middle… and I couldn’t stand that… but it gave me more strength to leave him.”

17. “There were other times my ex prevented me from being a parent I wanted to be because he felt like he had better ideas on how to parent them. Like he would let my son scream all night and he wouldn’t go in there… to comfort him… and I just wanted to… just for a few seconds… but he wouldn’t let me.”

18. “I felt guilty… like a bad mom… I couldn’t sleep at night… I was scared… cause I wanted to comfort my son… but I was scared to make my ex mad… there were a lot of battles I just let him win… I would just surrender.”

19. “Sometimes I see my son mimics his dad’s behavior… he’ll lash out at his sister or at me… he thinks it’s okay… daddy does it so it’s okay for me to. Sometimes when I cry my son freaks out… he gets kind of scared… he gets
very anxious…to the point that he’ll do everything he can to make sure that I stop or he starts comforting me…”

20. “The most significant positive outcome is just that I feel that my son is happier now…away from both of us being together…away from the violence. I mean he gets what he needs now out of me…he’s not as anxious as he used to be. He has started talking in sentences now.”

21. “I don’t think my culture or ethnicity played a role in me ending being a victim of domestic violence…because neither side of my family is very traditional. Only our Christian values that when we get married we need to stay together always.”

22. “I’m glad I’m out of my relationship with my ex…but I gained strength from that experience and wisdom for my son about it. Now my son has a better example to follow…and I think it’s awful that our childhood can hold us down for so long. But I am glad I have broken the cycle…”

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SP7’s Listing of Meaning Units

- Aspects of the Experience
- Meaning Applied to the Experience

SP7’s Clusters of Meaning Units

- Both mother and father present but not emotionally available
- Closest to mother versus father, because she needed me
- Special relationship with sister
- When emotionally upset as a child would cry and seek comfort from sister
- When hurt or ill sister would care for me
- Recalls being held by sister, not parents
- Felt rejected by parents a lot as a child
- First separation at 10 or 11 yoa spent summer with grandparents; loved it
- Received physical punishment by parents, mostly father
- As an adult as a result of childhood rejection and abuse leaves; is gone
- Learned from parents how not to parent; does opposite with son; won’t leave him unless has to
- Setback in childhood is being physically abused; left by parents; and witnessing parental-marital abuse
- Relationship with ex-spouse is reminiscent of abuse by father; my ex is just like my father was with my mother
- Separations from son are hard and full of anxiety; I cry a lot and worry for my son
- Worries for child’s well being when with his father
- I learned from childhood to talk with my son
- Learned from childhood experiences not take the same path parents did
- Hope child learned from her parenting that he get an education, to treat his family with respect as a man, to confident and not abuse others
- Planned pregnancy; ready to parent better than my mother
- Impression of baby – sensed baby would be musical
- Breastfed for health
- Was easy baby; delayed speech
- Child closest to mother, not father
- Separations from are extremely hard for child when he goes with his father; child often is afraid of people; has separation issues
- Mother worries a lot during separations from child for his well being
- When child is emotionally upset; mother talks to son; threatens to drop him off somewhere
- Mother feels like slapping son; screaming; is very frustrating
- Mother aids and calms son when ill or physically hurt
- Child is held by mother regularly
- Mother finds whining as most difficult behavior of child; sometimes I threaten to drop him off somewhere; or just spanking him
- Mother hopes misbehavior will go away and believes it will get better
- Mother reports no setbacks for son
- Mother regrets smoking Cannabis and not paying attention to her son during this time
- Mother worries about son being so emotional
- Fears for son as a teenager will test her; but discover himself – which will be good
- Wishes for son as an adult to pursue his education and be a Christian
- Experienced verbal, and emotional abuse as IPV victim; he would corner me
- Partner very controlling, threatening, and isolating
- Effects of IPV – felt weak, hopelessness, stuck, and completely broken
- Witnessing father treat mother abusively and controlling in childhood contributed one hundred percent to IPV victimization; viewed as normal
- IPV (ex-spouse) prevented emotional availability to child; was overly focused on partner during son’s infancy; ex-partner blocked mother from tending to infant son
- IPV victimization has brought mother child closer; mother very protective of son now that she is away from the IPV
- Child witness to IPV had negative effect; at times son mimics fathers abusive behavior
- Being Hispanic has no relationship to IPV victimization; being Christian does; as makes people stay married needlessly
- Believes she has broken cycle of IPV

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**SP7’s Themes of the Experience**
- Parents emotionally unavailable; felt rejected
- Role-reversal with mother
- Close relationship to other family member
- Unresolved childhood trauma
- Learned from parents how not to parent
- Planned pregnancy
• Breastfed for health and bonding
• Close relationship to child
• Separations from child are hard
• Views child’s misbehavior as temporary
• Experienced verbal, emotional, isolating, controlling abuse from ex
• Felt weak, exhausted, stuck from IPV
• Childhood witness of IPV with parents contributed to IPV victimization
• Ex (IPV) prevented parenting of child
• Positive outcome of IPV – is very close and protective to child
• Hispanic culture has no relationship to IPV
• Christianity has relationship to IPV; makes woman stay
• Has broken cycle of IPV

Horizons from SP8’s Experience
(Invariant constituents of the experience)

AAI

1. “It was a pretty decent childhood.”
2. “I remember being very, very close and attached to my mom. Um my dad…it wasn’t that close.”
3. “I would describe my relationship as a child as comforting, secure, very attached to her, nurturing, a close relationship. She would always hold me whenever I wanted to be held…and I would always want to be with her. She was always very calm and she’d make me feel better.”
4. “Separations from my mom were hard.”
5. “I always felt safe with my dad, he was very reliable, a hard worker. Sometimes he and I were conflictual as I got older and he was critical of me…he still is.”
6. “I always felt closest to my mom…she was just kind of the nurturer to me. My dad is not good with little kids and was a good provider but not very nurturing.”
7. “When I was upset as a child I would throw a temper tantrum…I would just cry and cry and cry until my parents gave in.”
8. “When I was emotionally upset I would always cry, I’ve always been a crier.”
9. “When hurt physically I would go to my mom.”
10. “I remember being held by my mom and dad when I was hurt or sick.”
11. “Whenever I was separated from my mom the separation anxiety was pretty bad…I would cry a lot.”
12. “I felt rejected as a kid not by my parents…but there were many times I felt rejected by my grandma. I had to stay with her when I was young…my mom’s mom…I didn’t feel like she liked me…she would call me a cry baby.”
13. “I thought there was something wrong with me.”
14. “I think this still affects me now…just part of like feeling like that there is something wrong with me.”
15. “No this hasn’t influenced the way I parent my son…we are very close. When he cries…sometimes I come down on him…it gets kind of hard…so maybe it has something to do with that…”
16. “No, my parents were never threatening to me not as a child…in my adolescence yes.”
17. “My dad would tell me he wanted me out of the house when I got in trouble.”
18. “I don’t think this affects me now as an adult. I always feel I have a place with my mom and dad.”
19. “I don’t think this influenced the way I treat my son, no.”
20. “I think the criticism I got as a kid has affected my self-esteem as an adult…it’s been hard to get past that.”
21. “I don’t think I had any setbacks as a kid. I think about how the separation from my mom may have affected me.”
22. “I think my parents treated me the way they did from their own childhood. They were actually very good parents compared to what they went through.”
23. “No there were no other adults I was close to as a child except my Auntie S. She was just a wonderful person. She cared for me at times and was very important to me growing up.”
24. “My grandparents died when I was young…I really did not understand what was going on.”
25. “No there have not been any traumatic events in my life time. Except there were several teachers that were very mean to me and I think that had a large impact on me.”
26. “When I became a teenager my relationship with my parents got worse.”
27. “My relationship to my parents has gotten better now, a lot better. Sometimes I think my mom gets emotionally drained of me, uh but I think it’s got better overall.”
28. “When my son and I would have to separate it was hard, I would miss him a lot…and now, I kind of enjoy it…cause I’m with him most of the time.”
29. “Yes, sometimes I worry about my son…that something is gonna happen to him. I get like paranoid with him, if he plays outside I’m afraid he’s gonna get hit by a car or…I kind of get all these horrible thoughts…”
30. “I would wish for my son that he will be successful, happy and to whatever he chooses to do or be with who he chooses to be with…just independent.”
31. “I hope my son has learned from the way I have parented him to be a very secure person and that he grows up to be somebody that can take on the world and not let them bother him too much. To be secure in himself…because I don’t have that.”

Horizons from SP8’s Experience
(Invariant constituents of the experience)
WMCI

1. “My pregnancy was unplanned. My husband and I were not together at that time so that was kind of hard.”
2. “The pregnancy seemed real to me in the first trimester because I wanted the baby really badly.”
3. “I sensed the baby was pretty active…a good impression. I had a bond with him when I was pregnant. I thought he would be pretty easy going.”
4. “I was excited to see him…it was exciting to have him. He looks like his dad. He was a beautiful baby.”
5. “I always wanted a boy.”
6. “I breastfed…it’s healthier for the baby…he took to it right away.”
7. “It was a good feeling to know that, wow I could do this.”
8. “In his first few weeks he was a pretty easy baby…he slept forever…so it was not very stressful. It was a nice time.”
9. “My son crossed all his developmental milestones on time…he did real good.”
10. “I thought he was a smart baby cause he did things before he was supposed to.”
11. “He stuck to a routine and was an easy baby. If his routine was disrupted it didn’t really phase him.”
12. “When separated from me…he was pretty attached to me…a secure attachment…so he was okay when we separated. For me, it was very hard.
13. “I felt like he should be with me. I’d get sad.”
14. “I would promise the next time I would bring him with me.”
15. “My son’s been in that whiny stage for quite awhile…and he can pretty upset quickly. If I don’t listen to him…or if things don’t go his way, he’ll get upset and he’ll cry and yeah…”
16. “It’s kind of frustrating…he’ll get upset and yell at me or his dad so he’ll have to go to timeout to calm down.”
17. “I feel like yelling I think mostly to make him stop whining. It’s very frustrating.”
18. “When he gets emotionally upset, I just comfort him if he is sad.”
19. “I feel like comforting him when he is upset.”
20. “I feel sympathetic…you know like I need to comfort him and make him feel better.”
21. “When he gets physically hurt I comfort him and see if he is okay.”
22. “When he’s been sick…it’s scary, he got croup several times and I remember being really scared and I just help him and comforted him…very nurturing with him when he’s sick.”
23. “My son is pretty outgoing, a happy little boy, smart, strong-minded and sensitive. He makes these concoctions out of toys, ever since he was little…he could be an engineer. He talks easily to people. He gets very emotional when he’s at home. At times it’s very hard to keep rules with him because he’ll just argue his way out of them. He is very loved and I think that just comes across in the way he behaves…very happy.”
24. “Physically he looks like his dad. But the way he expresses his emotions is like me…and he is strong willed. I remember being like that as a child.”
25. “I think my son is a lot like other children…just the way he builds stuff…I’ve never seen other kids do that.”
26. “The most difficult behavior of my son now is his whining, he whines a lot.”
27. “It’s hard not to yell about it, so…I feel like putting him in timeout or just yelling.”

28. “I feel very frustrated when he whines…cause I feel he should be outgrown of it by now…I don’t know.”

29. “I try to be stern with him and tell him he needs to not behave like that.”

30. “Uh huh, he knows I don’t like it when he whines.”

31. “I think he does it out of his own frustration…I don’t think he does it maliciously. I think he just gets frustrated and is trying to talk, but he’s upset at the same time.”

32. “I’m hoping he’ll grow out of this behavior.”

33. “My relationship to my son is very close…very, very close. A good relationship.”

34. “I would describe my relationship with my son as nurturing…I have always felt very nurturing towards him; loving…I have no problem hugging and kissing him and he’ll do the same with me; trusting…I think he trusts me to take care of him and be there for him…he has a pretty secure attachment with me; conflictual…cause sometimes we butt heads…when it comes to his whining and it’s uh, hard for me because I wanna parent and be um…consistent…but it’s hard when he whines.”

35. “What pleases me most about my relationship with my son is the bond I’ve had with him since he was born, it feels good…something I regret not having with my daughter.”

36. “There’s not much I would change with me and my son.”

37. “I feel my relationship with my son has affected his personality in a good way. I think he’s a pretty secure, happy little boy…healthy.”

38. “No, my relationship to my son has not changed since his birth…when I went to work for awhile…I had to leave him, but when I would pick him up he was still very close to me.”

39. “My son is pretty close to both me and his dad.”

40. “I expect that when my son becomes an adolescent he’ll probably get more independent…but we will always have a good friendship. I expect he will probably get closer to his dad as he gets older…his dad does better with older kids.”

41. “The most difficult memory I have when my son was a baby was how my husband made things so difficult with my daughter that it kind of made it hard for me when he was a baby…because I had to deal with that drama…I could have been more present with my son…I don’t think it hurt him but it was around him…”

42. “I think setbacks for my son have been that he’s been around when his dad and I have gotten into a couple of really bad fights. I’m sure that that can and will affect him. Seeing us fighting all the time, and me crying.”

43. “Regrets I have with the way I raised my son is…I would have his sister more involved…they’re very close now…they have a good relationship.”

44. “I worry about my son all the time…that something’s gonna happen to him or um…you know, I get these crazy thoughts about something happening to him.”
45. “It doesn’t consume me, but I mean there will be times at night where I can’t sleep, I’ll just start having all these awful thoughts about things happening to him and I don’t know where that comes from….that he could be abducted or just everything.”
46. “If I could my son at a specific age it would be like one or two years of age…he seemed to be a little bit more easygoing when he was a bit younger.”
47. “I think puberty will be a difficult time for him…I’ve just heard all these horror stories about boys going through puberty and the things they do.”
48. “As a teenager I expect him to do very well in school and have friends. I think he’s pretty outgoing, I don’t think he’ll have a problem making friends so…the not so good things he might go through is dealing with the peer pressure and stuff kids go through in their teens. I hope he will be a confident person and withstand that.”
49. “My biggest fear for him is that he might get hurt …by people…I want him to find love and healthy relationships.”

Horizons from SP8’s Experience
(Invariant constituents of the experience)
Reflection on Meaning

1. “The abuse started after my son was born…there was some emotional abuse before he was born, but physical stuff started after…he would throw things. He always said that it was my fault cause I egged him on or followed him around the house.”
2. “The emotional abuse was for sure criticism…and kind of keeping me dangling on a string whether or not he wanted to be with me…that type of thing. He would shun me for a day to three days at a time if he was mad at me.”
3. “The hardest to deal with was the emotional abuse…definitely. It has affected me to this day because I have some serious self esteem issues that I think were there before him, but when I met him I was working on them. I was independent, had my own house and was raising my daughter by myself…and over the years my esteem got low because of the violence.”
4. “He uses this as a character flaw…because I am not as confident as he thinks I should be to take his insults…which I don’t get…”
5. “I don’t know how I came to be a victim of partner abuse…I don’t know how come I chose somebody like that….something I’m still trying to figure out.”
6. “The only thing I can think of is that my adolescence was so difficult and I had a really challenging relationship with my father during that time so uh maybe that has something to do with how I ended up being a victim of partner violence. I think I was looking for a relationship from a very young age from a man…maybe I wasn’t getting the love I needed…I knew I was loved…I wanted a close relationship with a male.”
7. “I think based on my childhood experiences…I try not to be critical of my son…I try to be…that’s the biggest thing is I try not be so critical of him because of how I was criticized.”
8. “Based on my experience as a victim of partner violence...is when me and my husband would have an outburst when he didn’t think he wanted to be with me and he would leave, it was very, very hard to parent because I was just a wreck...it was hard to put that aside and parent. My son would see me cry and just be a total mess.”
9. “I’ve been trying, now that my son is getting older to kind of tell him how he should never treat girls like he should never hit girls...so I am teaching him about it.”
10. “I don’t know if being Latina or Latino men has anything to do with how I became a victim of intimate partner abuse...some Latinos are more prone to violence...maybe.”
11. “Being Latina...and in the Latino culture...I have raised my son with certain traditions...I’m not that crazy about it, but I have raised my son with family values, the lifestyle, the food and stuff like that.”
12. “I know that the domestic violence has affected me in a very negative way...having to do with my self esteem and stuff like that. How I feel as a mother like whether I’m a good mother or not, so it’s affected that. At times I feel like I’m not a good mother to my son. There are times, I sit home and watch tv all day and don’t do anything productive with the kids...so I think being a victim has affected me in that way. I worry that I am a bad parent.”
13. “I am trying to get better.”

SP8’s Listing of Meaning Units
- Aspects of the Experience
- Meaning Applied to the Experience

SP8’s Clusters of Meaning Units
- Both mother and father present
- Closest to mother; father distant
- Close to Aunt S
- When emotionally upset as a child would cry and seek comfort from mother
- When hurt or ill mother would care for me
- Recalls being held by mother and father
- Felt rejected by maternal grandmother a lot as a child
- As an adult as a result of childhood rejection still impacts via low self-esteem
- Learned from mother how to parent; is very loving and nurturing to son
- Reports no setbacks as a child; separation from mother may have been
- Denies traumatic experiences in childhood
- As teenager father threw her out of the house
- Separations from son go okay; he has a secure attachment to me
- Worries for child’s well being when away from her; horrible thoughts
- I learned from childhood to talk with my son
• Hope child learned from her parenting to be a secure person; I’m not
• Unplanned pregnancy; not together with son’s father
• Impression of baby – sensed he would be easy going; felt a bond in utero
• Breastfed for baby’s health
• Was easy baby; met developmental milestones normally
• When child is emotionally upset; mother comforts son
• Mother cares for son when ill or physically hurt
• Child is held by mother regularly
• Mother finds whining as most difficult behavior of child; feels like yelling; is very frustrating
• Mother believes son misbehaves out of frustration – not maliciously; hopes misbehavior will go away and thinks son should have outgrown it by now
• Child is close to both she and his father
• Mother reports setbacks for son was his exposure to marital conflict
• Mother regrets not involving his older sister with him during his infancy
• Mother worries for son all the time; that something bad will happen to him
• Mother believes son as a teenager will get closer to his father
• Mother worries son will have difficult during puberty; has heard horror stories about boys as teens
• Wishes for son as an adult to pursue his education to be able to resist peer pressure; fears he will get hurt by people
• Experienced verbal, emotional, and physical abuse as IPV victim; he would throw things around; and criticize me – this was the worst
• Partner very verbally abusive; shuns for days
• Effects of IPV – suffers from severe low self-esteem that were already present, made worse
• Learned not to criticize son from childhood experiences
• Teenage conflict with father may have contributed to neediness for a man’s love, which indirectly contributed to becoming and staying a victim of IPV in current relationship with spouse
• IPV prevented emotional availability to child; was overcome with shock, depression, and anxiety to parent
• IPV victimization has brought mother to teach child not to abuse females
• Being Latina has no relationship to IPV victimization; maybe some Latino men are prone to violence
• Being Latina has no relationship to parenting son, except some traditional celebrations and food
• IPV has definitely negatively affected my self-esteem and makes me feel like I’m a bad parent; but I am trying to get better

SP8’s Themes of the Experience
• Close to mother; father distant
• Close to other family member
• Mother comforted child when upset, hurt, or ill
- Felt rejected by maternal grandmother
- Learned how to be loving parent from mother
- Experienced conflict with father as a teen; rejection
- Unplanned pregnancy with son; high stress
- Breastfed for health and bonding
- Son close to both she and his father
- Misbehavior is temporary; normal
- Setback for son – witness to IPV
- Worries for son frequently
- Experienced verbal, emotional, and physical abuse as IPV victim
- Suffers exacerbated low self-esteem already present; continues
- Learned from childhood what not to do
- IPV caused emotional unavailability to son; overcome with shock, depression, anxiety
- IPV has taught mother to teach son nonviolence to females
- Being Latina has no relationship to IPV; some Latino males are prone to violence
- Latina culture positive relationship to parenting son with tradition and food
- IPV negatively affected self-esteem; feel like a bad parent; am trying

Horizons from SP9's Experience
(Invariant constituents of the experience)
AAI

1. “My parents got divorced when I was six years old…any my mom raised myself and three siblings, I’m the youngest…”
2. “My relationship with my mother as a child…she’s always been a hard worker and more of a provider of the family…she was always at work. My father was always around because he could never find steady work. But my dad, he wasn’t ever around either.”
3. “I would describe the relationship with my mother as a child as distant, cold, pitiful, protected and loved…She was physically there but distant in affection. She was never playful or hugging or loving so it felt like she was my mom and she did take care of us and everything, but it felt cold because I never felt like I could just get a hug or a kiss, if I felt sad. It was pitiful because I felt sad for her, my dad was very, very mean to her and I felt bad for her. I felt protected because…nothing ever happened to my physically harmed in any way uh I think my mom made sure that we were safe, that I had what I needed to survive. I also felt that she did love me and does love me very much, her providing for me, but it wasn’t from the affection…it was lacking the most.”
4. “With my father I would describe our relationship as scared, abandoned, distant, lost, and forgotten. I was scared of my dad because he was very mean to my mom and I saw a lot of anger in him. He would yell at the top of his lungs. One time my mom locked him out of the house and tried to break
down the windows and the doors and I was so scared for me, my sister, and my mom. My dad was never around for anything important, he never showed up...after they divorced...and he would never show up to visit me and my sister. We had a distant relationship because I really didn’t know him as a kid. He lived a life away from us. I felt lost, because I was not sure of who my dad was and feeling like a kid that desperately wanted to have him in my life and feeling like as kid I was in the middle of nowhere looking for my dad and I just felt like it was a lost cause. He forgot me all the time.”

5. “I felt closest to my mom as a kid because she was always there.”
6. “My father was never around.”
7. “When I was emotional upset, I would hold it in or hide. If I was mad, I would throw a tantrum…”
8. “If I got hurt, my mom would take care of me.”
9. “When I was sick my mom would take care of me, she would make me tea, honey and lemon, put me into bed and make soup...my dad would be more...like suck it up.”
10. “I remember being held by my mom when I was upset, hurt, or ill. Not by my father...no.”
11. “I remember being scared when away from my mom when I went on a Girl Scout camp...I felt very scared...and felt like crying every night.”
12. “Yes, I felt rejected as a kid.”
13. “I didn’t do anything...by my dad, that’s the only person I ever felt rejected by.”
14. “I think my dad behaved this way, because he needs to be in control and I don’t think he realized that it hurt me at the time…”
15. “I felt pushed away and ignored by both my mom and dad...my mom caused she worked so much...and I remember always wanting my dad’s attention...I felt ignored.”
16. “I was always frightened...I don’t think I’ve ever not worried...and it’s been with me my whole life. I just always worried that someone was gonna get hurt...or I was scared to piss my dad off...I worried a lot as a kid.”
17. “No, my mom never threatened me, but my dad...if we did something, he was gonna leave, but he never came out and threatened.”
18. “I think experiences with my mom have made me wanna be a better parent, not so much better than her, but better than I do now that I expect a lot from myself because my mom did such a wonderful job as far as being a provider for us...but, I wanna have rules and boundaries, but I am a lot more affectionate with my daughter, so it’s affected me because I don’t want my daughter to have that affection I didn’t.”
19. “I think a setback in my childhood has made me clingy and I don’t know how to act with a man...a major setback with self-esteem...”
20. “I think my parents behaved the way they did because they got consumed...my mom with work, work, work...I have to responsible for my kids...to be a provider. I think my mom was not affectionate with me because she did not get any affection when she was little. I think my dad was the way he was and is because he's just a lost person. I think as a child, he didn’t get a
lot of attention either…he had a lot of siblings…and saw a lot of verbal and physical abuse.”

21. “I felt very close to my Godmother…and I was very close to her and am close to my older sister…who has been like a second mother to me.”

22. “The only other traumatic thing I experienced as a child was my sister being molested by my uncle and once we were eating dinner and he knocked on the window and we got very scared. My mom called the cops but nothing happened to him.”

23. “When I was a teenager, I didn’t like my mom…she was around a little more…and she sent me from Catholic school to public school because of my bad grades and I was upset over this. I grew up fast and started kissing boys and doing things I didn’t know what was going on, it all happened so fast. I didn’t wanna listen to my mom and started to defy and disrespect her…I was very mean to her…like cussing her out.”

24. “With my dad, the only time he came around was Christmas…and he started trying…but I was still annoyed with him.”

25. “Now as an adult, I am very, very close to my mom, um but I’m not close to my dad.”

26. “When I am not with my daughter she’s with somebody or at daycare when I am at work. I feel very guilty, sad and I miss her and it’s hard for me to enjoy myself when I am away from her.”

27. “I worry about her being harmed in any way…and me not being there to protect her.”

28. “I wish for my daughter that she attend college, has a stable home life, and is happy in any relationship that she’s in. That she be treated and getting respect from whoever she’s with. I don’t wish for her to be married or to have a boyfriend…”

29. “I feel like I have gained a lot of insight as far as what kids need from the earliest stages of life from birth to like five from my childhood… kids really, really need affection and to have a bond with their parent. I think kids need to learn rules and discipline too.”

30. “I hope my child learns from me parenting her to always get and give respect to people, and never gets treated badly by anybody or a significant other, and that she knows she deserves to be treated right and never falls into a bad relationship with a man or woman or whoever…”

Horizons from SP9’s Experience
(Invariant constituents of the experience)
WMCI

1. “My pregnancy was unplanned. I was scared more than anything.”
2. “I imagined how my baby would look, how she would act.
3. “I wanted a boy and started crying when I found out it was a girl…her dad wanted a boy and honestly I think that is why I wanted a boy.”
4. “I was excited to have a baby and to be pregnant.”
5. “I thought she would be hyper.”
6. “When I first saw her I was happy, overwhelmed, and scared for her to actually be in the world and I didn’t want anything bad to happen to her.”
7. “I was happy to have a girl.”
8. “I wanted to breastfeed her and I did for a day, but because of my heart condition and had to take some strong medication I couldn’t. I was very sad about that. Cause I heard that’s like the best way to bond with your child.”
9. “Her first weeks at home went well…she ate well, and slept well, just comfortable and healthy.”
10. “She developed very fast.”
11. “She seemed very smart from like three months…she talked quickly and to strangers early on.”
12. “Uh she doesn’t like separation from me…she gets very upset, very attached to me since she’s been little uh she cries and cries and makes her little sad face since she was little…and she still doesn’t like it when I leave.”
13. “When she was younger, separations from her would kill me…once I was away from her for three nights and I got very depressed and sad and I missed her, and I decided I would never, never go without her ever again. It was hard for me.”
14. “I called every five minutes.”
15. “She gets mad and has uh kind of an attitude problem…she throws tantrums.”
16. “I ignore them when we are at home…if we are in public I have to tell her she cannot act that way.”
17. “I feel like yelling at her, I feel like cussing…I wanna say shut the F up…”
18. “I feel overwhelmed.”
19. “When she gets emotionally upset…when her dad did not come for her…she cried and cried.”
20. “I just hugged her and told her I was sorry and took her to go feed the ducks at the pond.”
21. “I felt like calling her dad and cussing him out…and telling his that he is worthless…”
22. “It broke my heart…it reminded me when I was a little girl and the same thing used to happen to me and it upset me. I was very angry at him…and I never wanted it to happen to her.”
23. “When my daughter has been physically hurt my mom has been there first for her…it was scary for me…I get scared to take her to the hospital…I worry I may be doing something wrong with her.”
24. “When she has been ill I give her medicine, teas, put her to bed, cover her and I lay with her and rub her stomach and her hair and she likes, loves that.”
25. “My daughter’s personality…she’s very outgoing, independent…like a wild child…very friendly and funny, inquisitive and smart. When we go to the park she goes right up to other kids…she says some things that are funny…like where did she come up with this stuff. She is also kindhearted and often notices when others are sad and wonders what is going on with them and helps them out. She asks a lot of questions and wants to know everything about how that works, etc…she is very smart.”
26. “I do have regrets about the way I have raised her…cause I feel like I’ve spoiled her a lot…I give her too much, and let her get away with a lot and sometimes I don’t discipline her like I should. I get angry easily and feel like I’m gonna lose it.”

27. “I would set more boundaries and structure more if I could do it differently.”

28. “I worry that she’s gonna grow up with low self-esteem like I have…and I worry that she throws tantrums when nobody is paying attention to her. Mostly, I worry that she thinks that she is not good enough.”

29. “I worry about it on a daily basis.”

30. “I would keep her at two years of age if I could, because she was very loving and sweet at that age; she liked to be held and she didn’t care what she wore, and she came to me more when she was scared, sad or needed to talk about something.”

31. “I worry about her future because she loves to have attention and I think she’s going to have a hard time because she is an only child and spoiled and when people don’t pay attention to her, she starts talking like a baby and then I don’t know, she just resorts to doing bad stuff to get attention…I think she’s very needy at times so I worry about that.”

32. “So I worry that she’s gonna do things to please people, to get attention and I don’t want her to get involved with the wrong crowd and do stupid things and make stupid choices…for attention.”

33. “As an adolescent I expect her to get a major attitude and not listening to me, disrespectful of me, to be demanding and spoiled still. I worry that she will grow up too fast and like boys or have crushes on boys and I don’t know…I’m scared for that time.”

34. “I feel scared, because she’s like that now and I expect that if things don’t change, I expect that to happen. I worry she won’t respect me.”

35. “I hope for her future that she is happy no matter where she’s at in life, that she goes to school, has a lot of friends…I just want to be happy. I hope she doesn’t end up in a bad relationship.”

Horizons from SP9’s Experience
(Invariant constituents of the experience)

Reflection on Meaning

1. “He was very jealous during my pregnancy; he did not want the baby…but I did. He accused me of cheating on him constantly, which made me become really dependent on him out of fear of him. He hit me, kicked me in the stomach while around 8 months along…even spit on me.”

2. “It got very scary for me. I started doubting myself. Overtime it got worse and worse and he got crazier and crazier.”

3. “He kept me from everyone and everything…I had nothing of my own. Even while using the restroom…it was an open door policy…he had to see my whereabouts at all times.”
“He was very verbally abusive, called me names all of the time; he was extremely controlling; would pressure me for sex; was emotionally and physically abusive throughout relationship.”

“I became a very different person…to please him.”

“He’d follow me to work or wherever I would go.”

“He always threatened to kill me if I ever left him.”

“I always felt it was my fault and wondered what was wrong with me. I’m still scared of him to this day.”

“I stayed with him until my baby was around one year of age.”

“I think I ended up being a victim of IPV because I met my ex during a time when I was very lonely and scared to live alone. He was very charming and he seemed to offer the security that I needed. During this time I was very insecure and had low self-esteem.”

“I stayed with him because of the pregnancy and wanted my daughter to have a father. I wasn’t raised this way, but I thought I could change him to become a better man and to have a long term relationship.”

“I also think my low self-esteem came from my childhood lack of my father’s attention…my mom was gone working and I always felt alone. I believe I wanted attention from men. Even now if a guy doesn’t like me…it kills me. This is how I felt with my dad…wondering why he didn’t give me the attention I needed. What is it about me? This has made me very insecure…I put up with bad treatment to have the kind of love and family I never had as a child.”

“What I have learned from my childhood experiences for my daughter…is to be very close to her. I give her a lot of attention and affection since I did not get it. I spoil her because I got hand-me-downs…my mom would not give me treats or rewards, but I give my daughter rewards all the time.”

“I do worry that I don’t discipline my daughter enough. I am very protective of her because I wasn’t protected.”

“I worry about my daughter becoming a victim of abuse with her dad or men in general. Her dad criticizes her at times and I worry about that.”

“Me being a victim of IPV has made me more aware of it and I am very – very protective of her when she is out of my sight. I am very cautious around her and try to keep the tension. We are very close and I am open with her…I talk to her more to teach her about not taking abuse from people. I provide security for her.”

“I believe seeing my dad verbally abuse my mom and this probably had a negative effect on me and why I ended up with the same type of man as my dad.”

“When my daughter was a baby…I was scared of my ex (her dad) and she would cry like a normal baby and I’d want to quiet her so that she would not bother or wake her dad and get him mad. I would quiet her without any affection…just cause I was scared he would get mad at me. He would keep me from comforting her…saying I was spoiling her. He didn’t let me do a lot of things I wanted to do with her.”
19. “I do believe being Hispanic did contribute to me ending up as a victim of abuse…I grew up seeing it in my extended family. The men were very macho, cheaters and this was just very much accepted. Latino men treat their wives badly…everyone lived this way. His dad treats his mom this way and he treated me the same…and I put up with I like all the other women did. It was normal…and is still like this today.”

20. “I think being Latina affected the way I parent my daughter in the traditional way…like the food we eat…I want to show her our good food…but not be a slave to men, or serve her husband. I want her to know the good things of her culture, not the negative macho stuff or being submissive to men.”

(Invariant constituents of the experience)
Reflection on Meaning

SP9’s Listing of Meaning Units
- Aspects of the Experience
- Meaning Applied to the Experience

SP9’s Clusters of Meaning Units
- Parents divorced; mother raised child
- Closest to mother; father never around
- Close relationship to Godmother
- When emotionally upset as a child would hold it in; hide or throw tantrums
- When hurt or ill mother would care for me
- Recalls being held by mother; never father
- Mostly felt rejected by father, but mother too – she was always at work
- Separations from mother were hard
- As a child always felt frightened; constant worrying
- Mother never threatened; father did – to leave her
- Learned from childhood experiences to be more present and affectionate with daughter; because she did not receive this
- Setback from childhood is abandonment from father; low self-esteem; don’t know how to be with a man
- Traumatic experience in childhood when sister was molested by Uncle
- As adult closer to mom; dad is trying; don’t want him now
- Separations from daughter are hard; feels very guilty when away from her
- When away from daughter, worries she could be harmed and mother is not there to protect her
- I learned from childhood what kids need and how to be there for my daughter; what I did not get
- Wishes for daughter to go to college and not be involved with a man
- Hope child learned from her parenting to be treated right and with respect; and never let anyone mistreat her
- Unplanned pregnancy; was very scared
• Wanted a boy; cried when found out it was a girl
• Impression of baby – sensed she would be hyper
• Wanted to breastfeeding baby, but could not due to medical condition
• Was easy baby; met developmental milestones quickly
• Separations were extremely hard for both mother and child
• When child is emotionally upset mother hugs and comforts her
• Mother cares for daughter when ill or physically hurt
• Child is held by mother regularly
• Mother finds child’s tantrums as most difficult behavior; feels like yelling; cursing; is very frustrating
• Mother views child as very spoiled; has been given too much
• Mother regrets not providing more boundaries, rules and structure for child
• Mother worries about daughter and her need for attention all the time; that she will do whatever she needs to for attention and make bad choices
• Mother believes daughter as a teenager will grow up too fast; disrespect mother; have bad attitude; and end up with boys too soon
• Wishes for daughter as an adult to go to school, be happy, and not end up in a bad relationship like mother did
• Experienced verbal, emotional, and physical abuse as IPV victim; he physically abused her during pregnancy
• Partner very verbally and emotionally abusive; pressured for sex; spit on her; stalked; frequently threatened to kill her if she left him
• Effects of IPV – very, very afraid of ex; still is today; suffers from severe low self-esteem already present from childhood - made worse
• Lack of father’s attention and mother’s absence at work contributed to loneliness, low self-esteem and neediness for a man’s love and attention, which indirectly contributed to becoming and staying a victim of IPV in current relationship with ex. Wanted daughter to have a father, a family, she did not have.
• Childhood experiences taught to have a close, protective relationship with daughter; gives daughter a lot of rewards…may have spoiled…not enough discipline.
• IPV prevented emotional attention to daughter during infancy; was overcome with fear to make partner mad; he didn’t allow parenting in many ways
• IPV victimization has brought mother to teach child not to be abused by anyone
• Being Latina has strong relationship to IPV victimization; many Latin men are macho and mistreat wives and female partners as slaves; cheat on them; very common
• Being Latina has had a positive relationship to parenting daughter, especially traditional celebrations and food; positive aspects of culture
SP9’s Themes of the Experience

- Close relationship to mother; father never around; felt rejected
- Close relationship to other family member
- Cared for by mother when upset, ill, or hurt
- Emotional shutdown when upset as a child
- Learned from childhood how not to parent; to give child what did not get in childhood from parents
- Learned from childhood how not to be with men as an adult woman
- Unresolved childhood trauma
- Unplanned pregnancy; high stress
- Could not breastfeeding baby
- Separations from daughter are extremely hard; worries about daughter
- Mother comforts daughter when upset, ill, or hurt
- Mother views child’s misbehavior as spoiled and as high need for attention
- Mother experienced severe physical, verbal, emotional and sexual abuse during pregnancy to end of relationship; threatened to kill her
- Negative effects of IPV – extreme fear of ex-partner; low self-esteem already present from childhood—made worse
- Childhood experience of lack of attention from father and mother’s absence, contributed to IPV victimization; needed man’s attention; stayed to make it work for daughter
- Abusive partner prevented attentive parenting to daughter; mother’s fear of ex disallowed attentive parenting to infant daughter
- IPV victimization resulted in over-protectiveness and spoiling of daughter
- Being Latina has strong relationship to IPV victimization
- Being Latina has strong positive relationship to parenting of daughter; traditions and food

Horizons from SP10’s Experience
(Invariant constituents of the experience)
AAI

1. “I lived with my mom and we moved around a lot. My father is an alcoholic.”
2. “My childhood wasn’t too bad. I lived with my grandmother for a little while, but my mother primarily raised me.”
3. “As a child with my mother…I would say we had a really good relationship…she was always working and didn’t see her very much.
4. “I would describe my relationship with my mom as happy, I felt loved with her, caring, lonely, reliable…when we were together we were very happy and felt loved and cared by her. I would feel lonely when she was at work…she was always at work. She was supportive of me and reliable in that.”
5. “With my father, I would describe my relationship with him as lonely, scared sometimes, treated me differently than my brother, not around. He was never really there for me...when I was real young he would yell at my siblings and I would get really scared around him...especially if he was drunk, I would just stay away from him. I felt that he treated my differently...he just didn’t want to spend time with me.”
6. “I felt closest to my mother...I was with her all the time.”
7. “I did not feel close to my dad because he just wasn’t there for me.”
8. “When I was emotionally upset, I would just hit myself to try to find a way to relieve my anger without hurting someone else. And I would cry and sometimes I would hold my anger and my sadness in all day long...or I would go to my bed and cover my head with a blanket. I wouldn’t really try to find anybody to console me...”
9. “When I got hurt physically, I would go to my mom and she would help me.”
10. “When I was sick, it was my grandmother and my mother who were there to take care of me.”
11. “I would say that my mom would hold me more often than my father. I don’t remember being held by my father at all.”
12. “When I was young I went on a camping trip for almost a week and it was really hard cause I mean I tried not to think about it as much because I knew I would cry.”
13. “I don’t remember feeling rejected by my mother, but my father all the time.”
14. “When my brother passed away, my father moved a little closer to me...it’s hard.”
15. “This may have affected me with my son...I don’t know what it is, but when I’m around my son...sometimes I get really angry...I don’t know if it’s because he’s a male...but I feel I have more anger towards men than I do anybody else...”
16. “My mom used to threaten to leave me in the store when I would throw a temper tantrum...but that’s all...I knew she wasn’t gonna leave me. She didn’t discipline me much...she wouldn’t yell or hit me or anything like that.”
17. “I don’t remember my father threatening me.”
18. “I think yes, this influenced me...when my son has a fit in the store, I say to him I’m going to leave him and sometimes I just buy him what he wants...but I shouldn’t and I think that’s where I was bad at disciplining him...but for my mother doing that to me.”
19. “I’m afraid of what people think and say about me, I think more than I should be...um I think when I was younger with my dad, I just always wanted him to be not mad at me and with my mom the same...I would try to find different ways to not try to make them mad and I think that’s how I am now.”
20. “I don’t think my father realized he was rejecting me because it was just part of his nature...”
21. “I think the experiences I had with my parents...just like I said, I am afraid to just say what’s on my mind when it comes to work, or with my friends...because I might get in trouble...or with my boyfriend now. I just
sometimes feel like telling him stuff, but I don’t want him to be upset with me, so I just let it be.”

22. “I would say moving around a lot was a setback for me...a lot of different elementary schools...I had to make new friends...it was hard. I always felt unsure about myself.”

23. “I would say my father behaved the way he did because his father behaved that way with him...and my mom did so because I didn’t have a father in my life and she was just trying to be there as much as she possibly could be with the limited time she had.”

24. “My grandmother was the other adult I felt close to as a child.”

25. “My Uncle R was murdered and that was hard for all of my family. We were all angry. It still hurts to think about it.”

26. “Nothing else was traumatic for me.”

27. “When I became a teenager my relationship changed with my mom once I started hanging out with my sister...she was a bad influence...I started drinking with her and smoked pot with her. My mom was angry about it.”

28. “My mom and I are closer now that I live on my own...like we talk more often and hang out more than before. Now my father wants to be with me more and it’s nice because I’m someone he can rely on now...”

29. “When my son was younger and we were separated...I sometimes felt relief when he’s gone...cause sometimes he gets so upset with me and it’s stressful...so when he’s with his dad it feels different.”

30. “I worry that my son has an anger problem. He gets really angry and throws stuff, or punch a wall or kick stuff...like I see in his dad. Sometimes my son doesn’t know how to deal with things but to scream and kick and yell and I have to restrain him.”

31. “I wish for my son to be happy, to be set in life...do whatever he wants whenever he wants and not have any worries. I want him to be able to rely on me and talk to me about anything...I don’t want to lose him...to lose his trust.”

32. “I would say what I learned from my childhood experiences knowing the care from my father more than I did... and with my mom, I wish I could’ve told her more things than I did when I was younger...”

33. “I want to be like my mom was to my...to parent my son the way she did with me.”

34. “I would hope my son would learn from the way I parented him...that I will always be there for him, no matter if we do argue with one another and I will always love him no matter what...that he can rely on me and to look at me not only as his mother but as best friend I guess...”

Horizons from SP10’s Experience
(Invariant constituents of the experience)
WMCI

1. “The pregnancy wasn’t planned at all...and during my pregnancy I was by myself.”
2. “The pregnancy seemed real to me once I had my son.”
3. “I was concerned that my son might be born with defects…or…”
4. “I thought he would be very active and loud…and that is how he is.”
5. “When I first saw my son I just cried, I felt so happy.”
6. “I breastfed my son because I wanted to have a close bond with him…and I thought I would lose weight faster too.”
7. “He grew well and fast and did things normally when he should.”
8. “I don’t think my son was as smart as other children…he had a hard time talking…but as soon as he went to school he’s really smart.”
9. “He never really had a regular routine as a baby because of his father and I would sleep all day…I was just so depressed and I didn’t wanna be around anybody, and I think he felt that, and he would sleep all day too.”
10. “Separations from me he has a hard time with it. When he first went to school he would have like an anxiety attack…he just didn’t want me to leave his side…so I think he had separation anxiety.”
11. “We were always together…it would be too overwhelming. I would have to give him to my mom and like take a break from him because there was never a day when we were apart.”
12. “My son does get upset often…especially when he doesn’t get what he wants, he gets really upset…he cries a lot.”
13. “I tell him it’s not a big deal…I don’t really console him…I’m like…you are crying for no reason. But when he is crying for real I’m there and I’m consoling him and stuff like that.”
14. “Sometimes I just feel like when I see him cry like that, I just feel like sitting there and crying with him…”
15. “My son is accident prone…he’s a boy and is always hurting himself. And when he hurt himself…it would hurt my feelings and it was hard seeing him hurt and cry and you know he’s my son…and I don’t want him to be hurt.”

**Horizons from SP10’s Experience**

**(Invariant constituents of the experience)**

**Reflection on Meaning**

1. “My ex would get really angry and it was just weird. He would get really controlling with me…he wouldn’t let me go places or I wasn’t able to…”
2. “When I was with him I didn’t care…as long as I was with him.”
3. “The I came up pregnant and I planned to get an abortion, but I told him and he denied the baby was his and called me a whore and I got so angry I started hitting him and threw a glass at him.”
4. “Another time I saw him when I was at my cousin’s house and he insisted on giving me a ride home and during the ride we started arguing and he was just driving and driving…and every time we came to a red light, I would try to jump out because I knew something bad was gonna happen cause he would threaten to beat my ass… then he would take off real fast. He finally took me to a neighborhood and dropped me off and told me to walk home. I started crying and got out then he grabbed me and threw me in the car. He called me
a dumb bitch and grabbed my purse and took my cell phone. I ran away from him and started screaming for help and hid behind a wall. Some old folks let me in and helped me and I called my sister to come get me. I was afraid for my life that night like never before.”
5. “He would grab me but he was mostly controlling.”
6. “I remember thinking something was wrong with me and I would just cry and I became depressed. I would just sleep all day and my son was the same way.”
7. “The worst abuse I experienced from him was the mental abuse...he did physically abuse me...he did choke me and he would grab me but the mental abuse was the worst.”
8. “I was so confused...I didn’t know if I was coming or going...I didn’t know what to do...I felt trapped...in a trap.”
9. “I was afraid all the time...but the time he choked me, my son saw it happen and he was crying...he was only a year old and that is what triggered me to get him out of my life.”
10. “I don’t know how I ended up being a victim of abuse...if it was because the way my father treated me when I was younger or what...or I just was in the wrong relationship or what it was...I didn’t want to lose him...I was afraid to lose him or anyone else to have him.”
11. “I think I always wanted to be with someone...wanted a male partner since I was young...I couldn’t be alone and I felt weird if I was alone. I felt like nobody wanted me or something...so I would always have to be with someone...and I think because of the way my father treated me I was always looking for someone to love and be loved by.”
12. “I think I learned from my childhood to be a parent to my son and will always be there for him no matter what...like I will never leave his side...until the end, you know...I think that shaped it because I didn’t feel that way with my father.”
13. “Having experienced violence in my relationship with my son’s dad did impact me because I’m looking at his father and then looking at my son and I made a decision to leave...I don’t want my son to grow up like his dad...I don’t ever want him to hurt anybody...”
14. “I have taught my son never to hurt a girl as a result of me experiencing abuse with his dad...I’m gonna break the cycle. I don’t want my son growing up doing that...”
15. “There were times when my son would cry at night and his dad would just wouldn’t let me comfort him...he’d didn’t every want me to like baby him...and I didn’t want to get him angry but I felt real bad because my son would cry and cry and he didn’t, I mean he didn’t know what was going on...” Also, there were times when I would be holding my son in my arms and he would grab me and yell at me in front of my son.”
16. “I have seen my son become mean...just like his father was rude to me and I would take my anger out on him more that I should have...and that is how the domestic violence has affected him. I think my son is now afraid of what I’m gonna say to him sometimes he gets like guarded with me.”
17. “I think he didn’t talk very well when he was younger and I think that’s the reason why he didn’t talk well right away…seeing me and his dad fight a lot.”
18. “Since leaving his dad I have stopped spanking my son and now when he gets angry he goes to his room more and that is positive because I think he understands me more. I am more able to stop the violence now away from his dad and I hope that he understand that he shouldn’t treat women bad.”
19. “I don’t think being an Hispanic woman had anything to do with me becoming a victim of violence…I think anybody can be a victim of domestic violence. But the Hispanic culture promotes the belief that value of family and you have stay no matter what.”
20. “I think Hispanic people are more disciplined with their kids and we teach them the value of respect. I always respect my elders and I teach my son that.”
21. “I just want to say that my mom taught me how to respect others and when I was in my relationship with my son’s dad I felt like if I just stayed he would change…but he didn’t and I am glad, you know, that I got out of the relationship and I hope my son doesn’t grow up to be like his father…”

SP10’s Listing of Meaning Units
- Aspects of the Experience
- Meaning Applied to the Experience

SP10’s Clusters of Meaning Units
- Parents not together; mother raised child
- Closest to mother; father never around
- Cared for by maternal grandmother for a time
- Felt close to grandfather
- When emotionally upset as a child would hold it in; hide under the covers; not tell anybody
- When hurt or ill mother or grandmother would care for me
- Recalls being held by mother; never father
- Felt rejected by father all the time; never mother
- As an adult worries about rejection and opinion of her all the time
- Separations from mother were hard; cried
- Mother would threaten to leave her in store; father never did – not around
- Learned from childhood experiences to threaten son in the same way; to leave him when he has a tantrum at a store;
- Setback from childhood is having moved around a lot; left feeling unsure about self
- Traumatic experience in childhood when Uncle was murdered
- As adult closer to mom; dad is trying – he needs me
- Separations from son are good; I need time to rest
- Worries son has an anger problem like his father; he acts aggressively when upset
- Wishes for son to be happy and to trust me; not to lose his trust for me
• Learned from childhood to love and care for son the way mother did for her
• Hope child learned from her parenting that she will always be there for him
• Unplanned pregnancy; was alone
• Impression of baby – sensed he would be active and loud
• Breastfed son for health benefits for both of them
• Was easy baby; met developmental milestones normally; except had a hard time talking
• Separations were extremely hard for child; he’d have anxiety attacks
• When child is emotionally upset mother comforts at times; at times not
• Mother cares for son when ill or physically hurt
• Child is held by mother regularly
• Mother finds child’s anger as most difficult behavior; feels like just giving up
• Mother views child as mimicking father’s behavior
• Experienced verbal, emotional, and severe physical abuse as IPV victim; very controlling, threatening
• Effects of IPV – fear for life; felt trapped; blamed self; something wrong with me; severely depressed
• Lack of relationship with father contributed to a desperate need for love from a male; contributed to her staying as a victim of IPV
• Learned from childhood experiences to be there for my son no matter what
• Partner and IPV prevented mother to parent infant child; depression disallowed emotional availability to son
• IPV victimization has brought mother to leave the violent relationship for son’s benefit and to break the cycle of IPV
• Being Hispanic does not have a relationship to IPV; but Hispanic belief promotes staying together as a family no matter what
• Being Hispanic has taught me respect of my elders and I have taught my son the same
• IPV has taught me to not stay in a bad relationship and I hope my son has learned not be like his father

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**SP10’s Themes of the Experience**

• Close to mother; father never around; rejection
• Close to other family members
• Emotional shutdown when upset as a child
• Mother would threaten to leave her; separations from mother were hard
• Learned from childhood experiences to threaten son when misbehaving
• Unresolved childhood trauma
• Unplanned pregnancy; high stress
• Breastfed for health and bonding
• Separations from mother were hard for child; he suffered anxiety attacks
• Mother cares for son when upset, hurt, or ill
• Mother views son’s misbehavior as anger problem; mimics son’s father
• Mother experienced severe physical, verbal, emotional abuse from ex partner
• IPV effects – feared for life, felt trapped; blamed self; self-doubt; severe depression
• Childhood lack of affection from father contributed to IPV victimization
• Partner prevented mother from parenting infant child when cried; depression created emotional unavailability for infant son
• IPV victimization prompted mother to leave abusive relationship for son’s sake
• Being Hispanic does not have a relationship to IPV; some Hispanic beliefs promote families staying together no matter what
• Being Hispanic taught mother to respect elders and in turn has taught son the same
• IPV has taught mother to teach son not be abusive or like his father; I ended cycle
Appendix K

Composite Emergent Invariant Constituents

Aspects of the Experience

- Close/[ambivalent] relationship to mother
- Distant relationship to father/felt rejected
- Close relationship to other family member
- Anxious separations from parents as a child; resulted in low self-esteem
- Emotional shut down when upset as a child
- Experienced childhood abuse [trauma]
- Unplanned pregnancy of child; stressful
- Breastfed child for health and bonding
- Anxious separations from child; especially when child is with father
- Mother worries for child’s safety and well-being when away from child
- Mother has close relationship to child
- Mother views child’s misbehavior as negative; personalizes
- Mother views child’s misbehavior as normal for age; temporary
- Mother views setback for child is IPV witness/exposure
- Mother suffered physical, verbal and emotional abuse; moderate to severe levels
- Mother’s childhood experiences taught how NOT to parent child
- Mother’s childhood experiences taught how to parent child
- Mother’s childhood experiences contributed to her victimization of IPV
- Mother’s experiences of IPV victimization resulted in long-term low self-esteem and mood disorders
- Mother’s experience of IPV prevented attentive parenting to child
- Mother’s experience of IPV resulted in over-protectiveness of child
- Mother views Hispanic culture as strong, positive relationship to IPV
- Mother views Hispanic culture as positive parenting influence of child
- Mother views IPV experience has taught zero-tolerance of abuse for her and child
- Mother is attempting to break cycle of abuse

Meaning Applied to Experience/Nine Emergent Themes

1. All ten participants reported having a close relationship with their child.

2. All ten participants reported direct negative results of experiencing intimate partner violence as preventing the provision of quality parenting to their child during the time of their victimization. The
majority of participants continue to currently express concern about the negative effects of exposure to intimate partner violence on their child.

3. All ten participants expressed a genuine desire to break the cycle of abuse for their child.

4. The overwhelming majority of the participants indicated that they suffered [ambivalent] care from their parents, felt rejected, and experienced direct or indirect [trauma] during their childhood.

5. The majority of participants reported continued detrimental effects of having experienced intimate partner violence.

6. The majority of participants expressed a concerned view of child’s behavior/misbehavior.

7. The majority of participants expressed belief that their childhood experiences contributed to their parenting of their child.

8. The majority of participants expressed belief that their childhood experiences contributed to their becoming a victim of intimate partner violence.

9. The majority of participants expressed belief that their Hispanic/Latina culture contributed to their becoming a victim of intimate partner violence.

10. The majority of the participants conveyed positive maternal care to their child that indicated compensation and overcompensation to their
child in response to their child being exposed to intimate partner violence.
Appendix L

Thematic Chart of Core Themes

**THEME 1:** *All ten participants reported having a close relationship with their child.*

**Question(s):** “Which parent is your child closest to now?”
“How can you tell?”

Pick 5 words (adjectives) to describe your relationship. For each word, describe an incident or memory that illustrates what you mean.

What pleases you most about your relationship with your child?
What do you wish you could change about it?

**Keywords:** intense connection; good, it’s positive, fun, time together

**OVERVIEW**

All participants reported having a close or very close relationship with their child. This was true despite that the majority of pregnancies were unplanned.

The close relationship continued during the violence; despite being blocked from parenting their child.

The relationship appeared to grow closer once the participant separated from the abusive partner (the child’s father); and/or despite the continued abuse in some situations.

This appeared to be a conscious decision on most mother’s part to maintain a close relationship to their child regardless of their experiences.

**FINDINGS/OUTCOMES**

Gondoli and Silverberg (1997) stated that researchers examining the relationship between parental emotional distress and levels of responsiveness to their children have reported that parents who experienced emotional distress tended to display lower levels of responsiveness than did non-distressed parents. For example, mothers diagnosed with clinical depression, especially protracted forms of depression, have been observed to be more rejecting, hostile, and intrusive than mothers who are not depressed (Cummings, 1995; Cummings & Davies, 1994; Downey & Coyne, 1990; Gelfand & Teti, 1990, as cited in Gondoli & Silverberg, 1997). The body of research focusing on maternal depression has cited its association with decreases in maternal nurturance, less-positive affect, lower levels of stimulation, less physical interaction, and often with an increase in negative affect, hostility, and rejection; more negative perceptions of child behavior, and less tolerance for disruptions by their children which often results in interactions that serve to intensify mother-child conflict (Belsky, 1984; Burrous, Crockenberg, & Leerkes, 2009; Chilcoat & Breslaw, 1997; Cohn & Tronick, 1983; Downey & Coyne, 1990; Field, 1994; Ford, Courtois, Steele, van der Hart, & Nijenhuis, 2005; Gelfand,
PARTICIPANT PERSPECTIVES

“We have an intense connection…I need her, she needs me. I am nurturing, overindulgent…I want to avoid conflict with her. But she is special and her needing me is fulfilling” (SP4).

“I’d say my son is closest to me…his dad gets real mad at him a lot…so he always tells me things like “I don’t wanna go to my dad’s, my dad’s mean to me, umm…I just wanna stay with you.” When my son wants me, his dad gets like angry towards me because of it…yeah, my son has always been closer to me …” (SP3).

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THEME 2: All ten participants reported direct negative results of experiencing intimate partner violence as preventing the provision of quality parenting to their child during the time of their victimization. The majority of participants continue to currently express concern about the negative effects of exposure to intimate partner violence on their child.

Question(s): “How do you think you came to have the kind of relationship with your preschool-age child based on your experience as a victim of intimate partner violence?” (Wait for response).

“How do you think you experiencing intimate partner violence with your current or former partner affected the parenting of your child?” (Wait for response).

“Were there any negative effects on the parenting of your child as a result of the intimate partner violence you experienced with your current or former partner?” (Wait for response).

“Were there any positive effects on the parenting of your child as a result of the intimate partner violence you experienced with your current or former partner?”

“Are there any experiences which your child has had which you feel may have been a setback for him/her?” “Why do you think so?”
“Do you have any regrets about the way you’ve raised your child so far?”

“If you could start all over again, knowing what you know now, what would you do differently?”

“Do you ever worry about your child?”

“What do you worry about?”

“How worried do you get about (list each worry)?”

**Keywords:** trying to protect her…he’s trying to spank her; being a victim of domestic violence has blocked the way I want to parent my daughter; I remember my son watching us…and being really concerned; I see my son mimics his dad’s behavior

**OVERVIEW**

All ten participants reported that their abusive partner often blocked her attending to her child’s needs, during infancy and toddlerhood.

Despite their child crying in need, the abusive partner prohibited the mother to tend to her child; and would often state that she was “babying” or “spoiling” the child.

Mothers reported concern during intimate partner violence and their child witnessing or being in the middle of the fights and the effect it had on their child…or still might have.

Many mothers expressed continued concern at having to allow their child to go with the abusive ex-partner or current partner and reported worry over this. Some stated that their child often stated they did not want to go with their father (abusive ex-partner).

Some mothers expressed concern that their abusive ex-partner’s behavior has had a negative impact on their child in that the child mimics his/her father’s behavior; or becomes very anxious when argument or tension is experienced by the child. This is viewed as the child having been exposed to tension, yelling, and arguing in the home and a resultant state of this exposure.

**FINDINGS/OUTCOMES**

It has been substantiated by past research that poor maternal psychological functioning is often an effect of domestic violence, and this in turn, has negatively affected how a mother interacts with her children (Miller, Cowan, Cowan, Hetherington, & Clingempeel, 1993, as cited in Whiffen, Kerr, Kallos-Lilly, 2005).

Maternal depression has been found to have a significant association with attachment insecurity among children less than two years of age (Lyons-Ruth & Jacobvitz, 1999; Teti, Gelfand, Messenger, & Isabella, 1995, as cited by Pelaez-Nogueras, Field, Hossain,
& Pickens, 1996). Many researchers have reported correlations between maternal depression and poor mother-infant interaction (Campbell, Cohn, & Meyers, 1995; Cohn, Matias, Tronick, Connell, & Lyons-Ruth, 1986; Murray, Stanely, Hooper, & King, 1996, as cited in Burrous, Crockenberg, & Leerkes, 2009) and negative parenting, regardless of child age (Downey & Coyne, 1990, as cited in Burrous, et al., 2009).

The development of attachment processes is associated with the manner in which the primary caretaker and child interact. Face-to-face interaction followed by adequate sensitivity and responsivity to the child’s cues is critical for the healthy development of the child’s secure attachment (Blehar, Lieberman, & Ainsworth, 1977; Radke-Yarrow, McCann, DeMulder, Belmont, Martinez, & Richardson, 1996, as cited in Foss et al., 1999; Smith & Pederson, 1988). Mbilinyi, Edleson, Hagemaeister, and Beeman (2007) reported finding that up to 88% of the mothers studied suffering intimate partner abuse were not able to care for their children in the way they wanted to as a result of the abuse they were experiencing.

Infants and toddlers who are exposed to family violence in their home have been found to exhibit emotional distress, regressed behaviors, sleep disturbances, and fear of being alone (Hughes, Graham-Bermann & Gruber, 2001, as cited in Martin, 2002). According to Martin (2002), domestic violence interferes with the infant and toddler’s normal development of trust and exploratory behavior that leads to autonomy. Young children are often fearful and experience somatic problems such as headaches and stomachaches, along with insomnia, nightmares, sleepwalking, and enuresis (Rossman, 2001, as cited in Allen, Wolf, Bybee, & Sullivan, 2003). Domestic violence clearly affects a young child’s need for security and safety.

PARTICIPANT PERSPECTIVES

“When my daughter was a baby, I’m trying to protect her and there’s yelling, he’s trying to spank her, I’m trying to grab, grab her from his arms, he’s throwing and breaking stuff…I’m sad it took me so long to realize, you know, I’m grateful to have my children, but I’m sad for the way that they had to get their first years of life. It wasn’t normal. I’m worried about, you know, how she’s going to, if this is going to affect her developmentally. I worry when she goes to her dad’s now.” (SP1)

“Oh yeah, being a victim of domestic violence has blocked the way I want to parent my daughter. I stay home now so I have this wonderful relationship with her that now I’m able to have…when he’s not there and that’s the sad thing. I’m always like oh, when are you going to work, you know…so I can be normal. Because when he’s there, it’s like you know walking on egg shells.” (SP4)
THEME 3: All ten participants expressed a genuine desire to break the cycle of abuse for their child.

Question: “Were there any negative effects on the parenting of your child as a result of the intimate partner violence you experienced with your current or former partner?” (Wait for response).

“Were there any positive effects on the parenting of your child as a result of the intimate partner violence you experienced with your current or former partner?”

“Is there anything you want to add?”

Keywords: glad I have broken the cycle; glad I got out of the relationship…I hope my son doesn’t grow up to be like his father; I want my daughter to know that she deserves more

OVERVIEW

All but ten mothers have left their abusive partners. Two have remained married to them.

All mothers expressed a strong desire to teach their child to break the cycle of violence in their lifetime.

All mothers expressed hope that their child would grow up to be a self-respecting individual who voiced; respectful of others; not tolerate abuse or mistreatment from any one; and make wise choices for him/herself to assure happiness, success, independence, and become true to him/herself.

FINDINGS/OUTCOMES

One of the most immediate feelings victims of intimate partner violence experience is helplessness [emphasis added], with fear, depression, anxiety, posttraumatic stress disorder, anger and other negative emotional reactions coming at a later date (Barnett, et al., 2011). Walker (1984) observed in her study of battered women a repetitive theme reported from victims a sense of helplessness and powerlessness at the hands of her abusive partner’s acts of control and domination over her. Walker (1984) later referred to this as “learned helplessness”. Hermann (1992) noted that although perpetrators of dominance and control may use violence infrequently, it is not necessary to use violence to maintain control over their victim, as threatening behavior is often just as effective as violence or direct threats of harm against the victim. Often only one actual act of physical violence needs to take place combined with subsequent threats, keeping female victims of violence dominated by their abuser.

Women as victims of intimate partner violence often report that their abuser threatens to harm their children, take them away, or kill them, as well as the victim’s parents, or friends who may protect them, and women are often left fearful and frozen to act as a
result (Hermann, 1992). The inability for many female victims of intimate partner violence to mobilize themselves after an abusive attack by their mate may have to do with the incongruent nature between the belief they hold that their intimate partner loves them and means well, and their abusive treatment of them. Victims of partner abuse also have reported that they believed that there was no way for them to prevent the violence from happening or a way out of the relationship (Wallace & Roberson, 2011). Many victims are left confused and conflicted with how to react and what to do, especially when children are involved. This along with unpredictable outbursts by the abuser makes the abuse insidious in nature, throws the victims off balance, confused, and brainwashed (Evans, 1992; 1996). Many victims believe that their abuser is all-powerful and will somehow find them and hurt or kill them as threatened over and over again (Wallace & Roberson, 2011). This type of psychological/emotional and verbal abuse particularly tends to render long-term traumatic effects for victims of intimate partner violence that changes their lives forever (Barnett, et al., 2011).

Fear is another common feeling expressed by victims of intimate partner abuse. After the first attack of violence by their abuser, many women are left shocked and terrorized. They are shocked and in disbelief about what just happened and terrorized that if it did in fact happen what to do about it.

Fear is often the reason many female victims stay or return to the abusive relationship. Female victims have reported that even if they leave, they fear the abuser will go after her and commit greater harm, so many report they would rather stay with their abuser and know where he is than not. This latter response is typically found in women who have experienced intimate partner violence to such an extreme extent that extremely high levels of fear are experienced (Healey, 1995; Hendy, 2003). This is due in large part because the victim has lived with the abuser and has come to truly believe his threats and rightfully fears for her and her family’s safety and this fear dominates their lives (Barnett et al., 2011; Wallace & Roberson, 2011). These victims come to be afraid to leave and afraid to stay [emphasis added] (Barnett et al. 2011).

Many victims of intimate partner violence have also reported that they stay or return to the abusive relationship due to lack of resources as many victims have been kept isolated at the hands of her abuser; are often financially dependent on him; and fear and believe they will have failed in their responsibility as a woman, wife, and mother; or have caused or deserved the abuse as punishment (Wallace & Roberson, 2011). Of the fearful reasons to stay or return to an abusive relationship, one of the most common reasons reported is fear of losing one’s children (Danis, 1998, as cited in Barnett, et al. 2011).

Victims of intimate partner violence become conditioned and brainwashed in the sense of classical conditioning that scientifically explains fear as a learned behavior (Mineka & Zinbarg, 2006). As a result of this conditioning, cues such as yelling or verbal abuse by the abuser, put-downs and insults, certain gestures and facial expressions, and drinking heavily are often recognized as a sign of forthcoming abuse (Werner-Wilson, Zimmerman, & Whalen, 2000). Furthermore, once threats from an abusive partner are followed by actual violence, these cues are often generalized to current situations, which then keep victims in a chronic state [emphasis added] of fear or anxiety (Nurius, Furrey, & Berliner, 1992; Pontius, 2002, as cited in Barnett et al., 2011).
The repetitive cycle of abuse most victims experience at the hand of their abusers produces stress and chronic hyperarousal significantly more than nonvictims that in most cases leads to posttraumatic stress disorder (Eby, 2004; Weaver & Clum, 1995, as cited in Barnett, et al. 2011).

PARTICIPANT PERSPECTIVES

“Experiencing domestic violence has made me realize that I can be miserable dwelling in the past and just be an angry person, but experiencing it has made me not naïve anymore…and the abuse because I’m a better mom because of it because I am very over protective of my son, more than I would have been if I was still in the situation and no harm should cross my son at all. I don’t think if I didn’t experience any of that, I would be such a good mom. Like I intervene if someone is being rude to my son… I speak…I let people know they are being watched very closely.” (SP6)

“I’m glad I’m out of my relationship with my ex…but I gained strength from that experience and wisdom for my son about it. Now my son has a better example to follow…and I think it’s awful that our childhood can hold us down for so long. But I am glad I have broken the cycle…” (SP7)

THEME 4: The overwhelming majority of the participants indicated that they suffered ambivalent care from their parents, felt rejected, and experienced direct or indirect trauma during their childhood.

Question(s): 

“I’d like you to try to describe your relationship with your parents as a young child…please start from as far back as you can remember.”

“Did you ever feel rejected as a young child? Of course, looking back on it now, you may realize it wasn’t really rejection, but what I’m trying to ask about here is whether you remember ever having felt rejected in childhood?”

“Other than any difficult experiences you’ve already described, have you had any other experiences which you would regard as potentially traumatic?”

Keywords: I was primarily raised by my grandmother…I don’t think my mother was capable; I was put aside; I always felt rejected when I was young; my younger brother was very abusive and physically abusive and mean to me

OVERVIEW
An overwhelming majority of the participants reported that they received [ambivalent] care from their parent(s), to actually being physically, verbally, emotionally, and sexually abused by a family member while in the care of their parents or step-parent; a form of emotional neglect; and exposed to a form of [trauma] directly and indirectly.

These participants believed that these negative childhood experiences had negatively impacted their personality; how they have come to parent their child; and their problematic adult relationships.

Most of the participants did not appear to have fully resolved these negative childhood experiences and/or trauma.

**FINDINGS/OUTCOMES**

In addition to domestic violence in a home, Belsky (1994, as cited in LeCuyer-Maus, 2003) has reported that many different sources of stress have the potential to disrupt parenting abilities and skills. For example, mothers’ cognitive appraisals of stressful events and coping abilities, such as attitudes toward and perceptions of events and child behaviors, as well as perceptions of their own ability to cope will influence maternal coping processes (Kurtz & Derevensky, 1994, as cited in LeCuyer-Maus, 2003). In their examination of contributing factors to infants’ insecure disorganized attachment, Main and Hesse (1990, as cited in Lyons-Ruth & Jacobvitz, 1999) found a strong association with frightened or frightening parental behavior in conjunction with unresolved parental states of mind and insecure disorganized attachment behavior. These experiences have been related to problematic caregiving behaviors that include frightening, hostile, or withdrawn behaviors, that may be a result of the parent still feeling overwhelmed by past trauma (Cassidy & Mohr, 2001; Jacobvitz, Hazen, & Riggs, 1997; Main & Hesse, 1990; Scheungel, Bakermans-Kranenburg, & van IJzendoorn, 1999, as cited in Lyons-Ruth & Jacobvitz, 1999). Intimate partner violence often is an ongoing, repetitive cycle of trauma that may be unresolved, and may trigger or reactivate past traumas and re-evoke fearfulness (Huth-Bocks, Levendosky, Theran, & Bogat, 2004).

In addition to this, lack of support in mothers’ family of origin reportedly has a diminishing effect on their psychological resources (Belsky, 1984; Main & Goldwyn, 1984, as cited in LeCuyer-Maus, 2003), complicate their perceptions of their children, and their ability to adopt new parenting practices. The family of origin provides the original social environment in which infants and children learn how to cope with stressful events as related to their parents’ and their own appraisal processes (LeCuyer-Maus, 2003). Thus, a history of childhood abuse also has been found to be associated with the likelihood for an individual to become involved in a domestically violent relationship, as well as increase the likelihood of abuse or neglect of one’s own children (Hall, Sachs, & Rayens, 1998, as cited in Cox, et al., 2003).

Many victims of intimate partner violence reported a prior history of suffering abuse in their childhood and having unhealthy family relationships and interactions (Stith, Smith, Penn, Ward, & Tritt, 2004). Some studies have shown that in addition to having suffered abuse as a child, individuals who have a history of experiencing poor parenting as a child
places them at greater risk for victimization in adult relationships (Kantor & Jasinski, 1998; Stith et al., 2004).

**PARTICIPANT PERSPECTIVES**

“I was primarily raised by my grandmother…I don’t think my mother was capable… My mom…we never really had a relationship. Umm there was no affection like it was more…just like that’s my mom pretty much…I met my dad when I was 13…but he was an alcoholic too so there was also like…abuse, it wasn’t as bad as it was at my mom’s house…it was just more like verbal. The way I would describe the relationship with my mom is neglectful, painful or hurtful, very closed off, unaffectionate, confusing. She left me alone a lot, there was a lot of mental, physical abuse by she and my step-father. I’ve tried to have a relationship with my mom, but she turns me away and ignores me.” (SP2)

“My relationship with my parents…I was the one who was always put aside… I would describe my childhood relationship with my mother as separated, control, resentment, lack of love, and favoritism. My mom had to be in control of everything and have the last word. I resent her for having stayed with my dad and them fighting and hitting each other so I think she could’ve made better choices. My mom never gave me love, she was always arguing with my dad or being with my older sister. I was left out because my older sister was my mom’s favorite… With my father I felt distant, alone, favoritism, non-supportive and lack of expression. He was never around…always working, and I always felt very alone…and he favored my middle sister. He doesn’t express himself to me, he tells my mom how he feels about me, but not to me.” (SP6)

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**THEME 5: The majority of participants reported continued detrimental effects of having experienced intimate partner violence.**

**Question:** “Please talk about your experience as a victim of intimate partner violence in your current or most recent relationship.”

**Keywords:** It was hurtful…I saw him as the devil…I still do; I was never good enough; I thought he was going to kill me…; mentally tiring; fearful; trapped

**OVERVIEW**

The majority of the participants reported that the intimate partner violence they experienced were moderate to severe levels of physical, verbal, emotional, psychological, and sexual abuse, that included intense controlling, isolating, threatening forms of treatment.
All participants reported that intimate partner violence they experienced had negatively affected their self-esteem (low self-esteem); and caused them to experience fearfulness, depression, anxiety, insecurity, a feeling of being “trapped”, and a tendency to self-blame for the abuse (as blamed by the offending partner).

Many of the participants felt helpless, frozen, and terrified that her abusive partner was going to kill her, based on his threatening behavior.

Many of the participants report continued negative effects on their self-esteem, fearfulness, and relationship difficulty currently.

**FINDINGS/OUTCOMES**

According to the Bureau of Justice Statistics (2010) between 2001 and 2005, on average half or all females who reported experiencing nonfatal intimate partner violence suffered an injury from their victimization; with approximately 5% seriously injured; 44% suffered minor injuries; and 3% suffered rape and/or sexual assault. Twenty-seven percent of female victims reported experiencing threat by the offender; with 1 in 10 female victims reported the offender attempted to hit, slap, or throw them down (Bureau of Justice Statistics, 2010). Reported injuries by female victims of male batterers have shown a *gendered pattern of injuries* [emphasis added] (Rand, 1997). The most common injuries in these cases have been as a result from blunt force trauma to the face (e.g., being hit with a fist); being strangled; complex fractures; orbital blow-outs; and intracranial injuries (Sheridan & Nash, 2007; Arosarena, Fritsch, Hsueh, Aynehchi, & Haug, 2009, as cited in Barnett, et al. 2011).

Research has consistently shown that female victims of intimate partner violence have significantly poorer health than nonbattered women, that includes physical illness, disabilities, and injuries (Affifi, MacMillan, Cox, Asmundson, Stein, & Sareen, 2009; Bonomi, Anderson, Reid, Rivara, Carrell, & Thompson, 2009).

Women who experience intimate partner violence are at an increased risk of injury and death, including a range of physical, emotional, mental, and social problems (Eisenstat & Bancroft, 1999), such as gynecological, central nervous system, and stress-related physical health problems (Campbell, Jones, & Dienemann, 2002), impairment in mental and emotional health (Campbell, 2002), such as depression, anxiety, suicidality, posttraumatic stress disorder, mood and eating disorders, substance abuse, antisocial personality disorders, and nonaffective psychosis (Danielson, Moffitt, Caspi, & Silva, 1998; Golding, 1999, as cited in Wathen & MacMillan, 2003; Sutherland, Bybee, & Sullivan, 1998; Roberts, Williams, Lawrence, & Raphael, 1998).
Female victims of intimate partner violence have reported at 1.5 to greater than 2 times more likely to be diagnosed with a major depressive episode or mood disorder, as compared to women who have not experienced intimate partner violence (Afifi, et al., 2009; Hedtke, Ruggiero, Fitzgerald, Zinzow, Saunders, Resnick, & Kilpatrick, 2008). Campbell, Sullivan, and Davidson (1995, as cited in Lilly, et al., 2011) reported that more than 80% of women who entered a domestic violence shelter presented with mild depression and more than 50% of these women remained depressed 10 weeks after leaving the shelter and up to 6 months later.

Sleep disturbances have been reported among women victimization. Saunders (1994, as cited in Walker, Shannon, & Logan, 2011), reported that in a study of 192 battered women, about 78% reported trouble sleeping, and 75% reported nightmares that involved the violence they experienced from their partner. Other studies have found that female victims residing in a shelter for domestic violence reported 82% having sleep patterns that included sleeplessness, frequent awakenings during the night, and symptoms similar to samples diagnosed with sleep disorders (Humphreys, Lee, Neylan, & Marmar, 1999, as cited in Walker, et al., 2011). Walker, et al. (2011) reported several findings that indicated heightened arousal, re-experiencing of abuse, and perceived lack of control over circumstances, as reported by victims of intimate partner violence has shown strong associations with disturbed sleep patterns.

Leone (2011) reported findings that indicated women who experienced intimate partner violence had a significantly higher risk for suicidal behavior (threatening or attempting to commit suicide), as compared to women who did not experience partner violence. Pico-Alfonso, 2006; Stark & Flitcraft, 1996; Wingood, DeClemente, & Raj, 2000, (as cited in Leone, 2011), reported between 19% and 40% of female victims of intimate partner violence reported suicidal behavior, with low-income, African American female victims constituting at greater risk.

The role of shame in women experiencing intimate partner violence has been found to be strongly related. Follinstad (1991, as cited in Shorey, Sherman, Kiviston, Elkins, Rhatigan, and Moore, 2011) found that approximately 26% of female and 16% of male victims reported feeling shamed and humiliated after experiencing physical and psychological violence by their partner. A study by Shorey, et al., (2011) on depression and anxiety among victims of IPV and the moderating effects of shame proneness found that shame proneness moderated the association between all forms of victimization and mental health symptoms. These findings indicated a strong correlation between shame proneness and increased victimization, as these victims may not seek help or end the abusive relationship as they may tend to interpret the violence as their fault and a reflection of how they view themselves.

PARTICIPANT PERSPECTIVES
“I thought he was going to kill me…so I was kind of scared to fight back, which is kind of why I kind of turned off…there was even sexual abuse…after giving birth to the twins my uterus was all messed up but he wouldn’t stop. He also wanted me to be heavy and I turned into a different person. I turned into where I didn’t care at all. I didn’t care about anybody, not the kids, not him, not my family, nobody and I don’t know if it was fear or but I knew mentally that’s what I had to do to be able to like get away and I was scared. I left him after 11 years….and there was verbal, emotional, psychological, physical and sexual abuse… “I just want to say that being a victim of domestic violence has had a strong effect on me for a long time…I still…I’m so fearful of life and all these years he tore me down, no matter how many people tell me that I’m beautiful, smart, amazing person…it pulls you so low and it, it, it’s a struggle. It makes me even scared of other men…uh…other relationships of …everybody…like I feel like sometimes it’s wrong to have friends when I know it’s not…and being put through all that domestic violence is, it’s straining and it’s tiring it’s, you know, mentally it’s just tiring…” (SP 5).

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THEME 6: The majority of participants expressed a concerned view of child’s behavior/misbehavior.

Question(s):

“What about child’s behavior now is the most difficult to handle? Give a typical example.”

“How often does this occur?”

“What do you feel like doing when your child reacts that way?”

“How do you feel when your child reacts that way?”

“What do you actually do?”

“Does he/she know you don’t like it?”

“Why do you think he/she does it?”

“What does the child do after you respond to the difficult behavior in the way you described?”

“How do you imagine the child feels when you respond this way?”

“What do you imagine will happen to this behavior as your child grows older?”

“Why do you think so/what makes you feel that way?”
Keywords: whining; when he doesn’t get what he wants; hitting himself; manipulate; she really doesn’t know; for attention; out of frustration

OVERVIEW

The majority of the mothers viewed some difficult behavior as expressed by their child as being stubborn, manipulative, seeking attention, and attempting to get what he/she wanted.

Most of the mothers believed their child knew she did not like this behavior. Almost as if to take their child’s behavior as a personal affront.

Some mothers believed their child’s misbehavior was temporary, normal for the child’s age, that would be grown out of eventually, and that the behavior was a form of frustrated or emotional communication on the child’s part.

FINDINGS/OUTCOMES

A major adverse secondary outcome of intimate partner violence is potential disruption of attachment processes between the mother and child (Quinlivan & Evans, 2005). An increased risk of disorganized attachment in infants has been reported in several studies of intimate partner violence (Karen, 1998). Lyons-Ruth and Jacobvitz (1999) have reported findings that indicated victims of domestic violence tend to show a spectrum of problematic attachment representations, along with unresolved and preoccupied/overwhelmed representations, and narratives that lack a consistent state of mind. In their research examining an insecure attachment style classified as “disorganized/disoriented”, Main and Solomon (1986; 1990, as cited in Solomon & George, 1999) concluded that children that evidenced this category seemed to lack any coherent, organized strategy for dealing with the stress of separation by the mother. Among many reasons cited for this type of disorganized/disoriented attachment response in children, Main & Hesse (1992, as cited in Lyons-Ruth & Jacobvitz, 1999) found that maternal frightened and/or frightening behavior was related to the infant’s attachment disorganization.

Lyons-Ruth, Bronfman, and Parsons (1999, as cited in Lyons-Ruth & Jacobvitz, 1999) later expanded on this construct to include two other broad aspects of maternal behavior, which included extreme parental misattunement specific to the infant’s attachment-related communication, and the display of ambivalent caregiving strategies that elicited and rejected infant attachment affects and behaviors. These caregiver constructs previously described may be some behaviors and outcomes found in mothers who have been victims of domestic violence.

Based on past research that has examined unresolved past trauma, current violence, and adults’ states of mind as related to attachment processes, it is highly likely that abused women’s internal working models of self and others are negatively affected by domestic violence (Huth-Bocks, et al., 2004). The negative impact of intimate partner violence on the internal working models of mothers may be particularly significant as mothers form and reorganize representations of self as caregiver for their child.
Reflective functioning (RF) has been defined as the capacity of an individual to mentalize or understand one’s own and another’s behavior with regard to underlying mental states (thoughts, feelings, desires, beliefs, and intentions) in meaningful and accurate ways (Fonagy, Gergely, Jurist, & Target, 2002; Slade, 2005). Powell, Cooper, Hoffman, and Marvin (2014) defined reflective functioning “to mean the capacity to perceive and understand oneself and others in terms of psychological states that include feelings, beliefs, intentions, and desires (p. 35). This human reflective function capacity allows for a more accurate understanding of one’s own and other’s behavior, which increases the likelihood for the engagement in productive, intimate, bonded, and sustaining relationships, while simultaneously allowing for an independent and separate mind (Fonagy, et al, 2002).

Fonagy, et al. (2002) highlighted the importance of a caregiver or parent’s capacity to make sense of his/her own and that of his/her child’s mental states or schemas to assist in the child adapting self-regulation and in the establishment of healthy social relationships. The underlying notion of healthy parental reflective functioning in part is that the parent’s ability to tolerate his/her own internal, affective experience will allow the parent to tolerate and regulate these affective experiences in his/her child (Slade, 2006). According to Powell et al. (2014), healthy reflective functioning is expressed in a caregiver when a reasonable accurate perspective is communicated of what the child is feeling or experiencing, but also is the use of language that expresses the caregiver appreciates how separate minds function.

Grienenberger, Kelly, and Slade (2005) in their examination of maternal reflective functioning, mother-infant affective communication, and infant attachment, found that maternal reflective functioning appeared to serve as a buffer against breakdowns in affect regulation when infants were distressed. They found that highly reflective mothers were more likely to show fewer disruptions in affective communication with their infants. These findings also supported the importance of attachment processes between infant and caregiver, in that the infant is reliant on his/her mother to respond at an appropriately healthy and sensitive manner to the infant’s affective state, especially in his/her distress, that are reflective of the infant’s internal experience that assist in containment of it (as a safe haven) (Grienenberger, et al., 2005).

Schechter and associates (2005) examined how reflective functioning was associated with violence-related posttraumatic stress in an inner-city sample of female victims and their young children. Using the Working Model of the Child Interview (WMCI) measure to assess each mother’s mental representation of her child and her relationship with her child, they found a strong association 95% (CI) between maternal interpersonal violence-related posttraumatic stress disorder (PTSD) and reflective functioning (RF) or mental representations of their children. More specifically, the findings showed the greater mean severity of PTSD in this sample to be more significantly associated with the distorted classification in mother’s representation of her child (Schechter, et al., 2005). However, Schechter and associates also recommended continued exploration of these types of samples to further ascertain other factors that may in fact be effecting maternal representations of children in these situations.
PARTICIPANT PERSPECTIVES

“My son’s behavior is most difficult when he gets upset and starts hitting himself and screaming for no reason because he wants something or...he can’t have it. This behavior is frustrating to me. If he doesn’t listen to me, I spank him, or he will go to his room when I tell him. I’m pretty sure he knows that I don’t like this behavior. He does it to get what he wants, to try to manipulate and...I don’t know.” (SP2).

“The most difficult of her behavior is that she whines a lot...and always needs me to be around her... I feel like ignoring her...sometimes I put my headphones on to not hear it. I feel frustrated and just ignore her. Uh huh...she knows I don’t like it, but does it for attention...she cries. She probably feels awful being ignored...I hate being ignored. I grew up being ignored and it’s frustrating.” (SP5)

“The most difficult behavior of my son now is his whining, he whines a lot. It’s hard not to yell about it, so...I feel like putting him in timeout or just yelling. I feel very frustrated when he whines...cause I feel he should be outgrown of it by now...I don’t know. I try to be stern with him and tell him he needs to not behave like that. Uh huh, he knows I don’t like it when he whines. I think he does it out of his own frustration...I don’t think he does it maliciously. I think he just gets frustrated and is trying to talk, but he’s upset at the same time. I’m hoping he’ll grow out of this behavior.” (SP 8)

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THEME 7: The majority of participants expressed belief that their childhood experiences contributed to their parenting of their child.

Question: “How do you think you came to have the kind of relationship with your preschool-age child based on your childhood and past life experiences?”

“Is there any particular thing which you feel you learned, above all else, from your own childhood experiences? I’m thinking here of something you feel you might have gained from the kind of childhood you had.”

Keywords: doing opposite of the way my parents did; shaped parenting of son; different parent; give attention, rewards because I didn’t get it; bond with my mom I have with daughter

OVERVIEW

Most participants believed their childhood experiences as being parented by their parents influenced in some manner how they came to parent their child.

The majority of these participants reported to have made a conscious decision NOT to parent their child the way their parents parented them. These participants clearly stated
they learned what not to do as a parent from their parents and how they were parented. They viewed this childhood experience as painful, negative, and for some traumatic.

Other participants reported that followed to some extent the values and manner in which their parents parented them with their own child and was a positive result of their childhood experience.

**FINDINGS/OUTCOMES**

In addition to domestic violence in a home, Belsky (1994, as cited in LeCuyer-Maus, 2003) has reported that many different sources of stress have the potential to disrupt parenting abilities and skills. For example, mothers’ cognitive appraisals of stressful events and coping abilities, such as attitudes toward and perceptions of events and child behaviors, as well as perceptions of their own ability to cope will influence maternal coping processes (Kurtz & Derevensky, 1994, as cited in LeCuyer-Maus, 2003). In their examination of contributing factors to infants’ insecure disorganized attachment, Main and Hesse (1990, as cited in Lyons-Ruth & Jacobvitz, 1999) found a strong association with frightened or frightening parental behavior in conjunction with unresolved parental states of mind and insecure disorganized attachment behavior. These experiences have been related to problematic caregiving behaviors that include frightening, hostile, or withdrawn behaviors, that may be a result of the parent still feeling overwhelmed by past trauma (Cassidy & Mohr, 2001; Jacobvitz, Hazen, & Riggs, 1997; Main & Hesse, 1990; Scheungel, Bakermans-Kranenburg, & van Ijzendoorn, 1999, as cited in Lyons-Ruth & Jacobvitz, 1999). Intimate partner violence often is an ongoing, repetitive cycle of trauma that may be unresolved, and may trigger or reactivate past traumas and re-evok fearfulness (Huth-Bocks, Levendosky, Theran, & Bogat, 2004).

In addition to this, lack of support in mothers’ family of origin reportedly has a diminishing effect on their psychological resources (Belsky, 1984; Main & Goldwyn, 1984, as cited in LeCuyer-Maus, 2003), complicate their perceptions of their children, and their ability to adopt new parenting practices. The family of origin provides the original social environment in which infants and children learn how to cope with stressful events as related to their parents’ and their own appraisal processes (LeCuyer-Maus, 2003). Thus, a history of childhood abuse also has been found to be associated with the likelihood for an individual to become involved in a domestically violent relationship, as well as increase the likelihood of abuse or neglect of one’s own children (Hall, Sachs, & Rayens, 1998, as cited in Cox, et al., 2003).

Many victims of intimate partner violence reported a prior history of suffering abuse in their childhood and having unhealthy family relationships and interactions (Stith, Smith, Penn, Ward, & Tritt, 2004). Some studies have shown that in addition to having suffered abuse as a child, individuals who have a history of experiencing poor parenting as a child places them at greater risk for victimization in adult relationships (Kantor & Jasinski, 1998; Stith et al., 2004).

**PARTICIPANT PERSPECTIVES**
“This affected my approach to my son…I’m a lot different. It’s crazy, I think about the way I was raised so much when it comes to parenting to my son that I just kind of do everything opposite of the way my parents did…when it comes to disciplining, there’s no way that I would do what my dad cause I just, I know it’s like, it’s horrible and there’s times like when I first started with the kids, uh that’s the kind of approach that I took and it was the same like spanking and um…like you just start to notice like the fear in their eyes when you approach them and…and it’s just like I don’t want them to be afraid of me…I just want them to know that I want the best for them so it’s definitely affected me, I mean I’m kind of thankful that I went through that cause I might be a different parent if I hadn’t…it definitely made me a better parent…” (SP 7)

“Based on my childhood and past life experiences…made me want to give my daughter as much as I could like my parents gave to me…to experience you know the childhood as I did…to instill what was taught to me and teach it to her. To be a tight-knit family…” (SP 1)

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THEME 8: The majority of participants expressed belief that their childhood experiences contributed to their becoming a victim of intimate partner violence.

Question: “How do you think you came to be a victim of intimate partner violence as a result of your childhood or past life experiences?”

Keywords: the violence felt normal…that’s all I knew; allowed it to happen…never learned to voice in childhood; make the marriage work…no matter what; I think like my mom…don’t like conflict; turn the other cheek; the way my father treated me…looking for someone to love and be loved by…

OVERVIEW

Most of the participants believed their childhood experiences largely contributed to their becoming a victim of intimate partner abuse.

Some participants reported to have witnessed their parents’ intimate partner abuse and came to view violent relationships as normal.

Some participants reported never having been taught to voice or defend themselves as a result of overprotective parenting by their parents.

Many participants were at the receiving end of parental abusive treatment, critical, controlling treatment in their childhood, and came to believe that they had become used to it, and ended up in an abusive adult relationship as a result.
Some participants stated that their often absent mother and mostly absent father contributed to their desire to stay in an abusive relationship to avoid being alone or lonely.

**FINDINGS/OUTCOMES**

Many victims of intimate partner violence reported a prior history of suffering abuse in their childhood and having unhealthy family relationships and interactions (Stith, Smith, Penn, Ward, & Tritt, 2004). Some studies have shown that in addition to having suffered abuse as a child, individuals who have a history of experiencing poor parenting as a child places them at greater risk for victimization in adult relationships (Kantor & Jasinski, 1998; Stith et al., 2004).

**PARTICIPANT PERSPECTIVES**

“I think I became a victim of partner violence one hundred percent to do with childhood cause like that’s exactly how my mom was, she’s very submissive…and when I was going through it with my ex…I would just keep thinking…I don’t wanna become my mom…but I had…Because of my childhood…the violence just felt normal, it just felt natural…it was like just that’s all I knew…was the way my mom handled situations, that’s all that I knew…” (SP 9)

“I don’t know how I ended up being a victim of abuse…it was because the way my father treated me when I was younger or what…or I just was in the wrong relationship or what it was…I didn’t want to lose him…I was afraid to lose him or anyone else to have him. I think I always wanted to be with someone…wanted a male partner since I was young…I couldn’t be alone and I felt weird if I was alone. I felt like nobody wanted me or something…so I would always have to be with someone…and I think because of the way my father treated me I was always looking for someone to love and be loved by…” (SP 10)

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**THEME 9:** The majority of participants expressed belief that their Hispanic/Latina culture contributed to their becoming a victim of intimate partner violence.

**Question:** “How do you think your ethnicity or being Hispanic/Latina has affected your experience as a victim of intimate partner violence?”
Keywords: I grew up seeing (violence); the men were very macho; we see our parents do it so we think it’s okay; Hispanic males control women; culture did not play a role…being Christian did…we need to stay together always…

OVERVIEW

Most participants reported the belief that their Hispanic/Latina culture and way of life contributed to their becoming victims of intimate partner abuse.

Some believed that intimate partner abuse is the norm, and that women married to Hispanic/Latin males are expected to be submissive to him. These men expected to be treated as “kings”.

Most participants expressed a firsthand experience of IPV in their family-of-origin and extended families. This resulted in their belief that this is what was normal in intimate relationships and that it continues in present day. It is a form of intergenerational transmission of dysfunctional behavior.

FINDINGS/OUTCOMES

Researchers, who engage in studies exploring domestic violence issues among families, must take into consideration the complex, but important contextual information specific to individual and group differences in their sample under study for a clear and accurate understanding of these differences (Fontes, 1998). Investigating between and within group differences among different racial and ethnic participants in domestic violence research is clearly warranted and may lead to the identification of protective factors that may reduce vulnerability to domestic violence for families from various backgrounds.

There appears to be very little research as to the effects intimate partner violence has on ethnically-diverse mothers and their parenting styles with their children. Bargai, et al. (2007) examined the mediating factor of learned helplessness in battered women, and found educational and early cultural influences that pressured women into submissive roles with domineering male partners, which tended to undermine their emotional resources, coping ability, and resulted in PTSD, learned helplessness, and depression. In another study conducted by Mbilinyi, et al. (2007), as to what happens to children when their mothers are battered, Hispanic mothers were found to be more likely to be injured while trying to protect or stop abuse of their children as compared to African-American mothers in similar circumstances. The National Center for Injury Prevention and Control (CDC, 2007) reported a variety of demographic, attitudinal, behavioral, and cultural factors associated with high risk for perpetration and victimization of intimate partner abuse. Factors reported were: “less formal education, unemployment, relationships dominated by one partner over the other, poverty/economic stress, strict gender roles (with the male as the primary decision-maker or with male aggression and female submissiveness), social isolation, drug and alcohol abuse, and low self-esteem” (CDC, 2007). Research has shown that these cultural and situational characteristics are commonly found in the migrant population (Kugel, Retzlaff, Hopfer, Lawson, Daley,
Drewes, & Freedman, 2009). These findings highlight the importance of examining further ethnic/racial factors, or mediating factors that may clarify why certain ethnic or racial groups may be more vulnerable to the negative effects of intimate partner abuse than others (Mbilinyi, et al., 2007).

Research findings on racial and ethnic differences in intimate partner violence are mixed. Some studies have reported higher rates of intimate partner abuse among several minority groups, and others report few if any differences (McFarlane, Groff, O’Brien, & Watson, 2005; Smith & Chiricos, 2003). Caution in interpreting these reported findings is recommended and consideration of factors such as police bias, demographic and socioeconomic status, and a tendency for researchers to combine data from diverse ethnic groups may distort findings (Lauritsen & White, 2001; Sokoloff & Dupont, 2005, as cited in Barnett, et al., 2011). Important to note, is that no empirical evidence that support racial differences in intimate partner violence that is rooted in biology has been found.

According to the Bureau of Justice Statistics (2010), during 2001 and 2005 as reported to police, nonfatal intimate partner victimizations were higher for black females than for white females. Rates of intimate homicide have reportedly fallen for black females and the rate for white females has remained the same between 1976 and 2005. The percentage of nonfatal intimate partner victimizations for Hispanic and non-Hispanic females as reported to the police was about the same during 2001 and 2005, but higher rates of intimate partner violence were reported for American Indian and Alaskan Native females (Bureau of Justice Statistics, 2010).

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**PARTICIPANT PERSPECTIVES**

“I do believe being Hispanic did contribute to me ending up as a victim of abuse…I grew up seeing it in my extended family. The men were very macho, cheaters and this was just very much accepted. Latino men treat their wives badly...everyone lived this way. His dad treats his mom this way and he treated me the same…and I put up with it like all the other women did. It was normal…and is still like this today...” (SP 9)

“I think Hispanic women we get abused more and we ex...we see our parents do it so then we think it’s okay and then the cycle continues as you go on and there’s very few that actually leave their situation. But once you get out and you look around you see it happening everywhere, it’s all around you, so I mean everybody’s just repeating the cycle of getting abused. I think my mom’s mother passed it onto her because she went through it too. Hispanic males seem to think they have more of a right to control women…it’s kind of their belief that’s it okay for men to hit women. But I am being a different Hispanic and my son will be too...” (SP 6)
THEME 10: The majority of the participants conveyed positive maternal care to their child that indicated compensation and overcompensation to their child in response to their child being exposed to intimate partner violence.

Question: “What would you hope that your child(ren) might have learned from his/her experience of being parented by you?

“Were there any positive effects on the parenting of your child as a result of the intimate partner violence you experienced with your current or former partner?”

“Is there anything you want to add?”

Keywords: very close; protective; more affection; positive; respectful; I intervene; don’t treat people bad; provide security

OVERVIEW

Most participants reported that their experience as a victim of intimate partner abuse has ultimately resulted in their having a “very close,” “protective” relationship with their child.

Mothers reported that many times they experience(d) their abusive partner as intimidating their parenting of their child, and most have left their abusive partner and believe they have overcome this negative experience of being blocked to parent.

Mothers report that they tend to more frequently make a conscious effort to be aware of how they talk and discipline their child. Some report continued frustration, but most seem to be aware of the detrimental effects the IPV had on their child and are trying to eliminate this type of tense, negative interaction between she and her child.

FINDINGS/OUTCOMES

Levendosky, et al. (2003) reported in their study of mothers and preschool-age children who had experienced family violence, that domestic violence had positive effects on both attachment processes and parenting effectiveness, indicating that some mothers were able to compensate for the violence by offering more attention and responsiveness to the child. There have been few studies of attachment processes, however, that have focused on the parental perspective only. In light of the negative sequelae mothers experience as a result of intimate partner violence, it may be helpful to understand possible modifying factors relative to mothers and their children.

PARTICIPANT PERSPECTIVES
“I try to be more calm and I try to show my son more affection now…try to give him attention more um…and because I was in the, you know bad relationship, I know, I guess I kind of grew from it…and so I don’t want my son to ever treat somebody that way so that’s why I try to be so positive with him and respectful…” (SP 3)

“Me being a victim of IPV has made me more aware of it and I am very – very protective of her when she is out of my sight. I am very cautious around her and try to keep the tension. We are very close and I am open with her…I talk to her more to teach her about not taking abuse from people. I provide security for her…” (SP 9)
Appendix M

Textural and Structural Descriptions of the Experience for Each Participant

SP1’s Experience

- “My parents got divorced so a lot of things changed uh my attitude um feeling that I had. I had starting to be rebellious because it was just brought on to us with, you know, we had, it was we were blindsided by it. I think it brought me umm closer to my dad because I felt he needed me at that time uh…I had I guess some feelings of anger for my mom because uh she left my dad. I think because she was messing around with this other man…Sometimes I don’t want to even talk to her.”
- “I know my child is closest to me…she cries when I have to take her to her dad’s.”
- “The way my parents parented me…it makes me want to just talk things through with my daughter, instead of resorting to hitting… But, my ex-partner couldn’t come to agree with me on this as to how it (discipline) should be done, it was his way basically or I mean he was gonna do it his way, which was hitting…”
- “What pleases me most about my daughter is that she does not hold a grudge and she quickly gets back to being loving.”
- “I accept my child as she is and that it’s okay to be her.”
- “At times my child reminds me of her father when she has a mean attitude. I don’t like this part of my child and blame my ex for this. When my child is being difficult, I talk to her about it. I notice she shuts down as if afraid. I believe she is learning this response elsewhere…from being with her father.”
- “I came to be a victim of intimate partner violence because I never stood up for myself. I didn’t have a voice. I was too scared to use it so I just allowed it to happen. I mean without being able to stand up for myself and letting it continuously happen over and over again…that’s how I became a victim.”
- “Being Hispanic…I think it’s almost that I’m take advantage of for that reason because I don’t fit that stereotype where a lot of people think that, you know, Hispanic or Latina women are these mean ladies who are bitches, you know, is what I’ve heard people classify and even I think somebody told my ex at one time that I’m not like that at all so it’s almost like an invitation to go ahead and step on me because I don’t fit that stereotype that I’m this little weakling that could get treated like that.”
- “I think it’s more normal in the Hispanic culture to have this type of violence…that it’s seen as okay because everybody else is doing it and going through it that…it’s a normal thing.”
- “I don’t think that my race or any of that has any uh way of me raising my daughter any different. Uh maybe it’s the values that I teach of being, you know, uh Hispanic and coming from a strong Hispanic family, with our
values you know Catholic and family dinners, kind of just that tight-knit I guess just to try and bring that up with my daughter.”

- “My experience of intimate partner violence in my last relationship was umm…more verbal…putting me down, cussing, uh yelling, um threatening, um…scared, um…I guess I thought it was normal…it was hurtful…I saw him as a, especially at the end as the devil…uh as a monster…I still do.”
- “The one thing I wish I could change is that she not have visitation with her father.”
- “My worst memory of my child’s years is her having to witness the actions of her dad, the words of her dad, when I left him…she was crying and scared.”
- “Having been a victim of intimate partner violence has brought me closer to my daughter in a way…it just seems that she’s a lot closer to me that I’m, I was the one that was always there for her, I was umm almost like her protector…I am very protective of her and don’t like for anybody, including her dad to get mad at her.”

**SP2’s Experience**

- I moved around a lot, quite a lot, uh between my grandparents, my mom, and just different housing, different cities.
- I was primarily raised by my grandmother…I don’t think my mother was capable…
- My mom…we never really had a relationship. Umm there was no affectionate like it was more…just like that’s my mom pretty much…
- I met my dad when I was 13…but he was an alcoholic too so there was also like…abuse, it wasn’t as bad as it was at my mom’s house…it was just more like verbal.
- The way I would describe the relationship with my mom is neglectful, painful or hurtful, very closed off, unaffectionate, confusing. She left me alone a lot, there was a lot of mental, physical abuse by she and my stepfather.
- The way I would describe the relationship with my dad in my childhood is accepting, encouraging, loving, affectionate, caring. He was very open to meeting me and fully accepted us into his life right away. He encouraged me a lot and just says positive things about me.
- I felt closest to my dad because I could open up to him.
- I’ve tried to have a relationship with my mom, but she turns me away and ignores me.
- When upset as a child I would hit things, punch things, just cry a lot, and started cutting myself in seventh grade.
- When upset emotionally I don’t remember what I did…I guess I didn’t really know how to take any of it. I just held it in a lot, I never talked to anybody…
- When hurt physically, I just kept it in uh…I just took it…after not being heard.
I would describe my relationship to my son now as good, it’s positive, it’s fun… we have a lot of fun, we play and… have a lot of time together.

My son’s behavior is most difficult when he gets upset and starts hitting himself and screaming for no reason because he wants something or… he can’t have it.

This behavior is frustrating to me. If he doesn’t listen to me, I spank him, or he will go to his room when I tell him.

I’m pretty sure he knows that I don’t like this behavior. He does it to get what he wants, to try to manipulate and… I don’t know.

He probably thinks that I don’t care how he’s acting. Sometimes after he acts this way he will give me a hug, and I’ll hold him and make him feel better about it… at the time if he’s upset.

I think this behavior will probably get worse as he grows older… his dad has a temper too… but we’ll just have to work on him as he gets older to either get him to talk about it or handle it in a different way.

My ex-partner was more verbally abusive, it never got to the point to where it was physical. He got jealous of everything and everyone and um… he wouldn’t let me leave the house, he would corner me or he would slam doors or tell me that he was suicidal. He was very manipulative.

I got out before anything bad could or would happen. Um… it was frustrating cause I didn’t know him that long until I got pregnant and then after I got pregnant, like things just got worse, it seemed… It was really stressful.

I don’t know how I came to be a victim of intimate partner violence… I’ve never experienced it before in the past, but… I don’t know. I got pregnant and he got more protective.

I don’t know if I became a victim of intimate partner abuse as a result of my childhood, because I tend to stay away from negativity and violence in relationships, I don’t like it. I don’t like it at all because that’s all I grew up with. So I just avoid it.

In my past relationships… like with a former boss, he’d make sexual comments and I just ignored it…, but then it actually got to the point to where um… I, I had to report the boss for assault and battery and I left… so and I know, like nowadays, a lot of women just ignore that… and they shouldn’t.

I was never close with my parents or grandparents or… or any family so… I think missing out on the comfort and the family life uh… missing out on that, it bothers me so it’s, it’s nice to have that with my son now.

Based on my experience as a victim of intimate partner violence… yes, yes and no. I know that um after I had my son, I was, I was real protective of him at first… um just cause I, I didn’t know his dad that very, like very well and… I didn’t let his dad take him at first… until he proved himself. He made me not want to have my spend time with him…

I don’t think being Hispanic affected me being a victim of intimate partner violence… I think there’s abuse in all cultures and races and… I don’t think it really has anything to do with being Hispanic. Probably has more to do
with being a woman…I think guys do it because they know they can get away with it and the women let them get away with it.

- I don’t think my ethnicity, being Hispanic, has affected my relationship with my son…Cause I, I don’t see things as black, brown, white, yellow…so…I’m not sure.
- Being a victim of intimate partner abuse has made me want to keep my son away from all that…whether it’s TV or any situation, hearing it or seeing it…but it’s going to be hard to keep him from being exposed to it…as much as I don’t want to shelter him…um..just the less violence better, I think.

**SP3’s Experience**

- “I felt closest to my mom. Just because she was always physically there and you know, she played the mother role. Not dad because the distance of him always working and kind of just being in the background the whole time.”
- “When upset as a child, I’d go play…just go off and…I’d do something creative. Make a clubhouse and go to those places and I felt like they were like my own place.”
- “I remember the first separation from my parents was kindergarten…I had a hard time with that and then she left and I was just kind of like in shock like I didn’t wanna talk to no one, I was just kind of like…I wanted to cry, I was like crying inside, you know, but I just didn’t know how to react. I was just like whoa, what’s going on right now…”
- “I would say yeah, I felt rejected as a child…my parents always babied my younger brother and to this day…but yeah, I would never ask my parents for anything because I know that they didn’t have money…I felt real bad for them so I would never ever ask for anything. But my brother on the other hand, he wanted the newest game system…etc., and he’d had to have it. So yeah, I felt rejected that I wasn’t being treated fairly, but at the same time, I knew that they didn’t, that couldn’t financially…”
- “The most difficult behavior for me to handle are when my son throws temper tantrums…he’ll run from you…he’ll say no, like you know he’ll talk back.”
- “I can feel myself getting overwhelmed…and frustrated..and like mad. I go to bed angry.”
- “What I do that I don’t wanna do because I don’t want it to affect him, but I tell him, okay, if you don’t, if you don’t, you know, get dressed cause he’ll say, if I go try to dress him, he thinks it’s funny to run off…and so I’ll say, okay, fine, I’m gonna leave without you. And, you know, after I do it, then I’m like oh, no, no, no, it can’t, I should not be doing this cause he gets really upset and like I really need to stop doing this and I do it so quick…out of just like reaction and then after I’ve already, you know, pretended to, to leave, and then I’m like I need to stop doing this.”
- “He knows I don’t like it when he behaves this way.”

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“I think he does it to see probably if he could test his way of getting, test to see if he can his way...”

“When I do this, he starts throwing a fit, he’ll start crying and a lot of time, it’s not even a real cry, he’ll fake cry...he’s really upset and like he gets really angry, sometimes he’ll like yell or stuff like that.”

“I think maybe it’s just like a phase that he’s going through now. Umm I’ve noticed that he gets really upset with his dad...his dad yells at him and like punishes him and stuff an so...I think that he just umm gets upset about that and throws a tantrum...like doesn’t know how to react to the situation and it upsets him.”

“Uh loving, umm...you know, I’d, I’m...I wouldn’t say I am strict with him...a little bit...I try to do a balance of being the mother figure of what I’m trying to teach him respect and teach him all these ways and...at the same time, I open up and just be a kid with him...and play and umm do all this stuff with him like you know making tents on the bed...”

“I feel guilt when I am away from him...fear that something’s gonna happen to him...you know, when we go to the store or stuff like that, like I make sure he’s always right next to me...I’m always right there with him.”

“It was mainly emotional, psychological, and verbal. One time he pushed me and I fell down the steps and he knew he did wrong, but he uh kind of put the blame on myself...” “A lot of mind games...so he would do things that almost kind of convinced myself...you know that I would, is, I was the one at wrong...I would always be apologizing for things that I didn’t even do wrong, but I would just apologize for them because I didn’t want to confrontation...” “He hardly ever, ever, ever said sorry or took blame for anything that he did.”

“He was very controlling...one time I had and I would never go out partying and stuff like that and um one day after work my best friend said she’d meet me at your know this one place for happy hour for a drink...and he lost his mind like he called me every word in the book and, and I was, I mean even when I was at the bar, I wouldn’t look at nobody, you know...and he would say that I’m like a whore and this and one time he got his cell phone one time and was so upset that he threw it against the wall, busted it, and then he blamed me for his broken cell phone that he threw.”

“I was never good enough either...I went through this for ten years.”

“It still has an impact on me but in a different kind of way because I would never say anything about it, I would just take the abuse and deal with it and um...me and my mom kind of sympathizes with him, and I said to my mom the other night, “I tried to make it work for ten years and I was just smart enough to finally, you know, realize I didn’t deserve that and she goes well I don’t understand why you stayed in the relationship for ten years and um not got out sooner and I was like well it’s not easy, you don’t just...get out, you know...it just feels like you’re trapped in it...and no way out.” “It’s made me a little bit insecure...in relationships that I’m
in now and I think it is because I kinda freak out a bit when something bad happens… or, or I fear that something bad’s gonna happen. I put up a wall and I just don’t wanna deal with this no more.”

• “I think I became a victim because I allowed it… um… I never like stood up for what, how I felt… you know I never confronted him about it because I just didn’t want the confrontation and so it was kind of like an easy way out too… I just ended up making it worse. I don’t really like conflict.”

• “I think like my mom, I was more worried about what other people thought, instead of worried about what I, how I felt… and um she… even to this day, always thinks that you know if you get into a marriage you, you’re supposed to make it work, no matter what, no matter what… but my dad is really laid back and um… you know, passive about things, he just kind of, you know stays out of people’s business, he doesn’t like conflict and stuff like that… I would say that would be more me.”

• “My mom more aggressive and controlling. I felt like it was more um… because my ex was controlling, um… I felt like he handled things… took charge.”

• “Yeah because my mom… never really explained to me what I deserve… she never said you deserve the best, you don’t deserve to be treated like this, she just kind of let me figure it out on my own… and then compared it to her ways… this contributed some to me being a victim of abuse in my marriage.”

• “I try to take everything I have been through as more of lessons learned… and try to see it as how I would do it different if I was able to go back and do it different… and then I try to teach my son that for him.”

• “When I was in the marriage, I could feel myself in the shadows… and as a parent had to give… I wasn’t able to parent my son… because I felt like I couldn’t… because when I tried to voice my opinion and say, uh, you shouldn’t do that to him, his dad would say, yes he could do that, why can’t he do that, go ahead and do that and he would override my… say so.”

• “I would say a little bit, I kind of, the abuse make me feel like a little bit of an outsider, if that makes sense… like if my son would fall, I would pick him up and hold him, and his dad would say, “Stop babying him”… and so he would make me feel like I was doing something wrong so he kind of made me feel like I wouldn’t wanna give that affection towards him because you know I’d get in trouble for it.”

• “I try to be more calm and I try to show my son more affection now… try to give him attention more um… and… because I was in the, you know bad relationship, I know, I guess I kind of grew from it… and so I don’t want my son to ever treat somebody that way so that’s why I try to be so positive with him and respectful.”

• “I don’t say “I hate your dad” and always talk real positive to my son about his dad.

• “I think like the Hispanic heritage, a lot of the women just deal with the abuse, and you’ve got the bigger families that you’ve gotta impress and
you don’t want to be the person that fails and stuff um…I felt like that was what I was supposed to do. Yeah, I would say yeah big time it had an impact on me being a victim of abuse. Also, I think Hispanic families encourage the men to drink and domination…because they are the guys…”

- “I think being Hispanic has made the woman sacrificing herself for the familia…and lately I am breaking away from their cycle and stuff…stopping the self-sacrificing.”
- “I think being a victim of domestic violence…it’s just taught me to become more um…responsible and independent and …being respectful towards people and…you know, it gave me more strength and stuff…and this has benefitted my son.”

**SP4’s Experience**

- “I think she and I are close…we’re forgiving of each other…so I think that we really understand each other’s uh feelings.”
- “We have an intense connection…I need her, she needs me. I am nurturing, overindulgent…I want to avoid conflict with her. But she is special and her needing me is fulfilling.”
- “I like most that she is comforted by me rocking her and holding her…”
- “The most difficult about her behavior has been her constant wanting of food, she never knows what it is she wants and then once I get it for her, she doesn’t want it. It’s like she is playing a game with me…I feel like it’s excessive.”
- “I feel like pulling my hair out and running away.”
- “I feel worried that she’s gonna continue this…”
- “She does it to bug me…but then my heart melts and I know she’s not doing it to bug me, she really doesn’t know…and then I totally give in.”
- “Sometimes I think she says, “See I told you I’d do it…or at times she feel comfortable and thankful…”
- “I’m terrified of this demanding behavior…that she’s not gonna have friends…”
- “It started out right away…there was a lot of yelling and there was physical…not hitting per se…but he would grab me like so hard or squeeze me so hard if I was trying to walk away from him that I would have bruises and stuff…”
- “Then we split up and when we got back together the physical violence stopped, but I wasn’t allowed to have friends, work, go to school, um go anywhere, do anything without him, even to the grocery store…I had to constantly be with him.”
- “I thought he was going to kill me…so I was kind of scared to fight back, which is kind of why I kind of turned off…there was even sexual abuse…after giving birth to the twins my uterus was all messed up but he wouldn’t stop. He also wanted me to be heavy and I turned into a different person. I turned into where I didn’t care at all. I didn’t care about anybody, not the kids, not him, not my family, nobody and I don’t
know if it was fear or but I knew mentally that’s what I had to do to be able to like get away and I was scared.”

- “I left him after 11 years….and there was extreme verbal, emotional, psychological, physical and sexual abuse.”

- “I think I got this way because my dad’s kind of the same way with my mom, not…he doesn’t yell and he’s never hit her and they never get violent, but my dad has control over my mom…I always thought it was kind of normal.”

- “I went back to my ex because I still had to deal with him and it was easier to me just to be with him and deal with it than what he can do when I’m not with him, you know, having kids, you had to deal with it anyway.”

- “Also one of my brothers was very the violent type and very violent with me and I think that violence you know again to me it was, not that it was normal cause I always was unhappy and I knew, you know, it wasn’t normal, but it, it was like well if you see that your whole life..you kind of feel like that’s how it’s supposed to be.”

- “In the past, I didn’t want a relationship with my daughter because of all the violence and because of that I wanted to get away, I didn’t want her…he wanted her…but I overcame that…but I’ve never…I do parent her differently because I don’t give her the attention like I should, like not spend a lot of time with her.”

- “It just seems like Latinos seem to be a little bit more controlling and so growing up around lots of Latinos, you see it and, as you see everybody so controlling, you know, all these males been able to control the women, it kind of feels like normal, like that’s how it’s supposed to be.”

- “I’m not sure if my ethnicity has any effect on my parenting…I do see that some Latinos are closer to their kids so maybe we bonded a little bit more because Latino families are real close knit…all the family is always around so that could have possible made my relationship with my daughter have a strong bond.”

- “I just want to say that being a victim of domestic violence has had a strong effect on me for a long time…I still…I’m so fearful of life and all these years he tore me down, no matter how many people tell me that I’m beautiful, smart, amazing person…it pulls you so low and it, it, it’s a struggle. It makes me even scared of other men…uh…other relationships of …everybody…like I feel like sometimes it’s wrong to have friends when I know it it’s not…and being put through all that domestic violence is, it’s straining and it’s tiring it’s, you know, mentally it’s just tiring…”

**SP5’s Experience**

- “I felt rejected as a child a lot…by my brothers, no matter what I did, no matter, I just wanted their approval…and never could get it…I always felt rejected by family and friends. I never knew why cause I really wasn’t doing anything wrong, but I always felt rejected.” “I didn’t feel rejected by my parents though.”
“I just held my feelings in. I don’t remember talking to anybody about it, or I remember just being confused.”

“For sure felt rejected by my grandma…my mom’s mom…she told me I couldn’t go over anymore…and I didn’t understand why.”

“I’d be scared of my brother, the younger one, he was really mean and would hit me and stuff like that and if I told, he’d be meaner so I would be scared of him a lot so I tried to stay away. I was also frightened of horses.”

“Separations from me were awful…she freaks out…she won’t want to go with her dad. It worries me a lot…and I wonder if something is going on over there.”

“I worry and cry for awhile…because I’m wondering if she’s okay…and he won’t let me talk to her so it’s hard.”

“When she gets upset I ignore her…it depends on what she’s upset about…sometimes she won’t stop crying…and I’ll get really frustrated…it’s overwhelming to me.”

“When she gets emotionally upset…she doesn’t leave my side…when I want to use the restroom…I hear her screaming at the top of her lungs…I explain to her I would never leave her.”

“I try to calm her down…it worries me…I kind of worry if it’s something that I did wrong with her.”

“When she gets physically hurt…she doesn’t cry.”

“The most difficult of her behavior is that she whines a lot…and always needs me to be around her…”

“I feel like ignoring her…sometimes I put my headphones on to not hear it.”

“I feel frustrated and just ignore her.”

“Uhhuh…she knows I don’t like it, but does it for attention…she cries.”

“She probably feels awful being ignored…I hate being ignored. I grew up being ignored and it’s frustrating.’

“I think she will become like me…hating to be ignored and freak out.”

“Me and her are very close…If I’m upset, she’s the one that’s like right there for me.” I would describe her as my best friend, she would stick up for me, close, frustrating, and distant.”

“What pleases me most about my daughter is how much she loves me.”

“I wish I would take more time with her…I don’t take the time with her.”

“I think during the time I was mentally gone made her clingy…at first I didn’t want her…now me and her are closer. I feel good now.”

“I left him after 11 years…and there was verbal, emotional, psychological, physical and sexual abuse.”

“I think I got this way because my dad’s kind of the same way with my mom, not…he doesn’t yell and he’s never hit her and they never get violent, but my dad has control over my mom…I always thought it was kind of normal.”
“I went back to my ex because I still had to deal with him and it was easier to me just to be with him and deal with it than what he can do when I’m not with him, you know, having kids, you had to deal with it anyway.”

“Also one of my brothers was very the violent type and very violent with me and I think that violence you know again to me it was, not that it was normal cause I always was unhappy and I knew, you know, it wasn’t normal, but it, it was like well if you see that your whole life..you kind of feel like that’s how it’s supposed to be.”

“I’m very close to my mom and I think and I always, you know, wanted like uh a sister like uh another female and so I, I had a bond with my mom and, and I think that bond is what led me, luckily, to have the bond that I do with my daughter.”

“In the past, I didn’t want a relationship with my daughter because of all the violence and because of that I wanted to get away, I didn’t want her…he wanted her…but I overcame that…but I’ve never…I do parent her differently because I don’t give her the attention like I should, like not spend a lot of time with her.”

“It just seems like Latinos seem to be a little bit more controlling and so growing up around lots of Latinos, you see it and, as you see everybody so controlling, you know, all these males been able to control the women, it kind of feels like normal, like that’s how it’s supposed to be..”

“I’m not sure if my ethnicity has any effect on my parenting…I do see that some Latinos are closer to their kids so maybe we bonded a little bit more because Latino families are real close knit…all the family is always around so that could have possible made my relationship with my daughter have a strong bond.”

“I just want to say that being a victim of domestic violence has had a strong effect on me for a long time…I still…I’m so fearful of life and all these years he tore me down, no matter how many people tell me that I’m beautiful, smart, amazing person…it pulls you so low and it, it, it’s a struggle. It makes me even scared of other men…uh…other relationships of …everybody…like I feel like sometimes it’s wrong to have friends when I know it’s not…and being put through all that domestic violence is, it’s straining and it’s tiring it’s, you know, mentally it’s just tiring…”

**SP6’s Experience**

““My relationship with my parents…I was the one who was always put aside…”

“I would describe my childhood relationship with my mother as separated, control, resentment, lack of love, and favoritism. My mom had to be in control of everything and have the last word. I resent her for having stayed with my dad and them fighting and hitting each other so I think she could’ve made better choices. My mom never gave me love, she was always arguing with my dad or being with my older sister. I was left out because my older sister was my mom’s favorite,”
• “With my father I felt distant, alone, favoritism, non-supportive and lack of expression. He was never around…always working, and I always felt very alone…and he favored my middle sister. He doesn’t express himself to me, he tells my mom how he feels about me, but not to me.”
• “I guess I felt closest to my mom cause she was the one always around, even though we didn’t get along, just because she was there.”
• “I didn’t feel this way with my dad because he never showed emotion. He was very distant.”
• “When I became upset I would lock myself in my room, most of the time. I wouldn’t talk, I just shut down and I didn’t talk to people.”
• “Separations from my son were difficult for him and now. He says he does not want to go with his dad that his dad is mean to him. My son hits me when he comes back from being with his dad. A lot weighs on my heart when he’s not with me. I don’t sleep, I worry, am scared…it’s hard.”
• The most difficult behavior of his is his whining. It’s so hard for me to handle those situations.”
• “I just wanna slap him sometimes…but I don’t.”
• “I feel overwhelmed, high strung…like what do I do now?”
• “I will just continue to explain to him in a calm voice…I don’t raise my voice to him…because I don’t want him to raise his voice at me. He eventually calms down.”
• “He knows I don’t like this behavior…he has to! He acts like he’s crying sometimes.”
• “I think he does it to get what he wants.”
• “He runs off…he doesn’t want to talk. He’ll fight for awhile…until I calm him down.”
• “I imagine he feels like I don’t care for him when I respond this way…”
• “I don’t see this behavior going away…like um completely…it will get better.”
• “I would describe our relationship as caring…we care for each other…we would just hold onto each other and cry; strong…he tells me things he can’t tell others; teaching…we teach each other…how to be considerate. He teaches me to be patient with him; satisfied with him…he’s gonna grow into this amazing child…he has so much potential…I’m proud of him; and supportive…I encourage him when he’s trying new things.”
• “I think I came to be a victim of domestic violence by seeing it with my parents growing up…and I thought it was okay…like I was like I’ve seen this with my mom, my mom made it work, you know, he’s gonna change, I have the same hopes as my mom did and then I looked within myself and I’m kind of screwed up as far as leaving…and my mom used to leave my dad all the time and that’s the habit I have. Um…but I just didn’t want the same life for my son, I didn’t want him to look back and think oh, it’s okay to hit my girlfriend or my wife…I saw my dad do it…so when my light came on…I left. I left for my son.”
• “Based on my childhood experiences…I have a relationship different…I try to do the opposite of what my parents have done raising me. I try to keep an open relationship with him by talking about emotions or what’s going on…and he can talk to me. I am more loving, like I give him hugs and kisses I let him know when he goes to his dad’s, I’m gonna think about him, like he’s not gonna be forgotten or I’m just gonna, you know, do my own thing…and forget about him. He knows he’s on my mind and I’m gonna miss him so I let him know that when he’s not with me, I’m gonna be sad.”
• “The relationship I had with my Auntie L….she was like my mom, she was someone that I can talk to and she didn’t judge or….she was just that kind, loving, genuine person…and that’s how I want to be with my son.”
• “Experiencing domestic violence has made me realize that I can be miserable dwelling in the past and just be an angry person, but experiencing it has made me not naïve anymore…and the abuse because I’m a better mom because of it because I am very over protective of my son, more than I would have been if I was still in the situation and no harm should cross my son at all. I don’t think if I didn’t experience any of that, I would be such a good mom.” “Like I intervene if someone is being rude to my son… I speak…I let people know they are being watched very closely.”
• “When I was with his dad I focused a lot on where and what his dad was doing. I could have been spending time with my son instead, paying closer attention to him or playing with him, you know, instead of arguing or fighting with my ex. I would put my son in the crib and shut the door so he wouldn’t see him hit me or…”
• “I think Hispanic women we get abused more and we ex….we see our parents do it so then we think it’s okay and then the cycle continues as you go on and there’s very few that actually leave their situation. But once you get out and you look around you see it happening everywhere, it’s all around you, so I mean everybody’s just repeating the cycle of getting abused. I think my mom’s mother passed it onto her because she went through it too. Hispanic males seem to think they have more of a right to control women…it’s kind of their belief that’s it okay for men to hit women. But I am being a different Hispanic and my son will be too.”

SP7’s Experience
• “My relationship with my parents…umm…it wasn’t really much of a relationship. I think they were more into each other than like taking care of me and being with me. I remember them like fighting…always fighting. My dad being very jealous of my mom all the time and we would just be scared of my dad cause he was so angry all the time and um my mom, she was just very emotional and didn’t really stand up for herself…so we just had to watch the abuse between them and it affected the relationship with me.”
“I would describe the relationship with my mom as a kid as protective, partners, betrayed, and convenient. I was always concerned about her wellbeing especially when it came to like my dad uh and how he would treat her a lot of times. When they would fight, I would stand up for her, I’d, you know, say things to my dad like trying to be brave for her because she couldn’t do it herself sometimes. I felt like we were partners cause we were going through it together as a family. I picture my dad and mom fighting and me and my sister standing behind my mom, cause we would never side with my dad with all the rage and the anger that he had. I also felt betrayed by my mom at times when she would leave me there with my dad and she would just leave to get away…she left us in a situation that she’s trying to get away from…so I didn’t feel like she was there with us. She was being selfish, she just wanted to do her own thing and ease her own pain. She always been convenient, for her, it’s convenient for her, it’s there. When she wanted to do something it didn’t matter if my sister were sick she would always find someone to watch us or put us where she could to do her own thing.”

“I would describe the relationship with my dad as angry, felt sorry for him, distant, loved and ignored. I just always felt very angry towards him all the time for how he treated my mom and how he was in general. I felt sorry for him because I felt like he just wanted affection…he was just desperate for attention. I had to distance from him because he treated me different because I look and act like my mom and cause at any moment he could snap so I had to build a wall. I didn’t feel loved a lot by him, but when I did I knew it was genuine. Yet, he spent a lot of time thinking about himself and my mom and I felt ignored a lot of the times.

“When I was young, I felt the closest to my mom. I felt like she needed me. Like she emotionally was not stable.”

“I didn’t feel close to my dad because he was angry a lot and I was very distant with him.”

“When I was upset as a child I would tell my sister and we’d always talk it out and cry together. We would hold each other when my parents would fight and that comfort with each other helped.”

“When I was emotionally upset I would just cry, that’s all I would do is cry.”

“It’s hard for him to leave me… he grabs on. He gets worried about people. He’s very protective of all of us. I think he has separation issues. When his father would take him…his dad didn’t do a good job telling him that I was gone…his dad would call me saying “Son is missing you”. When I would pick my son up, he’d be mad at me at first…I’d talk with him, hug him and he’d be okay.”

“I felt bad to leave him. His father wasn’t the same comforter for him as I am. His dad gets mad at him, he doesn’t explain things to him. My son would say he didn’t love his daddy.”

“I would cry a lot. I felt like I was just gonna give up.”
“When my son would get upset I would just talk to him and tell him…give him words that will comfort him. Sometimes I use threats to drop him off somewhere…I can’t handle the screaming…sometimes I spank him.”

“I feel so overwhelmed…so stressed out. I feel lost sometimes…like what do you do? I just really sometimes don’t know how to handle the situation…”

“I just feel like grabbing him and spanking him until he stops…”

“I wonder, what I’m doing wrong sometimes…and feel guilty as a mother. I will take the time to talk to him…no matter what. I don’t want my child to feel that way.”

“I think I became a victim of partner violence one hundred percent to do with childhood cause like that’s exactly how my mom was, she’s very submissive…and when I was going through it with my ex…I would just keep thinking…I don’t wanna become my mom…but I had…”

“Because of my childhood…the violence just felt normal, it just felt natural…it was like just that’s all I knew…was the way my mom handled situations, that’s all that I knew…”

“I compare every situation to my childhood, cause I don’t wanna do what my parents did to me…to my son…I wanna give him more support from me…uh so I think it has helped, I mean as bad as like what I had to go through like I know exactly what I don’t want him to go through.”

“I think being a victim of partner violence has absolutely shaped my parenting…I don’t want my son to have to put up with that…to go down the same road and not what to do…so I help them voice their emotions. I definitely don’t want my son to think he has control over anybody. I want my son to know like what the way a woman should be treated…so I show him how to treat me and his sister…respect.”

“The violence started when my son was two and because I know that I spent a lot of the first years of his life focused on my husband and there are specific instances where I remember my son watching us and like I remember him uh just being really concerned with me because I’d be crying and he would come up to me and he’d be like are you okay and he’d hug me and he was comforting me…and I remember thinking I don’t want to start my relationship with him this way…I want to be the one comforting him…I need to be a better mother and it shouldn’t be this way. I didn’t want him to be exposed to so much violence and anger and take over and him not get his needs met.”

“I remember one time when I got the courage to leave and my ex’s parents were helping him take his stuff out of the house…my husband kept my son away from me and he was crying, screaming in the car…I couldn’t comfort him…because my ex wouldn’t let me get near him…and it was the worst feeling ever for me to want him and for him to standing in the middle…and I couldn’t stand that…but it gave me more strength to leave him.”

“There were other times my ex prevented me from being a parent I wanted to be because he felt like he had better ideas on how to parent them. Like
he would let my son scream all night and he wouldn’t go in there…to comfort him…and I just wanted to…just for a few seconds…but he wouldn’t let me.”

- “I felt guilty…like a bad mom…I couldn’t sleep at night…I was scared…cause I wanted to comfort my son…but I was scared to make my ex mad…there were a lot of battles I just let him win…I would just surrender.”

- “Sometimes I see my son mimics his dad’s behavior…he’ll lash out at his sister or at me…he thinks it’s okay…daddy does it so it’s okay for me to. Sometimes when I cry my son freaks out…he gets kind of scared…he gets very anxious…to the point that he’ll do everything he can to make sure that I stop or he starts comforting me…”

- “The most significant positive outcome is just that I feel that my son is happier now…away from both of us being together…away from the violence. I mean he gets what he needs now out of me…he’s not as anxious as he used to be. He has started talking in sentences now.”

- “I don’t think my culture or ethnicity played a role in me ending being a victim of domestic violence…because neither side of my family is very traditional. Only our Christian values that when we get married we need to stay together always.”

- “I’m glad I’m out of my relationship with my ex…but I gained strength from that experience and wisdom for my son about it. Now my son has a better example to follow…and I think it’s awful that our child

**SP8’s Experience**

- “I remember being very, very close and attached to my mom. Um my dad…it wasn’t that close.”

- “I felt rejected as a kid not by my parents…but there were many times I felt rejected by my grandma. I had to stay with her when I was young…my mom’s mom…I didn’t feel like she liked me…she would call me a cry baby.”

- “I thought there was something wrong with me.”

- “I think this still affects me now…just part of like feeling like that there is something wrong with me.”

- “I would describe my relationship with my son as nurturing…I have always felt very nurturing towards him; loving…I have no problem hugging and kissing him and he’ll do the same with me; trusting…I think he trusts me to take care of him and be there for him…he has a pretty secure attachment with me; confictual…cause sometimes we butt heads…when it comes to his whining and it’s uh, hard for me because I wanna parent and be um…consistent…but it’s hard when he whines.”

- “What pleases me most about my relationship with my son is the bond I’ve had with him since he was born, it feels good…something I regret not having with my daughter.”

- “There’s not much I would change with me and my son.”
“The emotional abuse was for sure criticism…and kind of keeping me dangling on a string whether or not he wanted to be with me…that type of thing. He would shun me for a day to three days at a time if he was mad at me.”

“The hardest to deal with was the emotional abuse…definitely. It has affected me to this day because I have some serious self esteem issues that I think were there before him, but when I met him I was working on them. I was independent, had my own house and was raising my daughter by myself…and over the years my esteem got low because of the violence.”

“He uses this as a character flaw…because I am not as confident as he thinks I should be to take his insults…which I don’t get…”

“I don’t know how I came to be a victim of partner abuse…I don’t know how come I chose somebody like that….something I’m still trying to figure out.”

“The only thing I can think of is that my adolescence was so difficult and I had a really challenging relationship with my father during that time so uh maybe that has something to do with how I ended up being a victim of partner violence. I think I was looking for a relationship from a very young age from a man…maybe I wasn’t getting the love I needed…I knew I was loved…I wanted a close relationship with a male.”

“I think based on my childhood experiences…I try not to be critical of my son…I try to be…that’s the biggest thing is I try not be so critical of him because of how I was criticized.”

“Based on my experience as a victim of partner violence…is when me and my husband would have an outburst when he didn’t think he wanted to be with me and he would leave, it was very, very hard to parent because I was just a wreck…it was hard to put that aside and parent. My son would see me cry and just be a total mess.”

“I don’t know if being Latina or Latino men has anything to do with how I became a victim of intimate partner abuse…some Latinos are more prone to violence…maybe.”

“Being Latina…and in the Latino culture…I have raised my son with certain traditions…I’m not that crazy about it, but I have raised my son with family values, the lifestyle, the food and stuff like that.”

“I know that the domestic violence has affected me in a very negative way…having to do with my self esteem and stuff like that. How I feel as a mother like whether I’m a good mother or not, so it’s affected that. At times I feel like I’m not a good mother to my son. There are times, I sit home and watch tv all day and don’t do anything productive with the kids…so I think being a victim has affected me in that way. I worry that I am a bad parent.”

“I’ve been trying, now that my son is getting older to kind of tell him how he should never treat girls like he should never hit girls…so I am teaching him about it.”

“I am trying to get better.”
**SP9’s Experience**

- “I felt closest to my mom as a kid because she was always there.”
- “My father was never around.”
- “When I was emotionally upset, I would hold it in or hide. If I was mad, I would throw a tantrum…”
- “The pregnancy wasn’t planned at all…and during my pregnancy I was by myself.”
- “Uh she doesn’t like separation from me…she gets very upset, very attached to me since she’s been little uh she cries and cries and makes her little sad face since she was little…and she still doesn’t like it when I leave.”
- “When she was younger, separations from her would kill me…once I was away from her for three nights and I got very depressed and sad and I missed her, and I decided I would never, never go without her ever again. It was hard for me.”
- “She gets mad and has uh kind of an attitude problem…she throws tantrums.”
- “I ignore them when we are at home…if we are in public I have to tell her she cannot act that way.”
- “I feel like yelling at her, I feel like cussing…I wanna say shut the F up…”
- “I feel overwhelmed.”
- “When she gets emotionally upset…when her dad did not come for her…she cried and cried.”
- “I just hugged her and told her I was sorry and took her to go feed the ducks at the pond.”
- “I also think my low self-esteem came from my childhood lack of my father’s attention…my mom was gone working and I always felt alone. I believe I wanted attention from men. Even now if a guy doesn’t like me…it kills me. This is how I felt with my dad…wondering why he didn’t give me the attention I needed. What is it about me? This has made me very insecure…I put up with bad treatment to have the kind of love and family I never had as a child.”
- “What I have learned from my childhood experiences for my daughter…is to be very close to her. I give her a lot of attention and affection since I did not get it. I spoil her because I got hand-me-downs…my mom would not give me treats or rewards, but I give my daughter rewards all the time.”
- “I do worry that I don’t discipline my daughter enough. I am very protective of her because I wasn’t protected.”
- “I worry about my daughter becoming a victim of abuse with her dad or men in general. Her dad criticizes her at times and I worry about that.”
- “Me being a victim of IPV has made me more aware of it and I am very – very protective of her when she is out of my sight. I am very cautious around her and try to keep the tension. We are very close and I am open
with her…I talk to her more to teach her about not taking abuse from people. I provide security for her.”

- “I believe seeing my dad verbally abuse my mom and this probably had a negative effect on me and why I ended up with the same type of man as my dad.”
- “When my daughter was a baby…I was scared of my ex (her dad) and she would cry like a normal baby and I’d want to quiet her so that she would not bother or wake her dad and get him mad. I would quiet her without any affection…just cause I was scared he would get mad at me. He would keep me from comforting her…saying I was spoiling her. He didn’t let me do a lot of things I wanted to do with her.”
- “I do believe being Hispanic did contribute to me ending up as a victim of abuse…I grew up seeing it in my extended family. The men were very macho, cheaters and this was just very much accepted. Latino men treat their wives badly…everyone lived this way. His dad treats his mom this way and he treated me the same…and I put up with I like all the other women did. It was normal…and is still like this today.”
- “I think being Latina affected the way I parent my daughter in the traditional way…like the food we eat…I want to show her our good food…but not be a slave to men, or serve her husband. I want her to know the good things of her culture, not the negative macho stuff or being submissive to men.”

**SP10’s Experience**

- “I felt closest to my mother…I was with her all the time.”
- “I did not feel close to my dad because he just wasn’t there for me.”
- “When I was emotionally upset, I would just hit myself to try to find a way to relieve my anger without hurting someone else. And I would cry and sometimes I would hold my anger and my sadness in all day long…or I would go to my bed and cover my head with a blanket. I wouldn’t really try to find anybody to console me…”
- “My son does get upset often…especially when he doesn’t get what he wants, he gets really upset…he cries a lot.”
- “I tell him it’s not a big deal…I don’t really console him…I’m like…you are crying for no reason. But when he is crying for real I’m there and I’m consoling him and stuff like that.”
- “Sometimes I just feel like when I see him cry like that, I just feel like sitting there and crying with him…”
- “IPV has taught me to not stay in a bad relationship and I hope my son has learned not be like his father.”
- “I don’t think being an Hispanic woman had anything to do with me becoming a victim of violence…I think anybody can be a victim of domestic violence. But the Hispanic culture promotes the belief that value of family and you have stay no matter what.”
• “I think Hispanic people are more disciplined with their kids and we teach them the value of respect. I always respect my elders and I teach my son that.”
• “I just want to say that my mom taught me how to respect others and when I was in my relationship with my son’s dad I felt like if I just stayed he would change…but he didn’t and I am glad, you know, that I got out of the relationship and I hope my son doesn’t grow up to be like his father…”
Appendix N

Exhaustive Composite Textural-Structural Description

The majority of the participants described having a close relationship as a child with their mother, as opposed to father, even though many participants described what appeared as an ambivalent relationship with mother. In some cases, the mother was critical, distant, and downright neglectful and abusive. Most of the participants reported a distant relationship with father, in that he was either emotionally or physically distant or absent during their childhood. They also reported to have a significant relationship with another family member during their childhood. According to the participants, this other family member provided emotional support they viewed they lacked from parents.

Most participants reported to have experienced directly or indirectly a form of childhood abuse or neglect. They stated they felt their childhood negatively affected their adult personality and continues to do so. It appeared that most of the participants had not resolved these childhood traumatic experiences as yet. The majority of participants stated that they learned from their experiences with their parents “what not to do” as parents to their children.

Most participants reported the pregnancy with their child was unplanned. However, once the baby had come, most mothers wanted the baby. All of the participants reported having a close relationship to their child, with some very close. The majority of participants expressed anxiety and worry over having to separate from their child. Especially when having to leave their child with the child’s father, (the abusive partner).

Most participant mothers reported they viewed their child’s misbehavior as the child being stubborn, manipulative, and seeking attention, and that the child “knew the mother did not like the misbehavior”. A few participants viewed their child’s misbehavior as temporary and normal for the child’s age.

Most participants believed their childhood largely contributed to them becoming a victim of intimate partner abuse. For example, they witnessed their parents’ intimate partner abuse, and their parents failed to teach the participants to voice, defend self, and many participant’s parents themselves were critical, abusive, controlling to the participant in her childhood. Some participant’s reported learning from their mother to be submissive to male abuse; and some reported that due to their father being distant or absent in their childhood, they longed for male attention, and settled for abuse rather than being alone.
Most participants reported that the intimate partner violence they experienced was moderate to severe levels of physical, verbally, emotional, psychological, and sexual abuse and a lot of controlling, isolating, threatening treatment for some. Most participants reported the intimate partner violence negatively affected their self-esteem, caused them to experience fearfulness, depression, a feeling of being “trapped”, and a tendency to self-blame for the abuse (as blamed by the offending partner). Most participants blamed themselves for becoming a victim of intimate partner violence, and staying in the relationship. Some participants believed their parents’ experienced intimate partner violence in their marriage, and felt they learned that intimate partner abuse as “normal”.

Most participants believed that their Hispanic/Latina culture contributed to their becoming victims of intimate partner abuse in that Hispanic/Latina women are culturally expected to be submissive to Hispanic/Latin men, and these men expect to be treated as “kings”. Most participant mothers realized that the intimate partner violence negatively impacted her self-esteem and exacerbated her insecurity. They reported these negative effects are on-going.

All participant mothers reported regret that their child witnessed the intimate partner violence between she and the child’s father (the abusive partner), and would do things differently if given the chance. For example, voicing opposition to intimate partner violence; spending more time with and providing more parental attention to their child. All recognized that their child had been negatively affected by exposure to IPV in one form or another. Some stated they stayed in the abusive relationship for the child, and should have gotten out sooner. Most participant mothers expressed worry about their child’s exposure to the child’s father (the abusive partner) would result in negative effects on their child, or threaten child’s safety.

Most participants reported that their experience as a victim of intimate partner abuse, resulted in their having a “very close,” “protective” relationship with their child. Participant mothers reported that many times they experience(d) their abusive partner as intimidating their parenting of their child, but most have left the abusive relationship and feel they have overcome this negative experience.

The majority of participants expressed hope that their child would become a self-respecting and other-respecting adult who would not abuse others or allow others to abuse him/her. Most participant mothers expressed hope that their child would grow up to have a voice (the ability to express oneself without fear or intimidation), positive self-esteem, achieve success and happiness with a significant other as an adult and no IPV experience.
Some participants believed that being Hispanic/Latina fosters close-knit relationships in families, including with their children.
Appendix O

Interpretation Outline Tool

Step 1:

**Analytic Category 1: All ten participants reported having a close relationship with their child.**

A primary and overriding number of the participants reported having a close to very close relationship with their child.

**Why?**

- It may be that most mothers almost immediately focused on child’s needs as an infant in their desire to breastfeed their infant so as to provide healthy nutrition for the infant and create a bonding experience between the two of them. Most mothers were able to do this, except when reasons prohibited this that was out of their control.
- It may be that most mothers reported that their child spent more time with them than with the child’s father.
- It may be that mothers conveyed a strong desire to be present with; provide security; and protection to their child as much as possible.
- It may be that the majority of mothers reported that they made themselves available to their child in need of comfort, during illness and physically hurt.
- It may be that the majority of mothers reported enjoying showing affection, skin touch, hugging, soothing, and playtime with their child.
- It may be that the majority of mothers reported to talk and listen to their child’s feelings so as to understand each other.
- It may be that the majority of mothers reported the desire not to change anything about the way they reared their child or the relationship they had with their child.
- It may be that the majority of mothers reported their desire to instill a sense of security for their child and wished for their child to have a better life than she.
- It may be that the majority of mothers reported their desire to parent better than their parents did with them, and/or parent in the same manner their parents did with them which was a loving, nurturing, and positive experience.

**Why not?**

- It may be that two of the ten participant mothers reported their pregnancy as unplanned and one stated she did not want the baby. These two mothers reported that they came to love and want their child.
• It may be that some mothers reported regret over the way they reared their child and would change some aspects of their care giving if they could.
• It may be that most mothers reported that they experienced intense overwhelming feelings and extreme levels of stress as a victim of intimate partner abuse while pregnant and during the child’s early stages of life. This experience could have rendered a negative impact on the relationship between the mother and child that the mother may or may not be aware of.

**Analytic Category 2:** *All ten participants reported direct negative results of experiencing intimate partner violence as preventing the provision of quality parenting to their child during the time of their victimization. All participants continue to currently express concern about the negative effects of exposure to intimate partner violence on their child.*

All participant mothers were aware of and concerned about being prohibited in some form or fashion by their abusive partner in providing the necessary attention and care to their infant child and later as a toddler.

**Why?**
- It may be that some mothers reported that they were holding their infant in their arms during IPV; at times the abusive partner would grab the infant out of their arms.
- It may be that some mothers reported that their abusive partner would override their parenting, that they felt “in the shadows”; or “walking on eggshells in his presence”; or she would “get in trouble if she did”; or his parenting skills were better than hers.
- It may be that some mothers reported that their abusive partner would not allow her to comfort or tend to their child in need because she would be “babying” or “spoiling” the child; one mother stated she would put her child in his crib and shut the door.
- It may be that most mothers reported feeling like a “failure” as a mother or “bad parent” as a result of this parent blocking by their abusive partner.
- It may be that the majority of participant mothers reported their child witnessing and being exposed to the IPV they suffered; and in some cases their child would comfort them as opposed to the other way around.
- It may be that two mothers reported her partner did not want the child and denied it was his; the IPV in this case started during pregnancy.
- This is supported by the report of some mothers that after the IPV they were a “wreck”, “depressed”; focused on their mate; emotionally unavailable to parent their child.

**Why not?**
- It may not be as one mother reported she left her abusive partner before it “got bad”.

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• It may not be as one mother reported that she did not allow her ex abusive partner to be with child until he “proved himself first”.
• It may not be as all mothers reported that they are very protective of their child.
• It may not be as some mothers reported not “caring” for anything; had a “nervous breakdown”; too “depressed”, “gave up”.

Analytic Category 3: *All ten participants expressed a genuine desire to break the cycle of abuse for their child.*

All participant mothers expressed a genuine and strong desire for an improved life for their child, unlike what they experienced as a victim of intimate partner abuse, and stated they hoped their child would not take abuse or perpetrate abuse from or against others. Some actually voiced that they had hoped they had broken the “cycle of abuse” for themselves and their child.

Why?
• This is supported in that some mothers reported that their child made her strong to leave her abusive partner.
• Of the mothers that left their abusive relationship, reported that they wished they had done so sooner.
• Some mothers reported that despite the negative impact of IPV, this experience has prompted them to stop self-sacrificial behavior; made them more responsible; and stronger in many ways that they view has benefitted their child.
• Some mothers have outright stated they have broken the cycle of abuse for themselves and their child.
• Some mothers reported that they know their child deserves better than how they ended up; and have encouraged child not to be misdirected by others.
• Some mothers reported that they have taught their child not to abuse others or take abuse from others.
• Some mothers expressed they are glad they are out of the abusive relationship, and gained wisdom for herself and her child; and is now a better example for her child.
• One mother stated that she “is trying to get better”.
• The majority of the mothers reported as being very protective of their child.
• One mother stated she was glad she left her abusive partner and hopes her child does not become like his father (the abusive partner).

Why not?
• Many mothers reported they stayed too long in the abusive relationship; and explained they stayed for the child(ren); and or out of obligation to their partner and marriage, as their belief dictated.
• Some mothers reported that despite having left the abusive relationship, they continue to suffer the negative effects of IPV, which in some cases has kept the participant fearful of relationships, of life, withdrawn, depressed, drained, and often not available physically or emotionally to their child.
• Most mothers are legally forced to allow visitation of the child’s father (their ex abusive partner) and worry about the possible implications of this.
• Two participants are still married to their abusive partners, and continue to suffer from IPV.

Analytic Category 4: *The overwhelming majority of participants indicated that they suffered [ambivalent] care from their parents, felt rejected, and experienced direct or indirect [trauma] during their childhood.*

Why?
• One participant reported that her parents divorced early in her childhood and she felt anger toward both her parents, and distant with the parent who left.
• One participant reported she did not have much of a relationship with her parents, and that they were more involved with each other than her.
• One participant reported she was primarily reared by her grandmother as her mother rejected her. She reported while in the presence of her mother, she suffered neglect, mental and emotional abuse by her mother; and physical abuse by her step-father.
• One participant reported her step-father attempted to have sex with her and when she reported this to her mother her mother did not believe her and chose to stay with her husband over the participant. This same participant reported having been sexually molested by her grandfather during her childhood.
• One participant stated her father abandoned her early in her youth.
• A couple of participants reported a form of role reversal with their mother stating she had to be “strong for her mother”, had to “toughen herself up not to cry”, “cannot stand to be held by mother” as a child or now, felt “protective” of her mother and a “partner” with her.
• Some participants reported their father was absent, distant, angry.
• Some participants reported feeling rejected by parent(s), and other close family members.
• Some participants reported being “put aside”, “lacked love”, “distant”, “alone”, “invisible”.
• One participant stated she did not feel close to either parent; mother was “just there”.
• One participant reported being verbally, and physically abused by her mother and father with a “hanger”, “cord”, and other objects.
• Some participants reported that their mother often threatened to leave them or drop them off somewhere.
• One participant reported being badly treated and rejected by her grandmother and teachers in school.
• One participant reported that her relationship with her parents has not changed over time and may have worsened.
• One participant reported that during her adolescent her dad wanted her out of the house when she got into trouble.

Why not?

• A participant reported her parents were “great” and she could go to them for “anything”.
• A participant stated her mother was her best friend.
• A participant reported that she was “daddy’s girl and closer to her dad”.
• A participant reported she had a decent childhood and felt very, very close to her mom.
• A participant reported she felt safe and well provided for by her father.
• A participant reported that her single mother and she had a good relationship and that she felt loved, cared for and happy. She also reported she spent loving care in her grandmother’s care.

Analytic Category 5: An overwhelming majority of participants reported continued detrimental effects of having experienced intimate partner violence.

The majority of the participants reported suffering moderate to severe deleterious effects of intimate partner abuse and continued to do so.

Why?

• The majority of the participants reported verbal abuse such as put downs, being cursed at, yelled at, insulted, threatened in various ways, called various bad names such as “whore”.
• Some of the participants reported being physically abused such as being kicked in the stomach while pregnant, spat on, threatened with knives, having objects thrown at her, squeezed so hard it left bruising, pushed, slapped, punched, picked up and slammed on the floor; choked, cornered with his body, trapped, pushed down steps.
• The majority of the participants reported the emotional and psychological abuse was worse and they experienced mind games, blamed for the abuse by the abuser, very controlled and kept away from family and friends; extreme jealousy, possessiveness, suspicion, criticism, being shunned for days, continual accusations of cheating, constant grilling, questioning, manipulated, being pressured to having to constantly be with him, disallowed to be with friends, work, or go to school.
• Two participants reported being pressured for sex and sexually abused by their partner.
• All participants reported the IPV was very stressful, created a sense of insecurity, low self-esteem, avoidance of conflict, fearful, puts up a wall,
doesn’t want to deal with anything, depressed, in my own world, slept all day, scared to fight back, didn’t tell family or friends to protect partner, made me think I was crazy, always on my toes, became a different person to please him, created self-doubt, confused, believed something was wrong with me, weak, tried harder and harder to please him.

- A participant reported that she went back to abuser out of fear and for the kids.
- It got worse over time…and crazier and crazier.
- One participant stated that to this day it still impacts her self-esteem; others have said they avoid conflict, don’t speak up; are fearful to be in adult relationships with men and others.

Why not?
- One participant reported that she is “out and has gained strength from the experience.”

Analytic Category 6: *The majority of participants expressed a concerned view of child’s behavior/misbehavior.*

Some participants viewed their child’s behavior/misbehavior as stubborn, manipulative, and seeking attention, demanding, and that the child knew the mother did not like this behavior/misbehavior. A few participants viewed their child’s behavior/misbehavior as normal for the child’s age and would be resolved over time.

Why?
- A participant stated that her child reminds her of her child’s father, as having a mean attitude like him, and blames her ex for this. This same participant shared that her child shuts down when she is afraid, even when the mother just talks to her about something. Mother blames this behavior on the child’s father. This mother believes that her child knows that she does not like to repeat herself and misbehaves in this manner because the child is stubborn and wants to have her way.
- A participant stated that her child has tantrums and she ignores this behavior when out in public, but at home she feels like cussing at her child.
- One participant reported that her son hits himself and screams for no reason, because he wants something, and behaves this way to get what he wants…to manipulate me.
- Some participant mothers reported their child’s whining was difficult for them to handle and does it for attention, cries a lot, and one mother stated she does not console her child and tells him it is not a big deal.
- One participant stated that her child whines and is very clingy and does this for attention. She stated that she puts him in time out or ignores him.
- These mothers reported feeling frustrated with this behavior, overwhelmed, angry, boiling, stressed out; lost, not sure what to do.
• One mother believed her child misbehaved because he had difficulty expressing himself emotionally, and bottled things up. He would often lock or bury his toys.

• These mothers reported that they felt like spanking their child and sending him/her to his/her room, threatening to take him somewhere and dropping him off, putting on headphones so as not to hear the cries, take him to counseling, being more stern, grabbing the toys and putting them away, and crying with her child.

• Many of these mothers believed their child’s behavior/misbehavior would get worse over time; one felt her daughter would become like her…hating to be ignored…because she ignored her; and one mother believed her son should have outgrown this misbehavior by now.

Why not?
• One mother believed her child did not understand what was going on or his feelings and his behavior would get better.

• Another mother believed her child would grow out of her misbehavior.

• One mother would negotiate with her child when he misbehaved.

• One mother stated she talked with her son, and gave him words of comfort when misbehaving.

• A mother stated she believed her son misbehaved out of frustration and not maliciously.

• One mother stated that she consoles him when misbehaving.

**Analytic Category 7: The majority of participants expressed belief that their childhood experiences contributed to the parenting of their child.**

Most participants believed that the way their parents parented them in their youth contributed in some form or fashion the way they parented or did not parent their child. The majority of the participants reported they made a conscious decision to NOT parent their child the way their parents parented them. A few others reported they learned from their parents how to parent well their child.

Why?
• One participant stated she learned from her childhood that affection wins all; that she was loved and shown affection and loves to give it to her child. She stated she learned to instill what was taught to her…to be a tight-knit family.

• Another participant stated she learned from her childhood to be patient and listen to others.

• A participant stated she was never close with her parents or other family members, and felt that she missed out on the comfort of family life which bothered her, and so she has it with her son now.

• A participant stated that her childhood experiences made her not want to be like this with her son.
Another stated that she tries to teach her son to be different than how she was treated, and is more calm and affectionate with him.

One participant stated that her grandmother always gave her what she needed in her youth and she is the same way with her daughter.

A participant shared that she was close to her mom and this bond has led her to have a close bond with her daughter.

Several participants stated that they were close to other family members, such as an aunt or grandmother who showed them kindness, love, affection, available to talk to, and is like this with her child.

One participant stated that her relationship with her single mother has made her want to provide well for her child, but enforce more rules and boundaries, and show more affection and grant more rewards than she received as a child.

Why not?

One participant stated that her father ignored her and she freaks out when she is ignored.

Another participant stated that she tries very hard not to be critical of her child because of how she was criticized frequently in her youth.

Another participant stated that she holds a lot of anger in from her childhood and this can get in the way of her parenting.

A participant shared that she learned how to be her son different than the way her parents treated her…they physically abused her…and she does not do this, but rather talks to him, takes him to the park, shows him that she loves him and focuses her attention on him.

One participant stated that she does the opposite of what her parents did in the way they raised her.

Another stated that she does everything opposite to the way her parents did.

Analytic Category 8: The majority of participants expressed belief that their childhood experiences contributed to their becoming a victim of intimate partner violence.

Why?

One participant stated that she believed her childhood experiences contributed to her becoming a victim of IPV in that she was never taught how to defend herself or have a voice…as a result of her parents overprotecting her. She came to allow the abuse without voicing opposition.

A participant believed that her mother never explained to her that she deserved the best, and not to be treated (abusively)…and if you get into a marriage you have to make it work, no matter what, she came to learn to be passive about thing from her father.

A participant believed that growing up with her grandmother and her mother not being fighters, more the turn the other cheek type, very
submissive, so she has learned to move on and accept it. And that she would feel like a failure if she divorced.

- Another participant believed she came to be a victim of IPV one hundred percent had to do with her childhood because that was exactly how her mom was, very submissive…and the violence just felt normal…this was all I knew was the way my mom handled situations (the violence she experienced from spouse) in the participant’s childhood.

- One participant was not sure how she came to be a victim of IPV and whether it had to do with how her father treated her when she was younger…that she did not want to lose her partner and always wanted a male partner since she was young and always had to be with someone because of the way her father treated her. She came to always be looking for someone to love and be loved by…

- A participant reported that one of my brothers was very violent with her and she believed that it was like well if saw it your whole life…you kind of feel like that’s how it’s supposed to be.

- One participant believed that the only thing she thought that her adolescence was so difficult and she had a really challenging relationship with her father during that time so that maybe had something to do with how she ended up being a victim of partner violence. She believed she was looking for a relationship from a very young age from a man…maybe wasn’t getting the love she needed…she knew she was loved but wanted a close relationship with a male.”

- A participant believed she thought she came to be a victim of domestic violence by seeing it with her parents growing up…and thought it was okay…like she saw it with my mom, and her mom made it work, you know, believed her abusive partner would change, and she had the same hopes as her mom did and then she looked within herself and realized she was kind of screwed up as far as leaving…and that her mom used to leave her dad all the time and that’s the habit she came to have.

Why not?

- One participant stated that she did not know if she became a victim of intimate partner abuse as a result of her childhood, because she tends to stay away from negativity and violence in relationships, that she does not like it… at all because that’s all she grew up with. So she just avoids it.

Analytic Category 9: The majority of participants expressed belief that their Hispanic /Latina culture contributed to their becoming a victim of intimate partner violence.

Most of the participants expressed belief that their Hispanic/Latin culture contributed to their becoming a victim of intimate partner violence in some form or fashion.

Why?
• One participant stated that she thought it was normal in Hispanic cultures to have this type of violence; that everyone is doing it so it seems as okay…it is a normal thing.
• Another participant believed that being Hispanic has made the woman as sacrificing herself for the family; and that the Hispanic culture encourages men to drink (alcohol) and dominate (women).
• A participant stated that she believes Hispanic/Latin males are taught to be raised as kings, that you have to serve them their food and drink; they came to you as mama’s boys…it’s the…culture.
• A participant stated that it Latin males seem to be a little bit more controlling, and growing up with Latinos she saw it, and these males have been able to control the women so that it feels normal…that’s how it’s supposed to be.
• Another participant shared her belief that Hispanic women get abused more; our parents do it and they cycle continues and few leave the situation. She stated that her mother’s mother passed in onto her. That Hispanic males seem to think they have the right to control women.
• A participant stated that Latinos are more prone to violence…maybe.
• Another stated that she grew up seeing (abuse) in her extended family; the men were very macho, cheaters, and this was just very much accepted. That Latino men treat their wives badly…everyone lived this way. Her ex partner’s dad treats his mom this way and he treated her the same and she put up with it like all other women…it was normal and still is.

Why not?
• One participant stated that she did not think her Hispanic culture contributed to her becoming a victim of IPV…that abuse is in all cultures and it has to do more with being a woman…that guys know they can get away with it and women let them get away with it.
• Another did not think her Hispanic culture or ethnicity played a role in her ending up being a victim of IPV but that her Christian values pressured that when we get married, we need to stay together always.
• Another participant did not think her being Hispanic contributed to her ending up a victim of IPV but that the Hispanic culture promotes belief that value of family and staying no matter what.

Analytic Category 10: *The majority of the participants conveyed positive maternal care to their child that indicated compensation and overcompensation to their child in response to their child being exposed to intimate partner violence.*

Why?
• One participant stated that being aware of her child being exposed to IPV, she tries to be more calm and show him more affection now…and having been in the bad relationship…she grew from it…and does not want her son to ever treat somebody that way so that’s why she tries to be so positive with him and respectful.
Another participant stated that yes and no... (as a result of the IPV) she was real protective of her son at first... and did not let his father take him until he proved himself. Her ex made her not want to have my son spend time with him...

A participant stated that experiencing domestic violence has made her realize that has made her not naïve anymore... and the abuse has made her a better mom... because of it she is very over protective of her son, more than she would have been, she thinks if she had not experienced IPV. Now she intervenes if someone is being rude to her son... she lets people know they are being watched very closely...

One participant stated that her being a victim of IPV has made her more aware of it and is very - very protective of her daughter when she is out of her sight. She is cautious around her child and tries to keep the tension down. That she talks with her more to teach her about not taking abuse from people and provides security for her...

A participant conveyed that she believed having experienced IPV taught her to not stay in a bad relationship and hopes her son has learned not be like his father.

One participant believed that based on her experience as a victim of partner violence... was when she and her husband would have an outburst when he didn’t think he wanted to be with her and he would leave, it was very, very hard to parent because she was just a wreck... it was hard to put that aside and parent... her son would see her cry and just be a total mess.

A participant stated she thought being a victim of partner violence has absolutely shaped her parenting... and that she did not want her son to have to put up with that... to go down the same road and not to do... so she help him voice his emotions. She definitely does not want her son to think he has control over anybody and wants her son to know like what the way a woman should be treated... so she shows him how to treat her and his sister... respect.”

Another participant stated that having been a victim of intimate partner violence brought her closer to my daughter in a way... it just seems that her daughter is a lot closer to her that she was the one that was always there for her... umm almost like her protector... very protective of her and don’t like for anybody, including her dad to get mad at her.

Why not?

One participant stated that during and after she suffers IPV with her abusive partner she is a “wreck” and often not emotionally available to her son, just sits around watching tv, doing nothing when she should be engaging with him... and feels bad about this.
Appendix P

Consistency Chart of Themes, Interpretations, and Conclusions

<table>
<thead>
<tr>
<th>Themes</th>
<th>Interpretations</th>
<th>Conclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. All ten participants reported having a close relationship with their child.</td>
<td>➢ It appeared that all mothers had the strong desire to breastfeed their infant for health and bonding purposes.</td>
<td>Participant mothers who had a desire to provide health and bonding via breastfeeding resulted in a continued close relationship with their child; despite an unplanned pregnancy.</td>
</tr>
<tr>
<td></td>
<td>➢ It seemed that the child spent more time with mother.</td>
<td>Most of the children spent more time with their mothers, but beyond this it appeared that most mothers fostered a loving, nurturing, comforting relationship with their child. These mothers were very protective of their child as a result of IPV and conveyed a strong desire to provide security for their child so as to secure a violent-free future for their child. The mother’s focus on their child seemed to preoccupy them and possibly keep a focus off of themselves in various ways.</td>
</tr>
<tr>
<td></td>
<td>➢ It appeared that most mothers made themselves available to nurture, comfort, love, and play with child.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ It seemed that most mothers talked and listened to their child as opposed to corporal punishment.</td>
<td>It appeared that an unplanned pregnancy and the experience of IPV for some mothers disallowed in some form or fashion the fostering of a close relationship with their child. These mothers seemed to not have resolved the trauma from their childhood and abusive relationship.</td>
</tr>
<tr>
<td></td>
<td>➢ It appeared that most mothers had a strong desire to protect their child and wished for a better, violent-free life for their child.</td>
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<tr>
<td></td>
<td>➢ It seemed that most mothers desired to parent their child unlike the way they were parented, which in their mind was likely an improvement.</td>
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<tr>
<td></td>
<td>➢ Unplanned pregnancy situations possibly compromised a bond or close relationship to the child.</td>
<td></td>
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<tr>
<td></td>
<td>➢ The experience of</td>
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</table>
2. All ten participants reported direct negative results of experiencing intimate partner violence as preventing the provision of quality parenting to their child during the time of their victimization. The majority of participants continue to currently express concern about the negative effects of exposure to intimate partner violence on their child.

- It seems that the child was directly and indirectly exposed to IPV.
- It appeared that the abusive partner blocked the parenting of mother to child.
- It is likely that mothers felt bad that they were unable to parent due to parent blocking by partners; and/or their child’s exposure to IPV.
- It appeared that some fathers did not want the child.
- Leaving the abusive relationship before the IPV got bad possibly provided protection for child.
- Some mothers appeared to give up/not care and likely did not parent or protect child sufficiently.
- Child comforting mother after IPV has likely resulted in some form of role-reversal.

IPV possibly disallowed consistent emotional availability from mother to child.

They appeared to be continually preoccupied with the abusive partner, whether separated or married to him, and the negative effects of IPV. The experience of IPV for mothers frequently appeared to have prohibited their positive parenting or emotional availability to their child. The negative sequelae of IPV such as depression, acute stress disorder, posttraumatic stress disorder, fearfulness, and psychic numbness, to name a few effects, appeared to have left mothers unavailable to their child. Mothers experienced a form of parent blocking by their abusive partner, in ways that directly and indirectly disallowed them to tend and care for their infant/child. Some participants were fearful of the negative repercussions that disobeying their abusive mate might have brought on were they to have parented their child in the way they wanted. Some mothers were aware of the negative effects IPV had on their parenting and their child but had emotionally given up. For some mothers, this emotional breakdown often resulted in a role-reversal wherein their
3. All ten participants expressed a genuine desire to break the cycle of abuse for their child. 

- It is possible that for the participants that left their abusive partner, the cycle has possibly been broken for them and their child. 
- It appears that most mothers are teaching their child to not abuse or take abuse. 
- All participants appeared to want an improved future for their child. 
- It is possible that the cycle of abuse has been broken for the child, as the father has visitation rights. 
- It is unlikely the cycle of abuse has been broken for mother or child of participants still living with their abusive partner. 

Most of the participants left their abusive relationship and believed that this action was likely contributing to the breaking of the cycle of abuse for themselves and their child. However, these mothers appeared concerned that their child’s exposure to his/her father (the former abusive partner) was having and would continue to have a negative influence on their child in some way. All mothers conveyed a strong desire to break the cycle of abuse for their child, despite some still married to their abusive partner. All mothers stated teaching their child not to abuse nor take abuse, was something they did frequently, so as to assure breaking the cycle of abuse. For those mothers still married to their abusive partners, there is a likely outcome the cycle of abuse will be repeated for themselves and their child.

4. The overwhelming majority of the participants indicated that they suffered [ambivalent] care from their parents, felt rejected, and experienced direct or indirect [trauma] during their child comforted them. 

- It appeared parents’ divorce negatively impacted participant as a child. 
- Rejection from parent and other close family members likely negatively impacted participant as a child. 

Most of the participants reported some difficult experiences in their childhood as a result of their parents’ divorce, abusive treatment of them, abandonment, or rejection. These mothers believed these childhood experiences negatively
Reported physical, verbal, emotional, sexual abuse and neglect in childhood probably resulted in trauma.

- Abandonment by father appeared to have resulted in long-term negative effects on participants.
- Threatening treatment by parent likely resulted in insecurity and low self-esteem.
- It seems that parent-participant relationship has improved for some and worsened for others.
- Some participants seemed to have experienced a loving relationship with parents during their childhood, and appeared to have parented their child in the same manner.

5. The majority of participants reported continued detrimental effects of having experienced intimate partner violence.

- Physical, verbal, emotional, psychological, sexual abuse at moderate and extreme levels appeared to be experienced by all participants.
- All participants appeared to have suffered longstanding, detrimental effects from IPV; and

Unsurprisingly, all participants appeared to continue to suffer from the detrimental effects of IPV one way or another. These negative effects appeared to have impacted participants’ sense of security, as insecurity, poor self-concept, low self-esteem, and for some a compromised attachment to their child and others.
probably continue to do so.

- Strength and wisdom appeared to have been gained from the experience of IPV for some participants.

- It seems that some mothers viewed their child’s difficult behavior as a desire for attention, manipulative, wanting something, and behaving this way for no reason.

- It seems that some mothers viewed their child’s difficult behavior possibly influenced by the child’s father (abusive partner).

- The view that the behavior would get worse over time likely fostered a negative view of the behavior.

- Generally some mothers ignored or punished their child for the difficult behavior.

- Generally feelings of frustration, overwhelm, loss of control seemed to be experienced.

- It appeared that some mothers viewed this behavior as normal for the child’s age and the behavior would alleviate over time.

For some mothers their maternal reflective functioning capability appeared to have been compromised to some degree. This could have been as a result of their childhood experiences (the parenting of their parents/unresolved trauma), or the IPV experience, or a combination of both. These mothers appeared to “personalize” their child’s difficult behavior. Some mothers were able to view their child’s difficult behavior as normal to the child’s age and with a sense of open-minded reflection that allowed them to get into the cognitive, affective, and behavioral experience of their child, and respond in kind.
7. The majority of participants expressed belief that their childhood experiences contributed to their parenting of their child.

- Empathy for the child’s difficult behavior appeared to be felt for some mothers.
- It appeared that most mothers made a conscious effort to NOT parent their child in the way they were parented.
- It appeared that some mothers learned how to positively parent their child from their parents.

8. The majority of participants expressed belief that their childhood experiences contributed to their becoming a victim of intimate partner violence.

- It appeared that participants who experienced neglect, abandonment, abuse, or trauma in childhood generally believed this contributed to their becoming a victim of IPV.
- It appeared that participants who were overly protected by their parents and not taught to voice or defend themselves generally believed this contributed to their becoming a victim of IPV.
- It seemed that for one participant, despite experiencing abuse and trauma in her childhood, Most mothers reported experiencing hurtful, negative parenting from their parents and made a conscious effort to NOT parent or do what their parents did with them, with their child. A couple of mothers happily reported experiencing a loving relationship with their parents and repeated some parenting in like manner with their child. Most of the participants experienced some form of trauma in their childhood, which led them to believe that in some form or fashion this contributed to their becoming a victim of IPV. Some stated that being exposed to IPV in their parents’ marital relationship, they came to view IPV as normative, and thus they more readily accepted it. For some, the experience of direct and indirect trauma in the form of various forms of abuse, neglect, and abandonment, led them to choose and stay with an abusive partner as they were used to this treatment and so as not to be alone, regardless of IPV. One participant denied that her experiencing abuse in her
generally believed that her childhood likely did not contribute to her becoming a victim of IPV.

It appeared that most participants believed that their Hispanic/Latina culture likely contributed to their becoming a victim of IPV.

Some participants seemed to believe her Hispanic/Latina culture unlikely contributed to her becoming a victim of IPV, but more likely due to genderism, Christian and family values.

Most participants believed that being Hispanic/Latina contributed to their becoming a victim of IPV, in that violent treatment of women was prevalent in their family-of-origin, extended families, and in overall culture. They believed that this tendency made them view this behavior as normal, which made them more accepting of IPV than they otherwise should have been. They also believed that the Latin culture espouses machismo in males which condones mistreatment, cheating, and controlling women.

It appeared that for most participants the experience of IPV seemed to influence a heightened awareness to protect and/or overprotect their child from tension, conflict, and abuse.

It appeared that for some participants the experience of IPV created a desire to be calm, patient, loving, and less punitive.
with their child.

- It appeared that for some participants the experience of IPV likely fostered a closer relationship with child.
- The experience of IPV appeared to have left (and likely still) some mothers physically and emotionally unavailable to their child. although not all. Most mothers reported that their experience of IPV had created a stronger bond between her and her child. For some mothers still detrimentally impacted by past and continued experience of IPV, they reported often being physically and emotionally unavailable to their child.


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