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LATINAS' EXPERIENCES OF SHARED PARENTING IN THE CONTEXT

OF INTIMATE PARTNER VIOLENCE:

A PHENOMENOLOGICAL STUDY

APPROVED:

____
Carolyn Y. Tubbs, PhD, Dissertation Advisor

____
Rick Sperling, PhD

____
Josue Gonzalez, PhD

APPROVED:

____
Leona Pallansch, PhD
Interim Dean, College of Arts, Humanity and Social Sciences

____
Date

LATINAS' EXPERIENCES OF SHARED PARENTING IN THE CONTEXT OF INTIMATE PARTNER VIOLENCE: A PHENOMENOLOGICAL STUDY

A

DISSERTATION

Presented to the Faculty of the Graduate School of

St. Mary's University in Partial Fulfillment

of the Requirements

for the Degree of

DOCTOR OF PHILOSOPHY

in

Marriage and Family Therapy

by

Pisinee Dangwung

San Antonio, Texas

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Abstract

LATINAS' EXPERIENCES OF SHARED PARENTING IN THE CONTEXT OF INTIMATE PARTNER VIOLENCE: A PHENOMENOLOGICAL STUDY

Pisinee Dangwung

St. Mary's University, 2022

Dissertation Advisor: Carolyn Y. Tubbs, PhD

This dissertation presented a hermeneutic phenomenological study conducted with 12 Latina mothers who were survivors of intimate partner violence (IPV) considering or in a process of shared parenting with their former abusive partner. The purpose of this study was to explore the essence of shared parenting experiences among participants in the IPV context and examine how attachment style, adverse childhood experiences, and cultural values impacted their shared parenting decisions and processes. The study was guided by the theoretical frameworks of symbolic interactionism, intersectional feminism, and attachment. Findings indicated adverse childhood experiences and cultural values affected participants' shared parenting decisions and processes, with all but one participant reporting they desired shared parenting for the sake of their children. Participants were fully aware of risks associated with shared parenting including psychological abuse, physical violence, and coercive control. Participants reported risk-management strategies, the most prevalent of which included involving a third party, often family or a trusted friend, using supervised visitation, and meeting the perpetrator in a public place. Given the role of attachment style in relation to shared parenting was unclear, future

research should investigate the impact of attachment style and shared parenting. Additionally, assessing adverse childhood experiences and cultural values will be beneficial when combined with interview data. Due to the prevalence of IPV, culturally sensitive and trauma-informed interventions must focus on individual skills training for survivors, group therapy to help process IPV experiences and instill hope, and relational therapy with family members and loved ones to strengthen problem-solving skills and promote recovery. Furthermore, in the context of the COVID-19 global pandemic, many women reside with perpetrators due to lack of resources, so secure online platforms must be constructed to provide support and ensure women and children's safety. Recommendations were provided for improving how the legal and judicial system recognize and respond to coercive control as a punishable form of abuse. Moreover, to improve competence among mental health practitioners working with IPV survivors, graduate programs for mental health practitioners must include general knowledge and intervention on IPV. Intervention through the educational system and the church system is also recommended.

Keywords: intimate partner violence, Latinx, shared parenting, adverse childhood experiences, attachment styles, intersectional feminism

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Chapter 1

Background

Although the World Health Organization (WHO, 2017) declared one of its missions for sustainable development was to fight violence against women, the number of women who have survived intimate partner violence (IPV) has continued to rise. Internationally, the WHO estimated 35% of women have been affected by violence, and 1 in 3 have experienced physical or sexual violence. In the United States, an estimated 42.4 million women have been affected by different forms of violence ranging from "physical, sexual, stalking, psychological aggression, and control of reproductive and sexual health" (Black et al., 2011, pp. 7–8). All forms of violent behaviors can occur concurrently in IPV (Preiser & Assari, 2017), prompting women survivors of IPV to report multiple physical and mental health concerns, including "injury, chronic pain, gastrointestinal problems, gynecological problems, for instance, sexual-transmitted diseases, depression, and post-traumatic stress disorder" (Campbell, 2002, p. 1331). In addition, women have reported weaponization of their children against them as a form of coercive control (Stark, 2007).

Although both genders can be survivors of IPV, the majority of these violent acts are committed by women's intimate partners (Black et al., 2011; United Nations Children's Fund, 2009). Globally, 42% of women have suffered physical injuries associated with IPV, and 38% of those women were killed by men (WHO, 2017). Similar to global statistics, in the United States and Canada, 40%–60% of femicides were conducted by intimate partners (Campbell, Webster, Koziol-McLain, Block, Campbell, Curry, Gary, McFarlane, et al., 2003), and 55% of femicides in the United States have been related to IPV (Centers for Disease Control [CDC], 2021). In

2007, approximately 1,640 U.S. women were murdered by their former abusive partners (Bureau of Justice Statistics, 2009). By 2017, this number increased to 1,527 (Fridel & Fox, 2019).

Data have suggested, in the United States, 27.3% of women have experienced different forms of sexual and physical violence displayed by their intimate partners (Breiding, Smith, et al., 2014). Ethnically, this statistic included 44% of African American women, 46% of Native American women, 54% of non-Hispanic mixed-race women, 35% of Caucasian American women, 37% of Latina American women, and 19.6 % of Asian American women (Breiding, Chen, & Black, 2014). One in six Latinas have reported experiences of intimate partner violence during their lifetime (Sabina et al., 2015); by 2019, this number had increased to 1 in 3 (Esperanza United, 2021). This population has also been exposed to physical problems, including those caused by unplanned pregnancy and a variety of sexually transmitted diseases (Alvarez et al., 2016). Research has shown Latinas who have experienced IPV displayed more trauma-related and depressive symptoms than the non-Latina population (Edelson et al., 2007). Additionally, Latinas have a higher probability of returning to their IPV perpetrators when compared to Caucasian and African American women (Finno-Velasquez & Ogbonnaya, 2017).

Latinas account for a sizable estimated population of 10,405,000 in Texas (Pew Research Center, 2014). In 2011, approximately 3 million women in Texas reported they were survivors of IPV (Busch-Armendariz et al., 2011). In 2019, 150 women in 53 counties throughout Texas lost their lives through violent crimes committed by their partners, and 40% were murdered during the process of ending their violent relationships (Texas Council on Family Violence, 2019. As primary caretakers for children, women have experienced a concerning increase of violence when ending a violent relationship, which has indirect negative effects on children (Anderson & Van Ee, 2018). The likelihood of violence after separation from an abusive partner also points to

the increasing tendency of revictimization rates among mothers, especially during the shared parenting process, as perpetrators try to assert more control over women after the end of their intimate relationships (Hardesty & Ganong, 2006). Moreover, data related to revictimization rates among survivors of IPV has indicated that it often takes takes 40 days or less for women to reexperience some forms of abuse during their coparenting process (Mele, 2009).

The impact of violence against women is not limited to women; it also affects children. Globally, household violence has affected an estimated 275 million children (United Nations Children's Fund, 2009), and IPV has lifelong impacts on child and adolescent development (Graham-Bermann & Levendosky, 2011). In the United States alone, an estimated 15.5 million children are exposed to different forms of family violence every year, with 7 million children having experienced severe violence in their households (Graham-Bermann & Levendosky, 2011; National Network to End Domestic Violence, 2021). IPV in families has also contributed to a high number of deaths among infants and children (WHO, 2017).

IPV and Shared Parenting

Shared parenting is a relationship type that occurs usually after the end of a marriage or romantic relationship between parents who continue to work together by choice or by legal arrangement to help raise their children (Katz & Low, 2004). Although shared parenting is often beneficial for families and society in general (Braver & Lamb, 2018; Weiner, 2016), this process can be challenging after divorce or separation. Shared parenting can be far more complex for couples with a history of IPV compared to those without IPV experiences (Hardesty, 2002; Hardesty & Ganong, 2006). Lack of cooperation between parents in high conflict cases can be dangerous, and these nonamicable interactions can make custodial arrangements difficult. Data have suggested because the custodial arrangement has ordinarily depended on best interest of the

child, a mother can put her child at risk when she says in a violent situation (Bastaits & Pasteels, 2019; Elkin, 1991; Kline Pruett & Donsky, 2011). Therefore, women's parental rights are eliminated the majority of the time when they stay in abusive relationships (Brinig et al., 2014), whereas the impacts of IPV have not been considered a crucial factor in limiting the custody of abusive fathers (Braver & Lamb, 2018; Thompson-Walsh et al., 2018). In Texas, Pompa (2007) found women remained in IPV relationships due to financial instability and limited access to social welfare. These factors compromised their ability to care for their children and did not allow them to leave the perpetrators.

Nonetheless, these negative impacts on children as a result of being separated from their parents, especially their mothers, have not been taken into consideration in the court system (Tally, 2012; Walker, 2017). In Texas, equity-based court-ordered shared parenting has continued to be a standard process among families where IPV exists and "the nature and severity of the abuse" has not resulted in eliminating visitation rights from both parents, but rather has been used to identify levels of supervision needed for parental visitation (Texas Department of Family and Protective Services, 2015, p. 5). Moreover, a parent's right to continue spending time with their child has factored much more prominently in custody disputes than the potential exposure of the child to IPV (Pagelow, 1990; Walker, 2017).

Lifelong Impacts of IPV on Women and Children in the Shared Parenting Process

Although the shared parenting process among couples without a history of IPV creates substantial benefits for women and children (Braver & Lamb, 2018), the lifelong impacts of IPV on women and children are often overlooked when ruling on the custodial arrangement of the child when the parents have a history of IPV (Brinig et al., 2014; Guedes et al., 2016). As a result, court-ordered shared parenting has mostly demanded that high-conflict couples engage in

shared parenting. This arrangement could predispose children to become victims of IPV as adolescents (Forke et al., 2019) and as adults (Guedes et al., 2016). For example, women who witnessed IPV as young girls have a higher tendency to be involved in an IPV relationship compared to women who came from nonviolent families, due to the lack of positive perception of their identity (Guedes et al., 2016). Furthermore, most men who have been perpetrators grew up in families with IPV history (Guedes et al., 2016).

Literature across the globe has supported the notion that the negative impacts of IPV on children have resulted from the limited parenting abilities of the perpetrators and survivors (Felitti et al., 1998). Global literature has also documented the effects derived from exposure to violence and trauma in families, which could be understood as a form of adverse childhood experience (Felitti et al., 1998). The negative impacts of IPV have been shown to manifest during pregnancy and even postpartum, according to a review of literature between 1997–2017 on the Asian Indian population (Maji, 2018).

Moreover, fathers who are perpetrators of IPV and who lack parenting skills (Knutson et al., 2009) can create transgenerational effects for their children. Transgenerational effects occur when children who have suffered psychological consequences from witnessing violence in their family of origin (Forke et al., 2019) vicariously learn, normalize, and accept violence and power differentials between men and women (United Nations Children's Fund, 2009). When children witness and internalize family violence, it can lead to ruptures in attachment and development of anxiety and depressive symptoms (Finkelhor et al., 2009). Children can also experience transgenerational effects of IPV through mothers who are IPV survivors and who have a tendency to develop depression and posttraumatic stress disorder, which can impact the mother's attachment style and parenting abilities (Brinig et al., 2014; Guedes et al., 2016; Levendosky et.

al, 2003). Examples of transgenerational effects related to family violence include aggressive behaviors, acceptance of violence as a form of love, and an inability to question toxic relationships based on previous traumatic experiences (Madruga et al., 2017).

Extended exposure to violence during parental separation and shared parenting attempts impact the psychological well-being of children raised in abusive households, including their tendency to develop aggressive behaviors, and boys' probability of being diagnosed with antisocial personality disorder as adult men (Hill & Nathan, 2008). This effect has been proven especially true if the father was a perpetrator who possessed violent and antisocial personality traits. Furthermore, children who grew up in households where IPV occurred may have learned and perceived the phenomenon as part of normal interaction in a romantic relationship without being consciously aware of its lifelong impacts (Blair et al., 2015; Ireland & Smith, 2009). The exposure to IPV and the normalization of its effects among these children can then lead them to become involved in IPV relationships as adults, thus contributing to transgenerational IPV issues in families (United Nations Children's Fund, 2009). Some survivors and perpetrators of IPV witnessed IPV incidents in their parents' relationship as a child (Guedes et al., 2016; Hill & Nathan, 2008). Nevertheless, court-ordered shared parenting in the United States has continued to be standard practice among families with a history of IPV (Saunders, 2015).

Reasons for Staying in IPV Relationships

Despite the long-term impacts on children, data from different countries have indicated that one of the main reasons mothers are reluctant to leave IPV relationships is due to concern for their children's safety (Guedes et al., 2016). Brinig et al. (2014) found that the danger related to IPV for both women and children increased after the end of the intimate relationship and was concurrent with the time of the shared-parenting process. Other factors that have contributed to

women staying in IPV relationships include low levels of education, lack of financial stability, cultural values, fear, social isolation, anxious attachment style, and concerns for the safety of their children (Cerulli et al., 2012; Guedes et al., 2016; Reynolds & Shepard, 2011; Scott & Babcock, 2010; Tam et al., 2016).

Still, the reasons why mothers have remained in abusive relationships have been unclear. Although living in poverty has been one of the reasons keeping women in abusive relationships (Campbell & Mannell, 2016), women have also been prevented from leaving their perpetrators due to the inability to access welfare and the tendency to become homeless due to limited working hours, child care, and perceived safety threats from their perpetrators (Baker et al., 2003). In Texas, this disadvantage has also affected women from a lower socioeconomic status (Pompa, 2007). For Latinas, other aspects that have increased the likelihood of IPV and influenced the decision to stay in IPV relationships include "immigration status, lower socioeconomic status, acculturation stress, and the cultural concept of machismo" (Alvarez et al., 2016, p. 2). Therefore, understanding these women's postseparation shared parenting decision-making processes could illuminate how larger systems could adjust to mitigate the impact of IPV on the psychological and physical well-being of women and children who have survived IPV.

Statement of the Problem

Given the ongoing prevalence of IPV, mothers who have survived IPV often undergo the shared parenting process after divorce or separation due to current legal practices and their sense of obligation as mothers (Hardesty et al., 2016). This shared parenting occurs despite the fact that there is a high tendency for separation assault to occur in the process of shared parenting (Hardesty, 2002). An argument could be made that the law and social beliefs about motherhood have tended to dictate women's behaviors related to shared parenting in a context of violence.

Some researchers have asserted it is helpful to understand how women's decisions to engage in shared parenting in an IPV context can be informed by examining the relationship between IPV and attachment styles (Bonham & Vetere, 2012; Kuijpers et al., 2012; Pallini et al., 2017; Scott & Babcock, 2010). Still, limited research studies have explored the role of cultural values and attachment styles in relation to the shared parenting process among these high conflict couples. One of the crucial methods of exploring individuals' attachment styles is to learn about their childhood trauma, which can be captured by understanding a wide range of adverse childhood experiences (ACEs).

Unlike previous research studies, this dissertation study explored the impact of attachment styles and childhood trauma on the shared parenting decisions and processes of Latina mothers. Additionally, this dissertation study considered the impact of cultural narratives on the shared parenting decisions of Latinas who were IPV survivors. At the time of writing, no known studies had investigated the shared parenting process in the broader context of IPV, attachment styles in relation to adverse childhood experiences, and the context of Latinx culture in southern Texas. Moreover, as the Latinx patriarchal cultural concept has created power differentials between men and women and has fostered IPV acceptance, this study addressed the cultural influences that perpetuate the cycle of IPV.

To explore sensitive and complex topics related to the human condition in a unique cultural context such as IPV, one must use a research method suitable to investigate the phenomenon (Walker, 2017). Although qualitative methods have been used to effectively explore the essence of human experiences, few studies have used qualitative methods to better understand IPV and the shared parenting process among Latina IPV survivors in southern Texas.

Justification

This dissertation study aimed to expand the understanding of how described attachment styles, childhood trauma, and cultural values of Latina mothers have affected their shared parenting decisions and shared parenting processes with their former abusive partners. Participants in this study were primarily Latinas who possessed nonsecure attachment styles. Although attachment styles can be influenced by traumatic experiences and cultural values, this hermeneutic phenomenological study also explored how childhood trauma and the Latinx culture impacted the way Latina mothers narrated their lived experiences as they connected to their relationship history.

As family scientist-practitioners strive to understand how attachment styles, traumatic experiences, and cultural values shape human interactions in different contexts, this study was designed to deepen the existing knowledge related to IPV and shared parenting in the field of family studies and marriage and family therapy. The findings of this dissertation study provided insights about how attachment styles and cultural values have influenced the shared parenting experiences of Latina mothers who survived IPV. This dissertation study also provided unique insight into the complexity that Latina mothers face during the shared parenting process and how their attachment styles and cultural values impact their decisions. Subsequently, these findings could inform therapeutic practices and further qualitative research in the field of IPV.

Global Research Question

The global research question of this study was: what is the essence of Latinas' experience of shared parenting with an estranged abusive partner? I employed phenomenological methodology informed by a qualitative paradigm to explore this research question. This

phenomenological study was designed to describe the essence of experiences among Latina mothers who were survivors of IPV in the shared parenting context.

The secondary questions of this dissertation study were:

- How have attachment styles, childhood traumatic experiences, and cultural values influenced and shaped the shared parenting decisions and processes among Latina mothers who are survivors of IPV?
- How do Latina mothers who are survivors of IPV described their shared parenting experiences through language and other symbols based on their self-perception in the IPV context?
- Will the data reveal any other important themes related to the shared parenting decisions and processes among Latina mothers who are survivors of IPV?

Limitations of the Study

Although a phenomenological study allows access to the essence of participants' experiences (Creswell, 2014), there were two obvious limitations in the design of this dissertation study. These limitations involved the lack of a formal assessment tool for attachment styles, and my cultural and ethnic background as a researcher.

In this dissertation study, I did not use any standardized measurements to identify participants' attachment styles. Instead, the other coders and I used our clinical judgments in combination with a non-standardized measure of adult attachment (Hazan & Shaver, 1987) as a guideline to differentiate and infer the participants' types of nonsecure attachment styles (Bowlby, 1982), either anxious or avoidant. The other coders and I used previously collected interview data and analyzed them for descriptions about relationships provided by participants, focusing specifically on childhood relationships with their primary caretakers. Subsequently,

participants' attachment styles were inferred rather than measured directly using a standardized measurement of attachment styles.

Secondly, the study was limited by its cross-cultural nature. My perspective on cross-cultural understanding has been influenced by my identity and perceptions as an international woman of color living in the United States. Therefore, my interpretation of lived experiences of Latina mothers who survived IPV was colored by my personal and professional experiences and my educational background. As a researcher and clinician working with this population, I recognized I did not share the full breadth of their experiences. Moreover, in my clinical work, I have strived to empower the women whom I work with to report their IPV experiences. As a researcher, although I have endeavored to remain unbiased, I acknowledged my preexisting knowledge and my personal and clinical experiences have conferred an impact on the data analysis process and the deliverables of the findings in this dissertation study.

Definitions of Significant Terms

I have used knowledge from literature and defined significant terminology used throughout the dissertation study:

Adverse Childhood Experiences (ACEs)

ACEs are early childhood trauma experiences reported by individuals due to different forms of childhood maltreatment including psychological, physical, and sexual abuse and neglect; household dysfunction including substance abuse, mental illness, and violent treatment of their mother; and criminal behavior in the household including incarceration (Felitti et al., 1998). Other forms of ACEs include low socioeconomic status, high peer victimization, high peer isolation, and exposure to community violence (Finkelhor et al., 2015).

Described Attachment Styles

Attachment styles, or patterns of attachment behaviors, are imprinted as a system of social behaviors grounded in interactions and relationships between infants and their mothers (Bowlby, 1982). Coined by Ainsworth (1964), the terms describing attachment styles are as follows: securely attach, anxiously attach and avoidant, and anxiously attach and resistant (as cited in Bowlby, 1982).

Intimate Partner Violence

Intimate partner violence refers to violence, aggression, or coercion from one romantic partner toward another, which can impact victims physically, sexually, or psychologically (CDC, 2021).

Latinas

The term Latina signifies: (a) women who are immigrants, or descendants of immigrants, from Spanish-speaking Latin American countries; and (b) women who identify with the culture of their Latin American heritage (Falicov, 2014).

Relational Self

This term is similar to the concept of relational being (Gergen, 2009), which emphasized the impact of relationships on individuals' well-being. This term was elucidated by feminist scholars Gilligan (1982) and Linehan (1993) who focused their work on relational self among women and suggested that, due to lesser power in relationships, women's self-concept is developed through self-perceptions related to others in their system.

Shared Parenting

This term is defined as a form of coparenting, which refers to "the ways in which partners support one another in their joint role as leaders of the family" (Katz & Low, 2004, p. 372).

Shared parenting is a relationship between parents in which children live with one parent and continue to have contact with the other parent (Nielsen, 2011).

Survivor of IPV

This nonstigmatized term is used in this dissertation study instead of the term “victim of IPV” to refer to participants, based on the definition of IPV.

Chapter 2

Literature Review

Globally, intimate partner violence (IPV) affects the lives of women (WHO, 2017) and their children (United Nations Children's Fund, 2009). These adverse effects are especially prevalent among children under the age of 5 who are still in their mothers' care and who have limited ability to protect themselves from exposure to violence (Bunston et al., 2017). In the United States, an estimated 42.4 million women have been impacted by different forms of violence ranging from "physical, sexual, stalking, psychological aggression, and control of reproductive and sexual health" (Black et al., 2011, pp. 7–8). Women also face the use of nonviolent coercive control (Stark & Hester, 2019), a strategy used by perpetrators to control women from afar. This form of manipulation can include the weaponization of their children through the shared parenting process.

Problem and Its Scope

As the primary caretakers for children, women who are mothers and survivors of IPV experience multiple intrapersonal and interpersonal struggles. Consequently, IPV causes lifelong negative impacts on women and their children, who experience both direct and indirect consequences of IPV (Anderson & Van Ee, 2018; Bunston et al., 2017; Forke et al., 2018; Graham-Bermann & Levendosky, 2011; Guedes et al., 2016). The severity of abuse and assault often increases immediately following the end of an abusive relationship (Hardesty, 2002) and most often occurs during the shared parenting process. Revictimization often occurs faster for mothers who have engaged in the shared parenting process with their perpetrators compared to women who did not share parenting (Mele, 2009). The use of coercive control can also become more prevalent during this time (Hardesty, 2002; Stark & Hester, 2019).

In the United States, women of color experience IPV at higher rates than their Caucasian counterparts (Breiding, Chen, & Black, 2014). Minority women also have a higher probability of revictimization (Caetano et al., 2005). Nonetheless, structural inequalities related to the issue have not been addressed adequately, culminating in lifelong and transgenerational problems of safety among minority women (Decker et al., 2019). This marginalization is especially widespread among minority women who are mothers. Latinas, in particular, are predisposed to IPV due to cultural values (Sugihara & Warner, 2002), immigration status (Finno-Velasquez & Ogbonnaya, 2017), low educational attainment (DeCasas, 2003), and reluctance to seek formal support from the local community and the social and justice system (Rivera, 1994), especially among non-U.S. born Latinas (Ingram, 2007; Finno-Velasquez & Ogbonnaya, 2017).

The phenomenon of IPV among Latinas who live in southern Texas and who self-identify as Mexican American can be understood through the Latinx cultural concepts of *marianismo*, *familinismo*, and *machismo* that prevent Latinas from leaving IPV relationships (Alvarez et al., 2016). In the larger Latina population, research studies have indicated experiences of IPV could be more complicated when compared to other populations, as Latinas report higher rates of psychological symptoms, including trauma-related and depressive symptoms (Edelson et al., 2007). Latinas have also been more likely to reconcile with their perpetrators compared to the majority of women from other ethnic backgrounds (Finno-Velasquez & Ogbonnaya, 2017), which could increase the risk of revictimization.

Despite a movement in the legal system to recognize IPV in shared custody proceedings (Jaffe et al., 2003), the reality of shared parenting may often differ. The shared parenting process among couples with a history of IPV may be fully informed by personal decisions and needs of women IPV survivors due to the child custody process, which usually occurs through the court

with limited consideration of IPV effects on women and children (DiFonzo, 2014). However, understanding IPV survivors' decisions about whether to share parenting with their former abusive partner is crucial, especially among Latinas, who often choose not to appeal to the justice system due to their history of systemic oppression (Rivera, 1994). Therefore, scholars, mental health practitioners, law enforcement officers, policymakers, and laypeople must understand the nature of the lived experiences of women concerning the shared parenting process with their former abusive partners. This understanding will serve as foundational knowledge to generate more substantial systematic changes in family, legal, and sociocultural systems, and create positive impacts on the lives of marginalized groups of women and their children.

The purpose of this chapter is to review the literature of IPV and IPV risk factors related to minority women, specifically Latinas of Mexican descent, and the shared parenting process among heterosexual couples with and without histories of IPV. Individual and contextual factors related to IPV, including demographic data, adverse childhood experiences, psychological factors, family of origin, and the role of culture are also discussed in this chapter. I also provide information related to the gap in IPV and the shared parenting research arena. After reviewing prevalent theoretical frameworks used to explain IPV, I give an overview of the research paradigm and theoretical lens that guided this dissertation study. Lastly, this chapter includes an explanation of the global research question and methodology that allowed me to obtain answers regarding the phenomenon of interest.

In this dissertation study, I used the term "Latinas" to refer to participants of the study, as opposed to the terms "Hispanic" or "Latinx." The term Hispanic has been used by the U.S. Census Bureau (2022) to refer to people descended from Spanish-speaking countries, whereas the term Latina refers specifically to women who maintain cultural heritage relating to Spain or

Spanish-speaking countries, regardless of their race. In addition to the definition provided by U.S. Census Bureau, I recognize the terms Latinas and Latinx are also claimed by some individuals of indigenous ancestry. Although Latinx could be used as a gender-neutral umbrella term describing the participants, the term Latina was more suitable based on the language used during the recruitment process, which asked for women to participate in the original shared parenting study (see Appendix A). However, barring quotes from literature, the term Latinx was used in this study in place of Latino or Hispanic as an inclusive descriptor of general cultural contexts and population statistics related to Latin Americans.

Definition of IPV

Intimate partner violence (IPV) is defined as violence or aggression from one romantic partner toward another in a trusting relationship, wherein abuse could leave physical, sexual, or psychological impacts on the victims (CDC, 2021). This violence can be a single episode or an ongoing pattern between couples or former couples (CDC, 2012). IPV includes physical violence, psychological violence, sexual violence, threats of physical or sexual violence, financial oppression, control over contraceptive and medical care, and other forms of coercive control (Dicola, 2016; Rivera, 1994). Although most people generally understand IPV as domestic violence, or use these two terms interchangeably, the definition of domestic violence is broader than IPV. The term “domestic violence” covers all forms of violence perpetrated from one family member to the other, including, “elder abuse, child abuse, and marital rape” (Patra et al., 2018, p. 494). As IPV refers to all forms of violence between romantic partners, IPV is a subset of domestic violence (Dutton, 2006).

Prevalent Theories of IPV

As the prevalence of IPV continues to increase and negatively impact the lives of many, scholars from different disciplines have attempted to understand and describe this phenomenon through unique theoretical lenses across different areas of study, including “sociology, psychiatry, psychology, and sociobiology” (Dutton, 2006, p. 18). IPV comprises both intrapersonal and interpersonal components; therefore, it is crucial to understand IPV through different lenses that reflect biological, psychological, and social components contributing to its problematic prevalence (Chester & DeWall, 2018). Among other theories used by scholars, some of the most influential theories include social learning theory, family systems theory, and feminist theory.

Social Learning Theory

Proposed by Bandura (1977), social learning theory describes learning as a process that occurs through observation. Bandura (1977) suggested that humans gather information through a continuous learning process that happens through “personal, behavioral, and environmental” (p. 194) interactions. Therefore, humans directly and indirectly form and influence their behaviors based on their psychological and behavioral components combined with observations of others in their environments. Bandura (1977) argued “complex behaviors do not emerge as unitary patterns, but rather are formed through the integration of many constituent activities of different origins” (p. 17). In his theorization, “People are not born with preformed repertoires of aggressive behaviors; they must learn them one way or another” (Bandura, 1973, p. 61). IPV can be understood through the lens of social learning theory, as behaviors can be learned through different contexts (Bandura, 1977). Such behavioral influences include family, religious institutions, patriarchal society, and other systems that instill personal and sociocultural values

and model desirable and undesirable behaviors for a person, especially during their early years of life (Anderson & Kras, 2007).

Family Systems Theory

Derived from sociological theories, IPV can be understood in family systems theory through conflict and structures in social contexts rather than individual psychopathology (Lawson, 2012). Proposed by Bowen (1978), family systems theory asserts that all individuals are interconnected and cannot be understood outside the context of their relationships. Thus, family systems theory has often been criticized for emphasizing the bidirectional nature of relationships, blaming both partners for the inception and maintenance of violence (Murray, 2006) Violence in the family is a multidimensional issue which is conceptualized as a normalization of expectations in families. In this way of thinking, the perpetration of violence is an outflow of a negative relational or interactional sequence.

Based on the Gile-Sims (1983) six-stage model of wife battering (as cited in Whitchurch & Constantine, 1993), a positive feedback loop of IPV sustains and perpetuates violence in families. Through the lens of family system theory, the concept of circular causality indicates that both women and men can become desensitized to violence and contribute equally to the perpetuation of a vicious cycle of IPV that compromises the ability of women to leave their perpetrators (Katerndahl et al., 2010). Whitchurch and Constantine argued men and women are not equal contributors to IPV because women often have less power in intimate relationships due to sociocultural factors. Consequently, a woman may be unable to leave her violent partner after the first occurrence of abuse, resulting in a chance of revictimization that could occur without her choice in the matter. In the eyes of feminist scholars, the family systems theory is an

inappropriate theoretical lens with which to examine IPV because it fails to recognize the unequal power distribution in relationships.

Feminist Theory

Experiences of trauma, violence, and abuse could lead to self-blaming, self-judging, and self-policing among women, as these experiences occur through perceived inferior status in the context of patriarchal culture (O'Grady, 2005). Social learning theory and family systems theory focus on learned behaviors and how couples' interactions sustain different forms of violence in romantic relationships, whereas feminist theory argues that the structure of patriarchal systems allows and reinforces IPV (Namy et al., 2017). Based on the assumption that man on woman IPV is a phenomenon governed by gender inequality rather than psychiatric diagnosis (Dutton, 2006), feminist theory argues that IPV is a result of systemic gender oppression perpetrated by men on women. The theory also acknowledges women can also be perpetrators due to aggression and self-defense (McPhail et al., 2007). Although highly criticized by many, feminist theory demands change in larger systems regarding IPV, and calls for violence against women to become a public matter to bring conversations that create societal changes (McPhail et al., 2007).

Among feminist theories, intersectional feminism is the most universally accepted to describe experiences of IPV among minority women in their respective cultural contexts (George & Stith, 2014; Sokoloff & Dupont, 2005). Through the description of structural intersectionality, intersectional feminist theory was first created to help understand the overlapping disadvantages of people simultaneously embodying at least two marginalized social characteristics (Carastathis, 2014). For example, the theory may be used to analyze the situations of Mexican American Latinas who may experience racism and sexism at the same time. Therefore, intersectional feminist theory (Crenshaw, 1991), which acknowledges the multiple trajectories of oppression

that IPV survivors face, can be used to effectively address the issue of IPV affecting women from different races, ethnicities, cultural backgrounds, socioeconomic status, religions, ages, and languages (George & Stith, 2014). This vital theory allows for broader explanation and conceptualization among marginalized groups of people, including low-income and low-education Latina mothers who experience difficulties in shared parenting relationships with former abusive partners. The theory is essential for examining the influence of multiple intersections of oppression, including the racism, sexism, and sociocultural oppression that shape experiences and narratives of this population.

IPV Prevalence

Currently, IPV is a ubiquitous problem that affects women across a range of different demographic and cultural factors, as 1 in 3 women have experienced IPV in their lifetime (WHO, 2017). The following sections describe data related to the IPV pandemic on a global, national, and local scale.

Globally

The World Health Organization (WHO) has addressed violence against women as an epidemic global health problem (Eggertson, 2013). An estimated 35% of women have experienced physical or sexual violence (WHO, 2017). One in four children are estimated to be affected by IPV or another form of family violence related to coercive control as a consequence of IPV at some point during their lifetime (Bunston et al., 2017; Stark & Hester, 2019). The percentage of lifetime IPV prevalence affecting women varies among low- and middle-income regions, ranging from 45.6% in Africa, 40.2% in Southeast Asia, 36.4% in Eastern Mediterranean, and 36.1% in the Americas (WHO, 2013). The most common form of IPV occurs from a man to a women in heterosexual couples (Johnson, 2008). Statistics have shown that

almost 40% of femicides worldwide were committed by intimate partners (WHO, 2017). Universally, the most common factors contributing to women's IPV victimization include low education attainment, a mother who was a victim/survivor of IPV, a history of child abuse, and an accepting attitude toward the patriarchal system.

Nationally

In the United States**,** epidemiological data from the past 2 decades paints a concerning portrait of intimate partner violence, as 43.6 million, or 1 in 3, U.S. women reported experiencing IPV during their lifetime (Smith et al., 2015). Although 20% of couples of all gender combinations have reported IPV experiences, man-on-woman partner violence statistics have been more substantial (Dicola, 2016; Field & Caetano, 2005; Holmes et al., 2019). More recent data have confirmed continuing IPV prevalence, as results indicated 27.3% of women experienced different forms of sexual and physical violence committed by their intimate partner (Breiding, Smith, et al., 2014). Although an estimated 22–35% of women have experienced IPV (Chester & DeWall, 2018), it is difficult to estimate the exact prevalence because IPV is known to be underreported by survivors (Dicola, 2016; Lipsky et al., 2009). This underreporting is especially common when violence occurs toward women of color, who generally lack trust in justice systems due to historical and transgenerational narratives (Decker et al., 2019).

Existing reports of IPV prevalence in the United States have indicated that 44% of African American women, 46% of Native American women, 54% of non-Hispanic mixed-race women, 35% of Caucasian American women, 37% of Mexican American women, and and 18% of Asian American women have experienced IPV (Breiding, Smith, & Black, 2014). Based on this data, minority women are more susceptible to IPV compared to Caucasian American women. The prevalence of IPV was the lowest among well-educated women of middle

socioeconomic class. In contrast, women who were in low socioeconomic status and lived in poverty experienced the highest rate of IPV (Campbell, 2002).

These data align with the previous findings of Fletcher (2018), as discussed in her autobiographical study analyzing how IPV experiences of women can be vastly different depending upon various aspects of individuals. As a middle-class, college-educated, Caucasian woman, she realized she had some privileges over other women who lived through similar IPV experiences. Corroborating Fletcher's findings, the qualitative study by Reynolds and Shepard (2011) conducted in England among graduate students who experienced IPV indicated educational level, race, and socioeconomic status influenced this young population's experiences of IPV. These studies confirmed structural inequalities impacting many prevalent public health problems also have substantial effects on IPV experiences among different groups of women.

Generally, systemic inequalities related to IPV have less impact on Caucasian American women, as they mostly affect African American women, followed by Latina Americans. One in six Latinas in the United States have experienced IPV (Sabina et al., 2015). Latinas have self-identified as being of Latinx descent; various subgroups of Latinas include Bolivian, Chilean, Colombian, Costa Rican, Cuban, Dominican, Ecuadorian, Guatemalan, Honduran, Mexican, Nicaraguan, Panamanian, Paraguan, Peruvian, Puerto Rican, Uruguayan, and Venezuelan (Falicov, 2014). Mexican American women, a subgroup of Latinas and the fastest growing minority group in the United States, contribute to 64% of the U.S. Latinx population.

Unlike other Latina subgroup counterparts, Mexican American women who live in poverty reported higher IPV prevalence compared to African American women (Frias & Angel, 2005). This significant IPV prevalence among Mexican American women suggests IPV rates differ among various Latinx subgroups in the United States. Therefore, although Latinas share

some cultural meanings, values, and commonalities derived from Latinx culture, it is crucial to understand the differences in IPV prevalence and experiences among subgroups of Latinas. These differences relate specifically to how the population ties into the mainstream narratives of U.S. culture, as systemic oppressions impact their experiences of IPV (Cho et al., 2014; Ramos & Carlson, 2004). For example, Mexican women have diminished educational attainment rates compared to other Latina subgroups (Gonzalez-Barrera & Lopez, 2013). As a lack of education could contribute to the risk of IPV exposure and long term IPV-related abuse, this is likely one factor involved in the higher rates of IPV exposure among Latinas of Mexican descent. Therefore, as power differentials created by systemic oppression affect all minority women, it is important to consider the United States' IPV rates in analyzing the impacts of IPV among the subgroups of Latina American women.

Nationwide, the recognition of IPV by the medical community has led to an increased understanding of its widespread effects. Since 1992, the American Medical Association has recommended physicians screen for IPV by using a protocol that considers all forms of violence: physical, psychological, sexual, and coercive control (Rivera, 1994). As a result of this protocol, scholars and clinicians started to assess IPV and acknowledged IPV can occur to all women regardless of race, ethnicity, religion, educational attainment, and socioeconomic status (Rivera, 1994; Sugg, 2015). This practice informed the increasing number of national statistics on IPV, and further established IPV as a public health concern. Currently, scholars recognize IPV creates immense negative impacts on the physical and psychological health of women. The psychological implications of IPV include depression, posttraumatic stress disorder, low self-esteem, and suicidality, which were higher among minority women (Stockman et al., 2015).

In addition to the medical community, convictions and arrests made by law enforcement also contribute to IPV awareness among laypeople, especially among IPV cases that lead to femicide and familicide. In 2007, 14% of all homicide cases in the United States were related to IPV; among the 2,304 victims, 70% were female (Breiding, Chen, & Black, 2014). More recent data have suggested IPV-related femicide has increased. In 2015, 3,519 women were murdered, and intimate partners committed more than half (55.3%) of those femicides (Petrosky et al., 2017).

As a general data trend, Caucasian women have reported fewer cases of IPV compared to minority women (Breiding, Chen, & Black, 2014; Lipsky et al., 2009). Even though the majority of women who were impacted by IPV have been women of color and mixed-race women (Breiding, Chen, & Black, 2014; Holmes et al., 2019), there has been little research in the field of IPV exploring the sociocultural context, transgenerational trauma, and culturally influenced narratives among women of color who experienced IPV (Campbell, 2016).

Texas

In 2011, approximately 3 million or 40% of women in Texas reported they were survivors of IPV (Busch-Armendariz et al., 2011). There were 76,704 cases of IPV reported in 2013, and this statistic did not include IPV incidents that occurred among non-married couples (National Coalition Against Domestic Violence, 2015). Thus, this statistic may not reflect the full extent of IPV prevalence in Texas. In 2019, 150 women in 62 counties throughout Texas lost their lives through violent crimes committed by their partners, femilicide accounted for 81% of intimate partner homicide (Texas Council on Family Violence, 2019. In Bexar County, Texas, where 68% of the population were of Latinx descent, statistics about women who sought services

through the health care system indicated 60% had experienced IPV and 20% reported their current involvement in an IPV relationship (Brackley, 2003).

Individual and Relational Risk Factors of IPV

Data remain limited about risk factors related to IPV that could accurately predict the occurrence and severity of this prevalent problem (Douglas & Skeem, 2005). IPV scholars have argued for the need to develop the capacity to understand, measure, and monitor the everchanging nature of various identified risk factors of IPV. The ability to predict IPV will constitute the most appropriate way to mitigate, reduce, and manage the occurrence of this ubiquitous public health issue that could create lifelong effects on lives of women, children, and society in general (Campbell, 2004; Douglas & Skeem, 2005; Nicholls et al., 2013). Moreover, as women have frequently underestimated the severity of their IPV situations, educating women about IPV risk factors is crucial and could save them from being a victim of femicide (Campbell, 2004). This finding is especially true in the United States, where approximately half of femicide cases have been related to IPV (Campbell, Webster, Koziol-McLain, Block, Campbell, Curry, Gary, McFarlane, et al., 2003).

Risk Status and Risk State of IPV

Risk factors for violence can be best understood as a form of "risk status" or "risk state" (Douglas & Skeem, 2005, p. 347); the former type refers to risk factors that are static, and the latter refers to risk factors that are in flux and could change rapidly over time. Risk status relates to individual preexisting conditions that contribute to a person's baseline IPV risk. Although previous research has concentrated on risk status, which is unchanging, the risk state is dynamic and requires more consideration beyond identifying high risk individual factors. The risk state refers to an individual's overall mental, physical, and environmental conditions during the time

of IPV; it acknowledges the tendency for those conditions to affect the individual's experiences of IPV. Examples of risk state include "impulsivity, anger, negative mood, psychosis, antisocial attitudes, substance use, interpersonal relationships and treatment alliance" (Douglas & Skeem, 2005, p. 359). Human conditions are everchanging and can be shaped by biological, intrapersonal, and social factors, or by intervention through a treatment process. Risk state is everchanging and impacts the risk status of individuals. Therefore, to thoroughly understand IPV risk factors, IPV scholars, clinicians, and mental health practitioners should consider both risk status factors and risk state factors related to individual, contextual and social influences, which impact lives during and after IPV exposure.

Individual Risk Status Factors for IPV

Individual risk status factors are characteristics or circumstantial aspects of a person's life that increase their probability of exposure to IPV. Although most of the data presented in this chapter has focused on risk status factors related to victims or survivors of IPV, other data have shown risk status factors of IPV perpetrators among heterosexual couples. These individual risk status factors affect a person's tendency to become involved in IPV. These factors include demographic data, acculturation, adverse childhood experiences, and psychological factors. Individual risk status factors contribute to IPV exposure and can be intensified when they combine with risk state factors.

Age. Data from the WHO (2012) suggesta higher rate of IPV has occurred to young women compared to other age groups (Abramsky et al., 2011). Similar to international data on the subject, in the United States, IPV has been more common in young adults aged 18–24 (Breiding, Chen, & Black, 2014). National data indicated 32% of this population reported victimization, and 24% reported perpetration of IPV (Johnson et al., 2015). Additionally, an

analysis of data on the low-income population residing in the cities of Boston, Chicago, and San Antonio indicated women were at higher risk of IPV, regardless of race and enthnicity (Frias & Angel, 2005). Aligned with this study, Peters et al. (2002) found the risk of IPV among young women was approximately 10 times higher than older women, and younger men maintained a higher tendency to perpetrate IPV compared to older men. Overall, approximately 55% of femicides were IPV related and affected women of all ages (Petrosky et al., 2017). Femicide related to IPV has also been one of the leading causes of death among women ages younger than 44 in the United States; as of 2017, 1 in 3 victims of femicide were between the ages of 18 and 29 (Petrosky et al., 2017). For Mexican American populations, IPV has also been more common among young adults compared to other age groups (Ferguson, 2011).

Gender and Sexual Orientation. Among heterosexual couples, man-on-woman IPV has been more common compared to woman-on-man (Johnson, 2008). Most men experienced violence perpetrated by strangers, whereas most violent incidents directed at women were committed by an intimate partner or former intimate partner (WHO, 2012). In 2017, approximately 30,000 women around the world were murdered by their current or former intimate partner (United Nations Office on Drugs and Crime, 2018). The estimated number of women who were murdered by their intimate partner was 5 times higher than crimes against women committed by strangers (Lee et al., 2002).

Among the LGBTQ+ population, data suggest this population experiences IPV at similar rates compared to heterosexual couples (Laskey et al., 2019). Although these instances of IPV have often been overlooked, data from a national survey of 41,174 English and Spanish-speaking adults in the United States suggest bisexual and lesbian women were more likely to become victims of IPV than heterosexual women (Chen et al., 2020).

Educational Attainment. Lower levels of education can be considered a risk factor of becoming either a victim or perpetrator of IPV (WHO, 2017). Latino men who have lower educational levels retain a higher tendency to inflict violence in their relationships (DeCasas, 2003; Mancera et al., 2017). Thus, one can infer that intracultural marriages or relationships between Latinx individuals may increase IPV risks for Latinas. Similarly, low levels of educational attainment in Latinas contributes to their likelihood of becoming victims of IPV (DeCasas, 2003). Conversely, Cho et al. (2014) suggested Latinas with high levels of education and stable employment reported higher rates of IPV. These higher rates of IPV among highly educated Latinas might be related to the fact that cultural norms reflecting normalized beliefs about IPV were less frequent and less accepted among educated Latinas who have a stable income and higher levels of acculturation on the notion that IPV should be prevented, reported, and seen as a violation against women. Therefore, this population reported IPV more consistently when compared to their less educated and less acculturated counterparts, who might have been experiencing IPV at the same rate without reporting or seeking help for their situations because they did not recognize all forms of IPV.

A quantitative study conducted in Spain among 8,935 women indicated having high educational levels can serve as a protective factor against IPV (Sanz-Barbero et al., 2019). Similar to the previous study, a quantitative study of 83,627 married women showed women who had a lack of education experienced IPV 5.61 times higher than women with college level education (Ackerson et al., 2008). Moreover, in a qualitative study of 20 female college students who had experienced IPV and attended community college in the Midwestern United States, the majority had children residing in the household, suggesting that the perpetrators had tried to use

coercive control to sabotage their female partners' educational attainment (Voth Schrag et al., 2020).

Socioeconomic Status. Although IPV can occur among couples of all socioeconomic backgrounds, low socioeconomic status is a known risk factor of IPV among all races and ethnicities (Cunradi et al., 2002). Therefore, unemployment and low income are also associated with the higher tendency of women experiencing IPV (Capaldi et al., 2012). A study conducted with intraracial married or cohabitating couples of 555 Caucasians, 358 African Americans, and 527 Latinx Americans showed that the annual household income of couples with IPV history were lower among African American and Latinx American couples when compared to couples of the same race and ethnicity without IPV history (Cunradi et al., 2002). Thus, lower household income confers increased risk of IPV among Latinas.

Women who lack financial resources face the risk of financially dependence on their perpetrators. Data from a 3-year quantitative longitudinal study among 1,311 women who received welfare suggested that IPV affects women's employment stability due to perpetrators using coercive control to prevent women's economic independence (Staggs & Riger, 2005). The situation becomes even more complex for women who are raising children in a low-income household with their perpetrator. A phenomenological study of 20 women ages 23–49 indicated living in poverty, especially with small children, is a factor that compromises the ability of women to leave the abusive partner, as they have limited economic resources and employment opportunities (Slabbert, 2017). Additionally, mothers of small children with low socioeconomic status and low education attainment may be unable to establish reliable childcare or enter the workforce without first receiving proper training or formal education.

Coercive control from perpetrators also affects women's ability to find and hold jobs, especially when they are raising small children. A longitudinal study among 503 females from low-income backgrounds who received welfare suggested that women who experienced IPV also experienced job instability that could last up to 3 years after the end of the IPV relationship (Adams et al., 2013). Furthermore, women who live with an unemployed partner may be at greater risk for IPV. Among the Latinx population, men who were unemployed had a higher tendency to perpetrate IPV (DeCasas, 2003). Therefore, Latinas who are in a relationship with a Latino man struggling with low socioeconomic status are more likely to be exposed to IPV.

Acculturation. A high level of acculturation can increase the likelihood of IPV reporting among U.S.-born Latina Americans and U.S.-born Asian Americans (Cho, 2012; Garcia et al., 2005). Similarly, quantitative data from a cultural risk assessment study conducted by Messing et al. (2013) among 148 immigrant women indicated women with higher acculturation levels, who responded to the English version of the survey, reported higher rates of IPV revictimization. The increased reports of IPV revictimization among acculturated foreign-born Latinas might have indicated their understanding of the diverse forms of IPV and their willingness to seek help (Garcia et al., 2005) compared to other foreign-born Latinas with lower levels of acculturation (Finno-Velasquez & Ogbonnaya, 2017). It is important to recognize that not reporting IPV is not the survivor's fault, but may stem from a combination of various situational factors that may increase their risk of IPV and their likelihood of not reporting IPV.

In their qualitative study of low-income families in Boston, Chicago, and San Antonio among 1,088 women who self-identified as Spanish, Hispanic, or Latina, Frias and Angel (2005) found 1 in 4 participants indicated experiences of IPV during the year before the interview. They also reported foreign-born Latinas who immigrated to the United States before the age of 15

experienced higher rates of IPV. Thus, examining the narrative of Latinas' IPV experiences in the context of their background and cultural values is essential to understanding the risks and pattern of the IPV phenomenon.

Adverse Childhood Experiences. Individuals who grew up with a history of traumatic experiences inflicted by family and social systems during their childhood are known to have adverse childhood experiences (ACEs), which usually create prolonged negative impacts on their physical and mental health (Jeske & Klas, 2016). Although family dynamics, like all relationships, are a relational risk factor or individual risk state factor, ACEs are individual risk status factors because they are unique lived experiences to the person who experienced the trauma during ages 0–17. Research has indicated ACEs may contribute to adult experiences of IPV and the development of mental health disorders. A study among 212 female survivors of IPV from different ethnocultural backgrounds indicated an ACEs score can predict severity of IPV victimization and mental health disorders, including major depressive disorder and posttraumatic stress disorder (Willie et al., 2021). Moreover, a quantitative study by Gartland et al. (2019) conducted in Australia with first-time mothers who experienced IPV in the first few years of their child's birth indicated that among 1,507 women who participated in the study, 40% had experienced physical or sexual abuse as a child. Thus, ACEs are an important aspect to consider when examining the link between complex trauma and risk for IPV, including the likelihood of revictimization as an adult.

The link between ACEs and IPV has been studied among Latinas. A randomized control trial among 548 Latinas in the United States indicated a strong relationship between childhood abuse and IPV exposure (McCabe et al., 2018). Similarly, a cross-sectional study of 235 Latinas found a direct relationship between ACEs and IPV, and that among IPV survivors, Latinas who

experienced history of ACEs were more prone to experience physical and mental health problems compared to Latinas without ACEs (Alvarez et al., 2019). Therefore, transgenerational effects of IPV can impact both mothers and children who have witnessed violence in the family of origin, exacerbating a vicious cycle of childhood trauma and adult IPV.

Individual Risk State of IPV

As mentioned earlier, the individual risk state of IPV includes "impulsivity, anger, negative mood, psychosis, antisocial attitudes, substance use, interpersonal relationships and treatment alliance" (Douglas & Skeem, 2005, p. 359). Because psychological factors, including mental health disorders and the use of alcohol and other substances, can create psychosis, impulsivity, emotional dysregulation, and worsened moods, both psychological factors and alcohol and substance use are crucial individual risk state factors of IPV. Although some individual risk state factors such as psychological factors and alcohol and substance use may change more frequently than other factors such as cultural influence, all individual risk state factors are characterized by the capacity to vary over time.

Psychological Factors. Influenced by genetic predispositions, childhood experiences, and interpersonal relationship experiences, psychological factors of individuals are essential to an understanding of IPV exposures. Psychological components of IPV can be understood through attachment styles and personality traits of perpetrators and survivors. Both anxious and avoidant insecure attachment styles have positive correlations with IPV among men and women (Dutton, 2006; Dutton & White, 2012), as these insecure attachment styles can lead to ineffective conflict resolution skills that can escalate to IPV (Bonache et al., 2019). Taken to the extreme, ruptures in attachment styles, which are usually due to childhood psychological trauma, can also lead to the development of personality disorders (Meyer et al., 2001). These negative

psychological impacts can also detrimentally affect an individual's risk state, especially when one is in an unstable intimate relationship. Different psychological factors have been identified among both IPV victims and perpetrators. The analyses of insecure attachment styles, complex trauma, and personality disorders can contribute to an understanding of the psychological aspects of IPV.

Personality disorders were listed as one of the individual risk factors related to IPV exposure (WHO, 2012). The rupture of attachment relationships, which creates both anxious and avoidant types of insecure attachment style, can contribute to personality disorders—especially borderline personality disorder (BPD). A quantitative study conducted in Houston, Texas, among 778 adolescents from diverse backgrounds, including Latinx adolescents, indicated individuals with BPD features are likely to be exposed to teen dating violence and have high tendency to become victims of IPV (Reuter et al., 2015). Although not all IPV victims exhibited BPD traits, data suggested insecure attachment styles can negatively impact their attachment relationship, impair their ability to solve conflicts, and trigger anxiety due to fear of abandonment, similarly to those with BPD features (de Montigny-Malenfant et al., 2013; Levy, 2005; Miljkovitch et al., 2018). Therefore, individuals with a history of complex trauma who are predisposed to insecure attachment style are more prone to become victims of IPV.

BPD has been defined as "a pattern of behavioral, emotional, and cognitive instability and dysregulation" (Linehan, 1993, p. 11). A substantial body of research has reported a link between BPD features and IPV victimization. A quantitative study conducted in the United Kingdom among 14,753 men and women aged 16 and older indicated exposure to minor violence among women victims is usually caused by fear of abandonment, rooted in complex trauma, and caused by anxious attachment style, which compromises their ability to leave the

perpetrator (González et al., 2016). This study did not indicate the total number of women participants. Nevertheless, data suggested among women participants, 1,707 reported making a serious effort to avoid real or perceived abandonment. Moreover, 1,582 shared experiences of being in an unstable relationship, and 1,378 reported being in a constant state of emptiness (González et al., 2016). These results indicated there were ruptures in attachment relationships, which can contribute to the development of borderline personality disorders. Similarly, results from a quantitative study by Krause-Utz et al. (2021) with 703 male and female participants suggested that BPD features and childhood maltreatment can contribute to IPV exposure for survivors of IPV.

Alcohol and Other Substance Use. Data from many countries indicated a strong relationship between alcohol use and IPV (WHO, 2006). A cross-sectional quantitative study conducted by La Flair et al. (2011) among 11,782 women, including 1,891 Latinas in the United States, showed a significant correlation between severe current drinkers and IPV exposure. Moreover, alcohol use among male perpetrators was also an identified factor related to IPV among the Latinx population (Cunradi et al., 2002). Therefore, one can infer that Latinas who are involved in an intraracial relationship may be more at risk for alcohol-related IPV. Additionally, a quantitative study using secondary data from the National Household Survey of married or cohabitating couples among 1,399 women and 1,148 men participants indicated that alcohol use among women participants is associated with IPV exposure (Cunradi, 2009).

Substance use also contributes to problems among female survivors of IPV, as perpetrators could use substances to control their victims, and victims could also develop an addiction to deal with the trauma associated with IPV (Karakurt et al., 2014; Warshaw, 2017). Moreover, living in poverty combined with substance abuse has been a common risk factor of

men who perpetrated IPV (Assari & Jeremiah, 2018). Subsequently, similar to their Caucasian American counterparts, Latinas have also been at risk for substance use, especially when experienced IPV relationship (Nowotny & Graves, 2013). Thus, the intersectionality of low socioeconomic status, low-educational attainment, alcohol and substance use, and IPV can create a complex obstacle for Latina women.

Individual Risk State of IPV That Relates to Relational Factors

Relational risk factors are related to the changes of life stages and interpersonal relationships from childhood to adulthood. All risk factors should be considered in the forms of risk status and risk state (Douglas & Skeem, 2005). Therefore, relational risk factors are typically associated with the individual risk state of IPV due to the dynamic nature of relationships between survivors and other people, especially with the perpetrator. Relational risk factors or individual risk state factors are influenced by social systems and can aid the understanding of everchanging challenges facing IPV survivors. This consideration is especially profound for minority women, including Latinas, as women of color encounter intersectional oppression including but not limited to racism and sexism.

Relationship Status. Among relational risk factors, the relationship status of female survivors of IPV is a relational risk factor or individual risk state factor that is frequently and continuously impacted by constant changes occurring through their IPV experiences, and which directly affects relationship quality among this population (Johnson et al., 2015). Therefore, unplanned pregnancy, marital instability including separation or divorce, and history of IPV are considered relational risk status factors or individual risk state factors of IPV (Martin-de-las-Heras et al., 2015). Among relational risk factors or individual risk state factors, data from the quantitative study by Kapaya et al. (2019) among 258,263 women in 37 states indicated that

pregnancy is more often associated with physical IPV among unmarried women compared to their married counterparts. Moreover, unplanned pregnancy among Latinas has also been associated with physical IPV, as approximately half of the Latinas who were pregnant and experienced IPV reported that physical IPV started during the time of their pregnancy (Martin & Garcia, 2011). These conditions are governed by changes in relationship status that potentially take place during the time of IPV exposure that could last for an extended duration, especially for female survivors who shared parenting with their former abusive partners.

Family of Origin. In the early socialization process of individuals that usually starts in the family system, children learn how to behave by observing and mimicking behaviors of their parents and caretakers. Children, especially boys, also learn to express negative emotions through aggression and control toward people around them (American Psychological Association [APA], 2018). For boys, this negative factor can culminate in an early creation of harmful and toxic masculinity, which instills the use of violence among men perpetrating IPV (Bettman, 2009). The violence that occurrs through this learning condition in families can also be intensified by systemic gender oppression enforced by larger sociocultural systems. This oppression also creates a narrative of responsibility among women to maintain harmony in the families by compromising and sacrificing themselves to save the well-being of the people around them. Thus, young girls also learn this gender-oppression socialization process in their family of origin. The impact of family violence also creates an irreparable vicious cycle of transgenerational trauma in the family (Bunston et al., 2017).

The negative impact of this cycle consequently generates nonsecure attachment styles among family members, especially young children who survived ACEs in the form of trauma, which intensifies their tendency to become victims or perpetrators of IPV in the future (Velotti et

al., 2018). Ruptures in the attachment relationship from a young age will limit women's and men's abilities to regulate emotions. This emotion dysregulation feature is commonly seen in couples with a history of IPV (Bogat et al., 2013).

Cultural Influence. As most cultures are structured according to patriarchy, violence against women is often normalized in the overarching sociocultural context, which prioritizes men over women. Structural sexism, conceptualized as systematic gender inequality in power and resources, perpetuates systemic gender oppression informed by the patriarchal cultural context, creating an imbalance of responsibility between men and women (APA, 2018; Bettman, 2009; Homan, 2019). These structural inequalities enable men to directly and indirectly demand privilege and resources (Gilfus et al., 2010). In this cultural narrative, men are also allowed to be aggressive and to have power over women and children (APA, 2018; Bettman, 2009). Such a narrative also has negative impacts on women in the form of disempowered feelings, leading to learned helplessness and low self-esteem, increasing the difficulty of leaving an abusive relationship.

The consequences of structural sexism are amplified by patriarchal cultures that continue to disempower women by distorting their relationships with others. Subsequently, the socialization process also compromises their sense of self. Unlike men, the majority of women define themselves primarily through different relationships they have with meaningful people in their lives (Gilligan, 1982). Thus, women usually center their sense of worth according to the opinions of others, rather than feeling entitled to foster an inherent sense of self-worth. As a result, the majority of women, including women of color who have less social power, create a *relational self* or a self in relation to the group (Gilligan, 1982; Linehan, 1993).

As broader culture condones, idealizes, and glamorizes aggression and toxic masculinity, the need to be connected to others as a hallmark of sense of self among women is perceived as a sign of weakness (Gilligan, 1982). Therefore, women are seen as weaker than men (Gilligan, 1982). This collective perception has created sexism and discrimination against women that lead to women's psychological distress (Moradi & Subich, 2002), increasing the likelihood of developing mental health disorders (Klonoff et al., 2000), and perpetuating the cycle of IPV (WHO, 2017).

Moreover, the macro sociocultural context harmfully endorses and enables men to control women in the form of sexism by rewarding behaviors that conform to a patriarchal and sexualized narrative of men over women (Homan, 2019). This structural sexism that perceives and promotes the male narrative as a norm can have negative impacts on the psychological development of women (Gilligan, 1982) and create gender health inequalities (Homan, 2019). Consequently, women who stand up to these power discrepancies are punished by both men and other women through social shaming and defamation of character. This factor also continues to silence and oppress women to stay in subordinate social positions (Homan, 2019).

Among many forms of sexism, internalized sexism, which occurs in patriarchal cultures, recruits women to discriminate against one another, intensifies IPV, and further normalizes patriarchal narratives that marginalize women (Homan, 2019). Learned helplessness and powerlessness confirmed by experiencing and witnessing violence created by sexual inequalities could inflict complex trauma and generate transgenerational trauma among women who are oppressed (Walker, 2017). Subsequently, many women have witnessed mothers and other female role models who experienced IPV or other forms of violence, furthering their sense of worthlessness and normalizing the narrative of IPV. Women who grow up in a cultural system

that accepts IPV also have increased likelihood of experiencing IPV, as they perceive violent acts as normal behaviors and allow the power differentials of men over women (WHO, 2017). These relational factors or individual risk state factors are influenced by the cultural values and family dynamics of perpetrators and victims, resulting in the ways in which women and men form relational self and attachment styles.

Mexican Americans

Mexican American has been the self-identifying term used by people of Mexican lineage who live in the United States (Comas-Diaz, 2001). They are also a varied subgroup of the Latinx population in the United States. The term Latinx has referred to people who are “originally from or [have] cultural heritage related to Latin America” (Comas-Diaz, 2001, p. 116). The Latinx population includes people, regardless of their race or gender identity, who have cultural heritages relating to Spain or Spanish-speaking countries. The Latinx population comprises the people of the following countries who self-identified as Latinx: Bolivia, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, Uruguay, and Venezuela (Falicov, 2014). Although Brazilians can often be understood as being a part of the Latinx population based on the geographical location of Brazil, the country historically maintains Portuguese cultural heritage and lacks Spanish cultural heritage. Therefore, the U.S. Census has defined Brazilians as a non-Latinx population (Marrow, 2003).

The term Hispanic has been used by the U.S. Census Bureau to describe people descended from Spanish-speaking countries and was included by Marrow (2003) in their study. Mexican Americans have contributed to 64% of the Hispanic population in the United States, forming the largest group of Latinx individuals in the country. Among the Mexican American

population, 11.4 million were born outside the United States, and another 22.3 million were born in the United States (Pew Research Center, 2014). In 2013, Mexican Americans were the fastest-growing minority population in the United States.

Mexican American Culture

Gender roles and gender inequalities are embedded in the Latinx cultural context (Sugihara & Warner, 2002). Due to the influence of Catholicism on the Latin culture, which has contributed to the normalization of gender inequality between Latinx men and women (Heep, 2014), Mexican men have been stereotypically perceived as macho according to a concept of *machismo,* which portrays men as being breadwinners who take responsibility for the well-being of the family and authority of the household (Falicov, 2014). Meanwhile, social expectations of respectable Mexican women have adhered to the concept of marianismo, derived from the concept of the Virgin Mary as "virtuous and chaste" (Ertl et al., 2019, p. 3). This concept also relates to submission, lack of sexual autonomy, and responsibility for the harmony of families (Da Silva et al., 2021; Ertl et al., 2019; Falicov, 2014). Moreover, the concept of *marianismo* has governed expectations of marriage without divorce and subordination of women in the context of family and religion (Ertl et al., 2019).

Thus, cultural beliefs among Latinx individuals and ideas about women derived from Catholicism have shaped gender roles and expectations among Latinas that could hinder their ability to recognize IPV. For example, Latina women may feel pressured to adhere to traditional religious beliefs that establish the sanctity of marriage and submission of wife to husband regardless of abuse in marriage. Therefore, the normalization impact of oppressive concepts in religion can lead Latinas to ignore various forms of IPV, including emotional, verbal, and sexual abuse, as well as coercive control (Pan et al., 2006), and only understand IPV as physical

violence (Pan et al., 2006). This inability to recognize IPV could impede the ability of minority women, including Latinas, to leave IPV relationships (Campbell, 2016).

Even though many countries in Latin America have legal divorce law (Heep, 2014), the impact of overarching cultures that perpetuate gender disparities remains static and continues to influence behaviors among some Latinx individuals. These cultural influences also impact Mexican American families who are less acculturated to U.S. culture and are more attached to the Latinx culture. Moreover, among these families, the cultural concept of *familinismo* emphasizes the harmonious nature of the family (Falicov, 2014). This concept also plays a role in unreported IPV incidents including among undocumented immigrants, furthering cultural acceptance of IPV among Latinas (Cho et al., 2014; DeCasas, 2003).

IPV in the Mexican American Culture

The acceptance of violence is one of the known global risk factors of IPV (Gracia et al., 2020; WHO, 2017). The normalization of violence, including IPV, has transpired through patriarchal culture, which dominates most of the world. Systemic gender oppression facing minority women usually inhibits their ability to be independent, and often pushes them to be solely dependent on men (Crenshaw, 1991). A quantitative study among 2,000 Latinas indicated 15.6% experienced IPV in their lifetime, and the most prevalent forms of which were threats of violence and physical violence (Sabina, 2015). Because Latinas are at high risk of IPV exposure, identified unique risk factors of IPV among Latinas are crucial, and are centered around gender inequality between men and women, as Latinas often possess sociocultural beliefs of IPV acceptance (Klevens, 2007). Data from a quantitative study conducted by Bonomi et al. (2009) among 3,426 women suggested that the prevalence of IPV conferred a more negative impact on the mental health of Latinas compared to non-Latina women. A content analysis conducted by

Murdaugh et al. (2004) over 6 months in the southeastern part of the United States among 309 Spanish-speaking or bilingual female participants in the Latinx community suggested that cultural values of marianismo and familianismo contributed to the reluctance to seek help by those facing IPV. This finding highlights the unique struggles of Latinas suffering IPV. Similarly, a qualitative study led by González-Guarda et al. (2013) among 76 service providers and community members showed cultural Latinx concepts focusing on family dynamics could lead to the acceptance of IPV.

As a subgroup of Latinas, Mexican American women may face perceived gender inequality in the Mexican American culture that can enhance these adverse effects of marginalization from an overarching culture. These negative effects are especially detrimental among families with high acculturation to U.S. culture who accept the concept of domestic violence in the context of machismo and marianismo as a means to preserve their culture of origin (Jasinski, 1998). Thus, the concepts of machismo, marianismo, and familianismo can intensify and normalize IPV among Mexican Americans, as women are expected to sacrifice themselves for the well-being of their husband and children (Alvarez et al., 2016; Cummings et al., 2013; DeCasas, 2003; Senour, 1977).

Regardless of race and ethnicity, three crucial factors contribute to women's greater risk for experiencing IPV according to international data: (a) having children while unmarried, (b) lack of social support, and (c) low educational levels (WHO, 2017). In the United States, data from a Pew Research study indicated that approximately 45% of Latinas of Mexican descent, ages 15–44, have a slightly higher rate of pregnancy while unmarried compared to other groups of women (Gonzalez-Barrera & Lopez, 2013). Among Latinas, predictive factors of IPV include having children in the household and lack of a support system (Cummings et al., 2013; Denham

et al., 2007). Furthermore, Mexican American women have lower educational attainment compared to other groups of Latina women, as data suggested that 10% of Mexican American women earned undergraduate degrees, which was 3% lower than other groups of Latina women (Gonzalez-Barrera & Lopez, 2013). These risk factors impact how Latinas view themselves and how they interact with others based on their self-perception— particularly their family members and other support systems, especially with Latino men (Rivera, 1994).

Moreover, like all ethnicities, ACEs, including suffering abuse as a child or witnessing violence in the household among Latinas, increased the risk of IPV revictimization in adulthood (Ferguson, 2011; Ramos & Carlson, 2004; Sanz-Barbero et al., 2019). Ferguson's (2011) study suggested among Mexican Americans, experiences of physical abuse as a child contributed to men becoming perpetrators, whereas for women, a factor contributing to IPV vicitimization was witnessing IPV in their family of origin. As a result, Latinas who experience childhood trauma have a high tendency to become victims of IPV, depressed, and alcohol abusers (McCabe et al., 2018). Moreover, Latina mothers who reported a lack of social support were more likely to experience IPV (Denham et al., 2007). In the IPV context, Latinas also have a higher risk of developing depressive symptoms and PTSD, or losing their lives to suicide compared to other women from different ethnic backgrounds (Black et al., 2011; Bonomi et al., 2009).

IPV and Shared Parenting

The shared parenting process after divorce is complex among high-conflict couples, mainly because this process can have negative impacts on women and the adjustment of the children when separating partners cannot establish healthy boundaries during the transition from couplehood to single parenthood (Madden-Derdich et al., 1999; Walker, 1993). Therefore, the most challenging task of divorced parents is to create a new, healthy relationship dynamic that is

centralized around their children (Lee & Bax, 2000), which can be problematic among couples with a history of IPV (Tubbs & William, 2007). Oftentimes, couples involved in high-conflict divorce cases reported IPV, making them eligible for comprehensive interventions, including mediation services, counseling services, and legal services (Jaffe et al., 2003). These services aim to enable a healthy shared parenting relationship between parents.

Definition of Shared Parenting

The shared parenting process refers to a form of joint custody or cocustody between parents after divorce or separation to help each other take care of their minor-aged children (Folberg, 1991). The process of shared parenting or joint custody ideally generates equal power for both parents over their parental authority and time spent with their children (Elkin, 1991). In principle, shared parenting should be based on the best interest of the child (Bastaits & Pasteels, 2019; Elkin, 1991; Kline Pruett & Donsky, 2011).

Social Context and Legal Practice of Shared Parenting

Although shared parenting is intended to help maintain stability of childcare among divorced or separated parents, shared parenting can be problematic in practice, especially among couples with a history of IPV. Despite the fact that shared parenting after divorce or separation among IPV couples is known to confer a high risk of revictimization among female survivors of IPV and their children (Hardesty & Chung, 2006; Mele, 2009), standard legal practice in many states requires parents share parenting. This standard legal practice prioritizes “the best interest of the child” as children tend to benefit from having contact with both parents postdivorce or postseparation (Bastaits & Pasteels, 2019; Elkin, 1991; Kline Pruett & Donsky, 2011). This tendency of the court to rule in favor of shared parenting occurs nationwide, even though

children can also be at risk when witnessing violence between their parents (Hardesty & Chung, 2006).

Despite a movement for the family court to consider IPV in deciding the custody rights of couples with a history of IPV, it could be challenging in practice, as the child custody process can be complex and involve both legal and societal systems (Jaffe et al., 2003). Therefore, exposing children to an abusive father in the context of shared parenting among IPV couples involves controversy. This issue needs to be addressed, especially when children are at risk of physical or psychological harm due to witnessing violent behaviors between their parents. Statistically, 90% of children who were exposed to IPV were eyewitnesses to violent events that occurred between their parents (National Coalition Against Domestic Violence, 2020). Due to case-by-case context and risk factors, decisions to share parenting among couples after separation can vary and can depend solely on the approaches used by child custody evaluators.

Research on IPV and Shared Parenting

A qualitative study conducted with nine feminist custody evaluators and 14 family violence evaluators reported conflicting approaches between the two types of evaluators (Haselschwerdt et al., 2011). The feminist evaluators reported IPV behavior highly correlates with the inability to be a good parent. Moreover, types of violence should be taken into consideration when considering custody rights. In contrast, the family violence evaluators reported conflict and situational couple violence are normal in intimate relationships and claimed that both parents contribute to IPV. Thus, the difference in custody evaluation methods highlights the potential repercussions faced by mothers who decide to involve the court in shared parenting decisions with their former abusive partner. For the mothers, the child custody process

could further reaffirm systemic oppression, victim-blaming, and sociocultural concepts of IPV normalization.

Generally, the process of shared parenting can occur through negotiations and mediation processes among nonviolent couples and even high-conflict couples (Morris & Halford, 2014). Conversely, couples with a history of IPV face challenges, as this group of parents is known to have the most difficult shared parenting relationships due to lack of cooperation and preexisting conditions related to IPV experiences (Hardesty et al., 2016). Most women with a history of IPV who shared parenting with their former abusive partner are at higher risk of revictimization (Mele, 2009), which also potentially endangers their children.

Purpose of Shared Parenting

The shared parenting process among divorced couples is crucial to the psychological growth of their children. This psychological growth is essential and can be ensured through amicable relationships between parents, which will encourage more healthy attachment styles for children of divorced couples (Elkin, 1991). Although the goal of shared parenting is to provide stability of parenting relationships for children, the shared parenting process among couples with a history of IPV can be understood through its benefits and concerns.

Benefits

One of the crucial benefits of shared parenting is the notion that parents and family are forever (Elkin, 1991). Remarks of beneficial shared parenting were identified as follows: “1. Easy access to both parents and ongoing parental involvement, and 2. Cooperating parents who are able to make joint decisions for the child’s welfare, no matter what their feeling are about each other” (Elkin, 1991, p. 12). These benefits, which stem from the substantial body of research on the importance of fathers’ roles in the development of children, have prompted

policymakers in most states to increase the likelihood of equal joint custody in divorced couples (Gunnoe & Braver, 2001; Kline Pruett & Donsky, 2011).

Furthermore, policymakers have sought to ensure the quality of the parenting relationship through parent education programs, group intervention, mediation, and parenting coordination (Gunnoe & Braver, 2001; Kline Pruett & Donsky, 2011). Although the shared parenting process occurs to reduce the trauma of divorce for children, the benefits of this process remain questionable for children of high-conflict parents, especially among former couples with IPV history (Elkin, 1991). Accordingly, family violence is one of the criteria that scholars use to argue against shared parenting.

Concerns

In IPV cases, fathers who possess antisocial behaviors usually have low levels of engagement in coparenting. As a result, these characteristics create negative impacts on the quality of parental relationships between themselves and their former partners, especially with adolescent mothers (Pittman & Levine Coley, 2011). Separation assault is common among couples with a history of IPV (Hardesty, 2002). Coined by Mahoney (1991), the term separation assault refers to violent physical or psychological experiences, and controlling behaviors that occur toward women who try to end their IPV relationship or escape from their abusive partners (as cited in Hardesty, 2002). Men who lost custody of their children as a result of a restraining order enforced by state laws in some states have a higher tendency to increase their violence against their female partners (Dutton, 2006). Data on femicide provided by Campbell, Webster, Koziol-McLain, Block, Campbell, Curry, Gary, Glass, et al. (2003) suggested 79% of deceased women were murdered by their intimate partner who physically abused them in the past. As a result, scholars have argued all family court practitioners should consider IPV as a red flag when

considering joint custody for couples who have a history of IPV (Brinig et al., 2014). This recommendation stemmed from the notion that the shared parenting process among high-conflict couples would not be helpful for children due to their hostile relationships, particularly when related to a father's inability to attend to the needs of his children (Westmarland & Kelly, 2013). Shared parenting with former abusive partners poses a significant risk to the well-being of mothers and their children.

Risks of Shared Parenting With a Former Abusive Partner

Violence perpetrated by men continues to affect women even after the end of their relationships (Hardesty, 2002). Yet, due to the social and legal responsibility of women, mothers have limited alternatives to shared parenting, sometimes resulting in the endangerment of mothers and their children due to the continuation of IPV. Most women who experienced abuse in the United States were women who successfully separated, divorced, or ended IPV relationships with their abusive partners (Hardesty, 2002).

Although most people may assume that the end of the relationship is the end of violence, IPV often continues because violence and coercive control usually do not end when women leave their partners (Hardesty, 2002; Jaffe et al., 2003). The threat of IPV-related abuse on women and children often persists during and after the divorce or separation process. In fact, when women start the process of ending relationships, the intensity of violence gradually increases and eventually peaks immediately after the ending point of the romantic relationship (Hardesty & Ganong, 2006). This dynamic is especially true when a former abusive partner suffers from mental health disorders, including BPD, which may trigger emotional dysregulation and impulsivity (Jackson et al., 2015; Rodríguez et al., 2019). BPD is especially problematic among perpetrators when combined with other psychological disorders, including anxiety

disorder and antisocial personality disorder (Capaldi et al., 2012; González et al., 2016). Furthermore, men who often externalized aggressive behavior have a higher tendency to perpetrate IPV and to commit familicide (Sansone & Sansone, 2012). Consequently, when women choose, or are mandated by law, to continue contact with their former abusive partner for shared parenting purposes, abuse and coercive control potentially occur concurrently with the process of postseparation or postdivorce parenting (Hardesty & Ganong, 2006).

In a mixed-methods study by Jaffe et al. (2003) conducted with 62 mothers who survived IPV, more than 50% of participants reported emotional and verbal abuse related to custody of their children. A quantitative study by Hardesty et al. (2017) exploring coparenting relationships among mothers with a history of IPV indicated mothers who experienced coercive control before separation experienced an increased level of harassment and conflict after separation. Additionally, the mothers received less communication and support on shared parenting with their former abusive partner compared to mothers who never experienced IPV and mothers who reported situational couple violence (Hardesty et al., 2017). A quantitative study by Aisenberg (2001) conducted with 31 Latina mothers of preschool children living below the federal poverty line with limited educational attainment suggested approximately 80% of mothers had been exposed to violence, 25% of whom were victims of IPV. The same study also indicated that 25% of the participants' children were victims of violence, and 45% of the children had witnessed violence.

Furthermore, a quantitative study by Hamilton et al. (2013) analyzed profiles of 84 homicide cases and indicated, although more agencies and other systems were involved in IPV cases between parents in attempt to protect children, risk assessment and risk management strategies were not adequately used. Therefore, it is crucial for all agencies to effectively

implement both risk assessment and safety planning to prevent loss of the child in IPV cases. Among minority women, the risks of IPV and intimate partner homicide are higher compared to their Caucasian counterparts (Sabri et al., 2018). A qualitative study conducted by Sabri et al. (2018) among 30 Asian, 30 Latina, and 23 African immigrant women who were survivors of IPV indicated the patriarchal culture, their partner's abusive behaviors, and high acculturation levels were risk factors of IPV and femicide among this population. Thus, these risk factors among women of color are also relevant when considering their shared parenting process with the perpetrator.

Shared Parenting in the Latinx Culture

Although little to no research exists about shared parenting in the Latinx culture, Latinas tend to struggle with shared parenting due to not only the complications of IPV but also systemic oppression embedded in the larger legal system. Latinas preferred to seek informal support rather than formal support when experiencing IPV (Cuevas et al., 2014). In a qualitative study by Mookerjee et al. (2015) with 22 Latina and non-Latina women who attended focus group interview sessions in Spanish and English, Latinas reported using the court system for child custody decisions less frequently compared to non-Latinas. Lack of trust in the justice system has also dissuaded this population from reporting their IPV experiences to law enforcement officers and the justice system (Messing et al., 2015; Rivera, 1994). Because Latinas generally prefer not to use the justice system when dealing with IPV due to experiences of systemic oppression, general rules and techniques used in IPV cases may not effectively work with this population (Rivera, 1994), and the cultural appropriateness of those rules and techniques should be reconsidered. Many Latinas try to deal with their perpetrators without seeking legal assistance. Thus, the shared parenting decision, which is significantly shaped by cultural values

and experiences of marginalization, has become an essential area of research for this population. Developing an understanding of Latinas' shared parenting decision process is crucial for family scientist-practitioners, and society in general, to better help this population.

Summary of Literature

IPV is an epidemic facing women around the world (WHO, 2017). In the United States, 1 in 3 women experience IPV, and most reported cases occurr among women of color (Breiding, Chen, & Black, 2014). Scholars have identified multiple known risk factors of IPV, including the following individual risk factors: age, gender, sexual orientation, educational attainment, acculturation level, adverse childhood experiences, socioeconomic status, substance use, psychological factors of individuals, and relationship status. All individual risk factors can be intensified by relational risk factors, including the family of origin and cultural influences. Both individual risk factors and relational risk factors can be understood as in flux rather than static, as the factors can change due to different life conditions (Douglas & Skeem, 2005).

Among minority women, Latinas of Mexican descent have been uniquely predisposed to IPV due to their experiences of systemic gender oppression (Messing et al., 2015; Rivera, 1994). Latinas' IPV experiences have been informed and intensified by cultural values perpetuated by the patriarchal Latinx culture, including concepts of machismo, marianismo, and familinismo (Da Silva et al., 2021; Falicov, 2014; Sugihara & Warner, 2002) and the hierarchical influence of Catholicism (Heep, 2014). Latinas face an additional obstacle due to a lack of formal resources and limited access to the justice system related to marginalization experiences among the population (Rivera, 1994). The most common types of violence experienced by Latinas are verbal and psychological abuse in the form of threatening behavior, and physical abuse (Sabina et al., 2015). However, due to cultural values and normalization of IPV in the Latinx culture,

Latinas may not perceive verbal or psychological abuse as a form of IPV. The normalization effects of IPV, which are created in a family as a cultural institution and intensified by overarching Latinx cultural values, contribute to both lifelong impacts of IPV among Latina mothers and transgenerational propagation.

Generally, Latinas prefer to seek informal support from their social support system, particularly in the family system, because of the cultural concept of familinismo (Ingram, 2007). However, due to the transgenerational effects of trauma in the various Latinx subcultures, which have normalized IPV and adverse childhood experiences, Latinas who have experienced IPV might also experience a feeling of shame that blocks them from seeking help from their family of origin or other social support systems. Compared to other groups of women who reported IPV, Latinas with histories of IPV had lower socioeconomic status, lower educational attainment, were relatively younger than 35, and had experienced some form of childhood trauma, including physical and sexual abuse (Bonomi et al., 2009). Due to their contextual factors, Latinas are disproportionally impacted by IPV.

Although equal shared parenting can be beneficial for children, scholars in the field of IPV have argued the shared parenting process would only be helpful for children when parents are amicable toward each other (Nielsen, 2013). Scholars have also acknowledged shared parenting is only beneficial when fathers are positively involved with the needs of their children (Westmarland & Kelly, 2013). Negative impacts of IPV and shared parenting among survivors and their male intimate partner are related to the low quality of their shared parenting relationships, as most high-conflict couples were not able to reestablish healthy boundaries after separation (Hardesty et al., 2016). Therefore, couples with a history of IPV are unlikely to experience the circumstances necessary for beneficial shared parenting. Yet, due to current legal

practice in most states, the justice system supports equal shared custody rights between parents (Bastaits & Pasteels, 2019; Elkin, 1991; Kline Pruett & Donsky, 2011). As a result of this legal practice, revictimization tendencies among survivors of IPV are usually high when in regular contact with their perpetrator after the end of a relationship during the process of shared parenting (Hardesty & Chung, 2006; Mele, 2009).

Although research in the field of violence has described multiple factors that cause women in IPV relationships to stay or leave leaving their perpetrators, differences in the essence of experiences between non-Latinas and the Latinas population exist (Alvarez et al., 2016; Edelson et al., 2007). Some of the unique factors increasing the likelihood of IPV among Latinas include their immigration status, lower socioeconomic background, lower educational attainment, stress related to acculturation, and the concepts of machismo and marianismo (Alvarez et al., 2016; DeCasas, 2003; Senour, 1977). Like other groups of women, Latinas who live in poverty and lack social support have also experienced the inability to access assistance from formal support systems, and this has compromised their ability to leave their perpetrators (Baker et al., 2003). Additionally, Latinas who have suffered ACEs are statistically more likely to become involved with perpetrators of IPV and experience revictimization as adults (Alvarez et al., 2019, McCabe et al., 2018). As a result, such factors may contribute to the higher tendency of Latinas to return to their perpetrators after experiencing IPV compared to other groups of women (Finno-Velasquez & Ogbonnaya, 2017).

These indicated factors can contribute to the complexity of the shared parenting process among this population. Research related to shared parenting and IPV is notably lacking in the case of Latinas who have decided, or were court ordered, to share parenting, as this population rarely used formal justice systems due to systemic oppression (Rivera, 1994). Cultural concepts

of machismo, marianismo, and familinismo have also allowed the acceptance of violence in Latinx families (Falicov, 2014; Gil & Vazquez, 1996; Kuijpers et al., 2012). These cultural concepts have led Latinas to underreport IPV experiences to both social and formal support systems. Moreover, a substantial body of research has identified nonsecure attachment styles as a factor that contributes to the increased risk of IPV due to the incapability of survivors to leave toxic relationships, and the inability of perpetrators to aid in creating healthy relationships (Allison et al., 2008; Doumas et al., 2008; Godbout et al., 2009; Kuijpers et al., 2012; Ponti & Tani, 2019; Sandberg et al., 2019; Sommer et al., 2017; Velotti et al., 2018). At the time of writing, no known research had explored the relationship between cultural values, described attachment styles, childhood trauma, and the shared parenting decisions among Latinas who are mothers and survivors of IPV.

An Alternate Theoretical Framework

The majority of IPV scholars have have used social learning theory, family systems theory, or feminist theory to explore relationships between women and IPV. Adopting only one or two frameworks can limit the understanding of the complex nature of IPV that is usually tied to the nature of different systems and perceptions and self-relations of women, especially when impacting the experiences of the shared parenting process involving women of color. Drawing on experience as a family-scientist practitioner, I adopted a systemic view that emphasized the importance of systems rather than exploring the complex issue from a single theoretical framework.

However, aligned with the worldview of feminist scholars, I refused to use the family systems theory in this dissertation study, specifically due to its view on family violence that insinuates women who were not able to leave their perpetrators enabled IPV. I believe such a

worldview generates a victim-blaming attitude toward women in the context of IPV (Murray, 2006). Although family systems theory has provided some insight into IPV and social learning behavior in the family violence context, it does not fully appreciate the fact that leaving an abusive relationship is a process and not a single decision or action (Enander & Holmberg, 2008; Fletcher, 2018). Furthermore, research using family systems theory has often overlooked the fact that the process of leaving can endanger both women and children (Eckstein, 2011), as violence can be triggered when a woman decides to leave IPV. The theory has not recognized the power differential between men and women—a differential that is only intensified by an overarching patriarchal culture that implicitly approves of the power of men over women. This repercussion of patriarchy often undermines the ability for women to leave their perpetrators.

Therefore, for this study, I drew from three theories to create the study's theoretical framework: symbolic interactionism theory, intersectional feminist theory, and attachment theory. By combining these three theories, I elucidate a broader understanding of the factors that shaped Latina mothers' lived experiences and how they have positioned themselves in the broader sociocultural context concerning their IPV and shared parenting experiences.

Symbolic Interactionism

The key concept of symbolic interactionism (SI) is the use of symbols, language, and interactions in human society, and how society is shaped and developed by these interactions (Blumer, 1969; Carter & Fuller, 2016). Aligned with the epistemology of subjectivism, symbolic interactionism theory suggests human beings create their lived experiences through the ways in which they perceive and interpret their daily life situations and positions in the world using symbols and language (Blumer, 1969).

The notion of symbolic interactionism has argued humans understand their subjective world through three crucial premises (Blumer, 1969). First, humans base their actions toward the outer world, including the physical and social environment, on the meaning they have interpreted for those objects, people, and situations. Secondly, humans understand and develop meanings largely as a result of social interactions with others. Lastly, all meanings in humans' lives are shaped and interpreted through social interactions and language in the context of the continuum of their experiences.

Blumer (1969) claimed humans' interpretations serve as subjective truth they eventually use as a basis knowledge to understand events that happen around them, and to recognize their self-positioning in the social systems. Through language and symbols, human beings also use these subjective interpretations to create self-understanding through the self-reflexive process (Blumer, 1969; Mead, 1967). According to this explanation, one can conclude humans also act consistently in situations according to their interpretations and their perceived positioning in social systems (Blumer, 1969). Therefore, humans can influence their subjective truth and relational truth by their interpretations of, and actions toward, the world around them.

In regard to human beings' self-concept, the idea of the looking-glass self, which was proposed by Cooley (1902), asserted a sense of self can be developed through two parallel processes: first, when a child develops a sense of power through their ability to manipulate the social and physical environment; and second, when a child realizes their self-image reflects or mirrors the perceptions of others concerning them. These notions about the sense of self serve as a foundational knowledge to understanding the self-creation that occurs during the socialization process through language and other symbols (Mead, 1967).

Intersectional Feminism

Systemic oppression against survivors of IPV can also be understood through the lens of both the transformative paradigm and intersectional feminism. Aligned with the ontological position of the transformative worldview, intersectional feminist theory addresses the experiences of women as a whole (Crenshaw, 1991). Embedded in Black feminist theory, which strives to understand and better the lives of the oppressed (Collins, 1989), intersectional feminist theory considers the intersection of all experiences and all forms of oppression among people who are marginalized (Carbado et al., 2013). Therefore, when combined with the understanding of symbolic interactionism, intersectional feminist theory sheds light on the meaning and essence of experiences among marginalized women of color (Crenshaw, 1991).

Coined by Crenshaw (1989), the term intersectional feminism argues factors such as race, gender, age, ethnicity, education attainment, language, religion, and socioeconomic status are inseparable, especially in the experiences of survivors who are minority women (as cited in Gordon, 2016; Crenshaw, 1991). To understand women's experiences, one should take into consideration all contributing aspects of an individuals' needs (Gordon, 2016; Lockhart & Mitchell, 2010; Sokoloff & Dupont, 2005), and the social identity that reveals power relations between themselves and others in a sociocultural context (Damant et al., 2008). Intersectional feminism can serve as a framework to contextualize the complexity of women's IPV experiences, including those of Latinas who are mothers and IPV survivors.

The Latinx culture emphasizes values of marianismo, familinismo, and machismo (Falicov, 2014). Meanings attached to these cultural concepts have shaped the roles of both men and women in the Latinx culture. In this context, men are considered the breadwinner and protector of the family, whereas Latina women are considered matriarchs who take responsibility

for the harmony of the family (Falicov, 2014). Due to the Latinx cultural values that endorse power differentials between men and women, Latinas may learn to perceive themselves as having less power than men (Ayón et al., 2018). Furthermore, this power differential and perceived subordinance can lead to the normalization of violence in the intimate relationship. Through the lens of intersectional feminism, Latinas experience more severe outcomes of IPV due to gender inequality and gender violence embedded in the Latinx culture (Stubbs, 2015). Moreover, stigmatization of IPV and a lack of trust in the legal system due to systemic oppression contribute to the hesitation of this population to seek help (Alvarez & Fedock, 2018; Lopez, 2017; Sabina et al., 2014; Valdovinos et al., 2021). As a result, due to the cultural concept of familinismo combined with lack of trust in the legal system, many Latinas prefer to seek informal support rather than institutional formal support when experiencing IPV (Ingram, 2007).

Attachment Theory

Attachment theory explains that early social-cognitive development behaviors—specifically, one's attachment style—can later be changed or reinforced through social interactions and social learning conditions (Ainsworth, 1969). In this study, I used attachment theory to explore the described attachment styles of participants concerning ACEs and IPV experiences that influence the shared parenting process. Symbolic interactionism theory was used to explore their social learning conditions as revealed through their narratives in response to questions of shared parenting with their former abusive partner.

Created by British psychiatrist John Bowlby and later expanded by his colleague Mary Ainsworth, attachment theory has been widely used to explain how attachment styles impact developmental milestones, psychopathology, and personality development, and relationships between people, especially between intimate partners (Dutton, 2006; Holmes, 2014). Attachment

theory connects to the concept of relational self and the social constructionism paradigm, as human beings first learn to connect to others through the interactions they have with their primary caretakers (Mikulincer & Shaver, 2007). They also initially learn to form opinions about who they are from this process, which serves as a foundation for their romantic relationship later in life (Mikulincer & Shaver, 2007). Bowlby (1973) argued the most excruciating event creating fear and anxiety among children was the loss and separation from their parents or primary caretakers. Elicited by factors perceived as a threat, a child's attachment system prompts them to seek proximity to their attachment figure.

Upon reaching adulthood, this established pattern remains mostly steady but can vary depending on the conditions in which a person finds themselves (Mikulincer & Shaver, 2007). Therefore, the attachment behavior of one person is also constituted as the foundational behavior to form friendships, romance, and parenting relationships in the future. This dissertation study employed the lens of attachment theory, one of the most widely used models, to understand how women's attachment styles impact the shared parenting decision, especially when related to IPV revictimization tendency (Kuijpers et al., 2012). Additionally, attachment theory contributes to an understanding of conflict resolution strategies that might impact women's IPV experiences (Bonache et al., 2019).

One of the most challenging tasks for therapists who work with survivors of IPV is to have a thorough understanding of the attachment styles of the survivors and how these attachment styles impact their relationship with the perpetrator of their IPV experiences (Blizard & Bluhm, 1994; Bogat et al., 2013). Although anxious attachment style is known to be one of the most crucial factors contributing to women experiencing and staying in abusive relationships (Gibby & Whiting, 2022; Kuijpers et al., 2012; Ponti & Tani, 2019; Scott & Babcock, 2010;

Smagur et al., 2018; Velotti et al., 2018), it is unclear how this attachment style contributes to the shared parenting decision and the shared parenting process among survivors of IPV.

Attachment Styles

Bowlby and Ainsworth argued that attachment patterns form through unmet needs during the first few years of life, and attachment behaviors of children are shaped through this process (Dutton, 2006). According to Bowlby, attachment styles can gradually change throughout developmental milestones (as cited in Mikulincer & Shaver, 2007). Therefore, it is crucial to explore women's ACEs in relation to their primary caretakers and their former abusive partners, especially after ending an IPV relationship in which children are involved.

There were originally three broad categories of attachment styles: secure, anxious and avoidant (Bowlby, 1982; Mikulincer & Shaver, 2007). Secure attachment enables emotional regulation, problem-solving, and use of thought processes to overcome adversity. Children seek proximity as part of their response to alarm. When their proximity-seeking behaviors are constantly met with steady support from primary attachment figures, they tend to develop secure attachment. Additionally, recognition of the child's safety and autonomy can confer long-term positive impacts on the child's attachment style.

In contrast, nonsecure attachment styles include anxious attachment and avoidant attachment. Anxious attachment stems from a lack of attention, neglect, or separation from a primary caretaker when seeking proximity as a child (Bowlby, 1982; Mikulincer & Shaver, 2007). As a result, individuals with anxious attachment style seek attention from others and experience strong negative emotions such as anxiety, anger, jealousy, fear, shame, and distress when faced with the perceived threat of abandonment. Avoidant attachment style involves the inability to fully process or express emotions due to fear of rejection. An individual with

avoidant attachment style may tend to self-contain negative emotions through numbing or avoidance of their emotions and view interpersonal interactions, including relationships, as risks to be limited.

ACEs

There is a link between attachment style and ACEs (Thomson & Jaque, 2017; Widom et al., 2018). The study of ACEs originally indicated 10 types (Felitti et al., 1998): emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, parents' divorce/separation, witnessed violence toward mother, family drug/alcohol problems, family mental illness, and parental incarceration. Additionally, when considering risks related to societal systems, Finkelhor et al. (2015) proposed additional ACEs, including "low socioeconomic status, peer victimization, peer isolation/rejection, and exposure to community violence" (p. 16).

Choi et al. (2020) found six types of ACEs that can impact individual attachment style, including "emotional abuse or neglect, natural disaster, incarceration of a family member, physical attack, community violence, and forced separation from a parent or caregiver" (p. 227). The strongest type of ACEs that can impact attachment style according to this study are forced separations from a parent or caregiver. Exposure to IPV during a child's developmental years can affect psychological development and can also increase the likelihood of becoming a victim or perpetrator of IPV (Carlson et al., 2019). Low socioeconomic status (Cunradi et al., 2002) and limited educational attainment (DeCasas, 2003; WHO, 2017) are other important factors correlated to IPV experiences. Lastly, there was a significant relationship between neighborhood violence and the exposure to IPV in the community (Raghavan et al., 2006). Therefore, effective intervention aimed at reducing the impact of ACEs can decrease IPV rates among the adult population (Mair, 2012).

Summary of the Proposed Alternate Theoretical Framework

To capture the essence of experience among Latina mothers who are survivors of IPV, I chose to look at the phenomenon through the lenses of symbolic interactionism, intersectional feminism, and attachment theory. The key proposition of symbolic interactionism is the use of language and symbols to create subjective lived experiences (Blumer, 1969), whereas intersectional feminism helps explain how women understand overlapping meanings in their lives and how a power differential between men and women plays an important role in their lives in the sociocultural context. In regard to attachment theory, ACEs can negatively impact the development of attachment style and self-worth, which can also affect individuals' attachment styles in an intimate relationship.

As symbolic interactionism asserts, human behaviors are shaped by social structure and social interaction (Blumer, 1969). Therefore, humans' meanings, including the formation of the relational self, are created through their individual subjective interpretations in the context in which the experience occurs (Gergen, 2009). The lived experiences of Latina mothers who have faced IPV as partners and as mothers constantly redefines and shapes who they are as women. For women IPV survivors who are also mothers, this interpretation process shapes the way they understand themselves in IPV and the shared parenting context after leaving the perpetrator.

Aligned with symbolic interactionism, subjective experiences among IPV survivors were also influenced by cultural values and adverse childhood experiences unique among women. The interpretation of subjective experience is a lifelong process that continuously shapes the way women view themselves. Family as a cultural institution influences human behaviors and values. Latinx cultural values embedded in the family impact the way family members interact and understand themselves and their position in the family. The Latinx cultural values of

marianismo, familinismo, and machismo shape Latinas' understanding of themselves—especially their roles as women and mothers who take responsibility for the well-being of the family despite making personal sacrifices (Falicov, 2014). Through the lens of intersectional feminism, these cultural concepts and the implicit power differential between men and women can foster IPV in the family context. Latinx cultural values and beliefs serve as framework that defines gender roles and shapes women's experiences in the patriarchal system.

The understanding of how Latinx cultural values impact the prevalence of IPV and the help-seeking behaviors among Latinas is crucial. In general, Latinas often seek help from family members when experiencing IPV due to the cultural concept of "*La ropa sucia se lava en casa;*" loosely translated to mean "the dirty laundry stays in the house," this cultural practice is closely related to familinismo and entails keeping family matters private (Flicker et al., 2011, p. #). Yet, one study suggested in a community that accepts IPV, women feel reluctant to seek social support from their family and friends (Postmus et al., 2014).

Symbolic interactionism and intersectional feminism can help explain how cultural symbols serve as cues for Latina mothers to seek social or formal institutional support when encountering IPV. Additionally, attachment theory sheds light on relationships survivors have with their family or other social support systems. Understanding attachment style and adverse childhood experiences of each survivor can help mental health practitioners work to ensure the safety of women and children, especially when identifying social support that can lead to the use of formal support among this population (Ravi et al., 2021).

Due to the self-creation process that takes place through unique interpretations of self and the world (Mead, 1967), it is crucial to understand how adverse childhood experiences impact the way women perceive themselves and create their interactions with others in a sociocultural

context. Self-perception developed through negative experiences at a young age in and through sociocultural structures can impact self-esteem and self-efficacy (Blumer, 1969; Gecas & Schwalbe, 1983), especially among women IPV survivors who have experienced ACEs and have reexperienced trauma in an IPV relationship.

Related to Bowlby's (1982) attachment theory, Gilligan (1982) argued women describe and understand themselves through the relationships they have with others, particularly through relationships with their loved ones, including primary caretakers, their romantic partners, and their children. Through this perception created in a social context, women perceive themselves as caregivers. The relational self and attachment styles of women are impacted by their ACEs and their IPV experiences. A higher number of ACEs increases the likelihood of developing complex trauma, which can also result in the lack of a secure attachment style (Smith et al., 2016), and the tendency to develop an anxious attachment style (Widom et al., 2018). These factors might impact the shared-parenting decision among this population.

As a result, when speaking through the lens of relational self and intersectionality, the majority of women reported they felt they had no choice but to consider the well-being of others and emphasize it above their own. Aligned with this concept, literature indicates one of the most profound reasons women remain in abusive relationships is due to concerns for their children (Guedes et al., 2016), despite the fact that coparenting was also identified as a factor contributing to revictimization among mothers who are survivors of IPV (Mele, 2009).

Despite the sizeable population of Latinas of Mexican descent and the prevalence of IPV in the county where this dissertation study was conducted, to date, no known studies have investigated this question of IPV and the shared parenting process in this community, nor have any known studies invited Latinas to share their lived experiences. I specifically used a

transformative paradigm combined with symbolic interactionism, intersectional feminism, and attachment theory to give voice to this group of women who have been oppressed by larger sociocultural systems. The implementation of these three theoretical frameworks allowed for exploration of the essence of Latina mothers' experiences who are survivors of IPV in the shared parenting context.

Gaps in the Literature

As IPV prevalence continues to rise, more scholars have become interested in exploring and identifying factors contributing to this negative phenomenon and how it impacts the lives of women and children. However, questions related to the lived experiences of mothers who are women of color and survivors of IPV remain unanswered. The limited amount of qualitative IPV research contributes to the lack of resources to understand minority women's lived experiences of IPV, especially in the shared parenting context. Additionally, although data collected among different groups of Latinas can be distinctive and provide crucial insights into the cultural nuances related to IPV, they are sometimes conflicting due to the unique ethnic experiences of each Latina subculture (Frias & Angel, 2005). Therefore, it is important to disaggregate the IPV experiences of Latinas and look at the unique cultural nuances of each group. Because Mexican Americans are the largest group of Latinas in the United States, it makes scientific and logical sense to begin with their narratives of the shared parenting experience in the context of IPV. Like many Latinas who reside in different parts of the country, Latinas of Mexican descent in southern Texas are faced with various predicaments created by systemic oppression that intensify and shape their perceptions of themselves and their IPV postseparation experiences.

Regardless of race, attachment theory suggests ruptures in attachment relationships with primary caretakers during childhood can negatively impact an individual's attachment

relationships in adulthood (Ainsworth, 1969; Bowlby, 1973). Therefore, ACEs can be linked to adult exposure to IPV due to the tendency of children with childhood trauma to later become perpetrators or victims of IPV (Fulu et al., 2017; Jung et al., 2019; Velotti et al., 2018). Additionally, although literature indicates personal safety, the safety of the child, and revictimization are concerns of women faced with deciding about shared parenting (Tubbs & Williams, 2007), social scientists and family practitioners know little about the influence of attachment styles on the shared parenting decisions made by mothers who are survivors of IPV, especially among ethnic minorities, including Latinas of Mexican American descent.

Overall, attachment styles, childhood trauma, and cultural values that influence the relational selves of this population as mothers who experienced IPV have not been elucidated through research. Apart from traumatic childhood experiences, which lead to ruptures in attachment relationships, perceived cultural concepts that vicariously normalize violence in intimate relationships play a crucial role in the prevalence of IPV (WHO, 2017). These concepts are especially overt in Latinx cultures, as many may perceive and believe in the importance of men over women (DeCasas, 2003; Falicov, 2014; Senour, 1977). Moreover, the concepts of machismo, marianismo, and familinismo that establish men over women also affect transgenerational perceptions related to IPV among Latinas and their relational selves in the cultural context.

A qualitative research paradigm privileges the voices of research participants, and a phenomenological approach focuses on the lived experiences voiced by participants. Despite constituting a large minority population, Latinas' voices and lived experiences have yet to be heard in the literature in a manner that explores relationships between attachment styles, adverse childhood experiences, cultural values, and their shared parenting decisions and processes. Given

the lack of qualitative studies exploring these combined factors, it was a logical extension to develop a research study that gives voice to Mexican American Latinas who have engaged in the shared parenting process with a partner from whom they experienced IPV. At the time of writing, no known qualitative studies had explored these contextual factors related to attachment styles, adverse childhood experiences, and cultural values of Latina mothers who survived IPV and the shared parenting process. Thus, the study of IPV effects on Mexican American mothers and their children in southern Texas is essential to providing a better understanding of lived experiences among the population and promoting systematic change to mitigate the effects of IPV on women and children, particularly for minority women.

Chapter 3

Self of the Researcher

The roles and background of qualitative researchers impact findings, as the researcher is a tool of the research. Therefore, all qualitative research is cocreated and informed by the worldview of researchers and the quality of their reflexive processes (Attia & Edge, 2017). The experience of *Dasein*, or being in the world (Heidegger, 1953/1972), is crucial for the interpretation of data in hermeneutic phenomenology (Tufford & Newman, 2010).

Background

In this study, I, an Asian female international student who has lived in the southern part of the United States, viewed this phenomenon of interest from an etic, or an outsider, perspective (Corbin Dwyer & Buckle, 2009). Nonetheless, like participants in my research study, my experiences as a minority woman exposed to racism, sexism, and classism influenced my understanding of the research data from an emic perspective (Corbin Dwyer & Buckle, 2009; Berger, 2015). My thoughts and my interpretations of data were ingrained in a transformative paradigm, which helped me to give voice to a marginalized group of people (Mertens, 2007), especially the women of color in the current study. According to intersectional feminist theory, the participants in this study experienced more than one type of oppression due to their race, gender, age, ethnicity, language, religion, and socioeconomic status (Crenshaw, 1991).

My interest in this dissertation topic stemmed from the fact that I have worked as a research assistant for a well-known scholar in the IPV field for the past 3 years. Her work and contributions to the field of marriage and family therapy, especially related to social justice concerning systemic oppression in the form of IPV against women of color, inspired and shaped my path as a doctoral student and a family–social scientist–practitioner. This study's research

question was derived from the time I spent collecting the data during 2016–2018, nd the analysis process, which was constantly emerging throughout the time I engaged in the continuous process of qualitative research (Creswell, 2014). Toward the end of the study's 2nd year, my curiosity about attachment styles and shared parenting decisions emerged, which later informed the research question for this study.

The Influence of My Culture and My Family of Origin

My home country of Thailand is in Southeast Asia, a region where the prevalence of violence against women was 40% in 2013, the second highest in the world (WHO, 2013). I was born in a city located in the outskirts of Bangkok and grew up in the downtown area of the "City of Angels." Despite being a world-renown tourist destination and one of the most important countries in Southeast Asia, Thailand has many limitations, including widespread gender inequality (Romanow, 2012). An estimated 15% of Thai women reported all forms of violence in their IPV relationships, including psychological, physical, and sexual (Chuemchit et al., 2018). The World Health Organization and London School of Hygiene and Tropical Medicine (2010) investigated IPV in Thailand and reported statistics that were relatively higher. In cities, 22% of women reported physical violence, 30% reported sexual violence, and 41% reported physical or sexual violence—or both—during their lifetime. In rural areas, 34% of women reported physical violence, 29% reported sexual violence, and 48% reported physical or sexual violence—or both.

In Thailand, where I was born and raised, I did not experience any issues related to violence against women firsthand until I started to work as a part-time psychologist at the emergency home in Bangkok after I returned from the United States in 2007. Because education and good parenting are a privilege, the fact that I was born to a family of educators served as a protective factor for me to be the woman I have become. Although a patriarchal system

predominantly governs Thai culture, my family, as a cultural institution informed by both Thai and Chinese cultures, did not allow me to feel lesser than men. In fact, I have always been surrounded by strong women in the family who directly and vicariously taught me that, unlike a mainstream perception of Asian women as a family asset that one day will be married and become a caretaker of their spouse's family (Shon & Ja, 1982); women could become much more when we educate and value themselves.

My Attachment Style in Light of My Family Experiences

I was born in an upper-middle-class family, and both my parents were successful professionals. My mother was in her mid-20s and my father in his early 30s when they became parents. My mother told me I was born with an anxious temperament and was a toddler with high anxiety who always cried every morning on the way to school during my prekindergarten years. Through my understanding later in life, my temperament and some limitations in my parents' relationship contributed to my anxious attachment style, which I have continued to work on and redefine via different meaningful relationships during my childhood and throughout adult life.

Like many other children, my social-emotional relationships formed through my attachment with primary caregivers (Cook & Roggman, 2010). However, unlike most children, the most profound relationship I had was with my maternal grandmother. Apart from being an anxious girl, my childhood was complacent and stable due to the unconditional love from my grandmother, with whom I spent most of my time, and who influenced me profoundly throughout my childhood years up until the present. If our happy and painful experiences of life can be understood through a series of ruptures and repairs of different relationships, in my mind, my grandmother is a heroine who lived her life to the fullest through the ups and downs and uncertainties.

As a daughter of impoverished Chinese immigrants who lived in a patriarchal cultural system, my maternal grandmother overcame many obstacles and always managed to live her life with pride and dignity despite painful interpersonal relationship experiences. She also consistently supported me to dream to the fullest, overcome gender biases and disparities, and obtain a high level of education that she never had a chance to pursue. Without her realization, my grandmother's teachings and characteristics have always impacted the way I live my life. Her love for me has also shaped who I am and served as a foundational basis for me to form relationships with others. In retrospect, her story has helped strengthen my ability to build a more secure attachment and shaped me to be the feminist I am today.

Early Schooling and Nascent Feminism

When I reached kindergarten age, my parents decided to send me to an all-girls Catholic school with hoping I would obtain an excellent education, establish high moral values and integrity, and form lifelong friendships with same-age peers. With or without my parents' intention, feminism has been a significant value embedded in me since my years in Catholic school. Aligned with the values of St. Angela, the Ursuline order has been known as a group of nuns working to empower women in different contexts, with education being one of the most profound ways (Mazzonis, 2007). To this day, the Ursuline schools around the world have aimed to provide exceptional education to girls with a moral code that has been instilled in all of us through a motto was expressed in Latin, *serviam*: I will serve (Castillon et al., 2016). Throughout my 12 years in school, the Catholic nuns taught me and my classmates to help others in need, be there for them, and also be their voice, especially for many who could not speak for themselves. Additionally, we also learned to love, respect, and embrace one another as friends and family.

These essential characteristics and moral values, including pride, dignity, and integrity, have constantly reminded me to be a proud woman and empower other women whenever possible.

University

At the age of 17, when I entered Chulalongkorn University, my worldview shifted enormously for the first time in my life, as I met many new friends who came from different walks of life. Despite differences in socioeconomic status and other social factors, our uniting factor was our desire to better our lives through education, which placed us in that prestigious school. At "Chula," I learned to be friends with many people who were different from me, especially those who were less fortunate and had overcome more adversities in their lives. Some of those new friends, whom I now consider to be family, taught me to be humble and become more appreciative of my background. Most importantly, they also taught me vicariously to try harder, be better, and work to reach my full potential.

During my undergraduate years, I also witnessed and experienced how being a woman could be much more difficult than being a man in a patriarchal society, especially in the Southeast Asian countries, due to the cultural concepts that prioritized boys over girls (Niaz & Hassan, 2006). I learned those days in the Catholic school when I felt, experienced, and witnessed that women could be anything were not common experiences among women in overarching Thai society. I realized I was a woman with privilege compared to many, due to my socioeconomic status, education, connections, and most significantly, because of my experiences in a school where I was able to witness how powerful women could be in the absence of men.

In the classrooms where there were male, female, and LGBTQ+ students, I realized the voices of men always had a higher impact than others. They also had more leeway for their mistakes, and they were praised when engaging in prosocial behaviors that were part of the Thai

societal expectation for women. The most excruciating truth I captured was that some of the oppressions I experienced and witnessed were inflicted by women who would side with men rather than empower other women. Nevertheless, during this same time when I was confused about my role in society as a woman, as a psychology student, I learned about one of the greatest scholars in the field of psychoanalysis, Alfred Adler. Adler (1931) had advocated for gender equality and its impact on social systems and their functions and described the importance of gender equality in marriage concerning the structure of the family:

> Since marriage is a partnership, no one member should be supreme. This point needs much closer consideration than we are accustomed to give it. In the whole conduct of the family life there is no call for the use of authority; and it is unfortunate if one member is especially prominent or considered more than the others. (p. 84)

From that point, Adlerian psychology captured my attention and became a foundational theory I have used in conjunction with others in my clinical practice, teaching, and research milieu.

Graduate School and the United States

I moved to the United States for the first time in 2003 to attend graduate school. Despite many positive aspects of being an Asian international student, many international students of color experience racism in the United States, unlike Caucasian international students from Europe or North America (Yeo et al., 2019). Similar to the experiences of other minority women in the United States and many female international students, my lived experiences in the United States have always involved racism and sexism (Forbes-Mewett & McCulloch, 2015). Nonetheless, I have continued to feel women in the United States have much more freedom and rights compared to women in Thailand.

My first experience of racism I can recall happened in the classroom, where the professor provided negative comments on my mathematical skills as an Asian student. Although the comment could be perceived as positive and complimentary to my intelligence, due to the stereotype of the model minority in the U.S. culture, related to being forever foreigners and being a hardworking population (Saito, 1997), I felt embarrassed and did not know how to behave or respond after that. At that time, I did not realize the incident was considered racist until my U.S. friend educated me and stood up for me in that class.

Several other incidents I experienced were related to sexism. Similar to the experiences of other Asian American women (Mukkamala & Suyemoto, 2018), I have been perceived as being submissive and passive by others, and some also referred to me as a China doll, as they concentrated on my appearance rather than my other attributes. Even though I learned to cope with my experiences as a female international student, I learned it was not easy to function in a new cultural system. I later realized I was not alone, as data have suggested female international students tend to experience higher levels of stress when studying abroad compared to male international students (Akhtar & Kroener-Herwig, 2019). When I became a minority for the first time in the United States, I learned this situation was a narrative for many minority women's lives because they were born and raised in U.S. culture, unlike me, as I became acculturated later in my 20s. Nonetheless, I admired many of them who strived through difficulties and obstacles. They also became examples for many women of color to follow and live life to the fullest, despite challenges and adversities they faced.

Returning Home With a Fresh Perspective

Upon my return to my home country in 2008, I worked as a program coordinator of the youth program for the Thai Health Promotion Foundation, one of the largest health promotion

organizations in the country. The Thai Health Promotion Foundation was established in 2001 and funded by alcohol and tobacco taxes; the concept that governed the organization's work was influenced by the Ottawa Charter for health promotion work in Thailand (Pongutta et al., 2019). The mission of the program was to help improve the health and well-being of children and adolescents through different projects in different areas of the country. During the short period I worked with the organization, I had seen the effects of social inequality between the rich and the poor that created disparities in access to the healthcare system among populations with different socioeconomic statuses. Although I learned the distributive injustice of healthcare has always been an international problem (Braveman & Gruskin, 2003), I experienced difficulty witnessing it firsthand and felt powerless when visiting our areas of operations in different regions of Thailand. I also witnessed the struggles of many youths who did not have access to education, as they lived in poverty and did not have any role models to help shape their lives. As I reflected on the importance of my education for the strengthening of my confidence as a woman of color, I realized these combined disparities in education and healthcare would lead to increased risks of internalized classism.

Approximately 1 year after working with the youth program, even though my work had always been intriguing and challenging, I succumbed to the powerlessness and decided to switch jobs, becoming a clinician with the hope that I would have more opportunities to directly help others in need. I developed a career as a psychologist at one of the private hospitals in Thailand, where I worked for 7 years before returning to the United States in 2015. At the hospital, I had a chance to refine my skills as a psychologist and a therapist with the help of many excellent clinicians, including my former supervisor and colleagues. Even though I was the only full-time psychologist at the hospital and was responsible for most cases, I learned the population that

captured my attention the most were adolescents and their families. This fact shaped how I practiced psychotherapy and later led me to several other full-time and part-time positions that involved working with this population and their systems, including families and schools.

Turning Point of My Interest as a Clinician

As a psychologist working with teenagers, I constantly had to work with the profound issue of different symptoms across diagnoses rooted in childhood trauma and difficulties in parent-child relationships. Using the Adlerian perspective in my practice, I emphasized the important role of family on the well-being of individuals and strived to understand how interactions of the family shaped the lives of people. The turning point in my clinical practice started when I faced a difficult case of an adopted child with suicidal ideation. As I tried to seek ways to become a better clinician, my mentor guided me to read and learn more about object relations and attachment theory. Through the work of Kernberg (2012) and Bowlby, I gradually engrained the foundational knowledge of both object relations and attachment theory that later influenced me to develop my expertise in working with people with personality disorders and people with suicidality, and inspired me to engage myself in the field of family therapy. I also started to read more about family therapy theories, beginning with the experiential therapy of Virginia Satir (1972).

I spent 5 days a week working with the middle-class, upper-middle-class, and foreign patients at the hospital, and I spent 1 day a week engaging in volunteer work at the emergency home where I worked and supervised clinicians performing therapy and conducting assessments with abused women. The emergency home was established in 1979 by a prominent Thai lawyer and a feminist Buddhist nun, Khunying Kanitha Wichiencharoen, with the hope of promoting gender equality in Thailand (Tsomo, 2004). This emergency home provided various services to

help women who were abused and their children, including shelter, occupational training, and daycare for children. I was impressed by the work at the emergency home and remained a volunteer there for 3 years. Again, social justice issues have been gradually ingrained in me through my work at this place.

The many heartbreaking stories I learned from adolescents while working at this place were a constant reminder of the impact of the patriarchal system in Thai society, especially on the lives of young women. The youngest case I worked with was a 12-year-old girl who was impregnated by her stepfather. Her mother refused to press charges against him, as she reported she would not be able to care for the family without his financial support, and due to her fear of his anger, which she described as uncontrollable, especially when he was intoxicated. This experience was the first time I learned about coercive control in my clinical practice. The term coercive control was coined and has been understood among sociologists as “liberty crime rather than a crime of assault” (Stark, 2007, p. 13). At that time, I did not have the language to explain that situation to myself. The experience shook me to my core as a practitioner who, up to that point, had always applied object relations theory and attachment theory to conceptualize my clients’ experiences. In my mind, I could not possibly think of any other predicaments which would have more negative impacts on the life of a young girl than a violation of trust leading up to a profound rupture in the relationship between her and her mother. Faced with the experiences of these young girls, I again felt powerless and sought to find a way to make myself useful elsewhere.

Transition to Teaching

Three years after I started my work at the emergency home, I transitioned to become a lecturer at one of the international universities in Bangkok, where I began my teaching career as

a visiting lecturer of psychology. This life-changing decision and my experiences as a teacher allowed me to be in touch with my love of knowledge and my passion for empowering others through education. As a lecturer who taught international students, I had an opportunity to touch the lives of many, and also learned how cultural orientations influenced the way people perceived and coped with their problems (Kuo, 2011). My students often came to me for help when experiencing distress because of my experiences as a psychologist and because they were afraid of the stigmatization associated with mental illness and the use of available services. This experience, combined with other clinical experiences I had, enabled me to realize the perception of mental illness was socially constructed, sometimes related to stigmatization, and often led to discrimination.

Particularly, I noticed my Thai students mostly used the concept of Tum-Jai, or acceptance, as a coping strategy when faced with issues they could not control. This concept has played a crucial role in the way in which Thai individuals deal with mental illness (Wong-Anuchit et al., 2016). Nonetheless, this coping strategy might not be applied to other international students. I also learned many of my students adjusted and acculturated to the Thai culture and somehow also adopted the strategy of using acceptance as a way to cope with their problems after spending a long time in Bangkok. Based on my professional experiences, I then concluded culture and other systems play a crucial role in people's coping strategies, especially among international students (Akhtar & Kroner-Herwig, 2019). This experience shaped my clinical interest to focus on how coping strategies can be learned and serve as a vehicle of resilience in social systems.

Self as a Qualitative Researcher

After I returned to the United States in 2015, I found it was a struggle to reenter school again after several years of working with an established career as a professional. Like the majority of international students, the adjustment process of living abroad was particularly difficult, as it involved moving far away from support systems and encountering acculturative stress and forms of academic, financial, and environmental stress (Ogunsanya et al., 2018). Nonetheless, life as a doctoral student has kept me busy. It also allowed me to develop many essential skills for my future career, one of the most essential being qualitative research.

The characteristics of being a great observer and attentive listener, and having the ability to give simple explanations to people, which I have demonstrated from a young age, have continued to play a crucial role in my personal and professional life. My work as a therapist and a teacher required me to pay close attention to details of people's lives in different contexts and on different levels. My ability to explain phenomena I have observed to others, which sometimes can be complicated and difficult to articulate, continued to develop a great deal once I became a cohost for a live radio show, a clinician, a mental health advocate, and a teacher, who constantly had to digest intricate knowledge and convey substantial concepts to laypeople, my clients, and my students. I later found these skills were also significant when conducting qualitative research, especially when I tried to explain interview questions to participants. These skills also helped when using interpretative paradigms through hermeneutic phenomenological methods to capture and make sense of complicated lived experiences of participants, which appeared to be so simple in their presentation and the interpretation of their narratives (Sandelowski, 1991).

When I started to work as a research assistant on a larger study in 2016, I was not aware of the prevalence of IPV in the United States. Throughout my 4 years working on this research

study, I gradually realized, just like many other countries in the world, IPV in the United States has affected millions of women, including women of color, who were more negatively impacted than Caucasian women (Breiding, Chen, & Black, 2014). Although I self-identified as an Asian international student, through an acculturation process, like many other female international students and like many minority women in the nation, I also developed my narrative of a minority woman who experiences a novel way of living in the U.S. culture. Through the lens of intersectional feminism, women of color and female international students share commonalities, as we are prone to be victims of sexual violence (Forbes-Mewett & McCulloch, 2015).

Based on my reflective process, I began to increasingly identify with experiences of women of color when conducting interviews for the parent study to this dissertation from 2016–2018. I realized the most challenging aspect of learning to be a good qualitative interviewer was to consistently differentiate my roles as a therapist and as a researcher. I was aware that, in a qualitative research study, researchers also use self as a tool to capture the lived experiences of participants and cocreate knowledge about the phenomenon (Creswell, 2014; Tufford & Newman, 2010). Nonetheless, in the process of interviews, I experienced difficulties in differentiating myself as an individual and as a therapist. In fact, I found it was impossible and ineffective to have this expectation.

I was aware "self of a therapist" skills marriage and family therapists are taught and trained through the person of the therapist model allow us to be cognizant of our "signature theme" (Aponte et al., 2009, p. 384), which might trigger transference that would compromise our ability to provide effective therapy sessions. During the interview process, I learned these crucial skills also helped me to be aware of my preexisting conditions and preconceived ideas about IPV. Similar to my work with patients, the ability to connect and be authentic while

listening to their experiences enabled me to capture the essence of the study phenomenon, which is not only the first and crucial step of psychotherapy but also the goal of a phenomenological study (Creswell, 2014).

Similar to people with mental illness, women who have experienced IPV also keep what happened to them a secret due to stigmatization, especially related to the imbalance of power in their intimate relationships, particularly that which men hold over women (Imber-Black, 2003). This fact helped shape the way I conducted interview sessions, as I realized it took a considerable amount of courage to be able to share some of these violent experiences with a stranger. As I consistently elicited and cocreated narratives of participants concerning IPV and shared parenting experiences through our conversations, I gradually accepted my therapist self and willingly let that part of me participate in the process. As I listened to the stories of trauma, loss, and resiliency of these women, I became aware that, unlike my patients, their interpretation of me could vary. I could be another woman in the room, a clinician, a teacher, a researcher, or someone who was sincerely curious about their experiences and authentically relived those experiences with them through conversations that involved discussing their memories, and accessing emotions and facts according to their perceptions. Regardless of their interpretations of me, my presence in the room with them was vital in empowering them to explore their experiences of trauma.

I then found similarities between being a therapist and a qualitative researcher. Similar to the process of psychotherapy, conducting qualitative research interviews started with a consent form that ensured the protection of research participants' identities and their right to withdraw participation (American Association for Marriage and Family Therapy [AAMFT], n.d.). Furthermore, the qualitative process also involved applying the same ethical guidelines therapists

used, including respect for autonomy, nonmaleficence, beneficence, and justice (Bourdeau, 2000).

My experiences as a qualitative interviewer have shaped my worldview and educated me to be a better clinician, especially when working with women who are experiencing trauma related to IPV. Both roles have provided me the privilege of witnessing and viewing others' lived experiences through the lenses they use to view themselves. Nevertheless, although the relationships between my patients and I progressed according to the duration of their therapy sessions, which generally coincided with our therapy goals, the relationship with my participants in the research study ended within 45–60 minutes of the interview session. Despite my full intention to capture their lived experiences, this fact could have compromised my ability to fully understand their complete experiences as survivors of IPV.

My Current Clinical Practice

Among many other clinical experiences during my doctoral study, my clinical practice in the past 3 years has been at a psychiatric clinic where I have mainly worked with highly suicidal and parasuicidal patients providing individual, couple, and group psychotherapy. I also assisted in the process of establishing and sustaining a crisis intervention program at the clinic. These experiences exposed me to patients who were at high risk of suicide due to multiple risk factors, including the fact that some were survivors of IPV. As data have suggested, IPV is one of the factors leading to suicidality among women (Devries et al., 2011).

I have also been conducting many couple therapy sessions for couples with a history of IPV. One of the most crucial aspects of my work has been to instill hope and help couples repair relationships. Nevertheless, it has been challenging and difficult for me as a clinician, as most women have reported revictimization after they decided to stay in IPV relationships. The worst

outcome of remaining in or unsuccessfully leaving IPV is the death of the victim. Research has shown more than 50% of femicide victims died from murder committed by their intimate partners (CDC, 2021). Before starting work on this research study, as a clinician, I carelessly thought to myself that the cycle of abuse should easily end as women should be able to successfully leave their perpetrators after experiencing IPV; their struggles should not have been linked to suicidality, as the issue should not have been chronic and ongoing. Nonetheless, after a few years into the process of interviewing participants for the larger study, I learned IPV was an ongoing issue among survivors, particularly when they had to deal with revictimization (Mele, 2009) and perpetrators who also used coercive control as a tactic (Stark, 2007).

Given all of the social and psychological context related to IPV I have learned, I have gradually become a more sensitive clinician who no longer asks the question, “Why didn’t she leave him?” but have continuously reassured myself and advocated for patients to my colleagues that leaving an IPV relationship is a process, and that any attempts to leave such relationships are considered a part of the larger process to end the toxic relationships (Storer et al., 2021). As a clinician, this fact has prompted me to work harder to help this population overcome this difficult time without being judgmental of them, which helps to alleviate their feelings of shame. As a result of conducting this research, I found myself clinically emerging and developing as a more mindful mental health practitioner. Additionally, I have recently taken the step to implement safety planning training to the counseling interns I supervise at the clinic and have added this important resource in the training protocol for all interns.

Myself, My Research Question, and the Influence on My Interpretation of Data

Unlike other doctoral candidates who are disserting and will be collecting data after their dissertation committee has approved their dissertation topic, I had the privilege of collecting

these data myself as part of an ongoing postseparation shared parenting study. Although the data were still viewed as secondary data, this privilege allowed me to foster my curiosity about the topic and create my research question after exposure to the data for 4 years. When I engaged in the data collection process as a research assistant, the patterns of stories that repeated themselves in the interview sessions were related to painful experiences of the ruptures in intimate relationships that resembled their childhood experiences. Participants shared their painful experiences resulted in attachment injuries as young girls. Their attempts to repair their broken relationships prompted me to become curious about the roles of attachment styles and cultural perspectives on shared parenting decisions and processes among this Latina population.

Through the lens of the social constructionist paradigm, the transformative paradigm, symbolic interactionism theory, intersectional feminist theory, attachment theory, and adverse childhood experiences theory, my personal and professional experiences, and the review of literature, I hypothesized that attachment styles, cultural values, and adverse childhood experiences might have influenced the shared parenting decisions and shared parenting processes among Latina mothers who were survivors of IPV, especially for those who possessed nonsecure attachment styles. In this chapter, I intended to bring all types of biases to the forefront, as they might have impacted my interpretation of the data, and how I understood, captured, interpreted, and cocreated the meanings of the participants' lived experiences in my study. I also acknowledged that my perspective as a researcher and a clinician changed by living through this study alongside the participants, and listening to my clients, who reported their IPV experiences in the clinical setting. This evolution within myself has influenced my interpretation of the data in this dissertation study.

Chapter 4

Methods

The impact of violence against women is not limited to women; it also affects children. Lack of parenting cooperation between estranged parents with a history of intimate violence makes custodial arrangements difficult and dangerous for women of all races. In reference to the Latina population, researchers have not explored the importance of postseparation shared parenting with an abusive coparent. Examining this process can illuminate the intrapersonal, interpersonal, cultural, and societal aspects of the decisions that Latinas considered to ensure the fathers are part of their children's lives. Therefore, this qualitative phenomenological study was designed to explore the shared parenting decisions and processes identified by Latina mothers who are survivors of intimate partner violence (IPV) and are shared parenting with their former abusive partners.

A qualitative methodology provided the philosophical and analytical tools to examine the lived experiences of the women involved in shared parenting with a former abuser. The following question guided the research study: How do Latinas' descriptions of the shared parenting process provide insight into their attachment styles, childhood trauma, and cultural values in relation to IPV? Using a phenomenological approach, I analyzed secondary data from Latinas interviewed about their experiences of shared parenting with an estranged partner who had been violent in the past. I explored and elucidated emerging themes from the study using MAXQDA qualitative software (MAXQDA, n.d.). The analysis focused not only on shared parenting, but also on attachment styles, and cultural and gender issues.

To understand the contexts, motivations, and meanings of participants' responses, my research design used a social constructionism paradigm, transformative paradigm, and symbolic

interactionism theory, with critical elements of intersectional feminist theory and the contextual understanding of attachment theory. These paradigms and theories enabled me to provide and cocreate additional knowledge, allowing for broader and richer interpretations and descriptions of lived experiences among Latina mothers who were survivors of IPV in regard to their shared parenting experiences.

This chapter outlines the study's research methodology. First, I review and explain the congruence of the design's methodological components, including its epistemological and philosophical underpinnings. Second, I describe the original postseparation shared parenting study and the dissertation study. In the dissertation study section, I explain and outline the research design, trustworthiness, limitations, and the analysis process of the study.

Methodological Congruence

Methodological congruence serves as a framework for researchers to systematically integrate paradigms and theories that will inform and guide their epistemological and ontological positions and their method of study (Daly, 2007). Like a password-driven lock, it is a way for researchers to check that the conceptual and logistical elements of their research align. Methodological congruence provides a comprehensive review to ensure that the design elements fit well together. Theoretically, my conceptualization of the study was guided by a social constructionist paradigm with aspects of a transformative axiology. To contextualize and understand lived experiences of Latinas who shared parenting with former abusive partners, it was crucial to recognize and describe the essence experiences using the lens that addressed multiple realities and acknowledged the impact of power differentials in the sociocultural systems. Thus, I also used elements of symbolic interactionism theory, intersectional feminist

theory, and attachment theory for conceptualization and developing the methods of this proposed phenomenological study.

The Social Constructionism Paradigm and Transformative Axiology

Epistemologically, the research design and method of this dissertation study were situated in subjectivism (Daly, 2007). As the relational-self and interpretations of experiences occur in the context of social interactions between self and others (Gergen, 2015; Losantos et al., 2016), one's continuously constructed narratives and realities about themselves and their experiences allow them to make sense of the world. Subsequently, people position themselves among others through their interpretations and perceptions of self in the sociocultural context (Gergen, 2015). Therefore, multiple constructed realities exist, which allow preexisting knowledge and conditions to coexist and shape realities that are constantly created and everchanging in the social and cultural milieu (Gergen, 2015). It is crucial to consider the qualitative study of phenomena related to the sociocultural context that is unique to specific populations, particularly among women of color in the United States. The social constructionist paradigm provides the broad context necessary to meaningfully interpret data and form subjective truths based on the lived experiences of participants.

Social constructionism asserts that subjective truth and multiple realities occur as part of the socialization processes (Gergen, 2015; Mertens, 2007). The social constructionist paradigm recognizes that socialization processes often establish and normalize subjective predominant sociocultural power differentials between groups of people, creating disparities such as racial and gender inequality. Therefore, to explore the influence of socialization among human beings, human behaviors and their relational selves are best understood through reflection on the context

of lives that are constantly changing based on surrounding systems, and on humans' interpretations of the interactions that occur in these systems (Gergen, 2015).

Gergen (2015) defined the notion of conceptual relativism as perceptions of the same predicament or experience described differently depending upon individuals, society, and language. Therefore, truth is socially constructed, and no single objective truth exists. Subsequently, social constructionism informs the epistemology that guided this study. The social constructionist paradigm shed light on the experiences of Latina mothers in this study, as their experiences were culturally unique and affected the way they understood and interpreted their IPV experiences and their shared parenting decision and processes.

Complementary to social constructionism, a transformative axiology highlights issues of social justice and the experiences of marginalized people (Mertens, 2007; Romm, 2015). A transformative axiology is necessary for recognizing power differentials in the sociocultural system that affects the narratives and relational selves of participants. Thus, researchers who endorse a transformative axiology respect the multiple realities of different individuals, and recognize and confront the inequalities related to power differentiation in society to help improve the lives of disempowered people (Mertens, 2007). A transformative axiology directed my intention to link this dissertation study with social justice.

In this dissertation study, I used social constructionism with the social justice agenda of a transformative axiology as an overarching framework to address the issues related to the postseparation shared parenting decisions and processes among Latina mothers living in southern Texas who survived IPV. The unique experiences of participants were described through interview data and interpreted through my understanding, recognizing my internal biases, which

possibly influenced the findings of the study. I considered the subjective truths of participants and myself during data interpretation, which contributed to the answers to the research question.

Symbolic Interactionism Theory

Congruent with the social constructionist paradigm, symbolic interaction theory argues that individual's interpretations of the world occur through meanings and symbols created in interactions with others (Blumer, 1969). These interactions also serve as a basis for the understanding of self and define future actions of individuals, which are further redefined in future interactions with other human beings (Benzie & Allen, 2001; Blumer, 1969). Symbolic interaction theory also suggests the interpretations and understandings of self-experiences through the self-reflexive process are crucial, as these thought exercises catalyze the self-creation process (Blumer, 1969; Mead, 1967). This study explored the interpretation of self among Latina mothers who were survivors of IPV in the context of shared parenting with former abusive partners. I used symbolic interactionism theory to capture and conceptualize attachment styles, cultural values, and childhood trauma of participants based on the narratives provided during interview sessions. Subsequently, I further explained how those aspects influenced participants' perceptions and interpretations of self and the shared parenting process.

Intersectional Feminist Theory

In conjunction with the epistemological position of social constructionism and a transformative axiology, I used intersectional feminism to argue that race, gender, religion, age, socioeconomic status, and language are all essential factors shaping and governing human experiences (Crenshaw, 1991). Intersectional feminism aligns with the acknowledgement of multiple realities highlighted by social constructionism. Additionally, in keeping a transformative axiology, intersectional feminism recognizes power differentials created by

sociocultural systems that affect human experiences by excluding the narratives of marginalized people. Moreover, symbolic interactionism theory augments intersectional feminism as a powerful tool to convey the social reality of subjugated groups of people, including women of color. Because intersectional feminism informs language and other forms of symbolic interaction, this theory enables people to apply their integrated self into their interactions with others. By emphasizing the importance of the self-reflexive process, symbolic interactionism helped to explain the worldviews of participants in this dissertation study. Furthermore, both intersectional feminism and symbolic interactionism provided insight into the effects of attachment styles, traumatic experiences, and cultural values on participants' shared parenting decisions and processes.

Thus, to better paint fuller pictures of participants, I used the lens of intersectional feminism to interpret and describe experiences of Latina mothers in this study by considering the contextual factors of gender, race, and culture that influence the lived experience of the shared parenting process. These contextual factors included the intersection between different characteristics that contribute to marginalization, such as being Latina and female, or being Latina, unmarried, and poor, or being female, Catholic, and a non-English speaker when making shared parenting decisions and engaging in the shared parenting process. Therefore, I acknowledged the various aspects of Latina mothers who were survivors of IPV when considering the shared parenting decisions and processes among participants and their former abusive partners. This dissertation study explored the fundamental properties of Latina mothers' lived experiences, including their attachment styles, childhood traumatic experiences, and cultural values.

Attachment Theory

I applied attachment theory (Bowlby, 1973), as described in Chapter 2, to create profiles of interpersonal relationships among Latina mothers, especially when describing their childhood trauma and their IPV relationships in adulthood. My understanding and interpretations of lived experiences among the population were guided by the use of attachment theory in conjunction with symbolic interactionism. Language is a vehicle to provide explanations and interpretations of humans' experiences (Gadamer, 2013) and can also serve as a tool to access the self-creation processes of other individuals.

Adverse Childhood Experiences

To capture the effect of traumatic experiences that can impact the shared parenting decisions and processes among participants, I developed a table of adverse childhood experiences (ACEs) based on Felitti et al.'s (1998) and Finkelhor et al.'s (2015) studies. The table of ACEs includes the following: emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, parents' divorce/separation, witnessed violence toward mother, family drug/alcohol problems, family mental illness, parental incarceration, low socioeconomic status, high peer victimization, high peer social isolation, and high exposure to community violence.

Given the appropriateness of the philosophical aspects of the research design in addressing the research question, it was important that the research method also affirm the philosophical underpinnings of the research question. The qualitative research paradigm was well suited to working with philosophical components of this study, and the hermeneutic phenomenological method aligned with the study's epistemological and theoretical positions.

Phenomenological Methodology

Phenomenology is the study of lived experiences as understood and perceived by the person who experiences them (Roche, 1973); it includes two major branches: transcendental and hermeneutic. The field of phenomenology as the study of fundamental process started when Edmund Husserl proposed transcendental phenomenology, or pure phenomenology, as a way to capture "pre-suppositionless knowledge" (Cerbone, 2006, p. 12) and as a research methodology (Natanson, 1973). Operating under the notion human experiences are composed of more than only the response to stimuli, which was the main focus among psychologists during the early formation of methodology for psychological research, Husserl argued a person's description of their subjective experiences is vital to understanding their lived experiences as a human being (Dowling, 2007; Laverty, 2003).

Husserl adopted the ideas of his mentor, Brentano (1874, as cited in Roche, 1973). Husserl defined the concept of intentionality as "a basic structure of human existence that captures the fact that human beings are fundamentally related to the context in which they live, or more philosophically, that all beings understood as being in the world" (Pollio et al., 1997, p. 7). Husserl believed researchers could understand others' lives by listening to their descriptions of their experiences, and human beings can consciously describe others' experiences without engaging in the internal interpretation process (Kockelmans, 1967; Moran, 2013). Therefore, transcendental phenomenology enables social scientists to study human experiences by capturing and reflecting the understanding of participants' ways of being through their described conscious perceptions, which involve the intentionality process to automatically create their subjective truths without consciously interpreting them (Laverty, 2003; Moustakas, 1994; Natanson, 1973; Neubauer et al., 2019).

Among Husserl's students, Heidegger rejected the concept of phenomenological transcendental reduction, or *epoché*, by arguing the essence of humans' lived experience is an interpretative process rather than a direct and purely descriptive process (Heidegger, 1953/1972). Therefore, Heidegger believed humans, including researchers, cannot compartmentalize their experiences because they derive their existence in the world from their accumulative understanding and interpretation of their lives (Roche, 1973). This rejection of *epoché* among Heideggerian phenomenologists differentiates the ontological positions of transcendental phenomenology and hermeneutical phenomenology, as the latter lends itself to social constructionism (Neubauer et al., 2019).

Due to this ontological shift, many scholars also consider Heidegger's (1953/1972 hermeneutical worldview to be "one of the most radical moves in modern philosophy" (Solomon, 1980, pp. 33–34). According to Heidegger (1953/1972), a person cannot procure sole descriptions of lived experiences, as humans are always actively engaging in the process of interpretation of their way of being (Tufford & Newman, 2010). He described the world as a combination of multiple subjective truths (Heidegger, 1953/1972). Therefore, human perceptions are constantly shifting as people continue to live, engage in their interpretations about their subjective realities, and apply these interpretations to modify their worldview about themselves and others (Neubauer et al., 2019).

Hermeneutic Phenomenology

Unlike the transcendental phenomenology proposed by Husserl, Heidegger's (1953/1972) hermeneutic phenomenology argued conscious experiences play a crucial role in the perception and interpretation of individuals' everyday activities, and the meaning and intentionality of their existence in the world (Cerbone, 2006; Horrigan-Kelly et al., 2016; Laverty, 2003; Pollio et al.,

1997, p. 7). The Sartreian argument claimed Heideggerian phenomenology touts two crucial descriptions about subjective realities: "1. the relation between 'human realities' must be relation of being, and 2. this relation must cause 'human realities' to depend on one another in their essential beings" (Sartre, 1943/1965, as cited in Owens, 1970, p. 37). Thus, hermeneutic phenomenology aims to describe, understand, and interpret *Dasein,* or the experiences of being (Heidegger, 1953/1972).

Heidegger (1953/1972) argued people exist in two different worlds: the common world and the interpretive world, or the world as one understands it. Therefore, *Dasein* refers to experiences of being that depend on the interpretations and interactions of self and others, which usually occur in a social context. These experiences of human beings are ongoing, temporary, amalgamating, and cannot occur outside of languages, which human beings use to internally and externally describe and interpret their experiences to themselves (Heidegger, 1953/1972; Pollio et al., 1997). Additionally, these interpretations are shaped by various levels of perceived cultures that govern human beings' lived experiences (Pollio et al., 1997).

Consequently, human existence entails continuously interpreting and striving to understand the world, while simultaneously working to create subjective worlds, which are shaped by the larger context, including familial and cultural systems that have influenced our way of being (Laverty, 2003). Therefore, the goal of hermeneutic phenomenologists is to capture the way of being, what different experiences mean to the person who experienced them, and how their understanding of their experiences shaped the understanding of self and helped to create their subjective world (Moustakas, 1994). Hence, the notion of hermeneutic phenomenology is aligned with symbolic interactionism theory because hermeneutic phenomenologists attempt to understand, capture, and cocreate the meaning of shared experiences among a population based

on their interpretations of experiences and their self-reflexive processes that occur in their contexts (Patton, 2002; Smith, 2018).

Heideggerian Bracketing Stance. Rather than using the practice of phenomenological reduction, which involves the process of bracketing that Husserl endorsed in transcendental phenomenology as the understanding of direct experiences (Tufford & Newman, 2010; Roche, 1973), I aligned my research position with the Heideggerian approach of *Dasein,* which is the state of being in the world. Congruent with the theory of hermeneutic phenomenology, the method of this dissertation study operated on the principle that researchers cannot compartmentalize perceptions by bracketing out preexisting notions of self and worldview (Cerbone, 2006; Laverty, 2003), as humans cannot compartmentalize their way of being (Heidegger, 1953/1972). Therefore, Heideggerian phenomenologists use existential bracketing in their work.

Existential bracketing allows researchers to explore and address their way of being, their positioning informed by their overarching sociocultural systems, their interpretation of the world, implemented theories that influenced their interpretation of the phenomenon of interest, and their biases (Gearing, 2004). Based on the worldview that human experiences are aggregated rather than separated, existential bracketing assists phenomenological researchers to engage in self-reflexive process and overtly share their perspectives, which will impact their research studies (Osborne, 1990). Based on the concept of *Dasein* as a continuing process of world interpretation (Heidegger, 1953/1972) and the implementation of existential bracketing in hermeneutic phenomenology (Gearing, 2004), I could not separate or differentiate my preexisting knowledge and experiences from my perceptions and interpretations of the shared parenting process among Latina mothers who were survivors of IPV. My experiences as a woman of color, a foreigner to

U.S. culture, a therapist, a teacher, and a researcher affected my interpretation and analysis in this dissertation study.

Research Design

As mentioned in Chapter 2 and previous sections of Chapter 4, the lack of qualitative research conducted on Latina mothers in relation to IPV and shared parenting experiences through the lens of attachment styles and cultural values has severely limited research understanding of this prevalent problem. A qualitative research study that explores and captures the lived experiences of Latina mothers who live in southern Texas and engage in the process of postseparation shared parenting with their former abusive partner would help to address the gap. I proposed the following global research question to address this dearth of research on Latina mothers who are survivors of IPV: What is the essence of Latinas' experience of shared parenting with an estranged abusive partner?

Original Study: Shared Parenting Study

The Post-Separation Shared Parenting Among Couples with A History of Intimate Partner Violence: Understanding Risk Assessment study started in 2016 under the direction of principal investigator Dr. Carolyn Y. Tubbs. The objective of the study was to understand the risk assessment strategies and lived experiences of mothers who were survivors of IPV in the context of shared parenting with their former abusive partner. Data collection started in 2016 and continued until the end of 2018. The data collection process occurred at one of the largest agencies in South Texas providing services for survivors and perpetrators of IPV.

Recruitment Process

From 2016–2018, the principal investigator and research assistants, including myself as the lead research assistant, recruited participants from domestic violence awareness groups and

parenting groups approximately three times per week. To start the recruitment process, researchers asked permission from group facilitators to present a recruitment flyer (see Appendix A) and verbally provided a 10-minute brief synopsis of the study to women survivors of IPV at the beginning of their groups.

The inclusion criteria of participants for the postseparation shared parenting study were mothers who:

- had experienced IPV and sought counseling services during the time of the study;
- gad experienced IPV and were in the process of separation and preparing for court-order custodial arrangement, while Child Protective Services agency (CPS), approved legal guardians, or foster parents have full custody of their children;
- had attended domestic violence classes or parenting classes at the agency that provided counseling services to survivors of domestic violence;
- were aged 18 years or older; and
- could understand, read, and write English at an eighth-grade level.

Participants were protected by using pseudonyms and ensuring the right to end participation in the study.

Upon obtaining the participants' information via signup or phone, members of the study team made initial contact to schedule dates and times for participants to engage in the data collection process. Data collection involved completing a paper-based questionnaire or an online questionnaire using Qualtrics (Qualtrics, n.d.) and a semistructured interview session. The total time of engagement for each participant in both sessions was approximately 90–120 minutes.

Informed Consent. Prior to data collection, team members read a consent form (see Appendix B) to all participants and encouraged participants to ask questions related to the goal

and process of the study. As the protection of human subjects was crucial and considered an ethical responsibility of researchers, especially in the qualitative research arena (Alase, 2017), the researchers, as mental health practitioners, recognized their sole accountability for the protection of participants (Daly, 2007). Informed by the American Association of Marriage and Family Therapy (AAMFT) ethical guidelines, including Standard 5.2: Protection of Research Participants, 5.3: Informed Consent to Research, and 5.4: Right to Decline or Withdraw Participation (AAMFT, n.d.), researchers in the larger study reiterated to participants the goals of the study, issues of confidentiality, and the right to withdraw participation (Daly, 2007).

Participants

The postseparation shared parenting study was conducted in a large majority-minority city in Texas. The study recruited approximately 90 mothers—mostly Latinas—from domestic violence classes and parenting classes at a domestic violence counseling service center. Participants were mothers who were either estranged from their partner, or in the process of ending their violent relationship and leaving. All participants were involved in some form of shared parenting with an abusive partner. Whereas some participants were voluntarily engaged in counseling and other services, most participants sought services due to court order or through the request of CPS. Researchers had a 14-week window to work with each participant during their involvement in these mandated classes.

Data Collection

Participants completed a hard copy version or online Qualtrics version of the demographic survey, two psychological screening questionnaires (Beck Depression Inventory [BDI] and Beck Anxiety Inventory [BAI]), and two intimate partner violence screening questionnaires (Revised Conflict Tactics Scale [CTS-2] and Hurt, Insult, Threaten, and Scream

[HITS]). Afterward, they were invited to engage in a 17-question semistructured interview (see Appendix C). Each audiotaped interview lasted approximately 40–60 minutes and was completed in private at the counseling service center. Participants received a $10 gift card as compensation for their time spent in the study. Three interviewers were involved in the data collection, including myself as a lead interviewer. The other two interviewers included the principal investigator and another research assistant. I conducted all interviews analyzed in this dissertation study.

Format. The interview process started with me introducing myself and reviewing ongoing informed consent. Additionally, researchers reminded participants that their treating therapist or group facilitator might be informed if participants mentioned suicidality, homicidal ideation, thoughts or incidents of child abuse, or elder abuse. Prior to the interview and for confidentiality purposes, all participants created a pseudonym that was used during the interview and recorded as participants' names for all study materials, except the informed consent agreement. Researchers also notified participants they would remove all identifiable data to protect the identities of participants and other parties involved. Researchers recorded all interview data using two recorders during every interview session. Within the same week of the interview, all data were transferred to a password-protected laptop computer, which was housed at a researchers' office at the Family Life Center of St. Mary's University.

Transcription. Interview data were uploaded and transcribed using Trint (Trint, 2019) and Otter (Otter.ai, 2019) software programs. After completion of transcriptions, I reviewed all transcripts for accuracy. All transcripts were cataloged and recorded in an Excel spreadsheet and stored on a password-protected computer. A review and correction process of the transcriptions

were performed to deliver the most accurate version of transcriptions (Creswell, 2014; Daly, 2007).

The Dissertation Study

My growing interest and the development of the global research question were piqued as I was working as a research assistant in the larger postseparation shared parenting study with mothers who shared parenting with their former abusive partners. This dissertation study used secondary data from 12 participants in the original study.

Similar to the majority of qualitative research, the process of data collection in a phenomenological study typically starts by interviewing participants who share similar backgrounds and experienced the phenomenon of interest (Moustakas, 1994). As explained by van Manen (1990), the interview method of hermeneutic phenomenology serves two purposes:

> 1. it may be used as a means for exploring and gathering experiential narrative material that may serve as a resource for developing a richer and deeper understanding of phenomenon, and 2. the interview may be used as a vehicle to develop a conversational relation with a partner (interviewee) about the meaning of experience. (p. 66)

Sample

I used purposeful criterion-based sampling for this study (Marshall, 1996). This frequently used sampling strategy involves the identification of formation rich cases (Creswell, 2014; Marshall, 1996; Patton, 2002) that help to answer the research question. This study identified 12 Latina mothers of Mexican descent, aged 21–43, who lived in southern Texas. From this point forward, I refer to the participants as Mexican American.

Participants were Mexican American mothers who had a history of violence with the biological father of at least one of their children with whom they shared parenting or were in a

process of developing a shared parenting relationship. The sample inclusion criteria specified participants were:

- Latina of Mexican or Mexican American descent,
- Aged 18 years or older,
- Victims of past or current intimate partner violence with the biological father of at least one child, and
- Articulate about traumatic childhood experiences that could be classified as adverse childhood experiences.

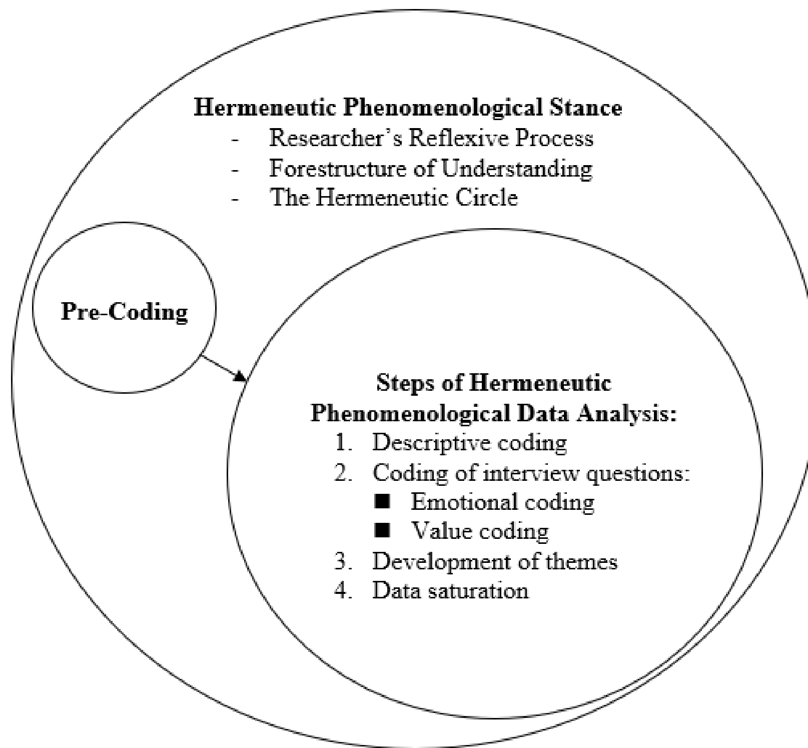
Based on those criteria, I reviewed demographic data and audiotapes to identify participants for the dissertation study. All secondary data used in this dissertation study were de-identified anew, using new pseudonyms to provide the participants with additional confidentiality. MAXQDA qualitative software (MAXQDA, n.d.) was used for coding and identifying emerging themes in this study.

Hermeneutic Phenomenological Stance in Data Analysis

As mentioned in the previous section on the importance of researchers' positioning in the phenomenological study, the three substantial stances, which included my reflexive process, forestructure of understanding, and the hermeneutic circle, informed the hermeneutic phenomenological data analysis and governed the processes of descriptive coding, emotional coding, and value coding in this dissertation study. Figure 1 illustrates the continual importance of the hermeneutic phenomenological stance throughout data analysis.

Figure 1

Influence of Hermeneutic Phenomenological Stance on Precoding and Data Analysis



Researcher's Reflexive Process

Heidegger (1953/1972) concentrated on the self-reflexive process that would inform and shape interpretations and perceptions of *Dasein* (Horrigan-Kelly et al., 2016) and impact the data analysis process. This self-reflexive process is vital in phenomenological analysis as it allows the researcher to maneuver between emic and etic perspectives (Smith & Osborn, 2003), which strengthens findings. Chapter 3 of this dissertation study revealed my background, values, culture, socioeconomic status, immigration status, self-positioning, and relationship with the research question. While analyzing data, I continued to engage in the self-reflexive process (Creswell, 2014; van Manen, 1990) to ensure that the findings of the study contained sophisticated interpretations of participants' lived experiences without any attempts to reach data

saturation impulsively. Moreover, Gadamer (2013) claimed understanding and interpreting textual data is a continuously active process as the researcher strives to make sense of the data. As such, my interpretation and biases related to this dissertation study were shaped by my personal and professional experiences prior to and during the time of the final analysis process.

Forestructure of Understanding

Among data analysis strategies used in phenomenology, the forestructure of understanding is a unique strategy performed in hermeneutic phenomenological studies (Gadamer, 2013; Horrigan-Kelly et al., 2016). Hermeneutic phenomenologists aim to understand and interpret *Dasein*, or life as being lived in the lifeworld of participants (van Manen, 1990). The lifeworld of individuals occurs through their interpretation of being among others in different contexts based on their preconceived ideas and prior experiences of themselves (Horrigan-Kelly et al., 2016). Although no single reliable interpretation exists in any phenomenon of interest, the interpretations and understandings of text or data rely on preconceived ideas, knowledge, and perspectives of researchers that occur while interpreting the data (Gadamer, 2013; Packer, 2011).

Phenomenologists spend a long period familiarizing themselves with data by listening to interviews, and reading transcriptions to understand and capture people's interpretations, people in context, how the context of phenomena shape their lived experiences, and how the creation of relational self constantly occurs (Horrigan-Kelly et al., 2016; Moustakas, 1994; Phillips-Pula et al., 2011). In this dissertation study, to ensure the forestructure of understanding, I chose to analyze interviews that I conducted. Therefore, I had familiarized myself with the data from my first exposure during my interview session and during the transcribing process. This familiarization enabled me to engage in the data analysis process entirely, as the data analysis process in qualitative inquiry initially takes place during the interview sessions (Daly, 2007). I

also transcribed all interview data that was used in the study. Therefore, the familiarization of the data began before engaging in the process of reading and rereading transcriptions. Preconceived information and pre-understanding of the data during the interview and transcribing process served as my forestructure of understanding, which enabled my data analysis process and generated the hermeneutic circle.

The Hermeneutic Circle

The creation of the hermeneutic circle process requires the researcher to thoroughly read each transcription and form connections between different parts of the text to understand the essence of participants' experiences (Pollio et al., 1997). The researcher must then integrate these observations and interpretations in the context of the study and the description of participants' whole experiences. The process of forming a hermeneutic circle also involves the ability of the researcher to maneuver between the understanding and pre-understanding of knowledge related to the phenomenon of study (Dowling, 2007). This hermeneutic circle should occur throughout the data analysis process in a circular and dialogical fashion between parts and the whole of the texts (Laverty, 2003; van Manen, 1990), which forms the richness of the data analysis. Furthermore, van Manen (1997) suggested the quality of hermeneutic phenomenology embodies four attributes: (a) orientation—"the involvement of the researcher in the world of the research participants and their stories," (b) strength—"the convincing capacity of the text to represent the core intention of the understanding of the inherent meanings as expressed by the research participants through their stories," (c) richness—the intention "to serve the aesthetic quality of the text that narrates the meanings as perceived by the participants," and (d) depth—"the ability of the research text to penetrate down and express the best of the intentions of the participants" (as cited in Kafle, 2011, p. 196).

To achieve these four qualities of hermeneutic phenomenology, I continuously engaged in the self-reflexive process. Additionally, I spent time reading transcriptions of the data to form the hermeneutic circle based on my preconceived ideas and pre-understanding of the data that formed my forestructure of understanding. This process informed my interpretations of the participants' lived experiences based on my personal and professional impressions related to the phenomenon of interest.

Data Analysis

In contrast with quantitative research methodology, in which data analysis processes usually start after the data collection period, analysis of the data through qualitative research methodology as an emerging design begins with the researchers' first exposure to the data and continues throughout the process of research until the report of the deliverables (Creswell, 2014; Daly, 2007). Aligned with the goal of hermeneutic phenomenology as an approach to interpret and describe the essence of people's experiences concerning the phenomenon of interest (Heidegger, 1953/1972; Smythe et al., 2008), I strived to provide description based on my interpretation of the data. The analytical process was broken into three phases: transcription, creating profiles of attachment styles, and performing hermeneutic phenomenological data analysis.

Transcription

Transcribing is considered the first step of data analysis in qualitative research methodology (Bailey, 2008). I used transcription software programs Trint (2019) and Otter.ai (2019) to first transcribe the data. Using the first drafts of all transcriptions, I listened to all of the audio recordings again to ensure the accuracy of transcriptions (Bailey, 2008; Creswell, 2014) before beginning phenomenological analysis of the data.

Creating Profile of Attachment Styles

The development of participants' attachment profiles was informed by attachment theory (Bowlby, 1982) and conducted by me based on the data of each interview session. Furthermore, I recruited two coders to codevelop the attachment profiles of each participant based on identified interview data. Both coders were mental health practitioners who were familiar with attachment theory and had been using the theory in their work as psychotherapists. Initially, they used their expertise and provided their professional opinions to assign the perceived attachment style of each participant. For consistency of the attachment profile, I also used the Measure of Adult Attachment (MAA) as a guideline (Hazan & Shaver, 1987; see Appendix D) for the coders. The purpose of this self-report attachment style assessment was to explore three types of infant attachment styles that would impact an individual's relationship pattern in adulthood. The three types of attachment styles are secure, avoidant, and anxious. Because participants were not directly asked about their attachment styles, coders characterized each attachment style from interview data based on one of three statements of the MAA, combined with coders' clinical judgement. The attachment style assigned to each participant was based on their expressed narrative during the interview. The attachment styles expressed during the interviews were assessed according to one of the three following statements:

A. I am somewhat uncomfortable being close to others; I find it difficult to trust them completely, difficult to allow myself to depend on them. I am nervous when anyone gets too close, and often, others want me to be more intimate than I feel comfortable being.

B. I find it relatively easy to get close to others and am comfortable depending on them and having them depend on me. I don't worry about being abandoned or about someone getting too close to me.

C. I find that others are reluctant to get close as I would like. I often worry that my partner doesn't really love me or won't want to stay with me. I want to get very close to my partner, and this sometimes scare people away. (Hazan & Shaver, 1987, p. 515)

According to this three-category measure, Statement A refers to avoidant attachment style, Statement B refers to secure attachment style, and Statement C refers to anxious attachment style. The coders and I used these three statements as a guideline to connect the interpretations of each participant's interview data profile to the statement that best described their attachment style. By including two mental health professionals, I used the investigator triangulation method to inform the trustworthiness of this process (Patton, 1999). After the coders and I completed the attachment profiles of participants, I began to analyze the overall data using hermeneutic and interpretative phenomenological analysis methods.

The table of adverse childhood experiences (ACEs) included in this study is based on the 14 types of ACEs mentioned in the previous section (Felitti et al., 1998; Finkelhor 2015). The two coders and I individually completed ACEs tables by reading and rereading transcripts while marking the ACEs scores based on our respective understandings of the interview data. I then met with each coder separately on different occasions to discuss the attachment profiles and the table of adverse childhood experiences. After the last meeting, I compiled the profiles and tables before analyzing the attachment and ACEs data.

Hermeneutic Phenomenological Data Analysis Steps

Because I based my analysis approach in this dissertation study on the hermeneutic phenomenological stance, I performed a qualitative phenomenological analysis to ensure the credibility of the findings. The following steps facilitated the flow of data analysis in this dissertation study:

- Descriptive coding
- Emotion coding and values coding of interview questions
- The development of themes and data saturation

Descriptive Coding

The coding process in a qualitative study is initiated and developed by researchers based on their subjective understanding of the data to gain a sophisticated vision of their phenomenon of interest (Elliott, 2018). Concerning hermeneutic phenomenology, my interpretation of the data was dependent on the notion of *Dasein* (Heidegger, 1953/1972) of myself and participants. In this dissertation study, after engaging in the creation of forestructure of understanding, forming the hermeneutic circle, and continuing to engage in the self-reflexive process to classify clusters of meaning based on phenomenological analysis (Creswell, 2014), I performed descriptive coding by assigning codes based on topics that categorize descriptions of participants' lived experiences (Saldaña, 2009). The descriptive coding strategy was the first and fundamental step of coding researchers used to make sense of the data. Codes usually comprised words or short phrases that captured the essence of participants' descriptive experiences (Elliott, 2018; Saldaña, 2009). Descriptive coding allowed for the exploration of shared and distinctive meanings of the phenomenon provided by participants through their interpretations of experiences during free-flowing conversations, and in their responses to semistructured interview questions.

Emotion Coding and Values Coding of Interview Questions

After I initially analyzed the data by reading and rereading all transcriptions containing 17 interview questions, formed the hermeneutic circle, and completed a descriptive coding strategy, I focused on reading specific interview questions to begin emotion and values coding. This process, which was more complicated than descriptive coding, involved exploring, capturing,

and cocreating the interpretations and descriptions of attachment styles, cultural values, and childhood trauma of participants. This information shed light on contextual factors related to postseparation shared parenting decisions and the shared parenting process among participants. Such narratives typically provide a combination of description and interpretation, which form idiosyncratic explanations of events that have occurred or might occur in a person's life (Packer, 2011). To study the complex issue of the shared parenting process among Latina mothers who survived IPV and their former abusive partners, I purposefully chose the five following interview questions to explore and answer the global research question of this dissertation study:

1. Should children have contact with their biological father who has battered their mother in the past?
2. What helps you decide that you want your child(ren) to have contact with her/his father who has battered you in the past?
3. What would be the reasons you would break off a shared parenting arrangement? Let's just say that the arrangement was not going to work. Would there be anything that would make you break off the arrangement?
4. What would be reasons that you would initiate developing a shared parenting arrangement with your child's father?
5. Do you think time is a factor in terms of whether or not mothers decide to share parenting?

By considering these interview questions, I performed emotion coding that captured the participants' emotional experiences (Saldaña, 2009) when describing their engagement in the shared parenting process, or when thinking about engaging in the shared parenting process, with their former abusive partners. The compilation of emotion coding shared by participants shed

light on their attachment styles as participants described their emotional responses to threats and distress (Slade, 2014). Participants connected their emotional responses to past experiences related to IPV, or formed the imagination of shared parenting experiences based on their IPV experiences with the perpetrator.

I also performed values coding to capture participants' worldviews based on the values, attitudes, and beliefs (Saldaña, 2009) reflected throughout their answers to the interview questions. My reflection on the data completed my interpretation when combined with my own beliefs, preexisting knowledge, and expertise related to my clinical skills as a family therapist. My clinical work in the past several years had mostly involved couples and family cases dealing with their attachment relationships, and with individuals with attachment injury who developed personality disorders—especially borderline personality disorder. These past experiences as a family therapist influenced my process of value coding, which revealed critical cultural values of the participants. As an outsider to the Latinx culture, I actively engaged in the self-reflexive process to provide an interpretation of the data from an etic perspective (Corbin Dwyer & Buckle, 2009).

Theme Development and Data Saturation

Data saturation is the most common strategy used by qualitative researchers to determine the end of data collection and data analysis process (Creswell, 2014; Shaunder et al., 2018). Since beginning of the analysis, qualitative researchers engage in a bottom-up process by initially using the inductive approach and ending with the deductive approach to ensure achievement of data saturation point (Creswell, 2014). Compared to other qualitative analyses, hermeneutic phenomenological analysis is more circular due to the openness of the researcher, the hermeneutic circle, the recognition of forestructure, and the self-reflexive process. These

aspects of hermeneutic phenomenological analysis allowed for the simultaneous use of the inductive and the deductive approach.

Although the goal of hermeneutic phenomenologists is identical to that of other qualitative researchers in reaching a data saturation point, they must also pay close attention to the influx of data, as the interpretations of both participants and researchers are based on interpretations of their way of being. This awareness of information, which does not necessarily directly relate to the interview questions, enables hermeneutic phenomenologists to more thoroughly acknowledge, explore, and interpret lived experiences of participants and arrive at a richer recognition that captures the essence of the phenomenon. Therefore, themes in phenomenology should be understood as "structures of experience" (van Manen, 1990, p. 79). In this dissertation study, I used these different analysis strategies to interpret and describe different meanings, lived experiences, and shared parenting narratives of Latina mothers who were survivors of IPV. Eventually, overarching themes among the population became apparent through my data.

Trustworthiness

Although no single strategy can ensure the trustworthiness of qualitative data (Patton, 1999), a researcher may incorporate different strategies to ensure credibility, transferability, dependability, and confirmability of the data analysis process and findings of a study. Trustworthiness strategies (Daly, 2007; Patton, 1999) used in this study included: (a) prolonged exposure to participants and collected data, (b) data triangulation, and (c) provision of a rich description that upholds the integrity of the data.

Prolonged Exposure to Participants and Collected Data

Time spent with participants in the setting and exposure to experiences of the phenomenon of interest can increase the credibility of data (Creswell, 2014). Although I used

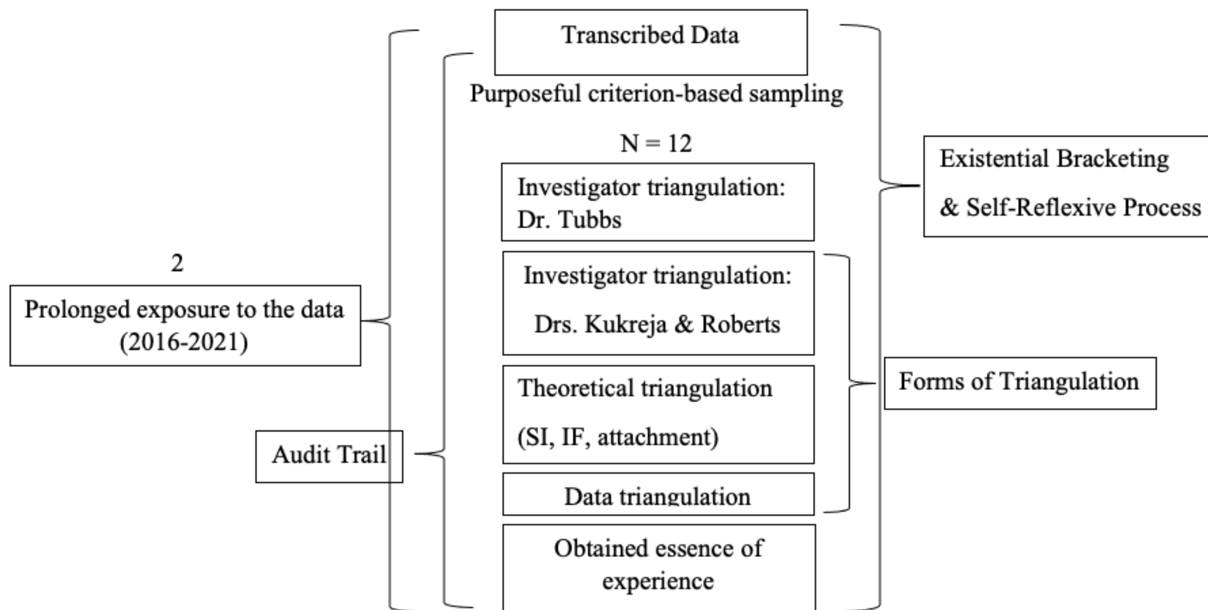
secondary data in this purposed study, I had been exposed to data while working as a research assistant for the postseparation shared parenting study since 2016. Moreover, I had analyzed that dataset to answer the research questions presented in three professional conferences between 2017 and 2019 and worked on interpretation of this dissertation data since 2020. This exposure enabled me to increase the credibility of the data analysis process through prolonged involvement with and interpretation of the data.

Triangulation

Triangulation is the most important technique used to analyze qualitative data and increase the credibility of qualitative research (Patton, 1999). The crucial aspect of triangulation is based on the premise that one single method cannot rigorously provide a “rival explanation” (Patton, 1999, p. 1191) of the data. Moreover, using multiple perspectives and various levels of analyses can strengthen the credibility of data (Daly, 2007). Therefore, triangulation is a method widely used in qualitative research to ensure the trustworthiness of a study (Daly, 2007; Patton, 1999). In this dissertation study, I used data triangulation techniques, including investigator triangulation and theoretical triangulation.

Figure 2

Trustworthiness



Data Triangulation

For the purpose of data triangulation, I combined and triangulated three types of data: demographic data, attachment table and adverse childhood experiences (ACEs) table, and interview data. I performed two types of data triangulation in this dissertation study: investigator triangulation and theoretical triangulation.

Investigator Triangulation. This dissertation study included two portions of analyses: analysis of attachment styles and ACEs, and analysis of the overall data. First, to increase the trustworthiness of the data, I used investigator triangulation of the analysis of attachment style and ACEs by performing the analysis independently along with two coders who were experienced in using attachment styles and identifying ACEs in their clinical work. Then, I compared attachment and ACEs profiles and discussed with both coders to confirm the final version of the participants' attachment profiles. Secondly, the principal investigator of the larger

shared parenting study assisted in the process of coding data to ensure the credibility of the findings through investigator triangulation in conjunction with data triangulation methods (Patton, 1999).

Theoretical Triangulation. To use theoretical triangulation and obtain different perspectives while analyzing data (Patton, 1999), I combined different theoretical frameworks to inform the analysis process, including symbolic interactionism, intersectional feminism, attachment theory, and adverse childhood experiences theory. I also gained different perspectives from coders of different disciplines to arrive at the rich and detailed description of the data. Lastly, the principal investigator of the larger shared parenting study also provided additional theoretical perspectives when engaging in the data analysis process.

Providing a Rich Description of the Data That Upholds Integrity of the Data

Aligned with hermeneutic phenomenology, I used two processes to protect the integrity of data and increase the trustworthiness of this dissertation study: audit trail and self-of-the-researcher declaration.

Audit Trail

I continuously engaged in the self-reflexive process during interviews to maintain my role as a qualitative researcher, rather than as a therapist, by aligning closely with interview questions and allowing participants to reveal and create their narrative without prompting or providing therapeutic interventions (Daly, 2007). However, as I was also a mental health practitioner, some of the follow-up questions might have resembled questions used in psychotherapy. I also drafted and provided memos while analyzing data to reflect on ambiguous feelings related to the data that usually occurred during the qualitative analysis processes (Klein, 2019). I used these memos in conjunction with my previously written memos to explore discrepancies in information and

contextualize the lived experiences of each participant to arrive at the clarity of the findings (Creswell, 2014). Moreover, I analyzed data and listened to the essence of participants' experiences based on their interpretations rather than my own (Creswell, 2014). Still, hermeneutic phenomenology acknowledges that interpretations of data must include the researchers' understanding of phenomena, as this inherent understanding cannot be omitted (Gadamer, 2013).

Self-of-the-Researcher Declaration

The goal and credibility of qualitative research are obtained through descriptions of subjective truths based on perceptions and interpretations of participants and researchers (Daly, 2007). Therefore, qualitative researchers strive to reveal their biases based on their backgrounds and self-positioning, including gender, race, socioeconomic status, culture, and language (Creswell, 2014). In Chapter 3 of this dissertation study, I provided my background information and my attachment style. As mentioned in Chapters 3 and 4, I took emic perspectives both as an insider (Corbin Dwyer & Buckle, 2009) and as a woman of color who experiences systemic oppression concerning power differentials in the overarching U.S. culture (Crenshaw, 1991). I also took the etic perspective as an outsider to the phenomenon of interest (Berger, 2015; Corbin Dwyer & Buckle, 2009), as someone who had not shared the lived experiences of Latina mothers who were engaging in the shared parenting process with a former abusive partner. Furthermore, as a female Asian international student, my worldview provided etic perspectives derived from a non-U.S. cultural background when analyzing the data.

Limitations

In considering the strengths and challenges of the research design, two major limitations came to mind: the indirect assessment of participants' attachment styles, and the cross-cultural

positioning of the researcher and participants. Due to the use of secondary interview data in this dissertation study, the evaluation of participants' attachment styles solely relied on the professional opinions of myself and two other mental health professionals. We used the MAA (Hazan & Shaver, 1987) in conjunction with our expert opinions rather than the standardized measurement of attachment style, which was not included in the postseparation shared parenting study. The data from the larger study did not allow for the in-depth analysis of attachment styles, as no single question among the semistructured interview questions directly elicited the participants' attachment styles. Therefore, the analysis of attachment style was based on the content of the broad conversational context between the participants and myself, and on the participants' responses to some interview questions that shed light on their described attachment styles. Thus, the goal of this analysis was to differentiate between nonsecure attachment styles, which include anxious and avoidant, and the secure attachment style (Bowlby, 1982).

A second limitation was my perspective on cross-cultural understanding as an international woman living in the United States. While I analyzed data from both emic and etic perspectives (Corbin Dwyer & Buckle, 2009), this dissertation study was limited by the fact that I did not share the lived experiences of Latina mothers who were exposed to IPV and had endured the complexity of shared parenting with a former abusive partner. Subsequently, my interpretations of the data were based on my experiences as a female Asian international student, researcher, and clinician who lived and worked in a culture other than my own. My level of acculturation to the Latinx community and the overarching U.S. culture through personal and professional relationships served to mitigate, but not eliminate, this limitation.

Chapter 5

Findings

In this chapter, I present the qualitative findings related to the participants' reported intimate partner violence (IPV) experiences, adverse childhood experiences (ACEs), attachment styles, and cultural values based on their interview data. This study was designed to examine the experiences of Latina mothers who were survivors of IPV in the context of shared parenting and the possible influences of attachment style, childhood traumatic experiences, and cultural values. This study used the lens of hermeneutic phenomenology to thoroughly value and engage with participants' lived experiences related to the phenomenon of interest by qualitatively analyzing participants' interview transcripts for key information and overarching core themes. Furthermore, this study employed the method of investigator triangulation to ensure trustworthiness of the findings by integrating the professional opinions and interpretations of myself and two coders on the participants' perceived attachment styles and reported traumatic childhood experiences.

The layout of this chapter presents demographic data and key findings from participants' narratives, followed by the description of participants' attachment profiles, and presentation of emergent core themes, subthemes, and essence of experience. I answered the three secondary research questions, followed by the answers to the primary research question: What is the essence of Latinas' experience of shared parenting with an estranged abusive partner?

Findings related to secondary research questions comprised attachment styles, adverse childhood experiences, and cultural values, and the participants' self-perceptions as survivors and mothers, followed by the participants' processes of transitioning to the shared relationship and associated risks. The secondary research questions were:

1. How have attachment styles, childhood traumatic experiences, and cultural values influenced and shaped the shared parenting decisions and processes among Latina mothers who are survivors of IPV?

2. How do Latina mothers who are survivors of IPV describe their shared parenting experiences through language and other symbols based on their self-perception in the IPV context?

3. Is there other significant information or concerns related to the shared parenting decisions and processes among Latina mothers who are survivors of IPV?

Demographics and Participants' Key Information

To protect their identities, all participants were de-identified with pseudonyms, which are presented in the data tables. All participants in this study were survivors of IPV who self-identified as Latina. Nonetheless, all but one participant preferred anglicized names when given the opportunity to choose their original pseudonyms. Therefore, all names in this dissertation study were de-identified using anglicized names. Participants' key information is presented in Table 1, including marital status, relationship status, living arrangement, education attainment, annual income, and duration of time separated or divorced from their former abusive partner. Participants' demographics are provided in Table 2, including their ages at the time of the interview associated with the original shared parenting study, their shared parenting decision, and their number of biological and adopted children at the time of the interview, including children the mothers were actively expecting at that time. Ages of biological children varied from 3 months to 27 years. Three participants had adopted children related to their former abusive partner, and their shared parenting decisions applied to those adopted children and their biological children.

Table 1

Participants' Key Information

Name	Marital status	Relationship status	Living arrangement	Education attainment	Annual ancome (perceived social class/work status)	How long ago the relationship ended
Alana	Never married	Separated	Living with family members	16 years/graduated 12th grade/high school diploma/GED	$10,000–$20,000 (middle class/not working)	4–6 months
Beth	Separated	Single	Living with family members	14 years/graduated 12th grade/high school diploma/GED	$10,000–20,000 (working class/working part time)	1–2 years
Cindy	Never married	Separated	Own home/apartment	9–12 years/graduated 8th grade	$10,000–20,000 (working class/working full time)	7–12 months
Faith	Never married	Not living together	Living with family members	16 years/graduated 12th grade/high school diploma/GED	$10,000–$20,000 (middle class/not working)	2–3 months
Gabby	Divorced	Not living together	Own home/apartment	9–12 years/graduated 12th grade/high school diploma/GED	$10,000–20,000 (working class/working part time)	11+ years
Hannah	Divorced	Not living together	Own home/apartment	12–14 years/graduated vocational or technical school	$10,000–20,000 (working class/working part time)	2–3 months
Indy	Never married	Separated	Transitional housing	9–12 years/graduated 12th grade/high school diploma/GED	$10,000–20,000 (working class/not working)	3–5 years
Jacey	Never married	Separated	Living with family members	9–12 years/graduate 8th grade	$10,000–20,000 (working class/not working)	2–3 months
Kay	Never married	Separated	Own home/apartment	9–12 years/graduated 12th grade/high school diploma/GED	$10,000–20,000 (working class/not working)	4–6 months

Name	Marital status	Relationship status	Living arrangement	Education attainment	Annual ancome (perceived social class/work status)	How long ago the relationship ended
Love	Separated	Separated	Transitional housing	9–12 years/graduated 12th grade/high school diploma/GED	$10,000-20,000 (working class/working full time)	1–2 years
Maple	Never married	Separated	Living together with a partner/own home/apartment	9–12 years/graduated 12th grade/high school diploma/GED	$10,000–20,000 (working class/working part time)	7–12 months
Nala	Married	Separated	Living with children only	12–14 years/graduated vocational or technical school	$10,000–20,000 (working class/working full time)	3–4 weeks

Table 2

Participant Demographics

Participant		Age at interview	Number of biological children	Age of biological children	Number of adopted children	Shared parenting decision
1	Alana	20	1	10 months	0	Yes
2	Beth	28	3	13, 9, and 2 years	2	Yes
3	Cindy	31	5	12, 6, 5, and 1 years; 5 months	0	Yes
4	Faith	25	1	1 year	1	Yes
5	Gabby	57	2	27 and 24 years	0	Yes
6	Hannah	34	5	17, 15, 13, 11, and 9 years	0	Yes
7	Indy	30	3	11, 9, and 7 years	0	Yes
8	Jacey	26	3	7 years, UNK, UNK	0	No
9	Kay	25	3	3 months, UNK, UNK	0	Yes
10	Love	26	2	8 and 5 years	0	Yes
11	Maple	34	4	18, 16, 4, and 3 years	0	Yes
12	Nala	36	3	12, 4, and 3 years	1	Yes

Note. n = 12; UNK = Unknown

Marital Status, Current Relationship Status, and Living Arrangement

Seven participants (58.3%) reported they had never been married. Two participants (16.6%) reported they separated from their partner, and another two participants (16.6%) reported they were divorced. One participant (8.3%) reported she was still legally married to the perpetrator. As for relationship status, eight participants (66.6%) identified their relationship status as "separated." Three participants (25%) identified their relationship status as "not living together," and one participant (8.3%) identified their relationship status as "single."

Of 12 participants, four reported residing with family members, and one reported living with her children. Five reported living by themselves in their own home or apartment where their children would come to visit them or they would go to visit their children. Among these five participants, one reported that she was still residing with her former abusive partner.

Education Attainment

Two participants (16.6%) reported graduating from vocational or technical school. The majority of participants (*n* = 8; 66.6%) graduated high school or obtained a GED. Two participants (16.6%) reported they had finished an eigth-grade level of education.

Annual Income and Socioeconomic Status

All 12 participants (100%) reported their annual income was $10,000–20,000, which was below the poverty line in Texas. Of the 12 participants, two (16.6%) self-identified as middle class, and 10 participants (83.3%) self-identified as working class.

Duration of Time Separated or Divorced

Half of the participants (*n* = 6; 50%) ended their IPV relationships up to 6 months prior to the interview date. The shortest duration was 3–4 weeks (*n* = 1; 8.3%). Two participants (16.6%) reported their relationship had ended 7–12 months before the interview. Two participants

(16.6%) reported their IPV relationship had ended 1–2 years prior to the interview. One participant (8.3%) reported ending her IPV relationship 3–5 years before the interview, and another participant (8.3%) shared her relationship had ended over 11 years before the interview. The analysis of the participants' narratives revealed information on their IPV experiences and shared parenting processes, in addition to adverse childhood experiences and statements that could be attributed to attachment styles and cultural values.

Key Demographic Data

Through exploration of the narratives, several key demographic data were elucidated, including the age range of participants, descriptions of their former abusive partners, reasons for leaving their IPV relationship, duration of the relationship, amount of time since separation, and factors that complicated the participants' IPV experiences such as addiction, planned and unplanned pregnancy, and financial stress. Additionally, four participants (i.e., Alana, Faith, Kay, and Maple) reported they were physically abused by their partner during their pregnancy. Among the participants, Alana and Beth shared they were pregnant before the age of 20, and their relationships with their partners became worse after pregnancy. Alana was emotionally manipulated and made to feel guilty about using birth control, and she agreed to have a baby with her abusive partner partially to mitigate his aggression. Beth shared she wanted to leave the abusive relationship but then became pregnant with her second child and remained in the marriage, hoping the relationship would improve, although the violence became worse.

Lastly, three mothers, Gabby, Hannah, and Nala, shared they had struggled with financial support for their children. Gabby shared her former abusive partner did not comply with her request for informal child support. Hannah and Nala explained they had tried to enforce child support through the legal system, but their former partners were uncooperative. Nala indicated

she was afraid her former partner would kidnap her child because he did not want to pay for child support. Hannah recalled one conversation with her former abusive partner about child support in which he indicated that he had $20 for her five children's school supplies. Hannah also noted she and her children had lost contact with the children's father, which was not Hannah's choice. Nonetheless, Hannah successfully managed to provide for her five children without any of his financial support.

Adverse Childhood Experiences and Attachment Style Profiles

In this qualitative study, the analyses of data focused on Latina mothers who were survivors of IPV. In one key process of the study, we developed attachment profiles and identified adverse childhood experiences (ACEs) for 13 Latinas based on their reported trauma and ACEs in the interview data. In this process, I worked with two nonparticipant coders (see Appendix E and Appendix F). Over several months, I sent the coders the interview transcripts of the 13 Latina mothers and the Measure of Adult Attachment (MAA; Hazan & Shaver, 1987; see Appendix D). The two coders read the transcripts and developed attachment profiles independently based on their experiences as mental health clinicians and the guidelines of the Measure of Adult Attachment (MAA).

I met with each coder separately on three different occasions. The first meeting occurred before the analysis of ACEs, with the purpose of explaining the analysis process. In the second meeting, I spoke with each coder about the development of their attachment profiles for the participants. In the last meeting, I discussed the discrepancies of the attachment profile analysis with each coder. The two coders concluded one of the participants did not meet the criteria for ACEs. Subsequently, I met with my dissertation chair to review the data together. We agreed to

remove this participant's interview data from the sample and proceed with the interview data of the 12 Latina mothers who were survivors of IPV and met the criteria for ACEs.

Analysis of Participants' Adverse Childhood Experiences

Notably, participants' interview transcripts were guided by questions on intimate partner violence, and no interview questions addressed adverse childhood experiences (ACEs). Based on my initial analysis of the data during the transcription process, all participants identified at least one ACE, based on the criteria of ACEs identified by Felitti et al. (1998) and Finkelhor et al. (2015), which characterize ACEs that usually occur before the age of 18. Table 3 displays the ACEs coded by each coder through our separate reading and rereading of the interview transcripts. The data analysis process involved meeting separately with the two coders to compare, compiling the data into the combined data presented in Table 3, and assessing the subthemes and trends in the combined data.

Table 3

Triangulated Analysis of Participants' Reported Adverse Childhood Experiences (ACEs) and Other Trauma

Participant	Emotional abuse	Physical abuse	Sexual assault	Emotional neglect	Physical neglect	Parents' divorce or separation	Mother treated violently	Family drug or alcohol problem	Family mental illness
Alana	C3	C1, C2, C3					C2, C3	C1	
Beth					C1	C1, C2, C3	C1	C1	
Cindy	C2	C1, C2, C3			C1	C1, C2, C3			
Faith						C1, C2, C3	C1, C2, C3		
Gabby	C1, C2, C3						C1, C2, C3	C1, C2, C3	
Hannah					C1	C1, C2, C3			
Indy					C1	C2, C3	C2, C3		
Jacey	C1, C2, C3	C1, C2, C3	C1, C2, C3						
Kay						C1, C3			
Love						C1, C2, C3			
Maple			C1, C2, C3				C1, C2, C3		
Nala			C1, C2, C3				C1, C3		

Participant	Parent incarcerated	Low socioeconomic status	High peer victimization	High peer social isolation	High exposure to community violence	Comments
Alana						
Beth		C1, C2, C3			C3	Comments from C2: Nala indicated housing instability. Comments from C3: Faith was pregnant at the time of the interview. Nala stated that she grew up in a shelter.
Cindy				C2, C3		
Faith	C1, C2, C3					
Gabby						
Hannah						
Indy						
Jacey						
Kay						
Love						
Maple						
Nala	C1, C2, C3	C2				

n = 12. Key: Blank cells indicate "No." C1: Coder 1; C2: Coder 2; C3: Coder 3.

The data on ACEs were analyzed separately. Although there were some discrepancies in the findings, the majority of ACEs were congruent among the three coders. I also explored commonly reported ACEs, commonly associated ACEs, least reported ACEs, and number of ACEs reported by each participant. I met with Coder 1 to discuss ACEs regarding similarities and discrepancies of the findings. The meeting between Coder 2 and I occurred 3 weeks after the first meeting. Prior to the final organization of the data, all coders had seen ACEs tables and approved similarities and differences among the coding.

Significantly, all three coders agreed on at least one ACE for nine of the 12 participants (75%). Of the 37 total instances of ACEs counted by the three coders, 20 instances (54%) were recorded by all three coders, six instances (16%) were recorded by two coders, and the remaining 11 instances (30%) were recorded by only one coder. All three coders provided exactly matching ACE analysis data for five participants achieving a total agreement of 42%.

Commonly Reported ACEs

Of the 14 different types of ACEs included in the analysis, the most reported ACEs were witnessing the mother treated violently and parents' divorce or separation, each occurring in seven instances (58% of participants). Three participants reported instances of both ACEs (i.e., Beth, Faith, and Indy). Of the ACEs identified, the least reported were high peer social isolation and high exposure to community violence, each reported once, followed by low socioeconomic status and incarceration of a parent, each reported twice. None of the participants indicated the following three ACEs: emotional neglect, family mental illness, and high peer victimization. Notably, because ACEs were not indicated in the interview questions and were unintentionally reported while answering questions, one could not rule out the possibility that the participants had experienced those situations and simply did not report them in their answers to the IPV-

related questions. Of the 14 different types of ACEs included in the analysis, eight of the participants (67%) reported three or more types of ACEs.

Commonly Associated ACEs

Among participants who indicated more than one ACE, a few instances of commonly associated ACEs were noted, although the results were limited by the small sample size. Of the four participants who reported emotional abuse, three participants (75%) also indicated physical abuse. Of the seven participants who reported their parents' divorce or separation, four participants (57%) reported physical neglect. Of the seven participants who reported their parents' divorce or separation, three participants (43%) reported witnessing their mother treated violently. Additionally, of the seven participants who reported witnessing their mother treated violently, three participants (43%) reported a family drug or alcohol problem.

Least Reported ACEs

The least reported ACEs were high peer social isolation, pertaining only to Cindy, and high exposure to community violence, related only to Beth, followed by parent incarceration, reported by Faith and Nala, and low socioeconomic status, shared by Beth and Nala.

Number of ACEs Reported by Each Participant

As indicated in Tables 3 and 4, of the 12 participants, Beth shared the most ACEs with six ACEs reported, followed by Cindy (five ACEs); Alana, Gabby, and Nala (four ACEs each); Faith, Indy, and Jacey (three ACEs each); Hannah and Maple (two ACEs each); and Kay and Love (one ACE each). Overall, a total of 38 ACEs were coded from the data, resulting in an average of 3.16 ACEs per participant.

Analysis of Participants' Attachment Styles

Using the MAA (Hazan and Shaver, 1987) as a guideline (see Appendix D), the three coders coded each participant's attachment style based on their interview transcript. Table 4 provides the combined, triangulated results of this analysis. In addition to the secure attachment style, the two insecure attachment styles coded in this study were anxious and avoidant attachment style, and the category "unidentifiable" was used to describe cases in which a coder noted a lack of evidence for a strong indication of any specific attachment style. Finally, I used a frequency count based on the analysis to finalize attachment profiles of participants in this study.

Table 4

Triangulated Analysis of Participants' Interpreted Adult Attachment Styles

Participant	Secure	Anxious	Avoidant	Unidentifiable
Alana	C1, C2, C3*	C3		
Beth	C1, C2, C3*	C2, C3		
Cindy	C2	C1, C3*	C3	C2
Faith	C2, C3	C1, C3*	C1	
Gabby	C1		C2	C2, C3*
Hannah	C1, C2, C3*			
Indy	C3	C1, C3*	C2	
Jacey	C2	C1, C3*	C3	C2
Kay	C1, C2, C3*	C3		
Love	C1, C2, C3*	C3		
Maple	C1	C3	C2	C2*
Nala	C1, C2, C3*	C3	C2	

Note. n = 12. Key: Blank cells indicate C1: Coder 1; C2: Coder 2; C3: Coder 3. *Primary attachment style as described to the participant based on frequency counts

As indicated in Table 4, participants were assigned a primary attachment style based on frequency counts. Secure and anxious attachment styles were the most coded attachment styles in this study. Although all 12 participants were found to exhibit some degree of secure attachment

in their adult lives, six participants (50%)—Alana, Beth, Hannah, Kay, Love, and Nala—were assigned secure attachment style by all three coders. For anxious attachment style, four participants—Cindy, Faith, Indy, and Jacey—were assigned anxious attachment by two of the coders. Two participants—Gabby and Maple—were assigned different attachment styles among the three coders. Due to the inconclusive stance among the three coders, I concluded Gabby's and Maples' attachment styles were unidentifiable based on the data.

The variation in the three coders' attachment profiles for the participants was due in part to each coder's unique process of assigning attachment styles based on the participants' descriptions, and also a result of the fact that participants were not directly asked about attachment style during their interviews. Thus, coders based their attachment profiles on participants' responses about the context of their relationships with their parents, former romantic partners, and others, and the participants' stated motivations and reasoning for shared parenting and other important life decisions, including the decision to seek help from a social support system and an institutional support system.

Due to the complexity of described attachment style and limitations of the data, the findings were inconclusive among the three coders for Gabby's and Maple's attachment styles. Therefore, I coded their attachment style as unidentifiable. At the time of the interview, many of Gabby's responses portrayed secure attachment style, which was potentially related to her age and the amount of time passed since she successfully ended IPV. Nonetheless, her responses in relation to share parenting indicate that she recalled thoughts, feelings, and behaviors that could have been regarded as an insecure attachment style. In Maple's case, due to her reported lack of support throughout life, Maple indicated she could only rely on herself, her children, and the perpetrator at the time of shared parenting. Thus, her attachment style was difficult to

characterize as the coders perceived her responses differently based on conflicting factors, such as trusting the perpetrator and thinking about getting back together with him, despite also mentioning that it was a mistake to stay with him and try to fix the relationship.

Table 5 aided in analyzing the relationship between ACEs and described attachment style. No specific pattern of relations was found between the number of ACEs and participants' described attachment styles. The connections between specific ACEs and described attachment styles cannot be reliably verified due to the nature of the interview data used in this study; however, observations were made on subthemes and trends, and that comparison could be combined with a further analysis of transgenerational trauma.

Table 5

Comparison of Participants' ACEs and Adult Attachment Styles

Participant	Adverse childhood experiences	Adult attachment style
Alana	Emotional abuse, physical abuse, mother treated violently, family drug/alcohol problem; (ACEs = 4)	Secure
Beth	Physical neglect, parents' divorce/separation, mother treated violently, family drug/alcohol problem, low socioeconomic status, high exposure to community violence; (ACEs = 6)	Secure
Cindy	Emotional abuse, physical abuse, physical neglect, parents' divorce/separation, high peer social isolation; (ACEs = 5)	Anxious
Faith	Parents' divorce/separation, mother treated violently, parent incarcerated; (ACEs = 3)	Anxious
Gabby	Emotional abuse, mother treated violently, family drug/alcohol problem; (ACEs = 4)	Unidentifiable
Hannah	Physical neglect, parents' divorce/separation; (ACEs = 2)	Secure
Indy	Physical neglect, parents' divorce/separation, mother treated violently; (ACEs = 3)	Anxious
Jacey	Emotional abuse, physical abuse, sexual assault; (ACEs = 3)	Anxious
Kay	Parents' divorce/separation; (ACEs = 1)	Secure
Love	Parents' divorce/separation; (ACEs = 1)	Secure
Maple	Sexual assault, mother treated violently; (ACEs = 2)	Unidentifiable
Nala	Sexual assault, mother treated violently, parent incarcerated, low socioeconomic status; (ACEs = 4)	Secure

Note. $n = 12$

All participants reported at least one ACE and all participants were coded as secure attachment style by at least one coder. In alignment with the literature, which indicated the relationship between ACEs and insecure attachment styles (Widom et al., 2018), the data in this study suggested a relationship between ACEs and described anxious attachment style, although the findings were inconclusive as to the nature of the relationship between ACEs and described attachment style.

The most reported ACEs among participants were parents' divorce or separation and mother treated violently. Parents' divorce or separation was reported by seven participants: Beth, Cindy, Faith, Hannah, Indy, Kay, and Love. Similarly, mother treated violently was reported by seven participants: Alana, Beth, Faith, Gabby, Indy, Maple, and Nala. Significantly, all instances of witnessing their mother treated violently were due to IPV in the participants' childhood homes, which indicated a transgenerational pattern of IPV.

Six participants were assigned secure attachment style—the most commonly coded attachment style in this study: Alana (ACEs = 4), Beth (ACEs = 6), Hannah (ACEs = 2), Kay (ACEs = 1), Love (ACEs = 1), and Nala (ACEs = 4), who each had at least one ACE. Among all participants who were coded as secure attachment style, Beth had the most ACEs with a score of 6: physical neglect, parents' divorce or separation, mother treated violently, family drug/alcohol problem, low socioeconomic status, and high exposure to community violence.

Four participants were assigned anxious attachment style, which was the second most commonly attributed described attachment style in the study. Of the seven participants who reported witnessing their mother treated violently, two were assigned anxious attachment style: Faith and Indy. Three of the seven participants who reported their parents' divorce or separation were assigned anxious attachment style: Cindy, Faith, and Indy.

Despite a clear pattern of relationship between ACEs and described attachment styles formed in childhood, IPV experiences could compromise the ability to trust a former abusive partner during the shared parenting process, as the process is anxiety provoking due to the reexposure to the person responsible for the trauma. For participants with described anxious and avoidant attachment styles, research data suggested that these insecure attachment styles might lead to higher risk of victimization and revictimization of IPV (Kuijpers et al., 2012; Ørke et al., 2021), which could occur during the shared parenting process (Hardesty et al., 2017).

Cultural Values

As for the influence of cultural values, their relationship with shared parenting could be understood through cultural proximity between participants and the Latinx culture reflected throughout the interview session. Additionally, given the Latinx population in the Bexar County area made up 60.7% of the total Bexar County population as of the 2019 census (U.S. Census Bureau, n.d.), one could infer that the participants might have also been influenced by the regional Latinx sociocultural context. Moreover, I examined the interview data for evidence of cultural internalization and how Latinx culture may have impacted the participants' perceptions of IPV, how they self-identify in the sociocultural context, and the need for shared parenting.

In the interview data, I looked for evidence indicating the impact of Latinx culture in four areas: marianismo, machismo, familinismo, and Catholic or Christian values. Additionally, because language is a symbol people use to communicate, understand, self-reflect, and identify cultural values (Dowling, 2007), interview data could be analyzed to reveal participants' cultural values through their language, such as two participants using the Spanish words *Poppo* and *Mija*, when referring to someone in the family as a father figure and when referring to themselves as a daughter. The linguistic code switch in their communication in the family reflects the

participants' close cultural proximity to the Latinx culture in terms of their relationships and relational self. Furthermore, the influence of Catholicism and Christianity has governed views of marriage without divorce and inequalities in relationship dynamics that allow and accept power differentials of men over women. However, Catholicism and Christianity appeared to provide comfort as a form of religious coping and a source of hope through faith in God.

Table 6 indicates the frequency of references to Latinx cultural values captured from the interview data through my interpretation. The details and direct quotes from each participant appeared in the cultural values sheet (see Appendix G). I coded data for cultural values based on the following descriptions of Latinx cultural value concepts in Chapter 4. The following traits were used as a guideline for cultural value codes ofmarianismo, familinismo, and machismo:

- Marianismo
    - being submissive;
    - lacking sexual autonomy;
    - being responsible for the harmony of families;
    - maintaining a marriage to prevent divorce; and
    - being obedient to religious and familial expectations (Da Silva et al., 2021; Ertl et al., 2019; Falicov, 2014).
- Familinismo
    - focusing on the importance of family and close relationship among family members;
    - seeking familial support when experiencing problems, and avoiding seeking help or bringing family conflicts outside of the family due to family honor;
    - seeking informal support rather than formal support; and

- taking responsibility in helping and caring for each other, especially when family members need assistance (Falicov, 2014).

- Machismo
  - men as breadwinners who take responsibility for the well-being of the family;
  - men as the authority of the household; and
  - men possessing various negative notions associated with Mexican culture, including infidelity, aggression, and dominance (Falicov, 2014; Torres et al., 2002).

Table 6

*Frequency of Cultural Values Indicated in Participants' Interview Data (*n *= 12)*

Participant	Marianismo	Machismo	Familinismo	Catholicism/Christianity	Spanish words
Alana	2	5	7	0	0
Beth	2	4	2	1	Poppo
Cindy	0	2	1	0	0
Faith	1	3	1	0	0
Gabby	2	1	2	1	0
Hannah	2	1	1	0	0
Indy	3	0	3	0	0
Jacey	1	2	1	0	0
Kay	2	1	2	0	0
Love	1	1	2	0	Mija
Maple	3	0	1	0	0
Nala	4	0	2	2	0
Total	23	20	25	4	2

Marianismo

Marianismo was the most suggested cultural value among participants. Appendix F provides a list of quotes indicating cultural values shared in the participants' narrative. The four excerpts that follow provide examples of the influence and internalization of marianismo, which affected the way the participants responded to IPV and addressed and informed their shared

parenting strategies. In response to self-management strategies in the context of shared parenting and IPV, Alana, a 20-year-old with one child and secure attachment style, shared she had never sought help or support from anyone, and she learned not ask for help because her mother had not reached out to anyone when experiencing IPV with her father. She said:

> I never went to anybody because I saw that my mom never went to nobody. But now that I talk with my mom and I tell her, and she's like, like, "No. you're not supposed to stay; you need to go and do what you had to." That's why I got into school. That's why I gave up the car that he got me.

In comparison, Gabby, a 57-year-old with two children and unidentified attachmanet style, elaborated on her disappointment when seeking financial support from her ex-husband. She said:

> My kids went to three camps every summer. The church camp, the boy scout, or the girl scout camp. Or my son had asthma, he would go to camp for kids with asthma. And my daughter went to the church camp, the girl scout camp, and a camp for people who are disabled. I would always ask him if he would go half. And he would say "yes" but never would. So, his senior year, I told my son, I am going to ask your father if he could go half but he has to pay the first half. Because I was always pay the first half, and then I had to pay for the second half. So, he wrote the check for $100 the down payment, and the check bounced.

The concept of familinismo was also prevalent in the study. Beth, a 28-year-old with three children and secure attachment style, shared her experience as a teen mother who was in an IPV relationship for a long period of time. Right after she realized she should leave the perpetrator, she found out she was pregnant again with the perpetrator's child. As a result, she decided to stay in the IPV relationship. She said:

> I got with him at 17, got pregnant at 18, had my son at 19, our first. And then 9 years. Like the baby, my baby is two. So, it was weird like when they told me I was pregnant 2 years ago, I was like, “What!” I realized I already wanting to leave him because we were already having kind of issues. And then I found out I was pregnant. So, I had to stay, I felt like I had to stay, right. And I thought, things are going to change. But they just got like even worse. Like he would take the kids from me, he would use the kids against me. He really would**.**

Hannah, a 34-year-old with five children and secure attachment style, shared her story about not having a father figure and how this had impacted her life as a young girl, and her decision to share parenting with her former abusive partner. She said:

> Growing up, I didn’t have my dad for a few years of my life. And it’s—it doesn’t feel good. I don’t want my kids to feel unloved. I don’t want them to feel worthless. Like to have any kind of bad thoughts whatsoever. I want them to have mom and dad in the picture. I don’t want them to have a hard life.

Machismo

Some mothers specifically mentioned the negative effect of machismo in relation to their children’s dynamic with the father. Indy, a 30-year-old with three children and anxious attachment style, acknowledged her children experienced difficulty due to strife between herself and her former abusive partner. Additionally, Indy compared the normalization of her IPV experience to the normalization of abuse in her childhood home. She said:

> My children, I kind of put them in a bad situation between me and my kids’ father. He was real abusive physically and mentally and I—to me that was it; I didn’t see it as abuse because I grew up in a household where it was physical, mental, and sexually abuse all

the time. So, I kind of thought it was normal. So, my kids, now have suffered. You know, they have trauma of seeing what their father has done to me. And CPS got involved and I ended up getting a therapist and a counselor.

Love, a 26-year-old with two children and secure attachment style, noted that her former abusive partner had never physically abused their children. In the interview, Love described the dichotomy of her former partner's ability to be a suitable father, yet an unsuitable husband. She said: "He has never hit the kids. Yeah. He's always been and that's something that I've told him too, like he was shitty husband but, 'You are one hell of a dad.' He does."

Catholicism

Apart from the three cultural concepts as defined, I recognized the impact of Catholicism as a method of coping for Latina mothers in the study. Although the normalization of gender inequalities has been somewhat derived from Catholicism (Heep, 2014), data suggested a relationship with God has helped Latinas to cope during their IPV and shared parenting experiences. For example, in their interviews, three participants—Gabby, Beth, and Nala—referred to their relationship with God.

Gabby, a 57-year-old with two children and unidentified attachment style, indicated she was able to frame the aftermath of her IPV experiences as a blessing on her relationship with her children, her strength as a person, and her ability to refrain from speaking poorly of the children's father to them. She said:

> So, anyway, I know I am a strong person. I know God has blessed me with what to do. Like, a lot has to do with my belief. Like religious. I don't want to call it religious but again my Christian belief. I always just put it even back then when my husband was abusing me, it never really bothered me because I think God will take care of it. But then

> there was a moment when I was bitter and angry, but now I am back with that inner peace. And most of the time the only time I cry is when I talk about it, because it is painful. I have been rewarded; I mean hundreds of time. And I just, you know, we have always lived, and I still lived under $1,000 a month. I still do. And I but God is the owner for everything, and he provides, he has always provided. And that's about it.

Beth and Nala also showed some levels of Christian or Catholic beliefs. Beth, a 28-year-old with three children and secure attachment style, described her addiction behaviors during pregnancy and how her son miraculously survived and had normal development. She said:

> The first one, I didn't realize. The first one, I was like 3 months when I stopped. But that was on my own. But then I was like at 8 months pregnant, I remember I snorted like cocaine and then I stopped. But I have never thought, you are not supposed to do that when you pregnant. It was my first pregnancy; I was young, I thought, oh, the baby would be OK. But like with the grace of my god, my son is so healthy.

Nala, a 36-year-old with three children and secure attachment style, referred to God when she got a new job after she left her IPV relationship. She said:

> I went from nothing to something to I will be on top of the world you know, buying a house by the end of the year. Finances are going to be so good for my babies and I, you know hopefully with the grace of God, but even in God's hands right now that's all I can do; I just took the drug test and did the orientation paperwork today. So excited, hopefully, I will be good on all counts.

Nala also shared, because she had tendency to behave badly, she needed to attend church to mitigate her negative attitudes and her problematic behaviors. Both examples showed how Christianity and Catholicism could provide a source of comfort and moral values.

Emergent Core Themes and Subthemes

The Heideggerian phenomenological approach that guided this study enabled the exploration of the lived experiences of Latina mothers who were survivors of IPV through the understanding and cocreation of meanings through my interpretations of their *Dasein* reflected in the interview data. Unlike quantitative data analysis, qualitative data analysis is a process initiated at the beginning of the interview when the researcher immerses oneself in the data (Green et al., 2007).

As an interviewer, I found myself initially analyzing the data when I conducted the interviews for each participant, which resulted in the creation of my global research question. This dissertation study was designed to capture the lived experiences of Latina mothers who were IPV survivors in the context of their shared parenting decision and processes. Data analysis, which included coding of emergent core themes and narratives derived from participants, revealed their perceptions about self in relation to IPV and the shared parenting process.

Description of Core Themes and Subthemes

As the goal of hermeneutic phenomenology is to capture the essence of participants' experiences, Table 7 presents the subthemes, core themes, and the essence of the participants' shared experiences. Through analysis of the interview data, four core themes emerged in relation to the participants' shared parenting with their former abusive partners: dualities, self-sacrificing, behavioral risk for children, and support. Each core theme represents a collapsing or collation of similar ideas among the eight subthemes; therefore, the reader should note that identification of the eight subthemes preceded development of the four core themes and the essence.

Table 7

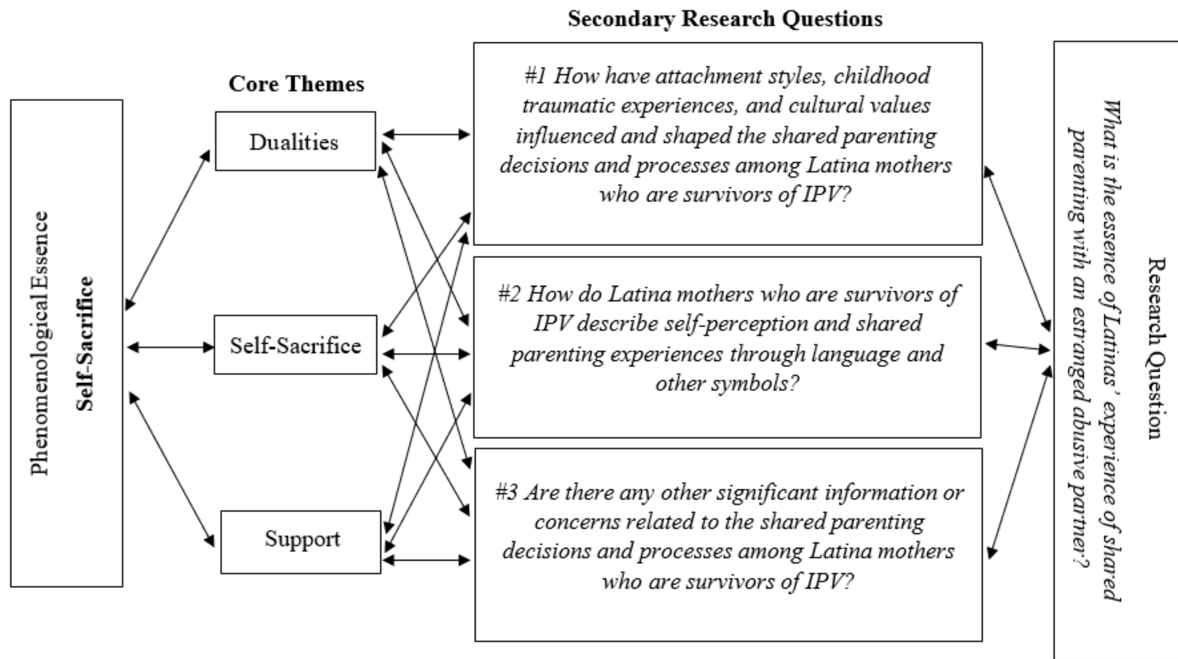
Core Themes, Subthemes, and Essence of Experiences

Subthemes	Core themes	Essense of experience
Bad Husband, but Good Father	Dualities	
Anxiety and Fear Are Part of My Life, but I Still Have Hope		
A Good Mother: The Little Engine That Could	Self-sacrificing	
I Was the Girl without a Father		
Respect Mothers and Show Effort		Self-sacrificing
Child Abuse: The Dealbreaker for Shared Parenting		
My Family Is My Main Support	Support	
I Will Always Bring Someone with Me and Meet Him in a Public Place		

Subthemes were grouped according to the most all-encompassing core theme. The two subthemes Bad Husband, but Good Father, and Anxiety and Fear are Part of My Life, but I Still Have Hope, were summarized by the core theme called Dualities. The core theme of Self-sacrificing captured the following subthemes: A Good Mother: The Little Engine That Could, I Was the Girl Without a Father, Respect Mothers and Show Effort, and Child Abuse: The Dealbreaker for Shared Parenting. Finally, the core theme of Support comprised the subthemes Family Is My Main Support and I Will Always Bring Someone with Me and Meet Him in Public Place. As I transitioned from more descriptive coding to more interpretive coding, the core themes served as the connection between subthemes (i.e., similarities in participants' expression of ideas) and the essence of participants' experiences (i.e., the indispensable, underlying idea across all participants' experiences). By exploring and analyzing patterns in subthemes, the core themes represent a summary of these patterns. Figure 3 demonstrates among the research questions and findings, including core themes.

Figure 3

Mapping Between Research Questions and Findings



Core Theme 1: Dualities

The core theme of dualities encompasses two subthemes, Bad Husband, but Good Father, and Anxiety and Fear are Part of My Life, but I Still Have Hope. This core theme showed the dialectical way of being among participants as they described their contradictory thoughts and feelings, which cooccurred as they lived through their IPV experiences and shared parenting process. Ultimately, the mothers' expectations and hopes were closely related to the well-being of their children.

Bad Husband, but Good Father

Text units for nine participants (75%) were coded to this subtheme. It is important to clarify that a "good father" in this context meant a father who always took good care of his children, did not abuse his children, and was good enough for participants to collaborate with in

the shared parenting process. Of the nine participants who shared information in this subtheme, three mothers reported their estranged partners were a good father, and six reported their former abusive partners were a good enough father. Three participants shared they decided to share parenting not because their estranged partner was a good father nor a good enough father. Rather, they engaged in the shared parenting process because their children loved their father, and that qualified him as a good father.

Despite reporting multiple risks to themselves, mothers were willing to face their fears about shared parenting to ensure that their children maintained a relationship with their father. Mothers believed a father figure was extremely crucial for child development. Additionally, more than half of the participants identified their former abusive partner as a good father despite IPV behavior, and the other participants expressed their trust in the potential of their abusive partner to become a good father to their children. Although mothers acknowledged violent risks to themselves associated with shared parenting, they minimized risks posed by their former partners to their young children apart from their own risks, and believed their former partner was a "good father" who should have a chance at parenting. Consider the "bad husband, but good father" comments of Love, a 26-year-old with two children and secure attachment style; Cindy, a 31-year-old with five children and anxious attachment style,;and Kay, a 25-year-old with three children and securre attachment style, who indicated conflicting thoughts and feelings about the perpetrator in relation to their roles as husband and father. According to Love, she said:

> He has never hit the kids. Yeah. He's always been and that's something that I've told him too, like he was shitty husband but, "You are one hell of a dad." He does. (*laughs*) But I'm like, "Oh, the truth though. You were a shitty husband, but you've always been one hell of a dad," and you know, some people don't understand it. But that's because they

didn't interact with them, like my oldest daughter too. I tell her all the time. "Daddy fell in love with you way before he ever fell in love with me."

Cindy shared:

> As far as my kids. No. He is. You know. Aside from him being abusive with me, he loves the kids. That's probably the only thing I can give him is that him loving our kinds [kids] and being there for them. It just—he has relationship issues and there is nothing I can do about that. I just don't want to deal with it. He is definitely a good father. He works very hard for his kids, you know. If they need something, he doesn't question it, he does it.

In Kay's words:

> Oh, yes. They want to visit him. They have nothing bad to say. "My dad takes me here. He gives me these, he gives me that. My dad loves me. We watch movies together and we go to the park." Things like that—He's a good father. He was never bad to his children ever. He didn't even put a finger on them. His discipline was taking their favorite toy. But he was a shitty husband.

Two participants described how their former abusive partner needed to become a better father. Gabby, a 57-year-old with two children and unidentified attachment style, shared, although she thought her former abusive partner was a decent father, good fathers should not hurt the mother of their own children. She said:

> I always think men, they have conditions. They don't have that nurturing; they didn't carry the baby. [For] Mothers, they are part of you. You know, I told my children, "we shared the same heartbeats for 9 months." There's a difference. I mean, [I] don't mean fathers [who are] really, really good fathers to their children. Well, he is good, but not good. Because if he was a good father . . . he would be good to their mother.

Similarly, Jacey, a 26-year-old with three children and anxious attachment style, shared that a good father should be good to the mother of his children, and she decided she would not share parenting until her children's father sought help through an institutional support system, recognized his own limitations, and tried to improve himself. She said:

> I don't feel like they should unless their dad has taken classes and came to an understanding of what he was doing was wrong. And, you know, and can have that courage to explain and tell our kids that what he was doing was wrong and that's not the way of life. If he's able to step up and do all of that, then we can consider, you know, letting the kids see him. But until that happens, I just kind of want to keep them distant from that lifestyle.

Maple, a 34-year-old with four children and unidentified attachment style, expressed the importance of self-improvement along with the importance of asking children if they wanted to see their father. She elaborated that children's decisions should be considered when mothers think about shared parenting. She said:

> I think only if he has helped himself and things have changed or if it is different surroundings, I think so. And it is also up to the children, with their feelings. I think it is important for the child to have their input or say-so. If they're still getting angry easy and able to start some domestic violence, basically I definitely don't think so because I do not think the child should continue seeing that, especially from their father. Because they might not want to or be scared.

Almost all participants shared they did not feel their former abusive partner would intentionally harm their children. This fact had increased their trust in the shared parenting process. Therefore, they reported no direct risks toward their children, except in the case of

fathers who might have been under the influence of drugs and alcohol. Nevertheless, because they reported multiple concerns about their own safety, the risks and concerns for mothers of young children were difficult to differentiate from the risks and concerns for their children. When asked about risks related to their children, mothers reported that the children might witness abuse directed toward the mother, or the father might speak poorly about the mother to the children. The mothers expressed concern that these two behaviors of the father could cause emotional damage to the children, because coercive control toward mothers and weaponization of the children could potentially cause adverse effects to the children's psychological well-being. Nevertheless, 11 of the 12 mothers decided to share parenting with their former abusive partners.

Anxiety and Fear are Part of My Life, but I Still Have Hope. Text units for 12 out of 12 (100%) participants were coded to this subtheme. After having been treated violently, it is hard to believe that one would be able to leave the IPV relationship without struggling with fearful and anxious feelings when forced to interact with the perpetrator. Although the participants were aware of the risks associated with shared parenting, one can infer that some of the mothers' additional negative feelings leading up to, or when thinking about, their share parenting decision were also related to their perceptions of themselves through the eyes of their children. Mothers in the study also shared their coping experiences to manage their anxiety and hopelessness, and their self-management strategies to overcome fear and arrive at hope and solutions. The Latina mothers in this study reported they were afraid their children might become resentful toward them if the children were kept away from their father. Moreover, the mothers also reported they feared the possibility of their children's father speaking poorly of them to their children, or failing to provide the best care for their children during shared parenting. Beth, a 28-year-old with three children and secure attachment, explained:

> Coping skills like you know like, "I am not here for him, for myself. I am here for my kids." Grounding myself like, "I am in a safe place." Like there are people around. And I don't have to talk to him, you know. Before, I thought I had to say something to him. I don't have to talk to him if I don't want to. And like, physically like the other day, I saw him and like, he didn't have to get like so close to me. Like we had to pass by each other during the visit, and he could have went like that against the wall. But he literally came towards me and couldn't went like that, like arm-length from him. I got so scared; I literally just get my hand on my sunglasses like this the whole time. And I started thinking in me, "is that like a thing for me?" Now it makes me feel protected, I don't know what the crap I thought. I would poke him with my glasses or something [laughing].

Indy, a 30-year old with three children and anxious attachment syle, shared:

> There was a time when I didn't see my kids, he took off with them and I didn't see them for weeks. And it was before we had a court ordered agreement and everything and he was hiding. And that's what I, what I, what I fear; that's what I fear; that's what I worry about all the time. Like if there's anything happening to them. He, there was a time when my kids told me that they were staying at a friend's house. At one of his friends' houses.

Love, a 26-year-old with two children and secure attachment style, also shared:

> But if I felt that he was putting my kids in danger, putting [them at] risk, then. . . . I'm sorry, but you're not going to see them. Not until you start acting right. Like I said, I'm hoping that this time in jail kind of put things in perspective for him. So, he'll come out and he'll be the dad that I need him to be for them. So, fingers crossed man, fingers are crossed.

Nala, a 36-year-old with three children and secure attachment, agreed:

> So, working two jobs. So, finances are very important, to answer your question, you know, that to say that financial plays a role in life. You know, like, right now he has [the] kids for the summer; it hurts me, because I love my babies and I want them right here next to me. But I'm going to use this summertime to work two jobs, not one, you know. And save, hopefully, I may get the second job like it's a true blessing. I went from nothing to something to I will be on top of the world you know, buying a house by the end of the year. Finances are going to be so good for my babies and I, you know hopefully with the grace of God, but even in God's hands right now that's all I can do; I just took the drug test and did the orientation paperwork today. So excited, hopefully, I will be good on all counts**.**

Core Theme 2: Self-Sacrificing

The core theme of self-sacrificing comprised three subthemes: (a) A Good Mother: The Little Engine That Could, (b) I Was the Girl Without a Father, and (c)Respect Mothers and Show Effort. All the three subthemes were prevalent throughout interview sessions. The content of the interview allowed me to contextualize lived experiences of mothers who are survivors of IPV in the context of shared parenting. I learned mothers in the study sacrificed themselves for many reasons based on their hope to be a good mother, their childhood experiences without a father, and, overwhelmingly, for the future of their children.

A Good Mother: The Little Engine That Could. Text units for 12 out of 12 (100%) participants were coded to this subtheme. All participants shared they sacrificed themselves and tried their best to provide for their children, and also tried their best to make sure that their children were emotionally okay with the separation and were adjusting well to shared parenting.

Most of the Latina mothers in the study were raised in the Latinx cultural context, which emphasizes the concept of marianismo, related to self-sacrifice for children and the well-being of the family (Falicov, 2014; Mendez-Luck & Anthony, 2015). The shared parenting decision among participants in this study was also informed by the belief that a good mother should not stop her children from having a relationship with their father, and mothers should support such relationships to the best of their ability.

Participants described struggling with the possibility their children might someday inquire why they did not have a chance to know their father. Moreover, the participants reported the children were not at fault for their parents' relationship issues; therefore, the children should not bear the consequences of their parents' divorce or separation. The Latinas in this study described themselves as mothers who took full responsibility for their children's feelings when the father disappeared from their lives, ignored them, or did not follow through with visits. Understandably, there were times when the mothers experienced difficult emotions while trying to comfort the children, as explained by Gabby, Cindy, and Indy. Gabby, a 57-year-old with two children and unidentified attachment style, said:

> My kids went to three camps every summer. The church camp, the boy scout, or the girl scout camp. Or my son had asthma, he would go to camp for kids with asthma. And my daughter went to the church camp, the girl scout camp, and a camp for people who are disabled. I would always ask him if he would go half. And he would say yes but never was. So, his senior year, I told my son, I am going to ask your father if he could go half but he has to pay the first half. Because I was always pay the first half, and then I had to pay for the second half. So, he wrote the check for $100 the down payment and the check bounce. And then he just never made good, and my son didn't go to the Macy's parade.

Indy, a 30-year old with three children and anxious attachment syle, shared:

Whether it means anything to any parent who's not in the children's life because it doesn't only have to be father, it could be anyone. They're not there when certain things happen. Certain things happen you know like for instance, some child going into school just little things like that. Little things like that like for instance my daughter just started in middle school this year. And that's a one thing that I told her. Because unfortunately. They saw their father out in public at HEB. And my oldest, she didn't really, it didn't really bother her. But my other two, they tried calling him from across the way, like, "Daddy, Daddy," and he just ignored them. He's ignored them and he didn't pay attention to them and I don't think it really bothered my girls. . . it more so bothered my son. But I tried to explain to each and every one of them, "Hey, don't worry about it; don't let it bother you. It's—Daddy wants to be like that; let him. He's the one missing out on y'all. Y'all are going to middle school. Y'all are making good grades. Y'all are the ones who have news to tell him every day. What it what does he—What is he doing? You know he's— he's missing out on—on this. Y'all are not missing out on anything with him. He's not going into a new grade; he's not making good grades." You know it's like that.

As described by Cindy, a 31-year-old with five children and anxious attachment style:

One would be frustration. When he starts saying stupid things, I would get frustrated, and I had to walk away. Another one would be disappointment if he didn't show up for some reason. You know, I would have to be the one who explain to the kids, and that's really hard. Frustration, well, they both would be trying to get our mind of off what just happened and try to make it fun for them and me. Take them to the movie and— well, I

> had to explain, sit them down and explain to them and trying to explain it to myself. Like, "you knew it's going to happen." You didn't know but it happened. So, "get over it." I mean there is nothing much you can do about that. [For] me would just be the get over it part. "Just get over it, tomorrow is a new day."

Despite perceived burdensomeness, which frequently happened during the shared parenting process, most mothers chose to give their former abusive partner an opportunity be in their children's lives as long as the father did not harm the children. Additionally, some mothers perceived themselves as "not a good enough mother" for their children, which was especially evident in mothers who had a son. This self-perception related to gender differences also led to their decision to share parenting, due to the beliefs that their estranged partner could be a good father for their sons and that mothers should sacrifice themselves and risk share parenting for the sake of their children.

In addition, mothers identified their children's feelings and opinions as an important factor in their shared parenting decisions. Mothers also wanted to provide a better future for their children after successfully leaving the IPV relationship. Some mothers indicated shared parenting would be contingent on their children's willingness and participation, which implied that the mothers considered themselves as "a good mother" when they considered their children's feelings and viewpoints. As Jacey, a 26-year-old with three children and anxious attachment style, explained:

> My children, I kind of put them in a bad situation between me and my kids' father. He was real abusive physically and mentally and I – to me that was it; I didn't see it as abuse because I grew up in a household where it was physical, mental, and sexually abuse all the time. So, I kind of thought it was normal. So, my kids, now have suffered. You know,

they have trauma of seeing what their father has done to me. And CPS got involved and I ended up getting a therapist and a counselor. And the more I talked to them, the more I know that the lifestyle I was living was not the right way and how I grew up wasn't a way any child should grow up and I'm now learning that and trying to fix it through my kids. And try to get them a better lifestyle so they won't grow up as I did, thinking that this was normal.

Nala, a 36-year-old with three children and secure attachment, said:

> If my kids will talk to me about wanting more time with him or wanting to see him, then I would try to facilitate that. I don't want them to feel like I'm trying to keep them from him, apart. I don't want to be portrayed as a bad mom.

Cindy, a 31-year-old with five children and anxious attachment style, agreed, saying:

> That's the thing. I know that they love their dad. I mean they cried for him, they missed him, you know, they tell me when they would even see him. So, I mean, I would not do that to them because they just would grow up resenting me.

After successfully leaving the IPV relationship, the participants expressed their intentions to be better mothers partly because of self-blaming thoughts and feelings of guilt and shame due to their involvement in an IPV relationship. Their unconditional love for their children shaped their decision to share parenting despite traumatic experiences in their intimate relationship.

I Was the Girl Without a Father. Text units for 11 out of 12 (91.6%) participants were coded to this subtheme. This theme covered participants who grew up without a father, or participants who experienced ambiguous loss in which the father was not psychologically present in their lives. Five participants specifically reported they grew up without a father. Six participants shared their father was not psychologically present in their lives. These reasons led

participants to decide to engage in the shared parenting process because they wanted their children to have a father. Only one participant in the study reported she had a good relationship with her father. For Faith, a 25-year-old with one child and anxious attachment style, she said:

> It was very important to me because like I said, I didn't have my father around. And that is something I carry with me and it's just an emotional battle and I don't want that for my son.

Kay, a 25-year old with three children and secure attachment style, said:

> I mean, he grew up, he was in the home with us. My son grew up with his father. Of course, when he left, he asked about him. and I let him see the father. I didn't want to keep my son away from him because I don't know my father.

Love, a 26-year-old with two children and secure attachment style, explained:

> My parents divorced when I was two. And my kids were a little older when you know, me and my ex-husband separated. So, I didn't want to keep them from him because it wouldn't. It was hurting them.

Beth, a 28-year-old with three children and secure attachment style, agreed, saying:

> I would want them to have contact with their dad to know who their dad is, you know, because I grew up without a dad, I know how that feels. So, I would want him to be part of dad's life. But do supervised visit.

Beth, Faith, Kay, and Love shared that they did not want their children to experience painful emotions from not having a father around because of their experiences growing up without a father. Therefore, the mothers chose to share parenting with a former abusive partner, despite the risk of reexperiencing forms of IPV during the shared parenting process.

Respect Mothers and Show Effort. Text units for 12 out of 12 (100%) participants were coded to this subtheme. Mothers in the study indicated respect for the mother of their children was the most essential attitude that perpetrators needed to exhibit when engaging in the shared parenting process. Despite the mothers' acknowledgement that the end of the intimate relationship did not necessarily signal the end of the violent relationship with their former abusive partner, they shared, if the partner learned to treat them with respect, there would be hope for shared parenting. Cindy, a 31-year-old with five children and anxious attachment style, explained:

> There has to be like a mutual respect because without respect, nothing can work. If you don't have respect, then there is no point in even trying. No respect and trust, that's pretty much the main issues in any relationship. I mean without that there is no point, just let her go.

Gabby, a 57-year-old with two children and unidentifiable attachment style, said:

> So, I am thinking . . . for the sake of the children, to treat their mother with respect and to try to get along with their mother, and not to talk badly about their mother.

Jacy, a 26-year-old with three children and anxious attachment style, stated:

> You know, in order for us to coparent, that's what needs to be done. He needs to, you know, respect me. And, you know, my relationship with the kids, and how I'm raising the kids. If he has any, you know – if he has concerns, he has as much as I do too. I feel like we should talk like – we should be able to talk about it without it leading to an argument or to a fight. You know, we should be able to talk. Maybe if my kids ask for him or if I see that he's trying to put effort into—I seen how they're doing, you know, talking to

them on the phone like a daily basis or something or maybe two or three times a week. If he's putting effort, you know, I would.

In addition to respecting the mother, the participants noted that the shared parenting process was contingent on the fathers showing effort to engage. As painful as the process might be for both parties, the participants maintained that two parents were required to make that transition and provide the best parenting experiences for their children. Participants indicated fathers should understand the significance of the shared parenting opportunity and take that second chance to engage with their children and move forward from their past relationship with the mother of their children. Love, a 26-year-old with two children and secure attachment style, stated she desired the following of her former partner:

> To put in a little effort. If you want to see your kid, unfortunately, you're going to have to deal with us and be patient because we're still trying to get over how—how you hurt us, and just throw in that little bit of effort. Because at least we see you're trying and that matters a lot.

Faith, a 25-year-old with one child and anxious attachment style, explained:

> So, they (fathers) should have respect and be appreciated that us mothers are willing to do their share of parenting because in the end, the court system will always be with the mother regardless. So, therefore they should be grateful, I guess.

Nala, a 36-year-old with three children and secure attachment style, said:

> So, just make sure that very many exchanges, be thankful for those exchanges. Don't sabotage yourself. Don't hurt, you know, just shut up and enjoy the blessing. That is your kid. Because your words can hurt, and they are abusive and they hurt more than any punch or any kick, or any object you can use to hurt the person. Words hurt the most.

Based on participants' interview responses, a father's respect toward the mother included refraining from speaking poorly about the mother to the children or in front of the children. Although this subtheme might not be influential enough to impact the shared parenting decision, subthemes played a crucial role when mothers elaborated on their concerns about risk factors of shared parenting. Significantly, this potential risk was shared among most of the mothers in the study, as evidenced by remarks from Kay and Beth. In the words of Kay, a 25-year-old with three children and secure attachment style:

> Do not bad-mouth the other. Your ex. In front your children or to your children because it hurts them, and it affects them.

Beth, a 28-year-old with three children and secure attachment style, also worried about it, stating:

> Disappointment, verbal abuse like him telling them things again about me, and just like the mental abuse because they're going to be stuck with them forever in their mind like my dad wasn't there. Or my dad said this about my mom and all that, just like come into competition together you know.

Child Abuse: The Dealbreaker for Shared Parenting. Text units for 12 out of 12 (100%) participants were coded to this subtheme. Among the many risks that participants reported in the study, including being retraumatized by physical, sexual, or psychological abuse and being controlled by their former partner, the mothers reported that the most crucial deal breaker for shared parenting was child abuse by the father. The 11 participants who engaged in shared parenting shared a clear, ultimate goal of providing a better future for their children through the shared parenting process. Thus, the mothers perceived child abuse as a phenomenon that stood against the principle of shared parenting. Ultimately, participants were ready to draw

the line and end the shared parenting relationship if their former abusive partners abused their children.

Faith, a 25-year-old with one child and anxious attachment style, explained:

> My son's safety or my safety. If he got violent towards me in front of my son, or if my son came home for bruises or cuts that his father can't explain how he got them. It's totally why I would stop the arrangement.

Gabby, a 57-year-old with two children and unidentifiable attachment syle, also stated, "Definitely if I thought he was abusing them physically. Without hesitation I would have tried to fight because I know." Nala, a 36-year-old with three children and secure attachment style, would cease shared parenting. She said, "If he was abusive towards my children, any type of abuse, anywhere, verbal, emotional, mental, or physical, sexual."

Core Theme 3: Support

Notably, social support was crucial, based on the participants' lived experiences both during their attempts to leave IPV and during the shared parenting process. Under core themes of Support, there were two subthemes: My Family is My Main Support, and I Will Always Bring Someone with Me and Meet Him in a Public Place.

My Family Is My Main Support. Text units for 12 out of 12 (100%) participants were coded to this subtheme. All mothers shared that support from their family of origin and/or family of choice before and during shared parenting was crucial. All participants in the study identified at least one person in their lives who helped them in the shared parenting process.

Support manifested in many different forms including helping to take care of the children, presenting at the shared parenting scene to function as a buffer between mothers and the estranged father, providing moral support and advice, and offering a place to live during the

time of transition. Thus, main support systems served as a catalyst in the process of healing among mothers who are survivors of IPV, particularly helping mothers to realize there were ways to get out of intimate partner violence relationship. Only a few participants in the study shared they had formal support. Nevertheless, all participants in the study had already received help with the advocacy organization for survivors of IPV, and some participants endorsed seeking professional or legal support in or outside that organization. As described by Kay, a 25-year-old with three children and secure attachment syle:

> Comforting and you know with everything. She's there for me; she (her grandmother) doesn't judge me and that's one of the main things. You need somebody who are not judging you in a situation like this because it is not our fault that this is happening. It's just something that occurs in more in a lot of relationships and a lot of women have gone through it and some of them don't come forward and say what's going on. So, my grandmother is my greatest support.

In the words of Alana, a 20-year-old with one child and secure attachment style:

> Yeah. Because I mean I tell myself I am not going to tell her (Alana's mother who is IPV survivor). But those times were. There were times like I'd be in the back seat with my baby and she'd be driving and something just happened and she thinks that I'm calling her just to call her to come pick me up, and I'd look at my baby and I started crying and I had to look like—how can you do that? And then start telling her; she was like, "Why don't you tell me?" Because I don't want everyone to know like what's going on. So, I feel guilty when I look at my baby and they tell her like, "What do I do?"

Cindy, a 31-year-old with five children and anxious attachment, explained:

You know. I was totally alienated from my family, none of my family came to see me. I didn't go to see them. Nobody called. Nothing. The only person that got through was my best friend. He didn't even like her coming over, but he was scared of her. So, it's weird. But after we broke up, she helped me, she was like the main one that helped me be able to come outside, take my kids to doctor's appointments and stuff like that. Every day. Every day she stayed with me until the kids got off from school because she has kids too. Our kids go to school together. We have been friends for 13 years.

I Will Always Bring Someone With Me and Meet Him in a Public Place. Text units for 10 out of 12 (83.3%) participants were coded to this subtheme. Although risk management strategies were not part of my research questions, findings predominantly reflected different strategies mothers used when engaging in shared parenting with their former abusive partners. The most common risk management strategies among participants were involving a third party during the shared parenting visit, followed by supervised visitation, or meeting the estranged partner in a public or designated place. Seven participants reported supervised visitation and bringing the third party as the most helpful risk management strategies. Five participants reported meeting in a public place was the most helpful because they believed the estranged partner would be well behaved in a public setting. One participant believed there was no need for supervised visitation or meeting in a public place at all because her ex was a good father. Another participant reported her ex would not be amicable with her, and it would be best to ask family members to facilitate the shared parenting.

A couple of mothers reported attempting to read and gauge emotional cues of the former abusive partner prior to exchanging the children by noticing his tone of voice and/or facial expression. This strategy was based solely on the traumatic experiences of mothers because they

tried to compare cues of emotional dysregulation of the father during shared parenting to the time right before their estranged partner became abusive toward them. Additionally, mothers reported intentionally keeping shared parenting interactions brief, which could also help decrease the likelihood of experiencing abuse. Having a protective order against the perpetrator was reportedly helpful; however, the effectiveness of this strategy depended on characteristics of the estranged partner and might not have been effective among perpetrators with extensive history of defiant behaviors toward authorities. Two participants reported it was difficult to obtain a protective order due to the waiting time to ensure their safety. Alana, a 20-year-old with one child and secure attachment, described:

> I would always go to my neighbor because he would never let anything up and he'd, he'd always protect me and the baby; he'd always make sure that when he heard arguing and making a walk in and grab our daughter like not going to do that sets you apart on the same floor.

Cindy, a 31-year-old with five children and anxious attachment, said:

> Well, definitely always have somebody with me, you know, just in case anything happen, they would be able to do something. I guess it does not hurt to have a backup person.

Hannah, a 34-year-old with five children and secure attachment style, said:

> There was no more physical. It's just verbal. But now I just. For the longest time, what comes out of his mouth means nothing to me. So, what I did – whenever – not now, but in the past when there was time for the kids to see him, I would drop them off at his sister, and I would stay in my car. Or go see him some place. . . I have never been alone with him or anything like that. There's always somebody is there. More than one person. There are a few people around, yeah.

Jacey, a 26-year-old with three children and anxious attachment style, stated:

> But if he has stopped, the best way I can think of is dropping my kids off with his mom, their grandma. And letting her supervises the visits and everything until, you know, she gives me feedback and I get feedback from my kids that he's doing well.

Love, a 26-year-old with two children and secure attachment, said, "And I will always have somebody with me. Whenever we exchange the kids, it just makes it easier because he's not going to act like a fool while someone's there."

Maple, a 34-year-old with four children and unidentified attachment style, explained:

> I would talk to him before he got off of work to hear the tone of voice. He would, l have, when we would talk because sometimes he sounded frustrated or excited and he sounded frustrated. I tried to act like, I tried not to bombard him with so many. I would talk a lot when he came home, and it would frustrate him because he didn't want to hear nothing. He just wanted to relax because he just got back from work. And I always tried to start with dinner or something.

Nala, a 36-year-old with three children and secure attachment style, said:

> I am in a process cycle. I hope so that they get it again. I think they have 14 days I guess, which I think is much BS. I get the messy situation at that particular order (protective order). Same day. They were like, "Oh, that's an emergency," like yeah, but if like police or you know, like something, there's always a way. There's too much grey on what protective orders is and that needs to be immediate, like the first particular order I filled up didn't even make it to the right hand because I didn't fill out all this other paperwork over here for the situation going on. And I didn't talk to this person and have an interview over here with that person. Because I didn't do all of that, because I didn't have gas to

come back the next day. So, now I never got the basic thing I needed at that time, which was a protective order, you know, I think they didn't make me feel safer. Yes. But it's like trying to try to go just to get one, you know, by the time I even got the paperwork for the second one, I was living in a shelter by then, you know.

Essence of Experience

Contextualized by described attachment styles, reported adverse childhood experiences, and cultural values, 11 of the 12 Latina mothers in this study indicated that they planned to share parenting with their former abusive partner. Ultimately, these factors impacted and contributed to the essence of the participants' shared parenting experiences, which can be described as self-sacrifice. Latina mothers in this study shared the essence of experience reflected through three core themes and eight subthemes.

As for the first core theme, Dualities, the mothers had ambivalent feelings toward shared parenting and their estranged abusive partner, but they chose to share parenting to make sure their children had relationships with their fathers. This is a form of self-sacrifice, as mothers risk their lives and well-being to engage in the shared parenting process. Moreover, several emotions including fear, guilt, and shame coexisted with hope to complicate mothers' self-perceptions and behaviors related to shared parenting decisions and processes. Mothers chose, often against their better judgment, to share parenting in hopes of providing better current and future socioemotional health for their children facilitated by contact with their fathers.

As for the second core theme, Self-sacrifice, the underlying experiences described in the four subthemes—a good mother: the little engine that could, I was a girl without a father, respect mother and show effort, and child abuse: deal breaker for shared parenting—punctuated mothers' unquestionable willingness to put children's needs before their own emotional and

mental health and safety, despite the inherent dangers of shared parenting with someone who has used violence in the past. As for the third core theme, Support, mothers would seek all the help they could get, despite potentially losing friendships or relationships with family members along the way. It was also a sacrifice to arrange and coordinate supervised visitations, file for protective orders, or quit jobs to attend therapy to have visitation with children. Ultimately, mothers were motivated to share parenting with their former abusive partner from a perspective of self-sacrifice for their children. For some participants, their willingness to self-sacrifice originated in part from their desire to give their children what they did not have in their own childhood.

Research Questions

In this section, I review findings based on the study's research questions. First, I respond to the study's three secondary research questions, afterwhich I focus on the essence of Latinas' lived experience of shared parenting in an IPV context by addressing the study's global question. A brief summary closes out this chapter.

Secondary Research Questions

In this study, I proposed three secondary research questions on the shared parenting process among Latina mothers who were survivors of IPV. To meet the secondary research goal of further analyzing Latina mothers' shared parenting decisions in the context of their IPV, attachment styles, childhood traumatic experiences and cultural values, a side-by-side analysis of the data on the participants' attachment styles and childhood traumatic experiences was provided to highlight observations and overarching core themes corresponding to those two factors of the participants' identities and experiences. Finally, participants' profiles with direct quotes from the interview data were provided in Appendix G to enable their stories to enrich the hermeneutic

phenomenological data analysis, and further elucidate subthemes related to the participants' shared parenting decision involving their former abusive partners. The data analysis revealed the following additional information that could further answer secondary research questions.

Secondary Research Question—Attachment, Childhood Trauma, and Culture

Secondary Research Question 1 asked: How have attachment styles, childhood traumatic experiences, and cultural values influenced and shaped the shared parenting decisions and processes among Latina mothers who are survivors of IPV?

The data from attachment profiles indicated half of the participants (6 out of 12) had a secure attachment style, followed by anxious attachment style (4 out of 12). Due to the limitations of the data, the attachment style was identifiable for two participants, and no participants were assigned avoidant or disorganized attachment style. Although it was unclear whether attachment styles directly impacted the shared parenting decision, data from the participants' narrative on ACEs showed that ACEs contributed to the participants' shared parenting decision-making. Given that a link between ACEs and attachment style was prevalent in some research studies, it can be inferred that decisions to share parenting among participants in this dissertation study were impacted by ACEs, especially for physical abuse and neglect, which can affect anxious and avoidant attachment styles (Widom et al., 2018).

Additionally, I inferred the influence of Latinx cultural values as the participants self-identified as Latina and shared narratives that reflected Latinx cultural values including marianismo, machismo, and familinismo, and the Catholic/Christian beliefs. The participants' narratives also revealed their closeness to their family members, and their tendency to seek help from their family rather than institutional support. Nonetheless, I recognized the reason for this behavior might not be exclusive to Latinas, as it could also be found in people from other

collectivistic cultures. Reluctance or inability to seek social support can also be partially attributed to attachment styles and/or ACEs, and the systemic oppression that minority women face in the United States.

Secondary Research Question—Language of Self and Shared Parenting

Secondary Research Question 2 inquired: How do Latina mothers who are survivors of IPV describe self-perception and shared parenting experiences through language and other symbols? Even though I looked for other symbols that could indicate experiences of shared parenting, there werer no other collective symbols among participants that would represent the shared parenting experience better than language. Therefore, language was the primary symbol used in my analysis and cocreation of the findings. This secondary research question was primarily answered by the participants' narratives that I created based on my interactions with them during the interview process, combined with demographic data. The participants' answers varied depending on their stage in the IPV recovery process and the shared parenting process. Additionally, receiving IPV intervention, psychosocial intervention, and, in some cases, legal intervention, also shaped the ways in which they viewed themselves and guided their shared parenting approaches.

Participants' responses indicated their self-perceptions in the IPV recovery process were influenced by sociocultural context. For mothers in the shared parenting process with their former abusive partner, the complexity of the sociocultural context included not only their relationship with the estranged partner, but also their interactions with their available support systems, including both institutional and social support systems. Of note, for this group of Latina mothers, their main support systems were their families of origin and/or families of choice.

Participants' attachment styles and ACEs impacted how they identified social support and whether they preferred family of choice over family of origin.

I learned from some participants, including Love and Nala, verbal and emotional abuse could create excruciating pain that felt even stronger than the physical abuse they had experienced during their IPV relationship. This finding highlighted needs for emotional support and effective clinical intervention during the IPV recovery process. Moreover, for some mothers, psychological impact was also exacerbated by adverse childhood experiences, particularly for those who experienced their parents' separation, physical abuse, sexual abuse, verbal abuse, and/or psychological abuse. Although most IPV incidents were recognized by police in the event of physical injury, the larger effects of psychological violence needed to be addressed in a societal and cultural context.

Significantly, I observed mothers who engaged in reauthoring their stories through interaction with support systems and therapy were able to view themselves as more empowered and capable of recovery, which caused some participants to refer to themselves as survivors. The power of narratives could aid participants in the process of recovery from traumatic experiences and allow them to make informed decisions on shared parenting. Thus, the transition period out of abusive relationships that allows mothers to become survivors of IPV is a crucial time that impacts shared parenting decisions and processes, especially when mothers can see themselves in a different light.

The period of time awar from the IPV relationship creates an opportunity for survivors of IPV to gain control of their situations and work to decrease the impact of shame and guilt within themselves. However, the time when women try to leave IPV relationships is the most dangerous, as they are at the highest risk for escalation of violence. Accordingly, women need

the most support when they are attempting to leave an IPV relationship to ensure a successful and safe departure, especially if they have young children.

Although most of the mothers were aware and verbalized their needs to avoid engaging in romantic relationships with their former abusive partners postseparation, most mothers also decided their children should have a father in their lives. This shared parenting decision prompted the mothers to establish some forms of communication between themselves and their estranged partner while trying to maintain their independence and safety. For most participants who had strong support systems and who could rely on their family of origin and/or family of choice, one common strategy during the shared parenting process was to involve their support system in shared parenting visits for safety, support, and supervision.

Regardless of attachment style, it is crucial to understand that mothers who experienced IPV might feel anxious when facing the perpetrator, even though they perceive themselves as survivors and feel empowered during the shared parenting process and secure in other aspects of life. Thus, clinical interventions involving safety planning, the ability to manage anxiety and regulate emotions, and the ability to recognize warning signs of violence must be provided when working with mothers who are survivors of IPV. Lastly, the legal system should strive to be a reliable source of safety and stability for mothers and children when shared parenting occurs amid the threats of IPV revictimization.

Secondary Research Question—Shared Parenting and Risk Management Strategies

Secondary Research Question 3 explored: Is there other significant information or concerns related to the shared parenting decisions and processes among Latina mothers who are survivors of IPV? Three components of additional information were identified in response to this secondary research question. The first was the understanding that the end of an IPV relationship

does not equal the end of violence, especially among mothers who are IPV survivors. The establishment of a new shared parenting relationship with an estranged partner was described as challenging, and for some mothers, dangerous. Nonetheless, mothers who were survivors of IPV in this study chose to try shared parenting with their children's fathers to provide psychological safety, and sometimes financial stability, for their children. Eleven out of 12 mothers reported their partner was "a good father," and this was part of the reason mothers decided their children should have a longstanding relationship with their father.

The lived experiences participants described in interviews allowed me to comprehend how those years in IPV relationships had made these IPV survivors doubt themselves as individuals who had the ability to protect themselves and their children. The participants suffered destruction of their confidence due to their inability to stop perpetrators' violent behaviors directed at them during the IPV relationship. Therefore, in the process of healing and developing a new parenting relationship, mothers who survived IPV implemented multiple risk management strategies to ensure their safety and their children's safety. This process included both informal and formal support systems, and clinical intervention to strengthen the mothers' self-confidence, self-efficacy, and self-worth.

Risks Related to Mothers and Children in the IPV Context. The second part of the answers to Secondary Research Question 3 was revealed by the reported risks to participants and their children in the IPV and shared parenting context. Mothers also revealed risk management strategies that they employed during the process of shared parenting, particularly relying on different support systems to ensure safety for themselves and their children.

As indicated by Gabby's and Maple's narratives, for some mothers, older children could be a helpful source of support and insight into the shared parenting process. For mothers with

young children, such as Alana and Beth, risks to the mothers and their young children were virtually impossible to separate. Although the shared parenting experiences differed for each participant based on factors such as the nature of the children's father, ages of the children, and other extenuating circumstances, one key admission from the participants was the indication that most of the participants' children had witnessed abuse directed at their mother by their father. The longer mothers stayed in IPV, the more likely their children were to witness abuse. This finding could be taken into consideration when providing relationship education to survivors of IPV, teenagers, and young girls in Bexar County to prevent the exposure to ACEs and address problematic cultural values that accept IPV.

The Complexity of Participants' Risk Management Strategies. The last part of the answer to Secondary Research Question 3 is related to the ways mothers manage risks in the shared parenting situation. The participants reported different combinations of risk management strategies based on varying safety concerns for themselves and their children, and their ease of access to formal and informal support. The most common risks reported by mothers were risks of verbal and emotional abuse by their ex-husbands, and escalation to physical abuse. The participants reported that risks to their children were mostly related to emotional abuse. The most common forms of child abuse feared by the mothers included the father speaking poorly of the mother in front of the children, kidnapping the children, or otherwise causing the children to be taken from the mother.

Generally, participants who reported informal support from their family of origin and/or family of choice could engage in effective risk management strategies. Members of the participants' families of origin were the most frequently mentioned source of support in the study, followed by family of choice. Six participants identified their own mother was their main

support throughout the shared parenting process. Of note, most survivors of IPV need support from people in their lives whom they can trust to understand their situation without judgment.

Moreover, the most common risk management strategies were bringing a third party to a shared parenting visit, and supervised visitation assisted by informal supports including family members or family of choice. It is important to recognize that most of the participants were aware of risks associated with shared parenting. Nevertheless, the beliefs that their children needed to have a strong relationship with the father, that a good mother should allow their children to have a relationship with their father, and the impact of the mother's childhood experiences without a father outweighed the needs for safety among mothers who survived IPV.

Additionally, as to the mothers' self-identities, I found that, when engaging in the process of postseparation shared parenting with effective support systems, the process of leaving IPV and shared parenting contributed to mothers' self-acceptance, self-love, and self-efficacy. This crucial recovery process allowed the mothers to access hope and be able to accept their traumatic experiences while simultaneously trying to build a meaningful life beyond IPV.

Global Research Question

The global research question of this study was: What is the essence of Latinas' experience of shared parenting with an estranged abusive partner? Based on my interpretation, the essence of Latinas' experience of shared parenting with an estranged abusive partner is self-sacrifice. Self-sacrifice is closely related to the idea of being "a good mother." Latina mothers in this dissertation study based their shared parenting decisions and processes on their children's well-being and needs, rather than their own safety and comfort. There were two crucial aspects reflected from my interpretation of the data. The first aspect of self-sacrifice was exemplified by prioritizing the well-being of their children, especially in relation to their children's connection

with their father. Mothers in this dissertation study described multiple obstacles, including the risk of revictimization and negative emotions including fear, sadness, anger, guilt, and shame associated with their IPV and their shared parenting experiences. Nevertheless, all but one mother decided to put aside their safety and well-being for the sake of their children and agreed to share parenting. I found this essence to be universal across all interviews.

The second aspect of self-sacrifice in this study is related to participants' children's needs. All participants took their children's voices into consideration when planning shared parenting. Even though it often required mothers to sacrifice their own pride and sense of safety to communicate with the perpetrator, this was a price they had to pay to ensure their estranged partner had the ability to be "a good father" for their children before engaging in the shared parenting sessions. Due to the essence of self-sacrifice, mothers did not report the risk to self as the reason to end the shared parenting arrangement. The only reason to end the shared parenting relationship among the majority of mothers was any form of child abuse toward their children. Regardless of how mothers were treated by their estranged partners during the IPV relationship, they shared that the two important qualities they wanted from their former abusive partner during the shared parenting process were respect and focused attention by the father on the children rather than the mother.

As one would expect, mothers' risk-management strategies, including communication and negotiation with their former abusive partner; engaging a third party; employing supervised visitation methods; and arranging to meet their estranged partner in a public/designated space for the shared parenting process limited some forms of self-sacrifice and introduced caution. Mothers unconsciously justified their willingness to be self-sacrificing through cultural values of marianismo and familinismo, which place responsibility for family harmony on women and

emphasize the duty of motherhood. These concepts impacted relational self and shaped their self-identities as "good mothers." Moreover, ACEs related to growing up with a single parent and feeling emotionally neglected by the father contributed to the decision to share parenting for some mothers, with hopes of preventing psychological trauma for their children in attempt to stop transgenerational trauma.

Overall, self-sacrifice was found to be a key component of two of the three Latinx cultural concepts discussed in this dissertation—familinismo and marianismo. This underlying belief in self-sacrifice, when combined with ACEs and their impact on one's attachment style, provides a more illuminated perception of the essence of Latinas mothers' experience of shared parenting with an estranged abusive partner. In light of this dissertation study, one can see the subtle personal and sociocultural influences that shape the decision-making process of shared parenting for Latina mothers who are survivors of IPV. With this dissertation's more comprehensive explanation of this phenomenon specific to this demographic in the IPV shared parenting context, I hope to raise awareness among all members of society—including young women and men, mothers and fathers, policy makers, law-enforcement officers, health-care workers, and mental health practitioners—and advocate for a more empathetic approach to effective intervention and policy change to ensure the safety and well-being of this population and their children.

Summary

Findings of this study indicate the impact of ACEs and normalization of IPV in the Latinx cultural context contributed to the shared parenting decisions and processes among Latina mothers who were survivors of IPV. Although participants reported they were aware of significant risks to themselves associated with IPV, most participants reported they decided it

was important for them to share parenting with the estranged partner for the sake of their children.

Overall, the findings supported the interpretation that participants were primarily self-sacrificing in their motives and behaviors related to postseparation shared parenting with a former abusive partner. Because the decision-making process of these participants is inevitably complex and shaped by various factors, including adverse childhood experiences and cultural values, the participants' shared parenting experiences could not be attributed to any one specific influence. Accordingly, the notion of intersectionality supported the conclusion that, although the participants shared commonalities in some of their lived experiences, such as identifying as Latina, recovering from an IPV relationship, and engaging in shared parenting decisions and processes, each was also impacted by other factors unique to their situations, past lived experiences, and sociocultural values.

The self-relation of survivors as mothers and their feelings of guilt and shame created in the context of IPV were also contributing factors in shared parenting decisions and processes. With significant prevalence throughout the study, the concept of "being a good mother" influenced self-sacrificing behaviors among Latina mothers and was reflected in their risk-management strategies to ensure safety for themselves and their children.

Chapter 6

Conclusions, Implications, and Recommendations

In this chapter, I present a summary of the study and its findings, including an overview of participants' lived experiences, a summary of core themes, and the essence of experience among Latina mothers who are survivors of intimate partner violence (IPV). I reflect on the theories integrated in the research design: attachment theory, adverse childhood experiences, symbolic interactionism, and intersectional feminism. Conclusions from the findings are presented with emphasis on the essence of experience among participants' self-sacrifice in relation to overall significance and effective risk management strategies to mitigate IPV revictimizations and coercive control. I discuss implications for systematic change in law enforcement and judicial and family systems. For the mental health system, I include clinical implications for the general field of mental health practitioners, especially marriage and family therapists. Furthermore, I provide recommendations for future research to further explore the shared parenting experience in the context of IPV through the lens of attachment styles, adverse childhood experiences (ACEs), and cultural values. Finally, I call for the replication of the study with different groups of minority women in the United States, and women in other countries in collectivistic cultures where IPV is impacted and shaped by a patriarchal system.

Summary

This dissertation presented a Heideggerian phenomenological qualitative analysis of interviews with 12 Latinas who survived an IPV relationship and engaged in shared parenting decisions and processes with their estranged abusive partner. Participants' narratives were initially reviewed for their accounts of ACEs and their potential attachment styles to examine whether these life events potentially influenced shared parenting and risk management. Then, the

analysis focused on the influence of cultural values and risk management strategies on the shared parenting process. The goal of this study was to explore and understand the essence of shared parenting experiences, including decisions and processes, among Latina mothers who were survivors of IPV. Ultimately, participants' essence of experience was self-sacrifice. Among 12 Latina mothers, self-sacrifice was exemplified through their decisions to share parenting after leaving the perpetrator for the sake of their children, despite risks to themselves.

Overview of Participants' Lived Experiences

Looking at the context of participants' lived experiences in relation to shared parenting, three areas emerged: (a) the shared parenting process, (b) cultural values, and (c) normalization of IPV. Negative effects of IPV on survivors are often severe and lingering, especially for women of color (Harper, 2017). Moreover, IPV survivors experience lifelong psychological, physical, social, and financial impacts after the end of IPV (Hing et al., 2021).

Even though Latina mothers who are survivors of IPV recognized risks to themselves in the shared parenting context, the majority of participants decided to share parenting with their former abusive partner. In this study, I explored reasons informing participants' motivations and decisions for shared parenting, including the possibilities of insecure attachment style (i.e., anxious, avoidant, or anxious avoidant), at least two ACEs, and cultural values that allow and accept power differentials between men and women.

Cultural Values: Marianismo, Machismo, and Familinismo

Cultural values that generate gender inequalities among people in collectivistic cultures (Kalunta-Crumpton, 2015; Mshweshwe, 2020; Sikweyiya et al., 2020; Tonsing & Tonsing, 2019), including the Latinx culture, enable IPV. The concept of marianismo, which emphasizes the role of women as being family-centered and self-sacrificing for the sake of family harmony,

combined with the factors of socioeconomic status, educational attainment, and isolation, impacted the ways in which these Latinas interacted in IPV relationships (Da Silva et al., 2021). Moreover, the concept of familinismo further subjugates women and enables IPV by focusing on the family unit rather than the well-being of women (Falicov, 2014). Additionally, the cultural value of machismo, which emphasizes the role of men as the breadwinner, protector, and head of the household, places the importance of men over women and implies the acceptance of violence in the family (Dietrich & Schuett, 2013; Falicov, 2014). Thus, one can infer Latinx cultural values can dramatically impact shared parenting decisions among this population.

These cultural values are embedded in larger patriarchal culture. The global influences of patriarchy in collectivistic cultures focusing on loyalty to the family and interdependence generate promulgation and acceptance of IPV (Gerino et al., 2018; Milani et al., 2018; Mshweshwe, 2020; Sokoloff & Dupont, 2005). Patriarchal misconceptions created by power differentials between men and women, such as the idea that men are inherently more valuable than women and are meant to preside over women, sustain the prevalence of IPV and put women and children at risk of inadequate cultural and societal support. Similarly to Latinx culture, data from around the world reveals the effect of IPV normalization in the lives of women and children in collectivistic cultures. Socialization processes in family and society pressure women to be predominantly responsible for family harmony and marital happiness (Tonsing & Tonsing, 2019). Without effective societal and cultural interventions, this misconception will continue to affect both women and children.

Summary of Core Themes

Three core themes were elucidated through the exploration and coding of participants' interview responses related to their shared parenting experiences in the context of their IPV

histories with their children's fathers, their sense of self regarding IPV recovery and shared parenting, their ACEs, their cultural values, and their attachment styles. The core themes were: Dualities, Self-sacrifice, and Support. The summary of core themes is based on relevant coding phrases, which characterized the most widely reported interview statements from participants.

Dualities

As for the motivation for shared parenting, dualities in the participants' thoughts and feelings were most evident in their ability to compartmentalize fear and IPV trauma to orchestrate a better future for their children, which generally included keeping the children's father in their lives. Participants evoked the concept, "bad husband, but good father," to explain their motivation to share parenting, citing reasons such as children's need of a father figure in their lives, abusive husbands not necessarily being abusive fathers, and parenting with their former abusive partner despite IPV history.

Although participants expressed anxiety and fear about shared parenting, those feelings were mitigated by intense hope for the success of the shared parenting process. Participants' hopes were evident in their ability to identify time as a deciding factor in shared parenting and, in some cases, recognize their self-worths beyond motherhood and the value of emotional support in their recovery processes. Participants shared the desire for their former abusive partners to allow them to move on by focusing on the children during shared parenting rather than harassing the mothers. Additionally, mothers hoped shared parenting would be the best outcome in the long-term for their children as a prominent deciding factor and mitigation of their guilt.

Self-Sacrifice

Aligned with the statements pertaining to dualities, participants exhibited the core theme of self-sacrifice through repeated affirmations that their children's well-being was the main

deciding factor for shared parenting. The mothers explained they were reluctant to take their children from their fathers. Some participants described obligation to a sense of fairness felt toward both the children and their fathers that contributed to their decisions to share parenting. Some mothers who had experienced the absence of a father figure in their childhood related willingness to sacrifice their own comfort to engage in shared parenting, in the hope of sparing their children those feelings of loss and abandonment the mothers felt when they were younger.

Participants framed their endeavors for independence after leaving IPV in the context of seeking financial autonomy and improving living situations for themselves and their children. Some participants worked two jobs or made other sacrifices to ensure that life away from their perpetrator was suitable for their children. Mothers sought respect, clear and open communication, and a sense of safety from their estranged partner, but on all counts were faced with a lack of cooperation from the fathers. However, despite this lack of reciprocation, mothers made the sacrifices they felt necessary to continue the shared parenting process for the sake of their children.

Support

Participants largely reported reliance on supportive figures, mainly family, to ease their trepidation about shared parenting. Participants endorsed a clear preference for informal support over formal support. For most of the mothers, their support was a small yet precious group of people. Participants prevelantly reported their family of origin, family of choice, and/or their children as their only trusted support. Eight participants endorsed involving a family member or other third party in shared parenting to promote communication, limit verbal abuse and arguing, and mitigate other behavioral, emotional, and, in some cases, physical risks to themselves and their children. In contrast, four participants reported seeking legal support, including court-

ordered visitation and/or a protective order, but only three of those four participants reported formal support was helpful for shared parenting.

The Essence of Shared Parenting in Context of IPVs

As for participants' decisions to share parenting after IPV, the most important finding of this study was self-sacrifice. Although there were few reported experiences of physical or sexual abuse among Latina mothers in the study, coercive control was a persistent threat throughout shared parenting experiences. Coercive control, defined as a tool that can be used to control women from afar, is a strategy used by perpetrators to control survivors of IPV after relationships end (Stark, 2007). In this study, survivors reported their former abusive partners sometimes weaponized children by turning the children against their mothers, or using children to persuade the mothers to have contact or meet other demands. Thus, the shared parenting process usually increased the likelihood of retraumatization for mothers by engaging in communication or being in the same physical space as their former abusive partner (Hardesty & Ganong, 2006). Although the shared parenting process among high-conflict couples is complex and most often puts women and children at risk (Hardesty, 2002), 11 out of 12 participants in this study reported they decided to share parenting with their estranged partner. Thus, self-sacrificing was the essence of shared parenting among Latina mothers who survived IPV.

Research Questions

To fill the aforementioned gap in knowledge related to the lived experiences of Latina mothers who are survivors of IPV in the shared parenting context, I interpreted data with the following research question: what is the essence of Latinas' experiences of shared parenting with an estranged abusive partner? The study illuminated that self-sacrifice was a core value and the essence of experience among Latina mothers. This value was a key component in the decision to

share parenting with former abusive partners. Mothers in this study compromised their own safety and well-being to ensure their children would have contact with their fathers. The importance placed on self-sacrifice and the prioritization of their children's needs, even at the risk of revictimization and coercive control, was influenced by ACEs and cultural values that shaped the way mothers understood their roles as a good mother. Attachment style was suspected to have also influenced the essence of experience; however, the relationship between attachment style and the shared parenting decision was unclear.

Additionally, to fully capture the essence of participants' experiences, I explored three secondary research questions:

1. How have attachment styles, childhood traumatic experiences, and cultural values influenced and shaped the shared parenting decisions and processes among Latina mothers who are survivors of IPV?
2. How do Latina mothers who are survivors of IPV described their shared parenting experiences through language and other symbols based on their self-perception in the IPV context?
3. Is there other significant information or concerns related to the shared parenting decisions and processes among Latina mothers who are survivors of IPV?

Secondary Research Question 1 was answered by Latina mothers' reports of how their ACEs, cultural values about family. and roles as mothers prompted them to make every effort to share parenting with their former abusive partners. For Secondary Research Question 2, Latina mothers described their motivation for shared parenting as part of being a good mother—a self-perception that was shaped by cultural values, and for some, by their ACEs. Lastly, Secondary Research Question 3 was answered primarily by participants' emphases on risk management

strategies. Prominent risk-management strategies reported in this study initially involved social support via the presence of a third party at the shared parenting arrangement, followed by supervised visitation and meeting in public places, all of which were informed heavily by risks to children, but also by acknowledging risk to self.

ACEs and Attachment

Fourteen types of ACEs (Finkelhor et al, 2015) were captured in the data analysis process. These findings contextualized the ways some participants engaged in shared parenting decisions and shared parenting processes. Unlike the influences of ACEs and cultural values on shared parenting, the impacts of attachment styles and shared parenting experiences in this study were broad due to lack of assessments and interview questions directly aimed to explore attachment styles of participants. Nevertheless, based on attachment profiles developed by myself and two coders, a potential relationship exists between attachment styles and shared parenting. The findings from this dissertation suggested a possible connection between insecure attachment styles, especially anxious attachment style, and decisions to share parenting between participants and their former abusive partners.

Cultural Values

In examining the relationship between cultural values and shared parenting decisions and processes, based on my interpretation of the data, I found Latinx cultural values including marianismo, machismo, familinismo, and Catholic or Christian belief ingrained in the lives of the participants. The use of Spanish words by some participants in describing themselves or others in the context of family relationships underscored the importance of culture. As the relational self can be created through cultural institutions, including family and ethnic heritage (Gergen, 2015), I used the analysis of expressed cultural values to aid in understanding how participants in this

study formed their relational selves and perceptions toward ACEs, attachment styles, and IPV experiences from the amalgamation of the Latinx culture and overarching U.S. culture.

I inferred the impact of familinismo, the cultural concept of the importance of keeping the family together, and marianismo, the concept of women as matriarchs who sacrifice themselves for the unification of the family, influenced the shared parenting decision among this population. This is especially true for those who focused on how other people in the family system perceived them as a person. The impact of these two cultural values also influenced mothers to accept the normalization of IPV in the family and conform to their expected role without seeking help from outside sources. (Dietrich & Schuett, 2013).

Implications of the Findings

Ultimately, the essence of experience among participants in my dissertation study is self-sacrifice. During the interview process, I found myself trying to comprehend and interpret the process in which most participants described their shared parenting decisions. Even though the decision to continue shared parenting was initially unfathomable to me due to levels of risks and the psychological impact of IPV experienced by the survivors, I gradually understood the shared parenting decisions and processes when I looked deeper into the data and arrived at the essence of their experiences. Participants reported self-sacrifice and chose to rely on their family and informal support systems, including friends, as part of the shared parenting decision, which aligned with research by Braback and Guzmán (2009), who indicated that Mexican American women IPV survivors preferred seeking informal support compared to formal support.

Findings of this dissertation study illuminated the complexity of Latina mothers' shared parenting experiences. Self-sacrifice was identified as the essence of their experiences. Although most mothers decided to share parenting, their IPV experiences contributed to difficulties

negotiating and participating in shared parenting with their former abusive partners. Additionally, findings also suggested that cultural values and some ACEs influenced shared parenting decisions and processes. Although IPV survivors reported multiple risks in shared parenting with their estranged partners, survivors in this study perceived having the most safety when involving a third party or supervised visitation.

Cultural values also played a role in shaping the participants' motivations and self-perceptions about shared parenting, especially through the values of marianismo and familinismo, which emphasizes the idea of being a good mother who promotes family unity and well-being through self-sacrifice. The normalization of the power of men over women through the concept of machismo also exacerbates the prevalence of IPV among the Latinx family through oppression of women.

Furthermore, the finding highlights the importance of providing early intervention for children who have experienced trauma, especially related to IPV. As data suggested that the impact of ACEs, especially witnessing violent incidents between parents, can result in lifelong effects on attachment style leading to children becoming victims or perpetrators of IPV in their adult lives (WHO, 2021), intervention is necessary to mitigate the transgenerational effects of IPV in the family. Relationship education and psychoeducation on IPV should be provided to families to help them recognize all forms of violence in relationships. Additionally, the interpretation of cultural values that have supported and normalized IPV should be challenged by relationship education and psychoeducation on the effects of IPV on mental health and the health of families. Furthermore, practitioners should be aware that Latina mothers who are IPV survivors are less likely to seek help when compared to Latina survivors who do not have children (Sabina et al., 2014).

Four participants sought legal support, including court-ordered supervised visitation or a protective order, to ensure their safety. Based on the findings, the participants sought both social support and institutional support to mitigate the risks inherent to shared parenting with an abusive ex-partner. However, without the help of informal support as a catalyst, this population might not pursue institutional support due to stigmatization and marginalization experiences. Therefore, educating the survivors' families and loved ones and optimizing access to institutional support are essential requirements to improving the shared parenting process among couples with IPV history, and ensuring the safety and well-being of children.

Theoretical Implications

Under the social interactionism paradigm, which indicates that multiple realities exist through the subjective truth and relational self of each individual (Gergen, 2015), findings from this dissertation study can be understood through the theoretical lenses of symbolic interactionism, intersectional feminism, and attachment. Symbolic interactionism theory describes the ways humans interact and create meanings of self and others through different cultural values, whereas intersectional feminism emphasizes sociocultural power differentials that shape human experiences (Collins, 2019). These two theoretical frameworks shed light on the essence of experiences of Latina mothers who are IPV survivors, particularly due to power differentials between men and women. Moreover, symbolic interactionism and intersectional feminism provide insight into how larger systemic oppression is interconnected with personal trauma such as ACEs, all of which can influence attachment styles and the self-creation process. I used these three theoretical lenses and the concept of ACEs to capture the essence of lived experiences among this population.

Symbolic Interactionism

Symbolic interaction theory explains the development of signs and perceptions of individuals centering around people and sociocultural context (Blumer, 1969), which simultaneously forms in-flux relational selves and lived experiences (Gergen, 2015). In this study, the shared lived experiences among IPV survivors were described through their recollection of memories, which contained stories of love, loss, and hope. Signs of abuse were discussed openly among survivors during the interview process. The tacit knowledge of personal warning signs uniquely understood and recognized only by survivors of IPV through their time in IPV relationships directed participants to practice safety behaviors for themselves and their children. Moreover, interventions provided by mental health practitioners in group and individual sessions taught IPV survivors to develop self-management strategies essential to the participants' well-being, such as involving trusted individuals while exchanging children with perpetrators. The third party chosen by survivors and people in public spaces who might have witnessed IPV served as symbols for safety, which helped to ease mothers' anxiety while exchanging their children. For IPV survivors, these symbols elicited a sense of safety and trust that could lead to hope and recovery. Additionally, personal signs of violence perceived by IPV survivors are key for helping them engage in effective strategies and behaviors for the safety of themselves and their children.

Intersectional Feminism

Through the lens of intersectional feminist theory, which emphasizes intersections of race, gender, sexual orientations, socioeconomic status, educational attainment, and religiosity, I argued Latina mothers who were survivors of IPV and lived in southern Texas had unique IPV experiences and needed specific, culturally appropriate, effective clinical interventions. These

interventions should be provided by mental health and health care practitioners. Moreover, educational intervention provided by educators should be implemented in the education system.

Intersectional feminism, which focuses on individual differences, can help mental health practitioners to provide trauma-informed care based on the individual, cultural, and societal factors that define the needs of each IPV survivor (Kulkarni, 2019). Moreover, I recognized systemic marginalization impeded participants' abilities and willingness to seek help and receive validation from overarching systems, including the judicial system and law enforcement.

Additionally, despite the coalescence of an overarching culture around gender equality to combat violence against women, it is important to bridge the gap between the Latinx culture and the overarching culture, especially in regions where Latinx cultural values are prevalent and may contribute to normalization of IPV. By increasing understanding of IPV among the Latina population, survivors' families of origin could fulfill roles as crucial support systems for IPV survivors. To achieve this task, it is crucial to engage and recruit different social and religious sectors who have access to Latinas to help mitigate problems at the societal and community levels (Postmus et al., 2014). Engaging these different sectors can contribute to culturally based interventions that combat the normalization of IPV. Lastly, when looking at the IPV phenomenon through the lens of intersectional feminism in conjunction with attachment theory and ACEs, mental health practitioners can capture and intervene in both traumatic internal and external sociocultural experiences of women survivors of IPV to validate their worth and emphasize self-acceptance.

Attachment Theory

Multiple studies have identified relationships between insecure attachment styles (i.e., anxious and avoidant attachment styles) and intimate partner violence (Allison et al., 2008;

Doumas et al., 2008; Godbout et al., 2009; Kuijpers et al., 2012; Ponti & Tani, 2019; Sandberg et al., 2019; Sommer et al., 2017; Velotti et al., 2018). One study conducted with 216 participants showed an association between avoidant attachment style and withdrawal behaviors in conflict situations (Bonache et al., 2019). In contrast, individuals with anxious attachment styles might engage in ineffective conflict resolution strategies that escalate IPV situations.

The complexities of attachment style that could affect the ways people relate to others could also impact participants' IPV experiences. Understanding attachment style can help mental health practitioners develop case conceptualization and formulate appropriate treatment plans when working with IPV survivors (Gibby & Whiting, 2022). Although data from some research indicated insecure attachment styles can contribute to IPV victimization (Dutton, 2006; Dutton & White, 2012; Spencer et al., 2021), at the time of writing, there were no data that explained a relationship between attachment styles and the shared parenting decision among IPV survivors.

Although data in this dissertation study were unclear as to the relationship between attachment styles and the decision to share parenting, it is important for researchers to consider separation from primary caretakers during childhood, especially from the father, can create psychological trauma and impact attachment styles of individuals leading up to the decision to share parenting with their former abusive partner. Therefore, to ensure women's and children's safety, it is important for social sectors, including schools, community health clinics, and religious organizations, to help promote relationship education on signs of IPV relationships among school-aged children, young couples, and couples with small children.

Adverse Childhood Experiences. The first ACEs' data were released in 1998 and indicated a significant link between ACEs and health problems (Felitti et al., 1998). Later, the link between ACEs and IPV was explored in the literature, revealing the high likelihood of

individuals who witnessed violence between their parents as children to become involved in IPV as either survivors, perpetrators, or both (Forke et al., 2018). As of 2018, 44% of young people who had witnessed violence in the household had also experienced violence in their dating relationships (Forke et al., 2018). Among pregnant women who were exposed to IPV, 85% reported ACEs, the most common including parental separation or divorce, childhood sexual assault, and mother treated violently (Li et al., 2020). Moreover, both ACEs and IPV experiences can link to physical and mental health outcomes, and because ACEs and IPV can cause emotional and behavioral dysregulation, it is difficult for IPV survivors who have been exposed to ACEs to self-regulate (Seon et al., 2021).

Emotional dysregulations and the inability to communicate effectively during conflict created in the invalidating environment, including dysfunctional families and structural inequalities, can be a link between ACEs and IPV (Forster et al., 2021). Understanding ACEs among survivors and perpetrators of IPV can help mental health clinicians make informed decisions in providing effective treatment when working with both populations. Additionally, other interventions, including relationship education in family systems that have not experienced IPV or situational couple violence, can improve relationships among couples and help mitigate ACEs, along with parenting education that can ensure children’s psychological well-being.

Implications for Law Enforcement, Judicial, and Mental Health Systems

Through the lens of intersectional feminism, IPV is a problem related to power differentials between men and women, which specifically impact women of color at a higher rate compared to Caucasian women (Crenshaw, 1991; Kulkarni, 2019). Given the complexity of the problem associated with the nature of IPV and postseparation shared parenting between Latina

mothers who survived IPV and their estranged partners, I call for systematic change in the legal, judicial, and mental health system.

Women of color are less likely to report IPV to authorities, health care workers, and mental health professionals due to a history of marginalization (Stockman et al., 2015; Wu, 2021). Additionally, minority women experience various types of IPV and other factors that exacerbate their IPV experiences, including childhood violence, structural inequalities, and sexual minority stressors (Whitton et al., 2021) at a higher rate compared to their White counterparts. Furthermore, although the shared parenting and custody evaluation should be based on the best interest of the child (Bastaits & Pasteels, 2019; Elkin, 1991; Kline Pruett & Donsky, 2011), literature indicates the legal and judicial systems work against the safety of women and well-being of children in child custody cases among couples with a history of IPV (Galántai et al., 2019; Kernic et al., 2005; Silverman et al., 2004).

In this study, although I collected data from a violence prevention program, participants reported they initially sought help from people in their informal support systems prior to arriving at the agency. In addition to family and loved ones, participants found supervised visitation and protective orders against the perpetrator could be helpful for the shared parenting process, especially for those who did not feel safe around the perpetrator during shared parenting and did not have strong support from family or loved ones in the process. Although a protective order had been identified among participants as an important tool to keep themselves safe from their perpetrators, Latinas found it difficult to obtain one (Messing et al., 2017). Data under the core theme of Support echoed the literature, as participants reported difficulties successfully receiving protective orders in a timely manner, despite pursuing them as part of a risk management

strategy. This barrier can compromise the safety of this population and their children during the shared parenting process.

In addition to shortcomings related to recognizing IPV and the need for justice for minority women who experience IPV, the legal system has not provided adequate gun control—a fact that only compounds the problem. Approximately 4.5 million women in the United States have experienced an event in which their abusive partner has used a gun to threaten them (Sorenson & Schut, 2018). Women in this study reported living in fear of being controlled by violence and the potential of revictimization perpetrated by their estranged partner. Thus, effective gun control laws can help reduce women and children's risk of harm.

Law Enforcement

Women of color are less likely to report IPV to law enforcement officers compared to White women due to the belief that justice is unlikely to be served (Novisky & Peralta, 2015; Rivera, 1994). Black women perceived police officers as one of a few reliable sources to help intervene in violence in their IPV relationship (Decker et al., 2019). In contrast, Black women in the Baltimore area reported hesitation in reporting IPV to police officers due to the not beliving police officers would take their IPV issues seriously, and as a result, their partners might end up being harmed or incarcerated. Latinas are less likely to report IPV to authorities due to lack of trust in law enforcement, feelings of shame and guilt, and loyalty to the perpetrator and the family (Dietrich & Schuett, 2013; Rivera, 1994).

The lack of trust in the law enforcement system and subsequent reluctance to engage with law enforcement and child protective services among IPV survivors is also related to the cultural aspect of wanting the family to maintain status quo (Bragg, 2003). This is especially true among Latinas who strongly endorse a concept of familinismo and feel the need to hide family conflicts

from outside systems (Falicov, 2014). In addition to lack of trust in the law enforcement system, survivors of IPV may find their attempts to reach out to police about IPV to be fruitless, or even counterproductive, due to lack of physical evidence.

Two women in this study reflected on their different experiences seeking help through the law enforcement system. One participant expressed concern about the possibility of being physically harmed by the perpetrator while she was waiting for the protective order to be approved. Although the law enforcement system creates the belief among IPV survivors they will be protected with the protective order, it is also crucial for the system to ensure the process of receiving it. Additionally, another participant reported the inability to make a police report when her child was kidnapped by her former abusive partner because she was legally married to the perpetrator, whose name was on the child's birth certificate.

Although IPV-related convictions for domestic disputes are usually decided based on physical injury of women, gun use can create psychological impact for IPV survivors (Sorenson, 2017; Sorenson & Schut, 2018). In most male-on-female violent incidents, gun use is the most common method used by perpetrators to cause psychological harm on women (Sorenson, 2017). Therefore, the practice of using physical injury as an indicator to complete police reports has caused many initial reports of violence made by IPV survivors to be overlooked or dismissed by law enforcement, which further endangers survivors and may also discourage them from reporting future IPV incidents. In open-carry states such as Texas, it is crucial to recognize the threat of gun violence in the home often goes undetected because it leaves no marks and is a difficult type of coercive control to prove. Moreover, when the altercation escalates, it could lead to femicide or familicide, specifically for high-conflict couples.

Given Latinas are less likely to seek help from law enforcement officers due to systemic oppression (Dietrich & Schuett, 2013; Messing et al., 2015; Rivera, 1994), it is important for the legal system to work to build trust among Latinas and other minority women by increasing community engagement and sociocultural awareness about IPV and its effects on the family. Moreover, police officers should work with school and community mental health clinics to educate women about IPV, resources available to them, and enforcement of the law.

Judicial System

The criminal justice system in the United States fails to recognize power differentials, institutional sexism, and systemic oppression among IPV survivors who are minority women (Wu, 2021). Therefore, minority women who survive IPV are less likely to report IPV due to fear of being treated unfairly (Decker et al. 2019, 2020; Rivera, 1994). This limitation of the judicial system impacts shared parenting among minority women and their perpetrators by forcing them into court-ordered shared parenting without acknowledging the risks for women and their children.

Similar to the law enforcement system's limitations, many forms of nonphysical IPV occur without recognition from the judicial system. The findings of this study reflected the ambiguity of shared parenting decisions. Multifaceted motivations and factors related to leaving the perpetrator or staying in the IPV relationship were influenced by external circumstances outside participants' control, which they responded to by self-sacrifice for the sake of their children's safety and well-being. Furthermore, the findings of this dissertation study shed light on how physical violence, psychological violence, and different forms of coercive control impact the shared parenting process among Latina mothers and their former abusive partners.

Apart from different forms of IPV, coercive control can be best understood through the lens of gender inequality between men and women, as a strategy used by perpetrators to control their victims from afar (Stark, 2007). Coercive control through the weaponization of children is common among IPV perpetrators, who use the shared parenting as a tool to harass, threaten, or harm mothers and their children. Although coercive control has been recognized as an illegal act in the United Kingdom since 2015 (McGorrery & McMahon, 20121, there are no legal consequences of coercive control in the United States. Among different forms of coercive control, nonfatal strangulation was used by men in abusive relationships at much higher rates than women perpetrators (Stansfield & Williams, 2018). Even though coercive control is not legalized, the current law enforcement and judicial system should provide the support to prevent or alleviate the use of coercive control through measures such as support to offset the isolation of the survivors, especially among women who share parenting with their former abusive partners.

Mental Health System

Although there are multiple repercussions that compromise women survivors' decisions to seek help, including loss of emotional and physical safety for self and loved ones, lack of social support, loss of financial stability, loss of home and rootedness, loss of control over parenting, and loss of freedom (Thomas et al., 2015), IPV survivors, at some point, will likely seek professional help and disclose their traumatic experiences if they regain social support and have access to health services (Gerino et al., 2018; Goodson & Hayes, 2018). Therefore, it is important for health care practitioners, especially mental health practitioners, to understand that IPV is most often hidden and women survivors might not disclose information about IPV unless directly asked. Nonetheless, data revealed survivors of IPV chose to disclose their IPV experiences to mental health practitioners more than other formal support systems, followed by

doctors and nurses, and police officers (Breiding et al., 2015). Women survivors of IPV also identified mental health practitioners as the most helpful professionals related to their IPV experiences. In this study, women reported they felt heard, understood, and supported through the process of individual psychotherapy, group psychotherapy, and parenting classes offered by the IPV advocacy agency.

Mental Health Practitioners. All mental health practitioners must effectively assess IPV experiences and their impact on clients before making decisions about treatment planning. Due to the prevalence of IPV, common knowledge of IPV and its intervention should be included in the curriculum of graduate programs for all mental health practitioners to increase professional competency in working with this growing population (Conner et al., 2012; Murray et al., 2016; Sutton et al., 2021).

Among IPV survivors, negative effects of shame and guilt are prevalent and impact their shared parenting behaviors. Thus, for the safety of mothers who survive IPV and their children, effective clinical interventions that involve implementation of proven coping skills to regulate and manage the impact of negative emotions are required to improve quality of life among the population. Additionally, individual clinical interventions that instill hope can increase self-efficacy to battle learned helplessness experienced by IPV survivors (Munoz et al., 2017). Lastly, trauma-informed approaches should also be used to help IPV survivors reduce self-blame, increase ability to function as parents, and improve capability to move toward posttraumatic growth (Kulkarni, 2019; Ward-Lasher et al., 2017; Wilson et al., 2015).

When it comes to working with Latina survivors, it is important for mental health practitioners to become culturally competent and engage in culturally specific interventions (Serrata et al., 2020), in conjunction with evidence-based, trauma-informed interventions. Mental

health practitioners should work to recognize power differentials between men and women and work to intervene in the aftermath of traumatic experiences associated with IPV, and empower and restore hope among women IPV survivors (Anyikwa, 2016).

Marriage and Family Therapists. Risk assessment should be a critical part of IPV interventions provided by mental health practitioners, especially marriage and family therapists, who might be the first to assess IPV situations among couples with history of IPV due to the nature of their work. The findings of this dissertation study indicated the majority of mothers decided to share parenting with their former abusive partner. Therefore, safety measures and IPV preventions are cruical, including an ongoing risk assessment of IPV during the shared parenting process, especially when IPV survivors and perpetrators seek couples therapy or family therapy to assist with the shared parenting process.

Johnson (2011) indicated there are three types of IPV relationships: intimate terrorism, violence resistance, and situational couple violence. Therefore, it is important for marriage and family therapists to assess what type of IPV relationship being experienced to develop well-defined therapy goals. It is important to note the distinction between intimate terrorism and situational couple violence is not defined by the frequency or severity of physical violence. Rather, intimate terrorism is better understood as using multiple strategies including coercive control and nonviolent behaviors in addition to physical violence (Johnson & Leone, 2005). Violence resistance refers to survivors' acts of violence in response to IPV (Johnson, 2011).

As a result, survivors of different types of IPV require different interventions. Although there is no clear indication for violence resistance intervention, the literature has shown survivors of intimate terrorism and situational couple violence may need different interventions and different types of institutional support (Johnson & Leone, 2005). At the time of writing, available

research indicates that couples therapy can be useful to mitigate situational couple violence (Karukart et al., 2016). However, no data have indicated benefits from couples therapy for IPV relationships classified as intimate terrorism. Aligned with using types of control and severity of IPV as indicators to differentiate types of IPV, the Danger Assessment Scale (Campbell et al., 2004) helps predict the likelihood of femicide among IPV survivors. Therefore, the use of the Danger Assessment Scale is crucial for clinical practice among marriage and family therapists, particularly those who work with survivors of IPV.

Even though it is important to provide IPV risk assessment and consider the nature of IPV, including its severity and intensity, a grounded theory study conducted among marriage and family therapists indicated the overall severity of an IPV relationship was mostly influenced by substance use behaviors and frequency of IPV incidents (Karukart et al, 2013), rather than the intensity of any single incident. Moreover, only 11 out of 35 marriage and family therapy interns who participated in a qualitative study indicated that IPV screening should be a part of routine protocol (Todahl et al., 2008). Although the efficacy and the necessity of routine IPV screening has been questionable, without IPV screening, practitioners might make the mistake of providing therapy for couples experiencing intimate terrorism, putting women and children in danger by possibly exacerbating violence at home or during shared parenting.

Clinical Intervention

In this section, I provide recommendations for clinical practice and interventions that can be useful based on the findings of this study. Based on literature, various interventions are recommended, including the use of informed consent, IPV risk assessment, safety planning, and dialectical behavioral therapy. Moreover, I call for family psychoeducation and solution-focused brief family therapy with the family of origin and family of choice to help strengthen, improve,

and repair relationships between survivors and their social support systems. These interventions will concurrently ensure safety for IPV survivors and their children. Finally, I argue preexisting cognitive behavioral group therapy and support group therapy for survivors of IPV can contribute to their resiliency and well-being by normalizing shared IPV experiences and reducing the impact of shame and guilt.

Informed Consent and Risk Assessment

The findings of this dissertation suggest it could be difficult to differentiate between risks to women and their young children. Therefore, when discussing informed consent with survivors of IPV, it is important for clinicians to explain the limits of confidentiality and the reporting of IPV in the context of child endangerment or child abuse. As research has revealed, the end of the IPV relationship does not equal the end of violence (Hardesty, 2002), and women who share parenting with former abusive partners experience a higher risk of revictimization after the end of IPV (Hardesty & Chung, 2006; Hardesty & Ganong, 2006; Hardesty et al., 2016; Mele, 2009). Clinicians must also work to explain to women who are experiencing IPV that the decision to report IPV belongs to them, as long as their children are not endangered. Nevertheless, if there is a reason for a clinician to believe that children are at risk of harm during shared parenting contact, the clinician is mandated by law to report the incident to child protective services.

Safety Planning

On average, 90% of women who experienced IPV used between one to six risk management strategies, depending on the severity of IPV and the context in which IPV occurred (Parker et al., 2015). Safety planning plays a crucial role in the increased likelihood of using risk management strategies among survivors of IPV. Therefore, for the safety of mothers and their

children, safety planning is important for mothers who participate in voluntary or court-ordered shared parenting with their former abusive partner.

Ultimately, safety planning is a tool to empower IPV survivors to choose whether to leave or stay in the IPV relationship without compromising their safety and the safety of those around them (Wu, 2021). Consequently, effective safety planning should include needs assessment, incorporate information about the different types of IPV, allow women to identify threats, increase the use of risk management strategies, and connect women to their support systems (Sabri et al., 2021). The development, rehearsal, and use of a safety plan is the key factor in improving sense of safety among female survivors of IPV and their children. This effective practice will keep survivors safe and increase self-efficacy among survivors when managing crises related to IPV revictimization .

Clinical Modalities for IPV Survivors

Women IPV survivors need both psychological intervention and safety planning in a process of recovery (Sabri et al., 2021). The Latina population is less likely to report IPV to police officers due to perceived discrimination and sexism, resulting in the belief that their report would not be taken seriously (Rivera, 1994). This perception has created learned helplessness that can affect the self-perceptions and identities of Latina survivors, and compromised their ability to report IPV and seek further professional help.

As an extension of this distrust toward institutional support systems, Latinas were less likely to seek formal support from mental health practitioners (Esperanza United, 2021; Postmus et al., 2014), even though the population also developed mental health conditions after experiencing IPV, including major depressive disorder, posttraumatic stress disorder (PTSD), and anxiety disorder (McFarlane et al., 2012). For the agencies that provide formal clinical

support from mental health practitioners, it would be most effective to incorporate the following clinical interventions, combined with supportive psychotherapy for Latina IPV survivors in the context of shared parenting.

Dialectical Behavioral Therapy. Dialectical behavioral therapy (DBT) was developed as a treatment for individuals with suicidal and parasuicidal behaviors (Linehan, 1993). This treatment is particularly useful in the context of this study, as there is a link between IPV and suicidality among women survivors of IPV (Brown & Seals, 2019; Devries et al., 2013). DBT has been proven to be effective among IPV survivors (Iverson et al., 2009; Newlands & Benuto, 2021; Soto-Lopez, 2021). Exposure to traumatic experiences among IPV survivors and development of PTSD can lead to ineffective coping strategies and risk of revictimization (Dutton et al., 2006). Aligned with trauma-informed intervention which focuses on managing emotions and increasing a sense of emotional safety (Anyikwa, 2016), skills learned in DBT can help mitigate emotional and behavioral dysregulations and improve interpersonal communication (Linehan, 1993). Therefore, for the population in this study, mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness skills can help Latina mothers manage their shared parenting relationship with their perpetrators.

Family Psychoeducation. Most female IPV survivors identified family and social support systems as their main lifelines while going through IPV experiences postseparation (Kohli et al., 2015; Ogbe et al., 2020), including Latina mothers in this study. These resources were also identified as crucial factors influencing their decisions to seek formal support from legal and mental health systems (Ravi et al., 2021). Although most IPV relationships are concealed from the family of origin and loved ones, it is important to note that the majority of survivors credit their family and social support systems as a catalyst to change. Based on the

findings of this study, the majority of participants had at least one trusted individual who helped them escape IPV, and some of these individuals also assisted during the shared parenting relationship. Therefore, teaching family members and loved ones who are involved in the shared parenting process can be a way to increase the safety of IPV survivors and their children. This intervention can also increase a sense of safety and reduce the impact of shame and guilt among IPV survivors, which is a key component in providing trauma-informed care (Anyikwa, 2016; Davies et al., 2017).

Solution-Focused Brief Family Therapy. It is important to note that mothers need social support while trying to end an IPV relationship and during the shared parenting process. Therefore, support systems should be able to acknowledge the danger of IPV to create an effective plan for survivors and their children. Data suggests a positive relationship between social support and resiliency (Li et al., 2020; Ozbay et al., 2007; Southwick et al., 2016; Yeo et al., 2019). On average, it takes survivors of IPV five to seven attempts to successfully leave their perpetrator (Roberts et al., 2008). Without help from their family of origin or family of choice, it would be extremely hard for them to seek further help from advocacy agencies or authorities.

For this study's population, who relied heavily on their social support system, the notion of solution-focused brief therapy (SFBT), which emphasizes strengths and possibilities in the family context, would allow IPV survivors to work with their families in identifying the most appropriate strategies to manage their situations. Aligned with symbolic interactionism, SFBT focuses on the use of solution language as a symbol and tool to reconstruct experiences (de Shazer, 1985). The process of SFBT can increase family resilience by recognizing a family's strengths to overcome obstacles and crises and eventually regain their baseline functionality (Walsh, 2016). This treatment can be extremely useful in helping IPV survivors through the

process of shared parenting, and in rebuilding meaningful relationships with their family and loved ones.

Group Therapy and Long-Term Support Groups. Aligned with findings from a study among Latina survivors and the effectiveness of a long-term support group on the mental health of survivors (Page et al., 2021), one of the participants in this dissertation study indicated she found peace and comfort in joining a group. This positive experience lasted for many years after she successfully separated from her abusive husband. Her perspective showed that group therapy was an important part of her recovery process and helped her to gradually build a sense of efficacy and self-esteem after her separation from the perpetrator. Other participants also expressed appreciation after attending group and parenting classes, even when participation lasted for a shorter period of time (e.g., 2 weeks to 3 months). Data suggested that cognitive behavioral group therapy was as effective as cognitive behavioral individual therapy in treating PTSD, depressive symptoms, anxiety symptoms, and increasing family support and social support among IPV survivors (Crespo et al., 2021).

Nonclinical Systems

There are two systems apart from the clinical system that can influence and assist female IPV survivors implicated by the data in this study: the educational system and religious systems, particularly Christianity in the context of this finding. In the United States, the majority of IPV incidents occur among young females (Breiding, Chen, & Black, 2014). In this study, 8 out of 12 participants became a mother before the age of 20, which is a known risk factor for IPV. Therefore, school is a place to implement IPV prevention strategies to educate children and teenagers about recognizing, avoiding, and escaping violence in relationships. Furthermore, school is often the initial location of a child's outcry, or the place where children are kidnapped

by fathers who are IPV perpetrators, and teachers are obligated to report abuse that occurs to children. Thus, teachers and school personnel should be knowledgeable of and instilled with IPV initial intervention, especially about how to spot signs of children experiencing IPV at home.

Additionally, compared to young women without children, adolescent and young adult mothers are at a higher risk of experiencing IPV, especially during pregnancy and postpartum (Harrykissoon et al., 2002). In light of the predominance of IPV among this particular demographic—young mothers—it follows that in all ethnic populations, including Latinx communities, a prevention approach to IPV is effective when used in educational systems (González-Guarda et al., 2013). Moreover, interventions in the educational system, including the use of psychoeducation and sexual education, can help mitigate the impact of IPV on young mothers and their children (Lloyd, 2018; Makleff et al., 2020), and educate young men about IPV prevalence and their roles in prevention.

The U.S. Conference of Catholic Bishops condemns violence against women, stating that "violence against women, inside or outside the home, is never justified" (Baker, 2018, pp. 25–26). However, in practice, the preservation of marriage outweighs concerns for the safety of women and children in some churches (Simister & Kowalewska, 2016). Literature argues that it is not religious dogma per se that normalizes and accepts IPV; rather, it is the patriarchal attitude embedded in some practices of the Church that oppresses women who experience IPV (Beecheno, 2021). Amid the confusion related to attitudes of the Church toward IPV, a Church-sponsored, hospital-based domestic violence program, Bridge to Safety, was created in Santa Fe, New Mexico, concentrating on healing physical, mental, and spiritual impacts on IPV survivors (Baker, 2018). This practice can serve as an IPV-informed example of how the Church could

mitigate normalization of IPV by providing clear teaching through example and also ensuring resources for IPV intervention are implemented and used.

Recommendations for Future Research

Truth is socially constructed and constantly evolves in the sociocultural context (Mead, 1967). Thus, we are all defined by social interactions with others, and we simultaneously help shape the reality of others and our society by our self presentation. The qualitative research paradigm allowed me to enter the world of Latina mothers who are survivors of IPV in the shared parenting context. I captured the essence of their experiences and cocreated the findings of this dissertation study.

IPV is a prevalent public health and social problem which compromises the safety of women and children around the world, particularly in patriarchal cultures. Future research should concentrate on providing further explanation of the phenomenon and the development of effective interventions. In this section, I explain the need for future research based on limitations of this study to help advance the development of knowledge related to IPV and the shared parenting process among women of color and their former abusive partners.

Exploration of Attachment, ACEs, and Cultural Values

Based on the findings from this study, I believe ACEs and cultural values influence the shared parenting decisions among Latina mothers who are survivors of IPV. Nonetheless, given the fact that I used secondary data from the larger study, findings related to attachment style in this study were unclear due to lack of assessment and direct interview questions pertaining to participants' attachment styles. Therefore, future IPV research should address the additional barriers in postseparation shared parenting communication due to insecure attachment styles, ACEs, and cultural values of both parents in the context of IPV.

Based on the three coders' interpretation of participants' attachment styles, anxious or avoidant attachment was never coded singularly, but rather they were accompanied by an indication of secure attachment to some capacity. As attachment styles have been documented as manifesting usually as primary and secondary attachment styles, it is reasonable to note participants might have a prominent attachment style and evidence of a less prominent attachment style, if provided with an attachment style inventory, particularly in the context of shared parenting with their former abusive partners.

To further investigate the influence of attachment styles and ACEs, future research should include the attachment and ACEs inventories to assess attachment styles and ACEs of participants. These inventories can be combined with direct interview questions aimed at exploring childhood traumatic experiences and attachment styles. Moreover, the use of values or acculturation scales would be important to identify cultural proximity of Latina IPV survivors and how cultural values impact the ways survivors decide to share parenting and manage risks related to IPV. Even though most of the participants in this dissertation study were court-mandated to share parenting, the values or acculturation inventories should be used in conjunction with interview questions targeting lived experiences of Latinas who experienced IPV and chose to share parenting with their former abusive partners. Lastly, this study should be replicated with other groups of women of color in the United States, and in different countries and different cultures that normalize IPV to further investigate the impact of patriarchy on shared parenting, as IPV remains a prevalent public health concern globally.

IPV Amid COVID-19

In Bexar County, there has been an 18% increase of IPV incidents since the start of the COVID-19 global pandemic in 2020 (Boserup et al., 2020). Increasing cases and restrictions

associated with COVID-19 hinder IPV survivors from leaving violent relationships and seeking support. Latina mothers in southern Texas experienced psychological impacts, especially anxiety symptoms, that continued to impact their lives even after the end of their IPV relationships (Dangwung et al., 2019). Data indicated threats or coercive control were the most common forms of IPV Latinas experienced, followed by physical and sexual abuse (Sabina et al., 2015). Additionally, for Latinas, racism and structural inequalities have impacted the likelihood of being murdered by their intimate partner compared to their White and Black counterparts, especially in severely abusive relationships that have occurred in the context of an oppressive patriarchy (Harper, 2017).

The impact of the COVID-19 global pandemic also compromises the ability of mental health professionals to provide effective trauma-informed care intervention (Williams et al., 2021). For survivors who are also mothers, the need to provide housing and food stability for their children is a primary concern (Vives-Cases et al., 2021). Some survivors and their children might be forced to stay with the perpetrator due to risk of homelessness, which is also exacerbated by COVID-19. Therefore, it is important for future research to investigate ways to provide effective intervention via online platforms while ensuring the safety of all participants when working with survivors who still reside with perpetrators.

Conclusion and Recommendation for Future Research

This dissertation study illuminated the essence of the experience of Latina mothers who were IPV survivors as self-sacrifice. Whereas IPV problems were most often overlooked and stigmatized at the family and societal levels, this study shared stories of self-sacrifice, hope and resilience among IPV survivors. As a mental health practitioner and educator, the merit of this study was its help in providing a better understanding of survivors' narratives and describing the

complexity of shared parenting in the IPV context. ACEs and Latinx cultural values should be assessed when working with IPV survivors. Clinicians should also use psychoeducation to fight against normalization of IPV, which is ingrained in many collectivistic cultures, including the Latinx culture.

As a marriage and family therapist, I emphasize the findings related to ACEs and the shared parenting decisions of IPV survivors that can perpetuate transgenerational violence issues in the families. Because witnessing violence in the family is a factor for becoming a perpetrator and a victim of IPV, it is crucial for marriage and family therapists to work with couples to improve communication skills and help couples become more aware of their interactions in front of children. Moreover, because findings from this study suggested some participants witnessed violence perpetrated by their father toward their mother; to prevent the impact of this ACE, all mental health practitioners should strictly assess and report violence against children, and also look for signs of violence witnessed by children, when working with high-conflict couples.

Regarding safety planning for IPV survivors, mental health therapists must work with clients who are experiencing IPV or are survivors of IPV to develop a safety plan, regardless of whether the client decides to stay or leave the IPV relationship. Given immediately ending an IPV relationship could intensify violence (Hardesty & Ganong, 2006), the use of safety planning will allow survivors to make informed decisions about the relationship, and at the same time keep themselves and their children safe. Furthermore, aligned with multiple research studies, the findings from this dissertation study emphasized the role of social support as an important factor to help Latina mothers in the shared parenting process. Thus, identifying social support of IPV survivors is crucial in helping them reestablish themselves and regain a sense of safety, resilience and empowerment (Albanesi et al., 2021; Machisa et al., 2018). Relational therapy with

identified support systems can help increase psychological resilience by reducing shame, guilt, and sadness. It will also improve risk management strategies associated with shared parenting.

The use of trauma-informed approaches combined with a culturally sensitive lens as intervention for IPV survivors has been proven effective in working with IPV survivors after an IPV relationship ends. Still, data in this dissertation study indicated survivors who are mothers continued to experience high anxiety and fear during the time of shared parenting. Therefore, the important DBT skills of mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness can be helpful when IPV survivors have no other choice but to face the perpetrator during negotiation of shared parenting and associated interactions.

Lastly, there should be some changes in IPV intervention training in mental health graduate programs. Although mental health practitioners were identified by IPV survivors as the most trusted and helpful professions when dealing with IPV (Breiding, Smith, et al., 2014), most graduate programs for mental health practitioners have not provided adequate training for therapists when working with clients who experience IPV (Conner et al., 2012; Murray et al., 2016; Sutton et al., 2021). This limitation also applies to marriage and family therapy programs (Karakurt et al., 2014; Todahl et al., 2008). Although it is important for marriage and family therapists to be able to work with high conflict couples (Karakurt et al., 2014), it is also crucial for practitioners to be aware of the potential negative impact that could result in certain high-risk cases, including exacerbation of violence and femicide. Therefore, marriage and family therapists must learn to incorporate the IPV short screening HIT scale (Sherin et al., 1998) and the Danger Assessment Scale (Campbell et al., 2009) to assess severity of IPV in clinical settings, and to engage in appropriate treatment planning and make an effective plan for referral.

References

Abramsky, T., H-Watts, C., Garcia-Moreno, C., Devries, K., Kiss, L., Ellsberg, M., Jansen, H., & Heise, L. (2011). What factors are associated with recent intimate partner violence? Findings from the WHO multi-country study on women's health and domestic violence. *BMC Public Health*, *11*, Article 109.

Ackerson, L. K., Kawachi, I., Barbeau, E.M., & Subramanian, S. V. (2008). Effects of individual and proximate educational context on intimate partner violence: A population-based study of women in India. *American Journal of Public Health*, *98*(3), 507–514. https://doi.org/10.2105/AJPH.2007.113738

Adams, A. E., Bybee, D., Tolman, R. M., Sullivan, C. M., Kennedy, A. C. (2013). Does job stability mediate the relationship between intimate partner violence and mental health among low-income women? *American Journal of Orthopsychiatry*, *83*(4), 600–608. https://doi.org/10.1111/ajop.12053

Adler, A. (1931). *What life should mean to you?* Little, Brown, and Company.

Ainsworth, M. D. S. (1969). Object relations, dependency, and attachment: A theoretical review of the infant-mother relationship. *Child Development*, *40*(4), 969–1025.

Aisenberg, E. (2001). The effects of exposure to community violence upon Latina mothers and preschool children. *Hispanic Journal of Behavioral Sciences*, *23*(4), 378–398. https://doi.org/10.1177/0739986301234003

Akhtar, M., & Kroener-Herwig, B. (2019). Coping styles and socio-demographic variables as predictors of psychosocial well-being among international students belonging to different cultures. *Current Psychology*, *38*(3), 618–626. https://doi.org/10.1007/s12144-017-9635-3

Alase, A. (2017). Interpretive phenomenological analysis (IPA): A guide to a good qualitative research approach. *International Journal of Education & Literacy Studies*, *5*(2), 9–19. https://doi.org/10.7575/aiac.ijels.v.5n.2p.9

Albanesi, C., Tomasetto, C., & Guardabassi, V. (2021). Evaluating interventions with victims of intimate partner violence: A community psychology approach. *BMC Women's Health*, *21*, Article 138. https://doi.org/10.1186/s12905-021-01268-7

Allison, C. J., Bartholomew, K., Mayseless, O., & Dutton, D. G. (2008). Love as a battlefield: Attachment and relationship dynamics in couples identified for male partner violence. *Journal of Family Issues*, *29*(1), 125–150. https://doi.org/10.1177/0192513X07306980

Alvarez, C., Davidson, P. M., Fleming, C., & Glass, N. E. (2016). Elements of effective interventions for addressing intimate partner violence in Latina women: A systematic review. *PLOS ONE*, *11*(8), Article e0160518. https://doi.org/10.1371/journal.pone.0160518

Alvarez, C., & Fedock, G. (2018). Addressing intimate partner violence with Latina: A call for research. *Trauma Violence Abuse*, *19*(4), 488–493. https://doi.org/10.1177/1524838016669508

Alvarez, C., Perrin, N., Lameiras-Fernandez, M., Rodriguez, R., & Glass, N. (2019). Adverse childhood experiences among Latina women and its association with mastery of stress and health. *Child Abuse & Neglect*, *93*, 139–148. https://doi.org/10.1016/j.chiabu.2019.05.004

American Association for Marriage and Family Therapy. (n.d.). *Code of ethics*. https://aamft.org/Legal_Ethics/Code_of_Ethics.aspx?WebsiteKey=8e8c9bd6-0b71-4cd1-a5ab-013b5f855b01

American Psychological Association. (2018). *Harmful masculinity and violence: Understanding the connection and approaches to prevention*. https://www.apa.org/pi/about/newsletter/2018/09/harmful-masculinity

Anderson, J. F., & Kras, K. (2007). Revisiting Albert Bandura's social learning theory to better understand and assist victims of intimate partner violence. *Women & Criminal Justice*, *17*(1), 99–124. https://doi.org/10.1300/J012v17n01_05

Anderson, K., & Van Ee, E. (2018). Mothers and children exposed to intimate partner violence: A review of treatment interventions. *International Journal of Environment Research and Public Health*, *15*(9), Article 1955. https://doi.org/10.3390/ijerph15091955

Anyikwa, V. A. (2016). Trauma-informed approach to survivors of intimate partner violence. *Journal of Evidence-Informed Social Work*, *13*(5), 484–491. https://doi.org/10.1080/23761407.2016.1166824

Aponte, H. J., Powell, F. D., Brooks, S., Watson, M. F., Litzke, C., Lawless, J., & Johnson, E. (2009). Training the person of the therapist in an academic setting. *Journal of Marital and Family Therapy*, *35*(4), 381–394. https://doi.org/10.1111/j.1752-0606.2009.00123.x

Assari, S., & Jeremiah, R. D. (2018). Intimate partner violence may be one mechanism by which male partner socioeconomic status and substance use affect female partner health. *Frontiers in Psychiatry*, *9*, Article 160. https://doi.org/10.3389/fpsyt.2018.00160

Attia, M., & Edge, J. (2017). Be(com)ing a reflexive researcher: A developmental approach to research methodology. *Open Review of Educational Research*, *4*(1), 33–45. https://doi.org/10.1080/23265507.2017.1300068

Ayón, C., Messing, J. T., Gurrola. M., & Valencia-Garcia, D. (2018). The oppression of Latina mothers: Experiences of exploitation, violence, marginalization, cultural imperialism, and

powerlessness in their everyday lives. *Violence Against Women*, *24*(8), 879–900. https://doi.org/10.1177/1077801217724451

Baker, C. K., Cook, S. L., & Norris, F. H. (2003). Domestic violence and housing problems: A contextual analysis of women's help-seeking, received informal support, and formal system response. *Violence Against Women*, *9*(7), 754–783. https://doi.org/10.1177/1077801203009007002

Baker, L. L. (2018). Domestic violence in the domestic church: An argument for greater attention to intimate partner abuse in Catholic health care. *Journal of Moral Theology*, *7*(2), 18–35. https://jmt.scholasticahq.com/article/11392-domestic-violence-in-the-domestic-church-an-argument-for-greater-attention-to-intimate-partner-abuse-in-catholic-health-care

Bailey, J. (2008). First steps in qualitative data analysis: Transcribing. *Family Practice*, *25*(2), 127–131. https://doi.org/10.1093/fampra/cmn003

Bandura, A. (1973). *Aggression: A social learning analysis*. Prentice Hall.

Bandura, A. (1977). *Social learning theory*. Prentice-Hall.

Bastaits, K., & Pasteels, I. (2019). Is joint physical custody the best interests of the child?: Parent–child relationships and custodial arrangement. *Journal of Social and Personal Relationship*, *36*(11–12), 3752–3772. https://doi.org/10.1177/0265407519838071

Beecheno, K. (2021). Conservative Christianity and intimate partner violence in Brazil. *Religion and Gender*, *11*(2), 245–264. https://doi.org/10.1163/18785417-bja10007

Benzie, K. M., & Allen, M. N. (2001). Symbolic interactionism as a theoretical perspective for multiple method research. *Journal of Advance Nursing*, *33*(4), 541–547. https://doi.org/10.1046/j.1365-2648.2001.01680.x

Berger, R. (2015). Now I see it, now I don't: Researcher's position and reflexivity in qualitative research. *Qualitative Research*, *15*(2), 219–234. https://doi.org/10.1177/1468794112468475

Bettman, C. (2009). Patriarchy: The predominant discourse and fount of domestic violence. *The Australian and New Zealand Journal of Family Therapy*, *30*(1), 15–28. https://doi.org/10.1375/anft.30.1.15

Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., & Stevens, M. R. (2011). *The national intimate partner and sexual violence survey: 2010 summary report.* National Center for Injury Prevention Control, Centers for Disease Control and Prevention. https://www.cdc.gov/ViolencePrevention/pdf/NISVS_Report2010-a.pdf

Blair, F., McFarlane, J., Nava, A., Gilroy, H., & Maddoux, J. (2015). Child witness to domestic abuse: Baseline data analysis for a seven-year prospective study. *Pediatric Nurse*, *41*(1), 23–29.

Blizard, R. A., & Bluhm, A. M. (1994). Attachment to the abuser: Integrating object-relations and trauma theories in treatment of abuse survivors. *Psychotherapy*, *31*(3), 383–390. https://doi.org/10.1037/0033-3204.31.3.383

Blumer, H. (1969). *Symbolic interactionism: Perspective and method.* Prentice-Hall.

Bogat, G. A., Garcia, A. M., & Levendosky, A. A. (2013). Assessment and psychotherapy with women experiencing intimate partner violence: Integrating research and practice. *Psychodynamic Psychiatry*, *41*(2), 189–218. https://doi.org/10.1521/pdps.2013.41.2.189

Bonache, H., Gonzalez-Mendez, R., & Krahé, B. (2019). Adult attachment styles, destructive conflict resolution, and the experience of intimate partner violence. *Journal of Interpersonal Violence*, *34*(2), 287–309. https://doi.org/10.1177/0886260516640776

Bonham, E., & Vetere, A. L. (2012). A qualitative study using a systemic perspective exploring the remediation of abusive interaction in intimate heterosexual couples. *Journal of Interpersonal Violence*, *27*(5), 916–929. https://doi.org/10.1177/0886260511423253

Bonomi, A. E., Anderson, M. L., Cannon, E. A., Slesnick, N., & Rodriguez, M. A. (2009). Intimate partner violence in Latina and non-Latina women. *American Journal of Preventive Medicine*, *36*(1), 43–48e1. https://doi.org/10.1016/j.amepre.2008.09.027

Boserup, B., McKenney, M., & Elkbuli, A. (2020). Alarming trends in US domestic violence during the COVID-19 pandemic. *American Journal of Emergency Medicine*, *38*(12), 2753–2755. https://doi.org/10.1016/j.ajem.2020.04.077

Bourdeau, B. (2000). Dual relationships in qualitative research. *The Qualitative Report*, *4*(3). https://doi.org/10.46743/2160-3715/2000.2081

Bowen, M. (1978). *Family therapy in clinical practice*. Jason Aronson.

Bowlby, J. (1982). *Attachment and loss: Vol. I. Attachment* (2nd ed.). Basic Books.

Bowlby, J. (1973). *Attachment and loss: Vol. II. Separation, anxiety, and anger.* Basic Books.

Braback, K. M., & Guzmán, M. R. (2009). Exploring Mexican-origin intimate partner abuse survivors' help-seeking within their sociocultural context. *Violence and Victims*, *24*(6), 817–832. https://doi.org/10.1891/0886-6708.24.6.817

Brackley, M., Davila, Y., Thornton, J., Leal, C., Mudd, G., Shafer, J., & Spears, W. (2003). Community readiness to prevent intimate partner violence in Bexar County, Texas.

Journal of Transcultural Nursing, *14*(3), 227–236. https://doi.org/10.1177/1043659603014003009

Bragg, H. L. (2003) *Child protection in families experiencing domestic violence.* U.S. Department of Health and Human Services. https://www.childwelfare.gov/pubpdfs/domesticviolence.pdf

Braveman, P., & Gruskin, S. (2003). Policy and practice: Poverty, equity, human rights and health. *Bulletin of the World Health Organization*, *81*(7), 539–545.

Braver, S. L., & Lamb, M. E. (2018). Shared parenting after parental separation: The views of 12 experts. *Journal of Divorce & Remarriage*, *59*(5), 372–387. https://doi.org/10.1080/10502556.2018.1454195

Breiding, M. J., Chen J., & Black, M. C. (2014). *Intimate partner violence in the United States—2010*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/pdf/cdc_nisvs_ipv_report_2013_v17_single_a.pdf

Breiding, M. J., Smith, S. G., Basile, K. C., Walters, M. L., Chen, J., & Merrick, M. T. (2014). Prevalence and characteristic of sexual violence, stalking, and intimate partner violence victimization. *Morbidity and Mortality Weekly Report, Surveillance Summaries*, *63*(8), 1–24. https://www.cdc.gov/mmwr/pdf/ss/ss6308.pdf

Breiding, M. J., Basile, K. C., Smith, S. G., Black, M. C., & Mahendra, R. (2015). *Intimate partner violence surveillance: Uniform definitions and recommended data elements.* National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/pdf/ipv/intimatepartnerviolence.pdf

Brinig, M. F., Frederick, L. M., & Drozd, L. M. (2014). Perspectives on joint custody presumptions as applied to domestic violence cases. *Family Court Review*, *52*(2), 271–281. https://doi.org/10.1111/fcre.12090

Brown, S. V., & Seals, J. M. (2019). Intimate partner problems and suicide: Are we missing the violence? *Journal of Injury and Violence*, *11*(1), 53–64. https://doi.org/10.5249/jivr.v11i1.997

Bunston, W., Franich-Ray, C. & Tatlow, S. (2017). A diagnosis of denial: How mental health classification systems have struggled to recognise family violence as a serious risk factor in the development of mental health issues for infants, children, adolescents and adults. *Brain Sciences*, *7*, Article 133. https://doi.org/10.3390/brainsci7100133

Bureau of Justice Statistics. (2009). *Intimate partner violence in the United States.* https://bjs.ojp.gov/content/pub/pdf/fvv.pdf

Busch-Armendariz, N. B., Cook Heffron, L., & Bohman, T. (2011). *Statewide prevalence of intimate partner violence in Texas* (Report). Institute on Domestic Violence and Sexual Assault Center for Social Work Research, The University of Texas at Austin. http://2mg7g749lu2112sis323nkkn.wpengine.netdna-cdn.com/wp-content/uploads/2016/12/IDVSA_Prevalence_Study.pdf

Caetano, R., Field, C. A., Ramisetty-Mikler, S., & McGrath, C. (2005). The 5-year course of intimate partner violence among White, Black, and Hispanic couples in the United States. *Journal of Interpersonal Violence*, *20*(9), 1039–1057. https://doi.org/10.1177/0886260505277783

Campbell, C., & Mannell, J. (2016). Conceptualising the agency of highly marginalized women: Intimate partner violence in extreme settings. *Global Public Health*, *11*(1–2), 1–16. https://doi.org/10.1080/17441692.2015.1109694

Campbell, E. (2016). Racializing intimate partner violence among Black, Native American, Asian American and Latina women. *International Journal of Progressive Education*, *12*(2), 64–77. https://ijpe.inased.org/makale/5

Campbell, J. C. (2002). Health consequences of intimate partner violence. *The Lancet*, *359*(9314), 1331–1336. https://doi.org/10.1016/S0140-6736(02)08336-8

Campbell, J. C. (2004). Helping women understand their risk in situations of intimate partner violence. *Journal of Interpersonal Violence*, *19*(12), 1464–1477. https://doi.org/10.1177/0886260504269698

Campbell, J. C., Koziol-McLain, J., Webster, D., Block, C. R., Campbell, D., Curry, M. A., Gary, F., McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., Wilt, S. A., & Manganello, J. (2004). *Research results from a national study of intimate partner homicide: The Danger Assessment instrument* (NJC No. 199710). U.S. Department of Justice. https://www.ojp.gov/library/publications/research-results-national-study-intimate-partner-homicide-danger-assessment

Campbell, J.C., Webster, D.W., Glass, N. (2009). The danger assessment: Validation of a lethality risk assessment instrument for intimate partner femicide. *Journal of Interpersonal Violence*, *24*(4), 653-674. http://doi.org/10.1177/0886260508317180

Campbell, J. C., Webster, D. W., Koziol-McLain, J., Block, C., Campbell, D., Curry, M. A., Gary, F., Glass, N., McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., Wilt, S. A., Manganello, J., Xu, X., Schollenberger, J., Frye, V. & Laughon, K. (2003). Risk factors

for femicide in abusive relationships: Result from a multisite case control study. *American Journal of Public Health*, *93*(7), 1089–1097. https://doi.org/10.2105/ajph.93.7.1089

Campbell, J. C., Webster, D. W., Koziol-McLain, J., Block, C., Campbell, D., Curry, M. A., Gary, F., McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., & Wilt, S. A. (2003). Assessing risk factors for intimate partner homicide. *National Institute of Justice Journal*, *250*, 14–19. https://www.ojp.gov/pdffiles1/jr000250e.pdf

Capaldi, D. M., Knoble, N. B., Shortt, J. W., & Kim, H. K. (2012). A systematic review of risk factors for intimate partner violence. *Partner Abuse*, *3*(2), 231–280. https://doi.org/10.1891/1946-6560.3.2.231

Carastathis, A. (2014). The concept of intersectionality in feminist theory. *Philosophy Compass*, *9*(5), 304–314. https://doi.org/10.1111/phc3.12129

Carbado, D. W., Crenshaw, K. W., Mays, V. M., & Tomlinson, B. (2013). Intersectionality: Mapping the movements of a theory. *Du Bois Review*, *10*(2), 303–312. https://doi.org/10.1017/s1742058x13000349

Carlson, J., Voith, L., Brown, J. C., & Holmes, M. (2019). Viewing children's exposure to intimate partner violence through a developmental, social-ecological, and survivor lens: the current state of the field, challenges, and future directions. *Violence Against Women*, *25*(1), 6–28. https://doi.org/10.1177/1077801218816187

Carter, M. J., & Fuller, C. (2016). Symbols, meaning, and action: The past, present, and future of symbolic interactionism. *Current Sociology*, *64*(6), 931–961. https://doi.org/10.1177/0011392116638396

Castillon, L., Gondosasmito, M., Monnier, B., Pallisier, L., & Waters, J. (2016). *Ursuline education in the spirit of St. Angela Merici*. Ursulines of the Roman Union. https://insiemecam.eu/IMG/pdf/593b.pdf

Centers for Disease Control and Prevention. (2021). *Preventing intimate partner violence* [Fact sheet]. https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html

Cerbone, D. R. (2006). *Understanding phenomenology*. Routledge.

Cerulli, C., Poleshuck, E., Raimondi. C., Veale, S., & Chin, N. (2012). "What fresh hell is this?": Victims of intimate partner violence describe their experiences of abuse, pain, and depression. *Journal of Family Violence*, *27*, 773–781. https://doi.org/10.1007/s10896-012-9469-6

Chen, J., Walters, M. L., Gilbert, L. K., & Patel, N. (2020). Sexual violence, stalking, and intimate partner violence by sexual orientation, United States. *Psychology of Violence*, *10*(1), 110–119.

Chester, D. S., & DeWall, C. N. (2018). The roots of intimate partner violence. *Current Opinion in Psychology*, *19*, 55–59. https://doi.org/10.1016/j.copsyc.2017.04.009

Cho, H. (2012). Intimate partner violence among Asian Americans: Risk factors differences across ethnic subgroups. *Journal of Family Violence*, *27*, 215–224. https://doi.org/10.1007/s10896-012-9413-9

Cho, H., Velez-Ortiz, D., & Parra-Cardona, J. R. (2014). Prevalence of intimate partner violence and associated risk factors among Latinos/as: An exploratory study with three Latino subpopulations. *Violence Against Women*, *20*(9), 1041–1058. https://doi.org/10.1177/1077801214549636

Choi, K. R., Stewart, T., Fein, E., McCreary, M., Kenan, K. N., Davies, J. D., Naureckas, S., & Zima, B. T. (2020). The impact of attachment-disrupting adverse childhood experiences on child behavioral health. *The Journal of Pediatrics*, *221*, 224–229. https://doi.org/10.1016/j.jpeds.2020.03.006

Chuemchit, M., Chernkwanma, S., Rugkua, R., Daengthern, L., Abdullakasim, P., & Wieringa, S. E. (2018). Prevalence of intimate partner violence in Thailand. *Journal of Family Violence*, *33*(5), 315–323. https://doi.org/10.1007/s10896-018-9960-9

Collins, P. H. (1989). The social construction of Black feminist thought. *Signs*, *14*(4), 745–773. https://doi.org/10.1086/494543

Collins, P.H. (2019). The Difference That Power Makes: Intersectionality and Participatory Democracy. In: Hankivsky, O., Jordan-Zachery, J. (eds) The Palgrave Handbook of Intersectionality in Public Policy. The Politics of Intersectionality. Palgrave Macmillan, Cham. https://doi.org/10.1007/978-3-319-98473-5_7

Comas-Díaz, L. (2001). Hispanics, Latinos, or Americanos: The evolution of identity. *Cultural Diversity and Ethnic Minority Psychology*, *7*(2), 115–120. https://doi.org/10.1037/1099-9809.7.2.115

Conner, P. D., Nouer, S. S., Mackey, S. N., Banet, M. S., & Tipton, N. G. (2012). Overcoming barriers in intimate partner violence education and training of graduate social work students. *Journal of Teaching in Social Work*, *32*(1), 29–45. https://doi.org/10.1080/08841233.2012.641893

Cook, G. A., & Roggman, L. A. (2010). Three-generation attachment: How grandmothers and mothers contribute to children's attachment security. *Family Science*, *1*(2), 112–122. https://doi.org/10.1080/19424620.2010.531051

Cooley, C. H. (1902). *Human nature and the social order*. Schoken Books.

Corbin Dwyer, S., & Buckle, J. L. (2009). The space between: On being an insider-outsider in qualitative research. *International Journal of Qualitative Methods*, *8*(1), 54–63. https://doi.org/10.1177/160940690900800105

Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, *43*(6), 1241–1299. https://doi.org/10.2307/1229039

Crespo, M., Arinero, M., & Soberón, C. (2021). Analysis of effectiveness of individual and group trauma-focused interventions for female victims of intimate partner violence. *International Journal of Environmental Research*, *18*(4), Article 1952. https://doi.org/10.3390/ijerph18041952

Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). SAGE Publications.

Cuevas, C. A., Bell, K. A., & Sabina, C. (2014). Victimization, psychological distress, and help seeking: Disentangling the relationship for Latina victims. *Psychology of Violence*, *4*(2), 196–209. https://doi.org/10.1037/a0035819

Cummings, A. M., González-Guarda, R. M., & Sandoval, M. F. (2013). Intimate partner violence among Hispanics: A review of the literature. *Journal of Family Violence*, *28*, 153–171. https://doi.org/10.1007/s10896-012-9478-5

Cunradi, C. B. (2009). Substance abuse in intimate partner violence. In C. Mitchell & D. Anglin (Eds.), *Intimate partner violence: A health-based perspective* (pp. 173–182). Oxford University Press.

Cunradi, C. B., Caetano, R., & Schafer, J. (2002). Socioeconomic predictors of intimate partner violence among White, Black, and Hispanic couples in the United States. *Journal of Family Violence*, *17*(4), 377–389. https://doi.org/10.1023/A:1020374617328

Daly, K. J. (2007). *Qualitative methods for family studies and human development.* SAGE Publications.

Damant, D., Lapierre, S., Kouraga, A., Fortin, A., Hamelin-Brabant, L., Lavergne, C., & Lessard, G. (2008). Taking child abuse and mothering into account: Intersectional feminism as an alternative for the study of domestic violence. *Affilia*, *23*(2), 123–133. https://doi.org/10.1177/0886109908314321

Dangwung, P., Tubbs, C., & Avila C. (2019, February 28–March 2). *Post-separation shared parenting and traumatic experiences among women in South Texas* [Poster presentation]. Texas Association for Marriage and Family Therapy, Austin, TX, United States.

Da Silva, N., Verdejo, T. R., Dillon, F. R., Ertl, M. M., & De La Rosa, M. (2021). Marianismo beliefs, intimate partner violence, and psychological distress among recently immigrated, young adult Latinas. *Journal of Interpersonal Violence*, *36*(7–8) 3755–3777. https://doi.org/10.1177/0886260518778263

Davies, J. A., Todahl, J., & Reichard, A. E. (2017). Creating a trauma-sensitive practice: A healthcare response to interpersonal violence. *American Journal of Lifestyle Medicine*, *11*(6), 451–465. https://doi.org/10.1177/1559827615609546

DeCasas, M. (2003). Protecting Hispanic women: the inadequacy of domestic violence policy. *Chicano-Latino Law Review*, *24*(1), 56–78. https://doi.org/10.5070/C7241021149

Decker, M. R., Holliday, C. N., Hameeduddin, Z., Shah, R., Miller, J., Dantzler, J., & Goodmard, L. (2019). "You do not think of me as a human being": Race and gender inequalities

intersect to discourage police reporting of violence against women. *Journal of Urban Health*, *96*, 772–783. https://doi.org/10.1007/s11524-019-00359-z

Decker, M. R., Wood, S. N., Hameeduddin, Z., Kennedy, S. R., Perrin, N., Tallam, C., Akumu, I., Wanjiru, I., Asira, B., Frankel, A., Omondi, B., Case, J., Clough, A., Otieno, R., Mwiti, M., & Glass, N. (2020). Safety decision-making and planning mobile app for intimate partner violence prevention and response: Randomized control trial in Kenya. *BMJ Global Health*, *5*, Article e002091. https://doi.org/10.1136/bmjgh-2019-002091

de Montigny-Malenfant, B., Santerre, M.-É., Bouchard, S., Sabourin, S., Lazaridès, A., & Bélanger, C. (2013). Couples' negative interaction behaviors and borderline personality disorder. *The American Journal of Family Therapy*, *41*(3), 259–271. https://doi.org/10.1080/01926187.2012.688006

Denham, A., York Frasier, P., Hooten Gerken, E., Belton, L., Newton, W., Gonzalez, P., Begum, M., & Campbell, M. K. (2007). Intimate partner violence among Latinas in Eastern North Carolina. *Violence Against Women*, *13*(2), 123–140. https://doi.org/10.1177/1077801206296983

de Shazer, S. (1985). *Keys to solution in brief therapy*. Norton & Company.

Devries, K. M., Mak, J. Y., Bacchus, L. J., Child, J. C., Falder, G., Petzold, M., Astbury, J., & Watts, C. H. (2013). Intimate partner violence and incident depressive symptoms and suicide attempts: A systematic review of longitudinal studies. *PLOS Medicine*, *10*(5), Article e1001439. https://doi.org/10.1371/journal.pmed.1001439

Devries, K. M., Watts, C., Yoshihama, M., Kiss, L., Blima Schraiber, L., Deyessa, N., Heise, L., Durand, J., Mbwambo, J., Jansen, H., Berhane, Y., Ellsberg, M., Garcia-Morano, C. (2011). Violence against women is strongly associated with suicide attempts: Evidence

from the WHO multi-country study on women's health and domestic violence against women. *Social Science and Medicine*, *73*(1), 79–86. https://doi.org/10.1016/j.socscimed.2011.05.006

Dicola, D. (2016). Intimate partner violence. *American Family Physician*, *94*(8), 646–651.

Dietrich, D. M., & Schuett, J. M. (2013). Culture of honor and attitudes toward intimate partner violence in Latinos. *SAGE Open*, *3*(2). https://doi.org/10.1177/2158244013489685

DiFonzo, J. H. (2014). From the rule of one to shared parenting: Custody presumptions in law and policy. *Family Court Review*, *52*(2), 213–239. https://doi.org/10.1111/fcre.12086

Douglas, K. S., & Skeem, J. L. (2005). Violence risk assessment: Getting specific about being dynamic. *Psychology, Public Policy, and Law*, *11*(3), 347–383. https://doi.org/10.1037/1076-8971.11.3.347

Doumas, D. M., Pearson, C. L., Elgin, J. E. & McKinley, L. L. (2008). Adult attachment risk factor for intimate partner violence: The "mispairing" of partners' attachment styles. *Journal of Interpersonal Violence*, *23*(5), 616–634. https://doi.org/10.1177/0886260507313526

Dowling, M. (2007). From Husserl to van Manen: A review of different phenomenological approaches. *International Journal of Nursing Studies*, *44*(1), 131–142. https://doi.org/10.1016/j.ijnurstu.2005.11.026

Dutton, D. G. (2006). *Rethinking domestic violence.* The University of British Columbia Press.

Dutton, D. G., & White, K. R. (2012). Attachment insecurity and intimate partner violence. *Aggression and Violent Behavior*, *17*(5), 475–481. https://doi.org/10.1016/j.avb.2012.07.003

Dutton, M. A., Green, B. L., Kaltman, S. I., Roesch, D. M., Zeffiro, T. A., & Krause, E. D. (2006). Intimate partner violence, PTSD, and adverse health outcomes. *Journal of Interpersonal Violence*, *21*(7), 955–968. https://doi.org/10.1177/0886260506289178

Eckstein, J. J. (2011). Reasons for staying in intimately violent relationships: Comparison of men and women and messages communicated to self and others. *Journal of Family Violence*, *26*(1), 21–30. https://doi.org/10.1007/s10896-010-9338-0

Edelson, M. G., Hokoda, A., & Ramos-Lira, L. (2007). Differences in effects of domestic violence between Latina and non-Latina women. *Journal of Family Violence*, *22*(1), 1–10. https://doi.org/10.1007/s10896-006-9051-1

Eggertson, L. (2013). New WHO guidelines on intimate-partner violence. *Canadian Medical Association Journal*, *185*(16), E743–E744. https://doi.org/10.1503/cmaj.109-4609

Elkin, M. (1991). Joint custody: In the best interest of the family. In J. Folberg (Eds.), *Joint custody and shared parenting* (2nd ed., pp. 11–15). The Guildford Press.

Elliott, V. (2018). Thinking about the coding process in qualitative data analysis. *The Qualitative Report*, *23*(11), 2850–2861. https://doi.org/10.46743/2160-3715/2018.3560

Enander, V., & Holmberg, C. (2008). Why does she leave? The leaving process(es) of battered women. *Health Care for Women International*, *29*(3), 200–226. https://doi.org/10.1080/07399330801913802

Ertl, M. M., Rentería, R., Dillon, F. R., Babino, R., De La Rosa, M., & Brenner, R. E. (2019). Longitudinal associations between marianismo beliefs and acculturative stress among Latina immigrants during initial years in the United States. *Journal of Counseling Psychology*, *66*(6), 665–677. https://doi.org/10.1037/cou0000361

Esperanza United. (2021). *Latinas and intimate partner violence: Evidence-based facts*. https://esperanzaunited.org/en/knowledge-base/content-type/ipv-factsheet-latinas-and-intimate-partner-violence-evidence-based-facts-2/

Falicov, C. J. (2014*). Latino family in therapy* (2nd ed.). The Guildford Press.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, *14*(4), 245–258. https://doi.org/10.1016/S0749-3797(98)00017-8

Ferguson, C. J. (2011). Love is a battlefield: Risk factors and gender disparities for domestic violence among Mexican Americans. *Journal of Aggression, Maltreatment & Trauma*, *20*(2), 227–236.

Field, C. A., & Caetano, R. (2005). Intimate partner violence in the U.S. general population: Progress and future directions. *Journal of Interpersonal Violence*, *20*(4), 463–469. https://doi.org/10.1177/0886260504267757

Finkelhor, D., Shattuck, A., Turner, H., & Hamby, S. (2015). A revised inventory of adverse childhood experiences. *Child Abuse & Neglect*, *48*, 13–21. https://doi.org/10.1016/j.chiabu.2015.07.011

Finkelhor, D., Turner, H., Ormrod, R., Hamby, S., & Kracke, K. (2009). *Children's exposure to violence: A comprehensive national survey* (NCJ No. 227744). Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice. https://www.ncjrs.gov/pdffiles1/ojjdp/227744.pdf

Finno-Velasquez, M., & Ogbonnaya, I. N. (2017). National estimates of intimate partner violence and service receipt among Latina women with child welfare. *Journal of Family Violence*, *32*, 669–682. https://doi.org/10.1007/s10896-017-9912-9

Fletcher, M. A. (2018). We to me: An autoethnographic discovery of self, in and out of domestic abuse. *Women's Studies in Communication*, *41*(1), 42–59. https://doi.org/10.1080/07491409.2017.1423526

Flicker, S. M., Cerulli, C., Zhao, X., Tang, W., Watts, A., Xia, Y., & Talbot, N. L. (2011). Concomitant forms of abuse and help-seeking behavior among white, African American, and Latina women who experience intimate partner violence. *Violence Against Women*, *17*(8), 1067–1085. https://doi.org/10.1177/1077801211414846

Folberg, J. (1991). Custody overview. In J. Folberg (Eds.), *Joint custody and shared parenting* (2nd ed., pp. 3–10). The Guildford Press.

Forbes-Mewett, H., & McCulloch, J. (2015). International students and gender-based violence. *Violence Against Women*, *22*(3), 344–365. https://doi.org/10.1177/1077801215602344

Forke, C. M., Catallozzi, M., Localio, A. R., Grisso, J. A., Wiebe, D. J., & Fein, J. A. (2019). Intergenerational effects of witnessing domestic violence: Health of the witnesses and their children. *Preventive Medicine Report*, *15*, Article 100942. https://doi.org/10.1016/j.pmedr.2019.100942

Forke, C. M., Myers, R. K., Fein, J. A., Catallozzi, M., Localio, A. R., Wiebe, D. J., & Grisso, J. A. (2018). Witnessing intimate partner violence as a child: How boys and girls model their parents' behaviors in adolescence. *Child Abuse & Neglect*, *84*, 241–252. https://doi.org/10.1016/j.chiabu.2018.07.031

Forster, M., Rogers, C. J., Rainisch, B., Grigsby, T., De La Torre, C., Albers, L., & Unger, J. B. (2021). Adverse childhood experiences and intimate partner violence; Findings from a community sample of Hispanic young adults. *Journal of Interpersonal Violence*. Advance online publication. https://doi.org/10.1177/08862605211035881

Frias, S. M., & Angel, R. J. (2005). The risk of partner violence among low-income Hispanic subgroups. *Journal of Marriage and Family*, *67*(3), 522–564. https://doi.org/10.1111/j.1741-3737.2005.00153.x

Fridel, E. E., & Fox, J. A. (2019). Gender differences in patterns and trends in U.S. homicide, 1976–2017. *Violence and Gender*, *6*(1), 27–36. https://doi.org/10.1089/vio.2019.0005

Fulu, E., Miedema, S., Roselli, T., McCook, S., Chan, K. L., Haardörfer, R., & Jewkes, R. (2017). Pathways between childhood trauma, intimate partner violence, and harsh parenting: Findings from the UN multi-country study on men and violence in Asia and the pacific. *Lancet Global Health*, *5*(5), e512–e522. https://doi.org/10.1016/S2214-109X(17)30103-1

Gadamer, H. G. (2013). *Truth and method* (J. Weinsheimer & D. G. Marshall, Trans.). Bloomsbury. (Original work published 1975)

Galántai, J., Ligeti, A. S., & Wirth, J. (2019). Children exposed to violence: Child custody and its effects on children in intimate partner violence related cases in Hungary. *Journal of Family Violence*, *34*, 399–409. https://doi.org/10.1007/s10896-019-00066-y

Garcia, L., Hurwitz, E. L., & Kraus, J. F. (2005). Acculturation and reported intimate partner violence among Latinas in Los Angeles. *Journal of Interpersonal Violence*, *20*(5), 569–590. https://doi.org/10.1177/0886260504271582

Gartland, D., Giallo, R., Woolhouse, H., Mensah, F., & Brown, S. J. (2019). Intergenerational impacts of family violence-mothers and children in a large prospective pregnancy cohort study. *Eclinical Medicine*, *15*, 51–61. https://doi.org/10.1016/j.eclinm.2019.08.008

Gearing, R. E. (2004). Bracketing in research: A typology. *Qualitative Health Research*, *14*(10), 1429–1452. https://doi.org/10.1177/1049732304270394

Gecas, V., & Schwalbe, M. L. (1983). Beyond the looking-glass self: Social structure and efficacy-based self-esteem. *Social Psychology Quarterly*, *46*(2), 77–88. https://doi.org/10.2307/3033844

George, J., & Stith, S. M. (2014). An updated feminist view of intimate partner violence. *Family Process*, *53*(2), 179–193. https://doi.org/10.1111/famp.12073

Gergen, K. J. (2009). *Relational being: Beyond self and community.* Oxford University Press.

Gergen, K. J. (2015). *An invitation to social construction* (3rd ed.). SAGE Publications.

Gerino, E., Caldarera, A. M., Curti, L., Brustia, P., & Rollè, L. (2018). Intimate partner violence in the golden age: Systematic review of risk and protective factors. *Frontiers in Psychology*, *9*, Article 1595. https://doi.org/10.3389/fpsyg.2018.01595

Gibby, J. G., & Whiting, J. B. (2022). Insecurity, control, and abuse: What attachment theory can teach us about treating intimate partner violence. *Contemporary Family Therapy*. Advance online publication. https://doi.org/10.1007/s10591-021-09623-4

Gil, R. M., & Vazquez, C. I. (1996). *The Maria paradox: How Latinas can merge old world traditions with new world self-esteem.* G. P. Putnam's Sons.

Giles-Sims, J. (1983). *Wife battering: A systems theory approach*. Guilford.

Gilfus, M. E., Trabold, N., O'Brien, P., & Fleck-Henderson, A. (2010). Gender and intimate partner violence: Evaluating the evidence. *Journal of Social Work Education*, *46*(2), 245–263. https://doi.org/10.5175/JSWE.2010.200900019

Gilligan, C. (1982). *In a different voice: Psychological theory and women's development.* Harvard University Press.

Godbout, N., Dutton, D. G., Lussier, Y., & Sabourin, S. (2009). Early exposure to violence, domestic violence, attachment representations, and marital adjustment. *Personal Relationships*, *16*(3), 365–384. https://doi.org/10.1111/j.1475-6811.2009.01228.x

González, R., Lgoumenou, A., Kallis, C., & Coid, J. W. (2016). Borderline personality disorder and violence in the UK population: Categorical and dimensional trait assessment. *BMC Psychiatry*, *16*, Article 180. https://doi.org/10.1186/s12888-016-0885-7

Gonzalez-Barrera, A., & Lopez, M. H. (2013). *A demographic portrait of Mexican-origin Hispanics in the United States.* Pew Research Center. https://www.pewresearch.org/hispanic/2013/05/01/a-demographic-portrait-of-mexican-origin-hispanics-in-the-united-states/

González-Guarda, R. M., Cummings, A. M., Becerra, M., Fernandez, M. C., & Mesa, I. (2013). Needs and preferences for the prevention of intimate partner violence among Hispanics: A community's perspective. *Journal of Primary Prevention*, *34*(4), 221–235. https://doi.org/10.1007/s10935-013-0312-5

Goodson, A., & Hayes, B. E. (2018). Help-seeking behaviors of intimate partner violence victims: A cross-national analysis in developing nations. *Journal of Interpersonal Violence*, *36*(9–10), 4705–4727. https://doi.org/10.1177/0886260518794508

Gordon, L. (2016). 'Intersectionality', social feminism and contemporary activism: Musings by a second-wave socialist feminist. *Gender & History*, *28*(2), 340–357. https://doi.org/10.1111/1468-0424.12211

Gracia, E., Rodriguez, C. M., Martín-Fernández, M., & Lila, M. (2020). Acceptability of family violence: Underlying ties between intimate partner violence and child abuse. *Journal of Interpersonal Violence*, *35*(17–18), 3217–3236. https://doi.org/10.1177/0886260517707310

Graham-Bermann, S. A., & Levendosky, A. A. (2011). How intimate partner violence affects children: Introduction. In S. A. Graham-Berman & A. A. Levendosky (Ed.), *How intimate partner violence affects children: Developmental research, case studies, and evidenced based intervention* (pp. 3–16). American Psychological Association.

Green, J., Willis, K., Hughes, E., Small, R., Welch, N., Gibbs, L., & Daly, J. (2007). Generating best evidence from qualitative research: The role of data analysis. *Australian and New Zealand Journal of Public Health*, *31*(6), 545–550. https://doi.org/10.1111/j.1753-6405.2007.00141.x

Guedes, A., Bott, S., Garcia-Moreno, C., & Colombini, M. (2016). Bridging the gaps: A global review of intersections of violence against women and violence against children. *Global Health Action*, *9*(1), Article 31516. https://doi.org/10.3402/gha.v9.31516

Gunnoe, M. L., & Braver, S. L. (2001). The effects of joint legal custody on mothers, fathers, and children controlling for factors that predispose a sole maternal versus joint legal award. *Law and Human Behavior*, *25*(1), 25–43. https://doi.org/10.1023/A:1005687825155

Hamilton, L. H. A., Jaffe, P. G., & Campbell, M. (2013). Addressing children's risk for homicide in the context of domestic violence. *Journal of Family Violence*, *28*, 179–189. https://doi.org/10.1007/s10896-012-9473-x

Hardesty, J. L. (2002). Separation assault in the context of postdivorce parenting. *Violence Against Women*, *8*(5), 597–625. https://doi.org/10.1177/107780120200800505

Hardesty, J. L., & Chung, G. H. (2006). Intimate partner violence, parental divorce, and child custody: Directions for intervention and future research. *Family Relations*, *55*(2), 200–210. https://doi.org/10.1111/j.1741-3729.2006.00370.x

Hardesty, J. L., Crossman, K. A., Khaw, L., & Raffaelli, M. (2016). Marital violence and coparenting quality after separation. *Journal of Family Psychology*, *30*(3), 320–330. https://doi.org/10.1037/fam0000132

Hardesty, J. L., & Ganong, L. H. (2006). How women make custody decisions and manage coparenting with abusive former husbands. *Journal of Social and Personal Relationships*, *23*(4), 543–563. https://doi.org/10.1177/0265407506065983

Hardesty, J. L., Ogolsky, B. G., Raffaelli, M., Whittaker, A., Crossman, K. A., Haselschwerdt, M. L., Mitchell, E. T., & Khaw, L. (2017). Coparenting relationship trajectories: Marital violence linked to change and variability after separation. *Journal of Family Psychology*, *31*(7), 844–854. https://doi.org/10.1037/fam0000323

Harper, S. B. (2017). No way out: Severely abused Latina women, patriarchal terrorism, and self-help homicide. *Feminist Criminology*, *12*(3), 224–247. https://doi.org/10.1177/1557085116680743

Harrykissoon, S. D., Rickert, V. I., & Wiemann, C. M. (2002). Prevalence and patterns of intimate partner violence among adolescent mothers during postpartum period. *Archives*

of Pediatrics and Adolescent Medicine, *156*(4), 325–330. https://doi.org/10.1001/archpedi.156.4.325

Haselschwerdt, M. L., Hardesty, J. L., & Hans, J. D. (2011). Custody evaluators' beliefs about domestic violence allegations during divorce: Feminist and family violence perspectives. *Journal of Interpersonal Violence*, *26*(8), 1694–1719. https://doi.org/10.1177/0886260510370599

Hazan, C., & Shaver, P. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology*, *52*(3), 511–524. https://doi.org/10.1037/0022-3514.52.3.511

Heep, H. (2014). Catholicism and machismo: The impact of religion on Hispanic gender identity. *Cultural and Religious Studies*, *2*(2), 100–108.

Heidegger, M. (1972). *On time and being* (J. Stambaugh, Trans.). Harper & Row. (Original work published 1953)

Hill, J., & Nathan, R. (2008). Childhood antecedents of serious violence in adult male offenders. *Aggressive Behavior*, *34*(3), 329–338. https://doi.org/10.1002/ab.20237

Hing, N., O'Mullan, C., Mainey, L., Nuske, E., Breen, H., & Taylor, A. (2021). Impacts of male intimate partner violence on women: A life course perspective. *International Journal of Environmental Research and Public Health*, *18*(16), Article 8303. https://doi.org/10.3390/ijerph18168303

Holmes, J. (2014). *John Bowlby and attachment theory* (2nd ed.). Routledge.

Holmes, S. C., Johnson, N. L., Rojas-Ashe, E. E., Ceroni, T. L., Fedele, K. M., & Johnson, D. M. (2019). Prevalence and predictors of bidirectional violence in survivors of intimate

partner violence residing at shelters. *Journal of Interpersonal Violence*, *34*(16), 3492–3515. https://doi.org/10.1177/0886260516670183

Homan, P. (2019). Structural sexism and health in the United States: A new perspective on health inequality and the gender system. *American Sociological Review*, *84*(3), 486–516. https://doi.org/10.1177/0003122419848723

Horrigan-Kelly, M., Millar, M., & Dowling, M. (2016). Understanding the key tenets of Heidegger's philosophy for interpretive phenomenological research. *International Journal of Qualitative Methods*, *15*(1). https://doi.org/10.1177/1609406916680634

Imber-Black, E. (2003). Women's secrets in therapy. In L. B. Silverstein & T. J. Goodrich (Eds.), *Feminist family therapy: Empowerment in social context* (pp. 189–198). American Psychological Association.

Ingram, E. M. (2007). A comparison of help seeking between Latino and non-Latino victims of intimate partner violence. *Violence Against Women*, *13*(2), 159–171. https://doi.org/10.1177/1077801206296981

Ireland, T. O., & Smith, C. A. (2009). Living in partner-violent families: Developmental link to antisocial behavior and relationship violence. *Journal of Youth and Adolescent*, *38*, 323–339. https://doi.org/10.1007/s10964-008-9347-y

Iverson, K. M., Shenk, C., & Fruzzetti, A. E. (2009). Dialectical behavior therapy for women victims of domestic abuse: A pilot study. *Professional Psychology: Research and Practice*, *40*(3), 242–248. https://doi.org/10.1037/a0013476

Jackson, M. A., Sippel, L. M., Mota, N., Whalen, D., & Schumacher, J. A. (2015). Borderline personality disorder and related constructs as risk factors for intimate partner violence

perpetration. *Aggression and Violent Behavior*, *24*, 95–106. https://doi.org/10.1016/j.avb.2015.04.015

Jaffe, P. G., Crooks, C. V., & Poisson, S. E. (2003). Common misconceptions in addressing domestic violence in child custody disputes. *Juvenile and Family Court Journal*, *54*(4), 57–68. https://doi.org/10.1111/j.1755-6988.2003.tb00086.x

Jasinski, J. L. (1998). The role of acculturation in wife assault. *Hispanic Journal of Behavioral Sciences*, *20*(2), 175–191. https://doi.org/10.1177/07399863980202003

Jeske, J., & Klas, M. L. (2016). Adverse childhood experiences: Implications for family law practice and the family court system. *Family Law Quarterly*, *50*(1), 123–137.

Johnson, M. P. (2008). *A typology of domestic violence*. Northeastern University Press.

Johnson, M. P. (2011). Gender and types of intimate partner violence: A response to an anti-feminist literature review. *Aggression and Violent Behavior*, *16*(4), 289–296. https://doi.org/10.1016/j.avb.2011.04.006

Johnson, M. P., & Leone, J. M. (2005). The differential effects of intimate terrorism and situational couple violence: Finding from the national violence against women survey. *Journal of Family Issues*, *26*(3), 322–349. https://psycnet.apa.org/doi/10.1177/0192513X04270345

Johnson, W. L., Manning, W. D., Giordano, P. C., & Longmore, M. A. (2015). Relationship context and intimate partner violence from adolescence to young adulthood. *Journal of Adolescent Health*, *57*(6), 631–636. https://doi.org/10.1016/j.jadohealth.2015.08.014

Jung, H., Herrenkohl, T. I., Skinner, M. L., Lee, J. O., Klika, J. B., & Rousson, A. N. (2019). Gender differences in intimate partner violence: A predictive analysis of IPV by child

abuse and domestic violence exposure during early childhood. *Violence Against Women*, *25*(8), 903–924. https://doi.org/10.1177/1077801218796329

Kafle, N. P. (2011). Hermeneutic phenomenological research method simplified. *Bodhi: An Interdisciplinary Journal*, *5*(1), 181–200. https://doi.org/10.3126/bodhi.v5i1.8053

Kalunta-Crumpton, A. (2015). Intersections of patriarchy, national origin, and immigrant Nigerian women's experiences of intimate partner violence in the United States. *International Journal of Sociology of the Family*, *41*(1), 1–29. https://www.jstor.org/stable/43488448

Kapaya, M., Boulet, S. L., Warner, L., Harrison, L., & Fowler, D. (2019). Intimate partner violence before and during pregnancy, and prenatal counseling among women with a recent live birth, United States, 2009–2015. *Journal of Women's Health*, *28*(11), 1476–1486. https://doi.org/10.1089/jwh.2018.7545

Karukurt, G., Dial, S., Korhow, H., Mansfield, T., & Banford, A. (2013). Experiences of marriage and family therapists working with intimate partner violence. *Journal of Family Psychotherapy*, *24*(1), 1–16. https://doi.org/10.1080/08975353.2013.762864

Karakurt, G., Smith, D., & Whiting, J. (2014). Impact of intimate partner violence on women's mental health. *Journal of Family Violence*, *29*(7), 693–702. https://doi.org/10.1007/s10896-014-9633-2

Karukart, G., Whiting, K., van Esch, C., Bolen, S., & Calabrese, J. R. (2016). Couples therapy for intimate partner violence: A systematic review and meta-analysis. *Journal of Marriage and Family Therapy*, *42*(4), 567–583. https://doi.org/10.1111/jmft.12178

Katerndahl, D. A., Burge, S. K., Ferrer, R. L., Becho, J., & Wood, R. (2010). Complex dynamics in intimate partner violence: A time series study of 16 women. *The Primary Care*

Companion to the Journal of Clinical Psychiatry, *12*(4), e1–e12. https://doi.org/10.4088/PCC.09m00859whi

Katz, L. F., & Low, S. M. (2004). Marital violence, co-parenting, and family level processes in relation to children's adjustment. *Journal of Family Psychology*, *18*(2), 372–382. https://doi.org/10.1037/0893-3200.18.2.372

Kernberg, O. F. (2012). *The inseparable nature of love and aggression: Clinical and theoretical perspective*. American Psychiatric Publishing.

Kernic, M. A., Monary-Ernsdorff, D. J., Koepsell, J. K., & Holt, V. L. (2005). Children in the crossfire: Child custody determinations among couples with a history of intimate partner violence. *Violence Against Women*, *11*(8), 991–1021. https://psycnet.apa.org/doi/10.1177/1077801205278042

Klein, S. R. (2019). Moving toward third space: Reflections on the tensions with/in qualitative research. *Canadian Review of Art Education*, *46*(1), 72–84.

Klevens, J. (2007). An overview of intimate partner violence among Latinos. *Violence Against Women*, *13*(2), 111–122. https://doi.org/10.1177/1077801206296979

Kline Pruett, M., & Donsky, T. (2011). Coparenting after divorce: Paving pathways for parental cooperation, conflict resolution, and redefined family roles. In J. P. McHale & K. M. Lindahl (Eds.), *Coparenting: A contextual and clinical examination of family systems* (pp. 105–126). American Psychological Association.

Klonoff, E. A., Landrine, H., & Campbell, R. (2000). Sexist discrimination may account for well-known gender differences in psychiatric symptoms. *Psychology of Women Quarterly*, *24*(1), 93–99. https://doi.org/10.1111/j.1471-6402.2000.tb01025.x

Knutson, J. F., Lawrence, E., Taber, S. M., Bank, L., & DeGarmo, D. S. (2009). Assessing children's exposure to intimate partner violence. *Clinical Child and Family Psychology Review*, *12*, 157–173. https://doi.org/10.1007/s10567-009-0048-1

Kockelmans, J. J. (1967). *Edmund Husserl's phenomenological psychology: A historico-critical study*. Kingsport Press.

Kohli, A., Perrin, N., Mpanano, R. M., Banywesize, L., Mirindi, A. B., Banywesize, J. H., Mitima, C. M., Binkurhorhwa, A. K., Bufolw, N. M., Glass, N. (2015). Family and community driven response to intimate partner violence in post-conflict settings. *Social Science and Medicine*, *146*, 276–284. https://doi.org/10.1016/j.socscimed.2015.10.011

Krause-Utz, A., Mertens, L. J., Renn, J. B., Lucke, P., Wöhlke, A. Z., van Schie, C. C., & Mouthaan, J. (2021). Child maltreatment, borderline personality features, and coping as predictors of intimate partner violence. *Journal of Interpersonal Violence*, *36*(13–14), 6693–6721. https://doi.org/10.1177/0886260518817782

Kuijpers, K. F., van der Knapp, L. M., Winkel, F. W. (2012). Risk of revictimization of intimate partner violence: The role of attachment, anger and violent behavior of the victim. *Journal of Family Violence*, *27*, 33–44. https://doi.org/10.1007/s10896-011-9399-8

Kulkarni, S. (2019). Violence (IPV) services: narrowing the gap between IPV service delivery and survivor needs. *Journal of Family Violence*, *3*4, 55–64. https://doi.org/10.1007/s10896-018-0001-5

Kuo, B. C. H. (2011). Culture's consequences on coping: Theories, evidences, and dimensionalities. *Journal of Cross-Cultural Psychology*, *42*(6), 1084–1100. https://doi.org/10.1177/0022022110381126

La Flair, L. N., Bradshaw, C. P., Storr, C. L., Green, K. M., Alvanzo, A. A. H., & Crum, R. M. (2011). Intimate partner violence and patterns of alcohol abused and dependence criteria among women: A latent class analysis. *Journal of Studies on Alcohol and Drugs*, *73*(3), 351–360. https://doi.org/10.15288/jsad.2012.73.351

Laskey, P., Bates, E. A., & Taylor, J. C. (2019). A systematic literature review of intimate partner violence victimisation: An inclusive review across gender and sexuality. *Aggression and Violent Behavior*, *47*, 1–11. https://doi.org/10.1016/j.avb.2019.02.014

Laverty, S. M. (2003). Hermeneutic phenomenology and phenomenology: A comparison of historical and methodological considerations. *The International Journal of Qualitative Methods*, *2*(3), 21–35. https://doi.org/10.1177/160940690300200303

Lawson, J. (2012). Sociological theories of intimate partner violence. *Journal of Human Behavior in the Social Environment*, *22*(5), 572–590. https://doi.org/10.1080/10911359.2011.598748

Lee, C. M., & Bax, K. A. (2000). Children's reactions to parental separation and divorce. *Paediatrics Child Health*, *5*(4), 217–218. https://doi.org/10.1093/pch/5.4.217

Lee, R. K., Sanders Thompson, V. L., & Mechanic, M. B. (2002). Intimate partner violence and women of color: A call for innovations. *American Journal of Public Health*, *92*(4), 530–534. https://doi.org/10.2105/ajph.92.4.530

Levendosky, A. A., Huth-Bocks, A. C., Shapino, D. L., & Semel, M. A. (2003). The impact of domestic violence on the maternal-child relationship and preschool-age children's functioning. *Journal of Family Psychology*, *17*(3), 275–287. https://doi.org/10.1037/0893-3200.17.3.275

Levy, K. N. (2005). The implications of attachment theory and research for understanding borderline personality disorder. *Development and Psychopathology*, *17*(4), 959–986. https://doi.org/10.1017/S0954579405050455

Li, Y., Herbell, K., Bloom, T., Sharps, P., & Bullock, L. F. C. (2020). Adverse childhood experiences and mental health among women experiencing intimate partner violence. *Issues in Mental Health Nursing*, *41*(9), 785–791. https://doi.org/10.1080/01612840.2020.1731636

Linehan, M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. The Guildford Press.

Lipsky, S., Caetano, R., & Roy-Byrne, P. (2009). Racial and ethnic disparities in police-reported intimate partner violence and risk of hospitalization among women. *Women's Health Issues*, *19*(2), 109–118. https://doi.org/10.1016/j.whi.2008.09.005

Lloyd, M. (2018). Domestic violence and education: Examining the impact of domestic violence on young children, children, and young people and potential role of schools. *Frontiers in Psychology*, *9*, Article 2094. https://doi.org/10.3389/fpsyg.2018.02094

Lockhart, L. L., & Mitchell, J. (2010). Cultural competence and intersectionality. In L. L. Lockhart & F. S. Danis (Eds.), *Domestic violence: intersectionality and culturally competent practice* (pp. 1–28). Columbia University Press.

Lopez, D. (2017). High intimate partner violence rates among Latinas in Bushwick: A literature review. *21st Century Social Justice*, *4*(1), Article 5. https://research.library.fordham.edu/swjournal/vol4/iss1/5/

Losantos, M., Montoya, T., Exeni, S., Santa Cruz, M., & Loots, G. (2016). Applying social constructionist epistemology to research in psychology. *International Journal of Collaborative Practice*, *6*(1), 29–42.

Madden-Derdich, D. A., Leonard, S. A., & Christopher, F. S. (1999). Boundary ambiguity and coparental conflict after divorce: An empirical test of a family systems model of the divorce process. *Journal of Marriage and Family*, *61*(3), 588–598. https://doi.org/10.2307/353562

Madruga, C. S., Viana, M. C., Abdalla, R. R., Caetano, R., & Laranjeira, R. (2017). Pathways from witnessing parental violence during childhood to involvement in intimate partner violence in adult life: the roles of depression and substance use. *Drug and Alcohol Review*, *36*(1), 107–114. https://doi.org/10.1111/dar.12514

Machisa, M. T., Christofides, N., & Jewkes, R. (2018). Social support factors associated with psychological resilience among women survivors of intimate partner violence in Gauteng, South Africa. *Global Health Action*, *11*(Suppl. 3), Article 1491114. https://doi.org/10.1080/16549716.2018.1491114

Mair, C., Cunradi, C. B., & Todd, M. (2012). Adverse childhood experiences and intimate partner violence: Testing psychosocial mediational pathways among couples. *Annals of Epidemiology*, *22*(12), 832–839. https://doi.org/10.1016/j.annepidem.2012.09.008

Maji, S. (2018). Health consequences of witnessing domestic violence among children: A review. *Indian Journal of Health and Well-being*, *9*(1), 66–69.

Makleff, S., Garduño, J., Icela Zavala, R., Barindelli, F., Valades, J., Billowitz, M., Silva Márquez, V. I., & Marston, C. (2020). Preventing intimate partner violence among young people—A qualitative study examining the role of comprehensive sexuality education.

Sexuality Research and Social Policy, *17*, 314–325. https://doi.org/10.1007/s13178-019-00389-x

Mancera, B. M., Dorgo, S., & Provencio-Vasquez, S. (2017). Risk factors for Hispanic male intimate partner violence perpetration. *American Journal of Men's Health*, *11*(4), 969–983. https://doi.org/10.1177/1557988315579196

Marrow, H. (2003). To be or not to be (Hispanic or Latino): Brazilian racial and ethnic identity in the United States. *Ethnicities*, *3*(4), 427–464. https://doi.org/10.1177/1468796803003004001

Marshall, M. N. (1996). Sampling for qualitative research. *Family Practice*, *13*(6), 522–525. https://doi.org/10.1093/fampra/13.6.522

Martin, K. R., & Garcia, L. (2011). Unintended pregnancy and intimate partner violence before and during pregnancy among Latina women in Los Angeles, California. *Journal of Interpersonal Violence*, *26*(6), 1157–1175. https://doi.org/10.1177/0886260510368154

Martin-de-las-Heras, S., Velasco, C., de Dios Luna, J., & Martin, A. (2015). Unintended pregnancy and intimate partner violence around pregnancy in a population-based study. *Women and Birth*, *28*(2), 101–105. https://doi.org/10.1016/j.wombi.2015.01.003

MAXQDA. (n.d.). *Homepage*. https://www.maxqda.com.

Mazzonis, Q. (2007). *Spiritual, gender, and the self in Renaissance Italy: Angela Merici and the company of St. Ursula (1474–1540)*. The Catholic University of America Press.

McCabe, B. E., Lai, B. S., González-Guarda, R. M. & Peragallo Montano, N. (2018). Childhood abuse and adulthood IPV, depression, and high-risk drinking in Latinas. *Issues in Mental Health Nursing*, *39*(12), 1004–1009. https://doi.org/10.1080/01612840.2018.1505984

McFarlane, J., Nava, A., Gilroy, H., Paulson, R., & Maddoux, J. (2012). Testing two global models to prevent violence against women and children: Methods and baseline data analysis of a 7-year prospective study. *Issues in Mental Health Nursing*, *33*(12), 871–881. https://doi.org/10.3109/01612840.2012.731135

McGorrery, P., & McMahon, M. (2021). Prosecuting controlling or coercive behaviour in England and Wales: Media reports of a novel offence. *Criminology and Criminal Justice*, *21*(4), 566–584. https://doi.org/10.1177/1748895819880947

McPhail, B. A., Busch, N. B., Kulkarni, S., & Rice, G. (2007). An integrative feminist model: The evolving feminist perspective on intimate partner violence. *Violence Against Women*, *13*(8), 817–841. https://doi.org/10.1177/1077801207302039

Mead, G. (1967). *Mind, self, and society from the standpoint of a social behaviorist*. University of Chicago Press.

Mele, M. (2009). The time course of repeat intimate partner violence. *Journal of Family Violence*, *24*, 619–624. https://doi.org/10.1007/s10896-009-9260-5

Mendez-Luck, C. A., & Anthony, K. P. (2015). *Marianismo* and caregiving role beliefs among U.S.-born and immigrant Mexican women. *Journal of Gerontology: Social Science*, *71*(5), 926–935. https://doi.org/10.1093/geronb/gbv083

Mertens, D. M. (2007). Transformative paradigm: Mixed methods and social justice. *Journal of Mixed Methods Research*, *1*(3), 212–225. https://doi.org/10.1177/1558689807302811

Messing, J. T., Amanor-Boadu, Y., Cavanaugh, C. E., Glass, N. E., & Campbell, J. C. (2013). Culturally competent intimate partner violence risk assessment: Adapting the danger assessment for immigrant women. *Social Worker Research*, *37*(3), 263–275. https://doi.org/10.1093/swr/svt019

Messing, J. T., Becerra, D., Ward-Lasher, A., & Androff, D. K. (2015). Latinas' perception of law enforcement: Fear of deportation, crime reporting, and trust in the system. *Journal of Women and Social Work*, *30*(3), 328–340. https://doi.org/10.1177/0886109915576520

Messing, J. T., Vega, S., & Durfee, A. (2017). Protection order use among Latina survivors of intimate partner violence. *Feminist Criminology*, *12*(3), 199–223. https://doi.org/10.1177/1557085116678924

Meyer, B., Pilkonis, P. A., Heape, C. L., & Egan, M. (2001). Attachment styles and personality disorders as predictors of symptom course. *Journal of Personality Disorders*, *15*(5), 371–389. https://doi.org/10.1521/pedi.15.5.371.19200

Mikulincer, M., & Shaver, P. R. (2007). *Attachment in adulthood*. The Guildford Press.

Milani, A., Leschird, A., & Rodger, S. (2018). "Beyond cultural sensitivity": Service providers' perspectives on Muslim women experiences of intimate partner violence. *Journal of Muslim Mental Health*, *12*(1), 49–74. https://doi.org/10.3998/jmmh.10381607.0012.103

Miljkovitch, R., Deborde, A. S., Bernier, A., Corcos, M., Speranza, M., & Pham-Scottez, A. (2018). Borderline personality disorder in adolescence as a generalization of disorganized attachment. *Frontiers in Psychology*, *9*, Article 1962.

Mookerjee, S., Cerulli, C., Fernandez, I. D., & Chin, N. P. (2015). Do Hispanic and non-Hispanic women survivors of intimate partner violence differ in regards to their help seeking? A qualitative study. *Journal of Family Violence*, *30*(7), 839–851. https://doi.org/10.1007/s10896-015-9734-6

Moradi, B., & Subich, L. M. (2002). Perceived sexist events and feminist identity development attitudes: Links to women's psychological distress. *The Counseling Psychologist*, *30*(1), 44–65. https://doi.org/10.1177/0011000002301003

Moran, D. (2013). Edmund Husserl and phenomenology. In A. Bailey (Ed.), *Philosophy of mind: The key thinkers* (pp. 37–58). Bloomsbury.

Morris, M., & Halford, W. K. (2014). Family mediation: A guide for family therapists. *Australian & New Zealand Journal of Family Therapy*, *35*(4), 479–492. https://doi.org/10.1002/anzf.1078

Moustakas, C. (1994). *Phenomenological research methods.* SAGE Publications.

Mshweshwe, L. (2020). Understanding domestic violence: Masculinity, culture, traditions. *Heliyon*, *6*(10), Article e05334. https://doi.org/10.1016/j.heliyon.2020.e05334

Mukkamala, S., & Suyemoto, K. L. (2018). Racialized sexism/sexualized racism: A multimethod study of intersectional experiences of discrimination for Asian American Women. *Asian American Journal of Psychology*, *9*(1), 32–46. https://doi.org/10.1037/aap0000104

Munoz, R. T., Hellman, C. M., & Brunk, K. L. (2017). The relationship between hope and life satisfaction among survivors of intimate partner violence: the enhancing effect of self-efficacy. *Applied Research Quality Life*, *12*(4), 981–995. https://doi.org/10.1007/s11482-016-9501-8

Murdaugh, C., Hunt, S., Sowell, R., & Santana, I. (2004). Domestic violence in Hispanics in the southeastern United States: A survey and needs analysis. *Journal of Family Violence*, *19*(2), 107–115. https://doi.org/10.1023/B:JOFV.0000019841.58748.51

Murray, C. E. (2006). Controversy, constraints, and context: Understanding family violence through family systems theory. *The Family Journal: Counseling and Therapy for Couple and Families*, *14*(3), 234–239. https://doi.org/10.1177/1066480706287277

Murray, C. E., Davis, J., Rudolph, L., Graves, K. N., Colbert, R., Fryer, M., Mason, A., & Thigpen, B. (2016). Domestic violence training experiences and needs among mental

health professionals: Implications from a statewide survey. *Violence and Victims*, *31*(5), 901–920. https://doi.org/10.1891/0886-6708.VV-D-14-00092

Namy, S., Carlson, C., O'Hara, K., Nakuti, J., Bukuluki, P., Lwanyaaga, J., Namakula, S., Nanyunja, B., Wainberg, M. L., Naker, D., & Michau, L. (2017). Towards a feminist understanding of intersecting violence against women and children in the family. *Social Science & Medicine*, *184*, 40–48. https://doi.org/10.1016/j.socscimed.2017.04.042

Natanson, M. (1973). *Edmund Husserl: Philosopher of infinite tasks.* Northwestern University Press.

National Coalition Against Domestic Violence. (2015). *Domestic violence in Texas* [Fact sheet]. https://assets.speakcdn.com/assets/2497/texas.pdf

National Coalition Against Domestic Violence. (2020). *Domestic violence* [Fact sheet]. https://assets.speakcdn.com/assets/2497/domestic_violence-2020080709350855.pdf?1596828650457

National Network to End Domestic Violence. (2021). *15th annual domestic violence counts report*. https://nnedv.org/wp-content/uploads/2021/05/15th-Annual-DV-Counts-Report-National-Summary.pdf

Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives on Medical Education*, *8*, 90–97. https://doi.org/10.1007/s40037-019-0509-2

Newlands, R. T., & Benuto, L. T. (2021). Enhancing mental health services for survivors of intimate partner violence: A stage one pilot. *Community Mental Health Journal*, *57*, 1588–1594. https://doi.org/10.1007/s10597-021-00782-0

Niaz, U., & Hassan, S. (2006). Culture and mental health of women in South-East Asia. *World Psychiatry*, *5*(2), 118–120.

Nicholls, T. L., Pritchard, M. M., Reeves, K. A., & Hitlerman, E. (2013). Risk assessment in intimate partner violence: A systemic review of contemporary approaches. *Partner Abuse*, *4*(1), 76–168. https://doi.org/10.1891/1946-6560.4.1.76

Nielsen, L. (2011). Shared parenting after divorce: A review of shared residential parenting research. *Journal of Divorce and Remarriage*, *52*(8), 586–609. https://doi.org/10.1080/10502556.2011.619913

Nielsen, L. (2013). Shared residential custody: Review of the research (Part I of II). *American Journal of Family Law*, *27*, 61–72.

Novisky, M. A., & Peralta, R. L. (2015). When women tell: Intimate partner violence and the factors related to police notification. *Violence Against Women*, *21*(1), 65–86. https://doi.org/10.1177/1077801214564078

Nowotny, K. M., & Graves, J. L. (2013). Substance use and intimate partner violence victimization among White, African American, and Latina women. *Journal of Interpersonal Violence*, *28* (17), 3308–3318. http://doi.org/10.1177/0886260513496903

Ogbe, E., Harmon, S., Van den Bergh, R., & Degomme, O. (2020). A systemic review of intimate partner violence interventions focused on improving social support and mental health outcomes of survivors. *PLOS ONE*, *15*(6), Article e0235177. https://doi.org/10.1371/journal.pone.0235177

O'Grady, H. (2005). *Woman's relationship with herself: Gender, Foucault and therapy*. Routledge.

Ogunsanya, M. E., Bamgbade, B. A., Thach, A. V., Sudhapalli, P., & Rascati, K. L. (2018). Determinants of health-related quality of life in international graduate students. *Currents in Pharmacy Teaching and Learning*, *10*(4), 413–422. https://doi.org/10.1016/j.cptl.2017.12.005

Ørke, E. C., Bjørkly, S., Dufort, M., Bø Vatnar, S. K. (2021). Attachment characteristics among women victimized in no, one, and multiple IPV relationships: A case-control study. *Violence Against Women*, *27*(15–16), 2945–2970. https://doi.org/10.1177/1077801220981157

Osborne, J. W. (1990). Some basic existential-phenomenological research methodology for counsellors. *Canadian Journal of Counselling*, *24*(2), 79–91

Otter.ai (2019). *Otter*. https://otter.ai/

Owens, T. J. (1970). *Phenomenology and intersubjectivity: Contemporary interpretations of the interpersonal situation*. Martinus Nijhoff.

Ozbay, F., Johnson, D. C., Dimoulas, E., Morgan, C. A , III, Charney, D., & Southwick, S. (2007). Social support and resilience to stress. *Psychiatry*, *4*(5), 35–40.

Packer, M. (2011). *The science of qualitative research.* Cambridge University Press.

Page, R. L., Montalvo-Liendo, N., Nava, A., & Chilton, J. (2021). 'Now my eyes are open': Latina women's experiences in long-term support groups for intimate partner violence survivors. *International Journal of Mental Health Nursing*, *30*(3), 713–721. https://doi.org/10.1111/inm.12840

Pagelow, M. D. (1990). Effects of domestic violence on children and their consequences for custody and visitation agreements. *Mediation Quarterly*, *7*(4), 347–363. https://doi.org/10.1002/crq.3900070407

Pallini, S., Alfani, A., Marech, L., & Laghi, F. (2017). Unresolved attachment and agency in women victims of intimate partner violence: A case control study. *Psychology and Psychotherapy: Theory, Research and Practice*, *90*(2), 177–192. https://doi.org/10.1111/papt.12106

Pan, A., Daley, S., Rivera, L. M., Williams, K., Lingle, D., & Reznik, V. (2006). Understanding the role of culture in domestic violence: The ahimsa project for safe families. *Journal of Immigrant and Minority Health*, *8*(1), 35–43. https://doi.org/10.1007/s10903-006-6340-y

Parker, E. M., Gielen, A. C., Castillo, R., & Webster, D. (2015). Safety strategy use among women seeking temporary protective orders: The relationship between violence experienced, strategy effectiveness, and risk perception. *Violence Victim*, *30*(4), 614–635. https://doi.org/10.1891/0886-6708.VV-D-14-00003

Patra, P., Prakash, J., Patra, B., & Khanna, P. (2018). Intimate partner violence: Wounds are deeper. *Indian Journal of Psychiatry*, *60*(4), 494–498. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_74_17

Patton, M. Q. (1999). Enhancing the quality and credibility of qualitative analysis. *Health Services Research*, *34*(5), 1189–1208.

Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). SAGE Publications.

Peters, J., Shackelford, T. K., & Buss, D. M. (2002). Understanding domestic violence against women: Using evolutionary psychology to extend the feminist functional analysis. *Violence and Victims*, *17*(2), 255–264. https://doi.org/10.1891/vivi.17.2.255.33644

Petrosky, E., Blair, J. M., Betz, C. J., Fowler, K. A., Jack, S. P. D., & Lyons, B. H. (2017). Racial and ethnic differences in homicides of adult women in the role of intimate partner

violence—United States, 2003–2014. *Morbitidy and Mortaility Weekly Report*, *66*(28), 741–746. https://doi.org/10.15585/mmwr.mm6628a1

Pew Research Center. (2014). *Demographic and economic profiles of Hispanics by state and county, 2014: Texas* [Data set and code book]. https://www.pewhispanic.org/states/state/tx/

Phillips-Pula, L., Strunk, J., & Pickler, R. H. (2011). Understanding phenomenological approaches to data analysis. *Journal of Pediatric Health Care*, *25*(1), 67–71. https://doi.org/10.1016/j.pedhc.2010.09.004

Pittman, L. D., & Levine Coley, R. (2011). Coparenting in families with adolescent mothers. In J. P. McHale & K. M. Lindahl (Eds.), *Coparenting: A contextual and clinical examination of family systems* (pp. 105–126). American Psychological Association.

Pollio, H. R., Henley, T. B., & Thompson, C. J. (1997). *The phenomenology of everyday life*. Cambridge University Press.

Pompa, L. (2007). The family violence option in Texas: Why it is failing to aid domestic violence victims on welfare and what to do about it. *Texas Journal of Women and the Law*, *16*, 241–259.

Pongutta, S., Suphanchaimat, R. Patcharanarumol, W., & Tangcharoensathien, V. (2019). Lessons from the Thai Health Promotion Foundation. *Bulletin of the World Health Organization*, *97*(3), 213–220.

Ponti, L., & Tani, F. (2019). Attachment bonds as risk factors of intimate partner violence. *Journal of Child and Family Studies*, *28*, 1425–1432. https://doi.org/10.1007/s10826-019-01361-4

Postmus, J. L., McMahon, S., Silva-Martinez, E., & Warrener, C. D. (2014). Exploring the challenges faced by Latinas experiencing intimate partner violence. *Affilia: Journal of Women & Social Work*, *29*(4), 462–477. https://doi.org/10.1177/0886109914522628

Preiser, B., & Assari, S. (2017). Psychological predictors of sexual intimate partner violence against Black and Hispanic women. *Behavioral Sciences*, *8*(1), Article 3. https://doi.org/10.3390/bs8010003

Qualtrics. (n.d.). *Homepage.* https://www.qualtrics.com/

Raghavan, C., Mennerich, A., Sexton, E., & James, S. E. (2006). Community violence and its direct, indirect, and mediating effects on intimate partner violence. *Violence Against Women*, *12*(12), 1132–1149. https://doi.org/10.1177/1077801206294115

Ramos, B. M., & Carlson, B. E. (2004). Lifetime abuse and mental health distress among English speaking Latinas. *Affilia*, *19*(3), 239–256. https://doi.org/10.1177/0886109904265790

Ravi, K. E., Robinson, S. R., & Voth Schrag, R. (2021). Facilitators of formal help-seeking for adult survivors of IPV in the United States: A systematic review. *Trauma, Violence, and Abuse*. Advance online publication. https://doi.org/10.1177/1524838021995954

Reuter, T. R., Sharp, C., Temple, J. R., & Babcock, J. C. (2015). The relation between borderline personality features and dating violence. *Psychology of Violence*, *5*(2), 163–173. https://doi.org/10.1037/a0037891

Reynolds, F., & Shepard, C. (2011). Young women's accounts of intimate partner violence during adolescence and subsequent recovery processes: An interpretative phenomenological analysis. *Psychology and Psychotherapy*, *82*, 314–334. https://doi.org/10.1111/j.2044-8341.2010.02001.x

Rivera, J. (1994). Domestic violence against Latinas by Latino males: An analysis on race, national origin, and gender differentials. *Boston College Third World Law Journal*, *14*, 231–257. https://lawdigitalcommons.bc.edu/twlj/vol14/iss2/2

Roberts, J. C., Wolfer, L., & Mele, M. (2008). Why victims of intimate partner violence withdraw protection orders. *Journal of Family Violence*, *23*(5), 369–375.

Roche, M. (1973). *Phenomenology, language and the social sciences.* Routledge & Kegan Paul Books.

Rodríguez, N. R., Graña Gómez, J. L., Cuenca Montesino, M. L., Muñoz-Rivas, M. J. (2019). Psychometric properties of a measure of borderline personality organization in a Spanish court-refered partner-violent male sample. *Frontiers in Psychology, 10*(1653), 1–9. https://doi.org/10.3389/fpsyg.2019.01653

Romanow, L. (2012). The women of Thailand. *Global Majority E-Journal*, *3*(1), 44–60.

Romm, N. R. A. (2015). Reviewing the transformative paradigm: A critical systemic and relational (indigenous) lens. *System Practice Action Research*, *28*, 411–427. https://doi.org/10.1007/s11213-015-9344-5

Sabina, C., Cuevas, C. A., & Lannen, E. (2014). The likelihood of Latino women to seek help in response to interpersonal victimization: An examination of individual, interpersonal and sociocultural influences. *Psychosocial Intervention*, *23*(2), 95–103. https://doi.org/10.1016/j.psi.2014.07.005

Sabina, C., Cuevas, C. A., & Zadnik, E. (2015). Intimate partner violence among Latino women: Rates and cultural correlates. *Journal of Family Violence*, *30*(1), 35–47. https://doi.org/10.1007/s10896-014-9652-z

Sabri, B., Nnawulezi, N., Njie-Carr, V. P. S., Messing, J., Ward-Lasher, A., Alvarez, C., & Campbell, J. C. (2018). Multilevel risk and protective factors for intimate partner violence among African, Asian, and Latina immigrant and refugee women: Perceptions of effective safety planning interventions. *Race and Social Problems*, *10*, 348–365. https://doi.org/10.1007/s12552-018-9247-z

Sabri, B., Tharmarajah, S., Njie-Carr, V. P. S., Messing, J. T., Loerzel, E., Arscott, J., & Campbell, J. C. (2021). Safety planning with marginalized survivors of intimate partner violence: Challenges of conducting safety planning intervention research with marginalized women. *Trauma, Violence, & Abuse*. Advance online publication. https://doi.org/10.1177/15248380211013136

Saito, N. T. (1997). Model minority, yellow peril: Functions of foreignness in the construction of Asian American legal identity. *Asian Law Journal*, *4*(71), 71–95. https://doi.org/10.15779/Z38FZ9V

Saldaña, J. (2009). *The coding manual for qualitative researchers*. SAGE Publications.

Sandberg, D. A., Valdez, C. E., Engle, J. L., Menghrajani, E. (2019). Attachment anxiety as a risk factor for subsequent intimate partner violence victimization: A 6-month prospective study among college women. *Journal of Interpersonal Violence*, 34(7), 1410–1427. https://doi.org/10.1177/0886260516651314

Sandelowski, M. (1991). Telling stories: Narrative approaches in qualitative research. *Journal of Nursing Scholarship*, *23*(3), 161–166. https://doi.org/10.1111/j.1547-5069.1991.tb00662.x

Sansone, R. A., & Sansone, L. A. (2012). Borderline personality and externalized aggression. *Innovations in Clinical Neuroscience*, *9*(3), 23–26.

Satir, V. (1972). *Peoplemaking*. Science and Behavior Books.

Sanz-Barbero, B., Barón, N., & Vives-Cases, C. (2019). Prevalence, associated factors and health impact of intimate partner violence against women in different life stages. *PLOS ONE*, *14*(10), Article e0221049. https://doi.org/10.1371/journal.pone.0221049

Saunders, D. G. (2015). Research based recommendations for child custody evaluation practices and policies in cases of intimate partner violence. Journal of Child Custody, *12*(1), 71–92. https://doi.org/10.1080/15379418.2015.1037052

Scott, S., & Babcock, J. C. (2010). Attachment as a moderator between intimate partner violence and PTSD symptoms. *Journal of Family Violence*, *25*(1), Article 1. https://doi.org/10.1007/s10896-009-9264-1

Senour, M. N. (1977). Psychology of the Chicana. In J. L. Martinez, Jr. (Ed.), *Chicano Psychology* (pp. 329–360). Academic Press.

Seon, J., Cho, H., Choi, G.-Y., Son, E., Allen, J., Nelson, A., & Kwon, I. (2021). Adverse childhood experiences, intimate partner violence victimization, and self-perceived health and depression among college students. *Journal of Family Violence*, *37*, 691–706. https://doi.org/10.1007/s10896-021-00286-1

Serrata, J. V., Rodriguez, R., Castro, J. E., & Hernandez-Martinez, M. (2020). Well-being of Latina survivors of intimate partner violence and sexual assault receiving trauma informed and culturally-specific services. *Journal of Family Violence*, *35*(2), 169–180. https://doi.org/10.1007/s10896-019-00049-z

Shaunder, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H., & Jinks, C. (2018). Saturation in qualitative research: Exploring its conceptualization and

operationalization. *Quality & Quantity International Journal of Methodology*, *52*(4), 1893–1907. https://doi.org/10.1007/s11135-017-0574-8

Sherin, K. M., Sinacore, J. M., Li, X. Q., Zitter, R. E., & Amer, S. (1998). HIT: A short domestic violence screening tool for use in a family practice setting. *Family Medicine*, *30*(7), 508–512.

Sikweyiya, Y., Addo-Lartey, A. A., Alangea, D. O., Dako-Gyeke, P., Chirwa, E. D., Coker Appiah, D., Adanu, R. M. K., & Jewkes, R. (2020). Patriarchy and gender-inequitable attitudes as drivers of intimate partner violence against women in the central region of Ghana. *BMC Public Health*, *20*, Article 682. https://doi.org/10.1186/s12889-020-08825-z

Silverman, J. G., Mesh, C. M., Cuthbert, C. V., Slote, K., & Bancroft, L. (2004). Child custody determinations in cases involving intimate partner violence: A human rights analysis. *American Journal of Public Health*, *94*(6), 951–957. https://doi.org/10.2105/AJPH.94.6.951

Shon, S. P., & Ja, D. Y. (1982). Asian families. In M. McGoldrick, J. K. Pearce, & J. Giordano (Eds.), *Ethnicity and family therapy* (pp. 208–228). The Guildford Press.

Slabbert, I. (2017). Domestic violence and poverty: some women's experiences. *Research on Social Work Practice*, *27*(2), 223–230. https://doi.org/10.1177/1049731516662321

Slade, A. (2014). Imagining fear: Attachment, threat, and psychic experience. *Psychoanalytic Dialogues*, *24*(3), 253–266. https://doi.org/10.1080/10481885.2014.911608

Smagur, K. E., Bogat, G. A., & Levendosky, A. A. (2018). Attachment insecurity mediates the effects of intimate partner violence and childhood maltreatment on depressive symptoms in adult women. *Psychology of Violence*, *8*(4), 460–469. https://doi.org/10.1037/vio0000142

Smith, J. A. (2018). “Yes it is phenomenological”: A reply to Max Van Manen’s critique of interpretative phenomenological analysis. *Qualitative Health Research*, *28*(12), 1955–1958. https://doi.org/10.1177/1049732318799577

Smith, J. A., & Osborn, M. (2003). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (pp. 51–80). SAGE Publications.

Smith, M., Williamson, A. E., Walsh, D., & McCartney, G. (2016). Is there a link between childhood adversity, attachment style and Scotland’s excess mortality? Evidence, challenges and potential research. *BMC Public Health*, *16*, Article 655). https://doi.org/10.1186/s12889-016-3201-z

Smith, S. G., Zhang, X., Basile, K. C., Merrick, M. T., Wang, J., Kresnow, M., & Chen, J. (2015). *National Intimate Partner and Sexual Violence Survey: 2015 Data Brief.* National Center for Injury Prevention and Control, Centers for Disease Control an d Prevention. https://www.cdc.gov/violenceprevention/datasources/nisvs/2015NISVSdatabrief.html

Smythe, E. A., Ironside, P. M., Sims, S. L., Swenson, M. M., & Spence, D. G. (2008). Doing Heideggerian hermeneutic research: A discussion paper. *International Journal of Nursing Studies*, *45*(9), 1389–1397. https://doi.org/10.1016/j.ijnurstu.2007.09.005

Sokoloff, N. J., & Dupont, I. (2005). Domestic violence at the intersections of race, class, and gender: Challenges and contributions to understanding violence against marginalized women in diverse communities. *Violence Against Women*, *11*(1), 38–64. https://doi.org/10.1177/1077801204271476

Solomon, R. C. (Ed.) (1980). *Phenomenology and existentialism.* University Press of America.

Sommer, J., Babcock, J., & Sharp, C. (2017). A dyadic analysis of partner violence and adult attachment. *Journal of Family Violence*, *32*(3), 279–290. https://doi.org/10.1007/s10896-016-9868-1

Sorenson, S. B. (2017). Guns in intimate partner violence: Comparing incidents by type of weapon. *Journal of Women's Health*, *26*(3), 249–258. https://doi.org/10.1089/jwh.2016.5832

Sorenson, S. B., & Schut, R. A. (2018). Nonfatal gun use in intimate partner violence: A systematic review of the literature. *Trauma, Violence, and Abuse*, *19*(4), 431–442. https://doi.org/10.1177/1524838016668589

Soto-Lopez, C. G. (2021). *A study of dialectical behavior therapy skills training for Spanish-speaking Latina survivors of intimate partner violence* [Doctoral dissertation, University of Nevada, Reno]. ScholarWorks. http://hdl.handle.net/11714/7813

Southwick, S. M., Sippel, L., Krystal, J., Charney, D., Mayes, L., & Pietrzak, R. (2016). Why are some individuals more resilient than others: the role of social support. *World Psychiatry*, *15*(1), 77–79. https://doi.org/10.1002/wps.20282

Spencer, C. M., Keilholtz, B. M., & Stith, S. M. (2021). The association between attachment styles and physical intimate partner violence perpetration and victimization: A meta-analysis. *Family Process*, *60*(1), 270–284. https://doi.org/10.1111/famp.12545

Staggs, S. L., & Riger, S. (2005). Effects of intimate partner violence on low-income women's health and employment. *American Journal of Community Psychology*, *36*(1–2), 133–145. https://doi.org/10.1007/s10464-005-6238-1

Stansfield, R., & Williams, K. R. (2018). Coercive control between intimate partners: An application to nonfatal strangulation. *Journal of Interpersonal Violence*, *36*(9–10), NP5105–NP5124. https://doi.org/10.1177/0886260518795175

Stark, E. (2007). *Coercive control: How men entrap women in personal life.* Oxford University Press.

Stark, E., & Hester, M. (2019). Coercive control: Update and review. *Violence Against Women*, *25*(1), 81–104. https://doi.org/10.1177/1077801218816191

Stockman, J. K., Hayashi, H., & Campbell, J. C. (2015). Intimate partner violence and its health impact on disproportionately affected populations, including minorities and impoverished groups. *Journal of Women's Health*, *24*(1), 62–79. https://doi.org/10.1089/jwh.2014.4879

Storer, H. L., Rodriguez, M., & Franklin, R. (2021). "Leaving was a process, not an event": The lived experience of dating and domestic violence in 140 characters. *Journal of Interpersonal Violence*, *36*(11–12), NP6553–NP6580. https://doi.org/10.1177/0886260518816325

Stubbs, J. (2015). Gendered violence, intersectionalities and resisting gender neutrality. *Oñati Socio-Legal Series*, *5*(6), 1433–1451. https://opo.iisj.net/index.php/osls/article/view/569

Sugg, N. (2015). Intimate partner violence. *Medical Clinic of North America*, *99*(3), 629–649. https://doi.org/10.1016/j.mcna.2015.01.012

Sugihara, Y., & Warner, J. A. (2002). Dominance and domestic abuse among Mexican Americans: Gender differences in the etiology of violence in intimate relationships, *Journal of Family Violence*, *17*(4), 315–338.

Sutton, A., Beech, H., Ozturk, B., & Nelson-Gardell, D. (2021). Preparing mental health professionals to work with survivors of intimate partner violence: A comprehensive

systematic review of the literature. *Affilia*, *36*(3), 426–440. https://doi.org/10.1177/0886109920960827

Tally, S. D. (2012). Preserving relationships: Ways attachment theory can inform custody decisions. *Brigham Young University Journal of Public Law*, *26*(2), 245–264. https://digitalcommons.law.byu.edu/jpl/vol26/iss2/6

Tam, D. M. Y., Tutty, L. M., Zhuang, Z. H., & Paz, E. (2016). Racial minority women and criminal justice responses to domestic violence. *Journal of Family Violence*, *31*, 527–538. https://doi.org/10.1007/s10896-015-9794-7

Texas Council on Family Violence. (2019). *Honoring Texas victims by the numbers summary of 2016* [Fact Sheet]. https://tcfv.org/wp content/uploads/2021/04/tcfv_htv_rpt_2019.pdf

Texas Department of Family and Protective Services. (2015). *Child and family visitation best practice guide.* https://www.dfps.state.tx.us/handbooks/CPS/Resource_Guides/Visitation_Best_Practice_Guide.pdf

Thompson-Walsh, C. A., Scott, K. L., Dyson, A., & Lishak, V. (2018). Are we in this together? Post-separation co-parenting of fathers with and without history of domestic violence. *Child Abuse Review*, *27*(2), 137–149. https://doi.org/10.1002/car.2510

Thomson, P., & Jaque, S. V. (2017). Adverse childhood experiences (ACE) and adult attachment interview (AAI) in a non-clinical population. *Child Abuse & Neglect*, *70*, 255–263. https://doi.org/10.1016/j.chiabu.2017.06.001

Todahl, J. L., Linville, D., Chou, L., & Maher-Cosenza, P. (2008). A qualitative study of intimate partner violence universal screening by family therapy interns: Implications for

practice, research, training, and supervision. *Journal of Marital and Family Therapy*, *34*(1), 28–43. https://doi.org/10.1111/j.1752-0606.2008.00051.x

Tonsing, J. C., & Tonsing, K. N. (2019). Understanding the role of patriarchal ideology in intimate partner violence among South Asian women in Hong Kong. *International Social Work*, *62*(1), 161–171. https://doi.org/10.1177/0020872817712566

Torres, J. B., Solberg, V. S. H., & Carlstrom, A. H. (2002). The myth of sameness among Latino men and their machismo. *American Journal of Orthopsychiatry*, *72*(2), 163–181. https://doi.org/10.1037/0002-9432.72.2.163

Thomas, K. A., Putnins, S., & Goodman, L. (2015). "I have lost everything": Trade-offs of seeking safety from intimate partner violence. *American Journal of Orthopsychiatry*, *85*(2), 170–180. https://doi.org/10.1037/ort0000044

Trint. (2019). *Homepage.* https://trint.com/

Tsomo, K. L. (2004). Khunying Kanitha: Thailand's advocate for women. In K. L. Tsomo (Ed.), *Buddhist women and social justice: Ideals, challenges, and achievements* (pp. 173–191). State University of New York Press.

Tubbs, C. Y., & Williams, O. J. (2007). Shared parenting after abuse: Women's perspectives on parenting after dissolution of a violent relationship. In J. L. Edelson & O. J. Williams (Eds.), *Parenting by men who batter: New directions for assessment and intervention* (pp. 19–44). Oxford University Press.

Tufford, L., & Newman, P. (2010). Bracketing in qualitative research. *Qualitative Social Work*, *11*(1), 80–96. https://doi.org/10.1177/1473325010368316

United Nations Children's Fund. (2009). *Behind closed doors: The impact of domestic violence on children*. https://www.acesdv.org/wp

content/uploads/2014/06/BehindClosedDoors.pdf

United Nations Office on Drugs and Crime. (2018). *Global study on homicide: Gender-related killing of women and girls: Vienna*. https://www.unodc.org/documents/data-and-analysis/GSH2018/GSH18_Gender-related_killing_of_women_and_girls.pdf

U.S. Census Bureau. (n.d.). *QuickFacts: Bexar County, Texas*. https://www.census.gov/quickfacts/bexarcountytexas

U.S. Census Bureau. (2022). *About the Hispanic population and its origin*. https://www.census.gov/topics/population/hispanic-origin/about.html

Valdovinos, M. G., Nightingale, S. D., & Vasquez Reyes, M. (2021). Intimate partner violence help seeking for Latina undocumented immigrant survivors: Feminist intersectional experiences narrated through testimonio. *Affilia*, *36*(4), 533–551. https://doi.org/10.1177/0886109920985772

van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy* (2nd ed.). The Althouse Press.

Velotti, P., Beomonte Zobel, S., Rogier, G., & Tambelli, R. (2018). Exploring relationships: A systematic review on intimate partner violence and attachment. *Frontiers in Psychology*, *9*, Article 1166. https://doi.org/10.3389/fpsyg.2018.01166

Vives-Cases, C., La Parra-Casado, D., Briones-Vozmediano, E., March, S., García-Navas, A. M., Carrasco, J. M., Otero-García, L., & Sanz-Barbero, B. (2021). Coping with intimate partner violence and the COVID-19 lockdown: The perspective of service professionals in Spain. *PLOS One*, *16*(10), Article e0258865. https://doi.org/10.1371/journal.pone.0258865

Voth Schrag, R. J., Edmond, T., & Nordberg, A. (2020). Understanding school sabotage among survivors of intimate partner violence from diverse population. *Violence Against Women*, *26*(11), 1286–1304. https://doi.org/10.1177/1077801219862626

Walker, J. (1993). Co-operative parenting post-divorce: possibility of pipedream? *Journal of Family Therapy*, *15*(3), 273–293. https://doi.org/10.1111/j.1467-6427.1993.00759.x

Walker, L. E. A. (2017). *The battered women syndrome* (4th ed.). Springer.

Walsh, F. (2016). Family resilience: A developmental systems framework. *European Journal of Developmental Psychology*, *13*(3), 313–324. https://doi.org/10.1080/17405629.2016.1154035

Ward-Lasher, A., Messing, J., & Stein-Seroussi, J. (2017). Implementation of trauma-informed care in a housing first program for survivors of intimate partner violence: A case study. *Advances in Social Work*, *18*(1), 202–216. https://doi.org/10.18060/21313

Warshaw, C. (2017, August 1). Complex connections: Intimate partner violence and women's substance use and recovery [Webinar]. *In complex connections: Intimate partner violence and women's substance abuse and recovery*. https://www.youtube.com/watch?v=IE13p5GgW0E

Weiner, M. H. (2016). Thinking outside the custody box: Moving beyond custody law to achieve shared parenting and shared custody. *University of Illinois Law Review*, *2016* (4), 1535–1580. https://illinoislawreview.org/print/volume-2016-issue-4/thinking-outside-the-custody-box/

Westmarland, N., & Kelly, L. (2013). Why extending measurements of 'success' in domestic violence perpetrator programmes matters for social work. *The British Journal of Social Work*, *43*(6), 1092–1110. https://doi.org/10.1093/bjsw/bcs049

Whitchurch, G. G., & Constantine, L. L. (1993). Systems theory. In P. G. Boss, W. J. Doherty, R. LaRossa, W. R. Schumm, & S. K. Steinmetz (Eds.), *Sourcebook of family theories and methods: A contextual approach* (pp. 325–352). Springer.

Whitton, S. W., Lawlace, M., Dyar, C., & Newcomb, M. E. (2021). Exploring mechanisms of racial disparities in intimate partner violence among sexual and gender minorities assigned female at birth. *Cultural Diversity and Ethnic Minority Psychology*, *27*(4), 602–612. https://doi.org/10.1037/cdp0000463

Widom, C. S., Czaja, S. J., Kazakowski, S. S., Chauhan, P. (2018). Does adult attachment style mediate the relationship between childhood maltreatment and mental and physical health outcomes? *Child Abuse & Neglect*, *76*, 533–545. https://doi.org/10.1016/j.chiabu.2017.05.002

Williams, E. E., Arant, K. R., Leifer, V. P., Balcom, M. C., Levy-Carrick, N. C., Lewis-O'Conner, A., & Katz, J. N. (2021). Provider perspectives on the provision of safe, equitable, trauma informed care for intimate partner violence survivors during the COVID-19 pandemic: A qualitative study. *BMC Women's Health*, *21*, Article 315. https://doi.org/10.1186/s12905-021-01460-9

Willie, T. C., Kershaw, T., & Sullivan, T. P. (2021). The impact of adverse childhood events on the sexual and mental health of women experiencing intimate partner violence. *Journal of Interpersonal Violence*, *36*(11–12), 5145–5166. https://doi.org/10.1177/0886260518802852

Wilson, J. M., Fauci, J. E., & Goodman, L. A. (2015). Bringing trauma-informed practice to domestic violence programs: A qualitative analysis of current approaches. *American*

Journal of Orthopsychiatry, *85*(6), 586–599. https://psycnet.apa.org/doi/10.1037/ort0000098

Wong-Anuchit, C., Mills, A. C., Kraenzle Schneider, J., Rujkorakarn, D., Kerdpongbunchote, C., & Panyayong, B. (2016). Internalized stigma of mental illness scale-Thai version: Translation and assessment of psychometric properties among psychiatric outpatients in central Thailand. *Archives of Psychiatric Nursing*, *30*(4), 450–456. https://doi.org/10.1016/j.apnu.2016.01.012

World Health Organization. (2006). *Intimate partner violence and alcohol* [Fact sheet]. https://pdfsecret.com/download/world-health-organization-intimate-partner-violence-and-alcohol-_59fdc646d64ab28ae26938fb_pdf

World Health Organization. (2012). *Understanding and addressing violence against women.* https://apps.who.int/iris/bitstream/handle/10665/77432/WHO_RHR_12.36_eng.pdf?sequence=1

World Health Organization. (2013). *Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence.* https://apps.who.int/iris/bitstream/handle/10665/85239/9789241564625_eng.pdf;jsessionid=C489BBB57646A41514E7E030256BFE93?sequence=1

World Health Organization. (2021). *Violence against women* [Fact sheet]. https://www.who.int/news-room/fact-sheets/detail/violence-against-women

World Health Organization & London School of Hygiene and Tropical Medicine. (2010). *Preventing intimate partner and sexual violence against women: Taking action and generating evidence.*

https://apps.who.int/iris/bitstream/handle/10665/44350/9789241564007_eng.pdf?sequence=1

Wu, J. (2021) Handle with care: Domestic violence safety planning in the age of data privacy laws. *Seattle Journal of Technology, Environmental & Innovation Law*, *11*(2), 246–281. https://digitalcommons.law.seattleu.edu/sjteil/vol11/iss2/1

Yeo, H. J. T., Mendenhall, R., Harwood, S. A., & Browne Huntt, M. (2019). Asian international student and Asian American student: Mistaken identity and racial microaggressions. *Journal of International Students*, *9*(1), 39–65. https://doi.org/10.32674/jis.v9i1.278

Appendix A

Recruitment Flyer

A Research Study Approved by St. Mary's University

Post-Separation Shared Parenting among Couples with A History of Intimate Partner Violence

Seeking Women Who:

- 18 years old or older
- In the process of dissolving, or having dissolved, the union/relationship with the partner with whom they share parenting of at least one biological child
- Share a history of intimate partner violence with the parent of the child
- Speak and read either English or Spanish

Goals:

The experiences of women involved in post-separation shared parenting with a formerly abusive or violent partner have been a relatively unexplored area of research. Understanding women's experiences of negotiating and surviving this ongoing form of high-risk shared parenting process will be informative to both mental health and justice systems in terms of protecting women and children in the post-separation shared parenting process.

Participation:

- Volunteers will be interviewed individually or in a focus group. During the interviews, the volunteers will also complete paper and pencil questionnaires. The interview process will take approximately two (2) hours. The interviews will take place at this agency, at St. Mary's University or at the volunteer's home at a convenient time.
- Volunteers completing the questionnaires and interview will receive a $10 HEB gift card.
- If you are interested in volunteering, please contact [redacted] [redacted] (tear off slips below with telephone number). Dr. Tubbs is an associate professor in the Marriage and Family Therapy Program at St. Mary's University.

Answer the questions in the box and check with the researcher before going further.

__ Yes __ No Have you experienced intimate person violence (for example, emotional, psychological, physical, or sexual violence; threats or intimidation) from the person with whom you are involved in shared parenting of your child(ren)?

__ Yes __ No Are you experiencing intimate person violence (for example, emotional, psychological, physical, or sexual violence; threats or intimidation) from the person with whom you are involved in shared parenting of your child(ren)?

Appendix B

Consent Form

Study Number_______ Date__/___/20__
Indiv. Interview

Consent for Participation in a Research Study
St. Mary's University

Title: Post-Separation Shared Parenting among Couples with A History of Intimate Partner Violence: Understanding Risk Assessment

Principal Investigator: Carolyn Y. Tubbs, PhD, Marriage and Family Therapy Program Department of Counseling and Human Services, [redacted]

I am volunteering to participate in a study on post-separation shared parenting among couples with a history of intimate partner violence. I understand that my participation in this study is entirely voluntary, and I may refuse to participate, or I may decide to stop even after I have started participating in the study. If I withdraw from the study, which I may do at any time, or I no longer want to participate in the study, there will be no penalty or loss of benefits from the agency I attend if I am recruited at an agency. Also, I understand that not wanting to participate will not affect any services I am seeking or receiving. I am being asked to read the consent form carefully and will be given a copy to keep, if I decide to participate in the study.

I was told that the research study is designed to explore women's experiences of shared parenting after divorce or separation from a partner who has been violent, and to identify ways that women manage risks when shared parenting becomes dangerous. The researcher told me the following will occur:

- I will be completing some questions on paper and answering some questionnaires providing some information about myself and sharing parenting with a formerly abusive partner, and being interviewed over a two (2) hour period.
- I will fill out the paperwork privately, and I may be interviewed in a group or by myself.
- I will be asked questions about how I feel, and what I do and think about parenting with an ex-partner who has been violent (physically, emotionally, psychologically, verbally) with me, and how I try to keep myself and my children safe.
- I will be asked questions about the nature of the violence that occurred in the relationship with my ex-partner.
- My interviews will be tape recorded and the tape recording will be private. The tape recording will remain securely password-protected on a password-protected computer after the researcher has typed it up. I will be given a number that will be used on all of my materials. My name will be removed from interviews prior to data analysis and my name will not be used or revealed when the information is presented or published.
- I understand that the interview will take place at a location that feels safe for me and is private.
- I will receive a $10 HEB gift card if I complete all paperwork and the interview.

My participation will help the researcher to explore women's experiences of shared parenting after divorce or separation from a partner who has been violent, and to identify ways that women manage risks when shared parenting becomes dangerous. I will complete four pen and paper assessments related to the violence I have in the past or I am currently experiencing in my shared parenting relationship with my ex-partner. I will fill out the four (4) assessments before I am interviewed.

CONFIDENTIALITY

I have been advised that the data collected from the study will be used for educational and publication purposes; however, I will not be identified by name. I understand that special efforts to protect my identity will be made. First, I will be given a number to put on all my materials. Second, if I happen to use any real names during the interview, the researcher will remove the names and pick names for me from a list of made-up names. My real name will not be stored with my answers or used in any papers or reports. My confidentiality and the data will be maintained within allowable legal limits.

The researcher has also told me that she (and the members of her research team) are required to report any information that I share about child abuse or abuse of a vulnerable adult. She has also told me that although there are no physical risks associated with volunteering for this project, I may experience some emotional discomfort when I share my personal experiences and opinions. I have been informed that if uncomfortable emotions occur and continue, the researcher will help me locate someone who will help me with my emotions.

Limits to my voluntary withdraw of participation

I understand that because these special efforts will be made to protect my identity, they will also limit the time period when I can voluntarily decide to withdraw from the study. I can quit the study and have my information deleted from the study any time while the information is being collected. I understand that once the information has been typed up, the researcher will have no way of identifying which information belongs to me after the end of the interview. Because of this, I understand the final date I can voluntary quit the study will be the same date that I complete my interview with the researcher.

I will receive an HEB $10 gift card for completing all paperwork and the interview in this study. I have been told that the investigator has the right to remove my information from this study at any time. The researcher has offered to answer all my questions.

My signature below acknowledges my voluntary participation in this research project. Even though I am agreeing to participate, it does not release the researcher, institutional sponsor, or granting agency from their professional and ethical responsibility to me.

I HAVE READ THE INFORMATION PROVIDED ABOVE AND HAD MY QUESTIONS ANSWERED TO MY SATISFACTION. I VOLUNTARILY AGREE TO PARTICIPATE IN THIS STUDY. AFTER IT IS SIGNED, I WILL RECEIVE A COPY OF THIS CONSENT FORM.

____
Name (Please print)

____
Signature of research participant

____
Name of witness

____
Signature of witness

____
Signature of Principal Investigator

If you have any questions about your rights as a research subject or concerns about this research study, please contact the Chair, Institutional Review Board, St. Mary's University at [redacted], or email at [redacted]

Study Number_______ Date__/___/20__
Focus Group Interview

Appendix C

Interview Questions

1. Should children have contact with their biological father who has battered their mother in the past?

2. How should that contact be defined if your child's biological father has battered you in the past or is currently battering or threatening you? What would help you to feel safe?

3. What helps you decide that you want your child(ren) to have contact with her/his father who has battered you in the past?

- What helps you to make the decision that you want to let your child have contact?
- Is there anything else that might be involved in terms of how you decide whether or not contact is made?

4. How would you be involved in making shared parenting contacts occur?

5. What are the safety concerns that you consider in terms of protecting yourself?

6. Would there be any safety concerns that should you consider in terms of protecting your child(ren)?

7. What are the top 3 "risks" that you feel you are exposing yourself to when you prepare your child to visit with her/his father who has been violent towards you in the past?

- What are 3 strategies that you use to manage these risks?
- Who are 3 people important to you in managing these risks?

8. What are the top 3 "risks" that you feel you are exposing your child to when preparing your child to visit with her/his father who has been violent toward you in the past?

- What are 3 strategies that you use to manage these risks?
- Who are 3 people important to you in managing these risks?

9. What are concerns that your child(ren) voices to you about shared parenting process?

- About visiting their father?

10. What would be the reasons you would break off a shared parenting arrangement? Let's just say you decided that the arrangement was not going to work. Would there be anything that would make you break off the arrangements?

11. What would be reasons that you would initiate developing a shared parenting arrangement with your child's father?

12. Let's pretend that you have been invited to speak to a group of batterers who really want to share in parenting their children. What would you tell these fathers that they should know about having contact with their children's mother?

- What are the most important things they should be thinking about when they go into a shared parenting relationship?

13. What would you do if your child's father came to you and said, "You know I really want to see little Johnnie." What should he expect from you?

- What should fathers, in general, expect from mothers if they approach mothers about shared parenting children if they have not had extended contact and then they come back and ask to see their children again?

14. What should fathers be prepared to do in reference to helping mothers, if they came back to mothers after a rough start at shared parenting and said, "Okay, let's be parents to these kids together?"

- What should they be prepared to do in reference to the children that would make mothers feel comfortable about engaging shared parenting again?

15. What should fathers make every effort not to do if they enter back into that relationship?

16. Do you think time is a factor in terms of whether or not mothers decide to share parenting?

17. Are there any other important issues in reference to shared parenting with a former batterer that you think people need to think about that I didn't ask you about today and it needs to be put on the table?

Appendix D

The Measure of Adult Attachment

To provide attachment profiles for participants, the coders combined their professional opinions with the Measure of Adult Attachment (MAA) as a guideline. According to the three-category MAA guidelines, Hazan and Shaver (1987) used the following statements to explore self-report attachment styles:

> "A. I am somewhat uncomfortable being close to others; I find it difficult to trust them completely, difficult to allow myself to depend on them. I am nervous when anyone gets too close, and often, others want me to be more intimate than I feel comfortable being.
>
> B. I find it relatively easy to get close to others and am comfortable depending on them and having them depend on me. I don't worry about being abandoned or about someone getting too close to me.
>
> C. I find that others are reluctant to get close as I would like. I often worry that my partner doesn't really love me or won't want to stay with me. I want to get very close to my partner, and this sometimes scare people away" (1987).

These three statements refer to the different attachment styles. Statement A refers to avoidant attachment style, statement B refers to secure attachment style, and statement C refers to anxious attachment style.

Appendix E

Curriculum Vitae of Suniti Barua, PhD

Suniti Barua, PhD (maiden name: Kukreja)

Licensed Psychologist, (Texas # 37114)

Educational Background

September 2005 – September 2010	Pacific Graduate School of Psychology at Palo Alto University, Palo Alto, CA (APA Accredited) **Doctor of Philosophy in Clinical Psychology**, Health Psychology emphasis
May 2000 – June 2003	Assumption University, Thailand **Master of Science in Counseling Psychology**
September 1996 – March 2000	Mahidol University International College, Thailand **Bachelor of Business Administration**

Academic Honors

2005 – 2009	**Fellowship Award, Palo Alto University**
2008	**Brian Phillip Keith Research Assistantship Award, Palo Alto University**

Clinical Experience

February 2012 – Present

Merak Clinic, Nonthaburi, Thailand

Position: Psychologist (p/t)

- Client population is adolescents and adults, outpatient, ethnically and linguistically diverse, presenting with various mental illnesses.
- Duties include providing individual as well as couples or family psychotherapy as well as psychological assessments to address specific referral questions, including DSM-IV-TR and DSM-V diagnosis, interpretations, report writing, making treatment recommendations to clients, their families, and treatment teams, and providing feedback.
- Work closely with other providers in an integrated team such as psychiatrists, developmental pediatrician, art, drama, and play therapists, occupational and speech therapists, as well as schoolteachers.
- Supervision of counseling trainees, attending and facilitating monthly peer supervision groups, and case conferences.
- Currently providing continued care through teletherapy.

Supervising Psychiatrist: Jom Choomchuay, MD

November 2015 – Present

Mednick Associates

Position: Independent Consultant

- Conduct disability case reviews and provide objective opinions on various cases for Social Security Administration.
- Provide written Interrogatories, or testify in court hearings, as needed.

President: Adam Taranto

October 2018 – July 2020

Yellow Rose Counseling and Wellness, Houston, TX

Position: Psychologist in Private Practice

- Provide individual, couple, and family therapy to client population that is ethnically and diagnostically diverse, of all ages, from the general community.
- Provide psychological evaluation for a variety of referral questions for members of the community.

March 2016 – June 2020

MedOptions, Inc, Houston, TX (Previously Vericare, PC) Position: Staff Psychologist (p/t)

- Client population is geriatric patient in skilled nursing, assisted living, and independent living settings.
- Duties include providing comprehensive mental health services on-site, including therapy, crisis intervention, and neuropsychological screening/ assessments.
- Work closely with other providers in an integrated team of facility staff such as psychiatrists, physicians, social workers, administrative staff, and rehab support team, as well as family members.
- Conduct case discussions or reviews, and attend weekly care plan meetings.

Supervising Psychologist: Mary Thomas

June 2012 – May 2014

Bangkok Nursing Home, Bangkok, Thailand

Position: Psychologist (p/t)

- Client population is adults, outpatient as well as inpatient including intensive care, ethnically and linguistically diverse, presenting with various mental illnesses.
- Duties include providing individual as well as couples or family psychotherapy, psychoeducation and family support in the inpatient, as well as psychological assessments to address specific referral questions, including DSM-IV-TR diagnosis,

interpretations, report writing, making treatment recommendations to clients, their families, and treatment teams, and providing feedback.

- Consultation liaison with other medical providers such as psychiatrists, neurologists, as well as other providers in an integrated treatment team.

September 2010 – September 2011

Asian Americans for Community Involvement, San Jose, CA Position: Postdoctoral Fellow Department: Alcohol and Other Drugs (AOD)/ Minor Consent

- Client population is adolescents, outpatient, ethnically and linguistically diverse, presenting with primarily alcohol and substance abuse, and co-occurring disorders from the general community, school and juvenile probation department.
- Duties include intake assessments using the ASAM-PPC-2R, DSM-IV-TR diagnosis, developing and maintaining active treatment plans, providing weekly group therapy, outreach, crisis intervention, consultation services with system providers and probation officers.
- Supervision of practicum trainee, didactic attendance and presentations.

Supervisor: Jorge Wong, PhD, Licensed Psychologist

August 2009 – August 2010

Portia Bell Hume Behavioral Health and Training Center, Fremont, CA (APPIC)

Position: Psychology Intern Departments: Outpatient Services for Alameda County, Neurobehavioral Assessments

- Client population is all ages, outpatient, ethnically and diagnostically diverse presenting with various mental illnesses from the general community.

- Duties in the outpatient department include intake assessments, developing treatment plans, providing weekly psychotherapy in English and Hindi, consultation services with other providers, milieu therapy as needed.
- Duties in the assessment department include conducting intake assessments, administering psychological and neuropsychological assessments, interpretations, DSM-IV-TR diagnosis, report writing, making treatment recommendations to clients and treatment teams, and providing feedback.
- Receive individual and group supervision, and attend weekly didactics and peer consultation groups conducted by Dr. R.K. Janmeja Singh, and Dr. Nitu Hans.

Supervisors: R.K. Janmeja Singh, PhD, Licensed Psychologist, and Nitu Hans, PhD, Licensed Psychologist

September 2008 – June 2009

Psychological Assessment Unit, Palo Alto Veterans Affairs Health Care System, Palo Alto, CA

Position: Psychological Trainee

- Client population is adult and older adult, inpatient and outpatient, ethnically diverse veterans presenting with various mental illnesses, as well as traumatic and acquired brain injuries resulting from warzone experiences.

Duties include conducting intake assessments, administering psychological and neuropsychological assessments, interpretations, DSM-IV-TR diagnosis, report writing, making treatment recommendations to families and treatment teams, and providing feedback.

- Received individual and group supervision, and attend weekly didactics on cognitive rehabilitation conducted by Dr. Harriet Zeiner, PhD

Supervisor: James Moses, PhD, ABPP, Licensed Psychologist

August 2006 – June 2009

Schizophrenia Clinic of Stanford University, Palo Alto, CA

Position: Co-facilitator of Support Group

- Facilitated support group for schizophrenia patients.
- Facilitated support group for caretakers of schizophrenia patients.

Supervisor: Ira D. Glick, M.D.

September 2007 – July 2008

Barbara Arons Pavilion, Santa Clara Valley Medical Center, San Jose, CA

Position: Psychology trainee on multidisciplinary team in an inpatient locked facility

- Client population is adult presenting with acute, chronic and severe mental illness, including thought, mood, and anxiety disorders and substance abuse.
- Duties include conducting individual and group therapy, intake assessment, treatment planning and implementation, DSM-IV-TR diagnosis, administering and interpreting neuropsychological assessments, and psychological screening assessment.
- Received individual and group supervision and attended weekly didactics on clinical issues and neuropsychological assessment.

Supervisors: Charles Preston, PhD, Licensed Psychologist; Jodi Pinn, PhD Licensed Psychologist; Florence Keller, PhD, Licensed Psychologist

Puentes Clinic, Santa Clara Valley Medical Center, San Jose, CA

Position: Psychology trainee in a community-based outpatient clinic

- Client population is adult with a history of injection drug abuse and dependence, frequent emergency use, and/or homelessness.

- Duties include serving as a consultation liaison in an egalitarian multidisciplinary team, individual and group therapy, intake assessment, treatment planning and implementation, DSM-IV-TR diagnosis, administering and interpreting neuropsychological assessments, and psychological screening assessment.
- Received individual and group supervision, participated in case conferences, grand rounds, and attended weekly didactics on clinical issues and neuropsychological assessment.

Supervisors: Charles Preston, PhD, Licensed Psychologist; Jodi Pinn, PhD Licensed Psychologist; Florence Keller, PhD, Licensed Psychologist

September 2006 – June 2007

Kurt and Barbara Gronowski Psychology Clinic, Los Altos, CA Position: Student therapist in a community-based outpatient clinic

- Client population is ethnically culturally diverse adult and children outpatients presenting with a broad range of complaints, including mood disorders, personality disorders, and other family issues.
- Duties included in-person and telephone intakes, intake assessment, weekly individual and family psychotherapy, case formulations, treatment planning and implementation, DSM-IV diagnosis, progress reports, case consultation, presentations, and terminations.
- Received weekly individual and group supervision and attended seminars and didactics.
- Performed administrative clinic duties.

Supervisor: Vernon Lee, PhD, Licensed Psychologist

August 2001 – December 2001

Community Services of Bangkok and Welcome House Sponsored by the National Catholic Commission on Migration, Bangkok, Thailand

Position: Psychology trainee

- Observed counseling sessions of expatriate clients.
- Attended Town Hall meeting and counselors' weekly meetings.
- Conducted individual counseling sessions with the refugees.
- Facilitated group counseling.
- Facilitated the support group of prisoners' visitors.

Supervisors: Daniel Boyd, PhD; David Dickson, M.S.

Teaching Experience

February 2012 – April 2014

Mahidol University International College, Thailand

§ Visiting Lecturer of Psychology – Taught Introduction to Psychology, Theories of Personality, and Introduction to Clinical Psychology to undergraduate students.

January 2012 – December 2012

Graduate School of Psychology, Assumption University, Thailand

§ Adjunct Faculty – Taught Psychological Test and Measurement, and Ethical Issues to graduate students.

September 2004 – July 2005

Mahidol University International College, Thailand

§ Visiting Lecturer of Psychology - Taught Developmental Psychology, Industrial/ Organizational Psychology and Social Psychology to undergraduate students.

Mentors: Paul Yablo, PhD, Peter Smith, PhD

September 2000 – August 2005

AUA (American University Alumni) Language Center, Thailand

- Taught English as a Foreign Language (EFL) to Thai students of all ability levels.
- Proctored tests and conducted exit interviews for students.
- Mentored new teachers.
- Developed teaching materials.
- Assisted the branch manager in administrative duties.
- Taught EFL to supervisors at Thai Alliance Mill, Samutprakarn.

Managers: Suman C. Tharan

July 2000 – April 2001

ECC (Thailand) Institute of Languages and Computer studies, Thailand

§ Part time language teacher to young learners.

Research Experience

September 2006 – June 2009

Member, Research Group for Meditation and Psychotherapy, Palo Alto, CA

- Training as a Inner Resource (IR) meditation therapist.
- Project title: Inner Resources for Veterans Project. Conducting a randomized control trial of the effects of meditation vs. treatment as usual for PTSD among returning OEF/ OIF veterans.

§ **Dissertation title: Posttraumatic growth among OEF/OIF era personnel**

Advisor: Lynn C. Waelde, PhD

March 2008 – June 2008

Research Assistant, Welcoming Schools Project, San Francisco, CA

Research Title: Welcoming Schools Pilot Project with San Francisco Unified School System

§ Time sampling coding and field note taking in elementary school classrooms to determine engagement of the children in diverse-based classrooms.

Advisor: Peter Goldblum, PhD, MPH

January 2006 – April 2006

Research Assistant at Stanford University, Palo Alto, CA

Research Title: Stanford Dating Couples Research Study on Interpersonal Interactions

§ Duties included coding verbal and nonverbal interactions amongst dating couples on social support and conflict resolution scales.

Supervisor: Pavel Zolotsev, PhD

June 2002 – June 2003

- **Conducted a thesis research for MSc program at Assumption University, Thailand**
- Research involved literature search on emotional intelligence, primary and secondary data collection and analysis, and interpretations.
- **Thesis Title: Emotional Intelligence and Performance Evaluation of Assumption University Lecturers**

Advisor: Archanya Ratana-Ubol, EdD

Specialized Skills and Training

- Fluent in English, Hindi and Thai, with experience in translation work from Thai to English.
- TESOL (Teacher of English to Speakers of Other Languages) certificate, School for International
- Training/ AUA (Bangkok, March 2004)

Professional Presentations

Kukreja, S. (May, 2006). Gender differences in graduate students' perception towards online counseling in California: A proposal. Poster presented at the Annual Convention of Pacific Research Society.

Kukreja, S., Carr, M., Crowell, K., Estupinian, G., Mortensen, M., Penner, A., Gallagher-Thompson, D., & Waelde, L. (May, 2007). Review of homework adherence in meditation interventions. Poster presented at the Annual Convention of Pacific Research Society.

Kukreja, S., Carr, M., Crowell, K., Estupinian, G., Mortensen, M., Penner, A., Gallagher-Thompson, D., & Waelde, L. (August, 2007). Meditation homework adherence among family dementia caregivers. Poster presented at 115th Annual American Psychological Association Convention, San Francisco, CA

Waelde, L., Uddo, M., Estupinian, G., Mortensen, M., **Kukreja, S.,** & Masse, J. (2008). Meditation homework adherence in PTSD treatment. Poster presented at 24th Annual International Society for Traumatic Stress Studies Meeting.

Kukreja, S., & Waelde, L. (August, 2011). Posttraumatic growth among OEF/OIF era military personnel. Poster presented at 119th Annual American Psychological Association Convention, Washington DC.

Kular, R., Sirikantraporn, S., & **Kukreja S.** (2013). Mental health disorders and mental health stigmatization in three different cultural groups: Southeast Asian Americans, South Asian Americans, and Thais in Thailand. Poster presented at 121st Annual American Psychological Association Convention, Hawaii.

Sirikantraporn, S., Taephant, N., Oye, J.A., **Kukreja, S.,** Reimer, K. & Kular, R. (2015). The role of Cognitive Emotion Regulation on aggression among Thais exposed to political stress:

Preliminary Results. Poster presented at 123rd Annual American Psychological Association Convention, Toronto, Canada.

Wong, J., Kimpara, S., Kukreja, S., & Sirikantraporn, S. (2016). Health Promoting and Innovative Strategies for Older Adult Resilience. Symposium to be presented at 31st International Congress of Psychology, Yokohama, Japan.

Professional Seminar - Workshops and Volunteer Work

2013 Guest Speaker on "Health, Stress, and Coping" at Rotary Club Bangkapi, Bangkok

2012 Conducted 8-hour workshop on adolescent issues including Depression, Conduct Disorder, and Gender Identity Disorder for members of Clinical Psychology Association of Thailand

2012 Presented a talk on "Childhood Language Development and Bilingualism" for Parent Enhancement Program at Singapore International School, Bangkok

2010 Attended 2-day workshop on 'Acceptance and Commitment Therapy' by Robyn D. Walser, PhD, at Palo Alto University, Palo Alto, CA

2007 Attended Dr. Donald Michenbaum's seminar on 'Application of Cognitive-Behavioral Interventions and Constructive Narrative Perspective to the Treatment of Torture Victims', San Jose, CA

2005 Attended Dr. Howard Gardner's seminar on 'Multiple Intelligences, Learning Styles, Leadership and Ethics' in collaboration with Concordian International School, International Schools Association of Thailand and Ministry of Education, Bangkok

2004 Volunteered with the emergency relief effort after the tsunami disaster at the Air Force Base, Bangkok

2004 Conducted workshops on ‘Teaching Writing’ in the two-week seminar for the teacher trainers of the Ministry of Education, American University Alumni, Bangkok

Professional Affiliations

2006 – Present	Member of American Psychological Association (APA)
2006 – 2011	Member of Santa Clara County Psychological Association (SCCPA)
2009 – 2011	Member of California Psychological Association (CPA)

Elected/ Positions Held

2006 – 2007 President, Students for Ethnic and Cultural Awareness, Palo Alto University

References

Jom Choomchuay, M.D., Clinical Director

Merak Clinic, 146/5 Tiwanon Rd., Tasrai, Muang, Nonthaburi 11000 Thailand

Tel: +662-589-4582 Email: merakclinic@hotmail.com

Jorge Wong, PhD

1132 McKendrie St., San Jose, CA 95126

Tel: +1 (628) 233-8338 Email: jorgewongphd@gmail.com

James A. Moses, PhD, ABPP, Diplomate in Clinical Psychology and Clinical Neuropsychology

Palo Alto VA Health Care System, 3801 Miranda Avenue, Bldg 2, #2c259, Palo Alto, CA 94304

Tel: +1 (650) 840-6919 Email: jmoses@paloaltou.edu

Appendix

Assessment Experience

	Administered	Scored	Interpreted
Adult Interview (Barkley, Murphy)	1	1	1

Beck Depression Inventory – 2	8	8	8
Benton Visual Form Discrimination Test	6	6	6
Benton Visual Retention Test – 5	6	6	6
Boston Naming Test	5	5	5
Brief Symptom Inventory	14	14	14
California Verbal Learning Test – 2	7	7	7
California Verbal Learning Test – Children	1	1	1
Children's Apperception Test	1	-	1
Cognistat	7	7	7
Delis-Kaplan Executive Function System (subtests)	10	10	10
Dementia Rating Scale 2	1	1	1
Draw-A-Person	1	-	1
Geriatric Depression Scale	11	11	11
Grooved Pegboard Test	1	1	1
Hopemont Capacity Assessment Interview	1	1	1
Judgment of Line Orientation, Form V	5	5	5
Kinetic Family Drawing	1	1	1
Mesulam and Weintraub Cancellation Tasks	1	1	1
Mini Mental Status Exam – Thai version	1	1	1
Millon Clinical Multiaxial Inventory - III	3	3	3
Minnesota Multiphasic Personality Inventory - 2	6	6	6
Montreal Cognitive Assessment	2	2	2
Repeatable Battery of Neuropsychological Symptoms	32	32	32

Right-Left Orientation Test 1 1 1

Rorschach Inkblot 24 24 24

SASSI 3 3 3

Sentence Completion Test 5 - 5

Shipley Institute of Living Scale 2 2 2

Strait Trait Anxiety Inventory 4 4 4

Structured Clinical Interview for DSM-IV Axis I Disorders 1 1 1

Structured Clinical Interview for DSM-IV Axis II Disorders 1 1 1

Structured Interview of Reported Symptoms 1 1 1

Symptom Check List 90-R 4 4 4

Temporal Orientation 1 1 1

Test of Nonverbal Intelligence - 3 7 7 7

The Beery Visual Motor Integration Test 21 21 21

The House Tree Person Test 1 - 1

Thematic Apperception Test 4 - 4

Token Test 5 5 5

Trail Making Test 10 10 10

Vineland Adaptive Behavior Scale 6 6 6

Wechsler Abbreviated Scale of Intelligence 12 12 12

Wechsler Adult Intelligence Scale – III 5 5 5

Wechsler Adult Intelligence Scale – IV 11 11 11

Wechsler Individual Achievement Test 2 1 1 1

Wechsler Individual Achievement Test 3 15 16 15

Wechsler Intelligence Scale for Children - IV	22	22	22
Wechsler Intelligence Scale for Children – V	12	12	12
Wechsler Memory Scale -3	3	3	3
Wechsler Memory Scale – 4	2	2	2
Wide Range Achievement Test	15	15	15

Appendix F

Curriculum Vitae of David L. Roberts, PhD

David Leland Roberts, PhD

Curriculum Vitae

UTHSCSA
Department of Psychiatry MC7792

Employment

Current Position

Associate Professor Department of Psychiatry

2019 – Present Division of Community Recovery, Research and Training

University of Texas Health Science Center, San Antonio

Assistant Professor Department of Psychiatry

2010 – 2019 Division of Community Recovery, Research and Training

University of Texas Health Science Center, San Antonio

Clinical Director Transitional Care Clinic

2014 – Present University of Texas Health Science Center, San Antonio

Previous Positions

Staff Psychologist Audie L. Murphy Memorial VA Hospital

2010 – 2013 South Texas Veterans Health Care System, San Antonio

Executive Director University of Chicago Center for Public Mental Health

2001-2002 Services and Policy Research

Education

Postdoctoral Fellowship NIMH Kirschstein T-32

2008 – 2010	*Research Training in Functional Disability Interventions*
	Yale University School of Medicine, New Haven, CT
	Mentors: Ralph Hoffman, MD; Morris Bell, PhD
PhD	University of North Carolina at Chapel Hill
2008	Clinical Psychology, APA Accredited Program
	Faculty Advisor: David Penn, PhD
Predoctoral Internship	Yale University School of Medicine
2007 – 2008	Clinical Psychology, APA Accredited Program
	Major Rotation: Psychosis Treatment Team
	Minor Rotation: Community Services Network
Master of Arts	University of North Carolina, Chapel Hill
2005	Clinical Psychology, APA Accredited Program
Master of Arts	University of Chicago
2001	Social Sciences
	Faculty Advisor: David Orlinksy, PhD
Bachelor of Arts	Wesleyan University, Middletown, CT
1996	Anthropology, Honors

Professional Licensure

State of Texas, Licensed Psychologist (# 34926) – 2010-present

State of Connecticut, Licensed Psychologist (# 2981) – 2009-2011

Honors & Awards

Psychiatry Residency Leadership Award – UTHSCSA, 2017

Faculty of the Year Award – UTHSCSA Psychology Intern Program, Behavioral Medicine track, 2016

Connie Lieber Science to Practice Award – Cognitive Remediation in Psychiatry Conference, 2016

Young Investigator Award – International Society for CNS Clinical Trials and Methodology, 2013

Wallach Award for outstanding outgoing clinical psychology student – UNC-CH, 2008

University of North Carolina Academy of Distinguished Teaching Scholars – 2008

North Carolina Impact Award – UNC-CH, 2007

Graduate Mentor Support Grant – UNC-CH, 2006

University Tanner Award for Excellence in Undergraduate Teaching – UNC-CH, 2006

Runner-up, Outstanding Student Research Award – Schizophrenia SIG, ABCT, Chicago, 2006

Comprehensive Doctoral Examination Honors – UNC-CH, 2005

Letter of Commendation for Exemplary Teaching – UNC-CH, 2005

Graduate Master's Fellowship – University of Chicago, 2000

Undergraduate Honors – Wesleyan University, 1996

Publications

Peer-Reviewed Journal Articles

Glenthøj, L.B., Mariegaard L.S., Faberlund, B., Jepsen J.R.M., Kristensen, T.D., Wenneberg, C., Krakauer, K., Medalia, A., Roberts, D.L., Hjorthøj, C., Nordentoft, M. (2020). Effectiveness of cognitive remediation in the ultra-high risk state for psychosis. *World Psychiatry.* (Epub ahead of print).

Barbosa-Rocha N., Telles-Correia D., Figueiredo J.M., Saraiva S., Almeida C., Moreira C.,

Pereira G., Campos C., Roberts D.L. (2020). Social Cognition and Interaction Training for recent-onset schizophrenia: A Preliminary randomized trial. *Early Intervention in Psychiatry.* (Epub ahead of print).

Palha, F., Roberts D. L. (2019). Effectiveness of Social Cognition and Interaction Training (SCIT) in community settings in Portugal. *Health, 11*, 1581-1590.

Kanie A., Kikuchi A., Haga D., Tanaka Y., Ishida A., Yorozuya Y., Matsuda Y., Morimoto T., Fukuoka T., Takazawa S., Hagiya K., Ozawa S., Iwata K., Ikebuchi E., Nemoto T., Nakagome K., Roberts D.L. (2019). The feasibility and efficacy of Social Cognition and Interaction training for outpatients with schizophrenia in Japan: A multicenter randomized clinical trial. *Frontiers in Psychiatry, 10*, 589.

Saffarian, Z., Dolatshahee, B., Pourshahbaz, A., Roberts, D. L., Rastikerdar, N. (2019). Comparing multiple domains of social cognition in schizophrenic patients with vs. without paranoid symptoms. *Iran Journal of Psychiatry and Behavioral Science.* (Online.)

Roberts, D. L., Velligan, D. I., Fredrick, M. (2018). The use of access groups for engagement in community mental health post hospitalization. *Community Mental Health Journal, 54(5)*, 533-539.

Velligan, D. I., Fredrick, M., Sierra, C., Hillner, K., Roberts, D. L., Mintz, J. (2017). Engagement focused care during transitions from inpatient and emergency psychiatric facilities. *Patient Preference and Adherence, 11*, 919-928.

Dunne, P. W., Roberts, D. L., Quinones, M. P., Velligan, D. I., Paredes, M., Walss-Bass, C. (2017). Immune markers of social cognitive bias in schizophrenia. *Schizophrenia Research, 251*, 319-324.

Wang, Y., Chen, S., Xu, Z., Shen, Z., Wang, Y., He, X., Cao, R., Roberts, D. L., Shi, J., Wang, Y. (2017). Family history of suicide and high motor impulsivity distinguish suicide attempters from suicide ideators among college students. *Journal of Psychiatric Research, 8*, 90, 21-25.

Roberts, D. L., Brown, M. A. (2017). Treating social cognitive dysfunction in first episode psychosis. *Current Psychiatry Reviews, 12(4)*, 343-349.

Monroy-Jaramillo, N., Rodriguez-Agudelo, Y., Avina-Cervantes, L. C., Dyukova, E., Roberts, D. L., Velligan, D., Walss-Bass, C. (2017). Erosion of the leukocyte telomere length in Hispanic schizophrenia patients under treatment with clozapine or olanzapine. *Journal of Psychiatry Research, 90*, 26-30.

Roberts, D. L., Liu, P. Y-T., Busanet, H., Maples, N., & Velligan, D. I. (2017). A tablet-based intervention to manipulate social cognitive bias in schizophrenia. *American Journal of Psychiatric Rehabilitation, 20(2)*, 143-155.

Glenthoj LB, Faberlund B, Hjorthoj C, Jepsen JRM, Bak N, Kristensen TD, Wenneberg C, Krakauer K, Roberts, DL, Nordentoft M. Social cognition in patients at ultra-high risk for psychosis: What is the relation to social skills and functioning? (2017). *Schizophrenia Research: Cognition,* 5, 21-27.

Voutilainen, G., Tupala, T., Roberts, D. L., Oksanen, J. (2017). Social Cognition and Interaction Training (SCIT) for Adults with Psychotic Disorders: An open pilot study in Finland. *Behavioural and Cognitive Psychotherapy, 44(6)*, 711-716.

Fiszdon, J. M., Roberts, D. L., Penn, D. L., Choi, K.-H., Tek, C., & Bell, M. (2016). Understanding Social Situations (USS): A proof-of-concept social-cognitive intervention targeting theory of mind and attributional bias in individuals with

psychosis. *Psychiatric Rehabilitation Journal, 40(1)*, 12-20.

Velligan, D. I., Roberts, D. L., Sierra, C., Fredrick, M., & Roach, M. (2016). What patients with severe mental illness transitioning from hospital to community have to say about care and shared decision making. *Issues in Mental Health Nursing, 37(6)*, 400-405.

Pu, S., Nakagome, K., Yamada, T., Itakura, M., Yamanashi, T., Yamada, S., Masai, M., Miura, A., Yamauchi, T., Satake, Y., Iwata, M., Nagata, I., Roberts, D. L., & Kaneko, K. (2016). Social cognition and prefrontal hemodynamic responses during a working memory task in schizophrenia. *Scientific Reports.*

Buck, B., Healey, K. M., Gagen, E. C., Roberts, D. L., Penn, D. L. (2016). Social cognition in schizophrenia: Factor structure, clinical and functional correlates. *Journal of Mental Health.*

Velligan, D. I., Roberts, D. L., Curtis, L., Martinez, M., Fredrick, M., Hillner, K., & Luber, P. (2016). Following AACP guidelines for transitions in care: The Transitional Care Clinic. *Psychiatric Services, 67(3)*, 259-261.

Wang, Y-G., Roberts, D. L., Liang, Y., Shi, J-F., Wang, K. (2015) Theory-of-mind understanding and theory-of-mind use in unaffected first-degree relatives of schizophrenia and bipolar disorder. *Psychiatry Research, 230*(2), 735-737.

Fredrick, M. M., Mintz, J., Roberts, D. L., Maples, N. J., Li, X., & Velligan, D. I. (2015). Is Cognitive Adaptation Training (CAT) compensatory, restorative, or both? *Schizophrenia Research, 166(1-3)*, 290-296.

Wang, Y.-G., Shi, J-F., Roberts, D. L., Jiang, X-Y., Shen, Z-H., Wang, Y-Q., & Wang, K. (2015). Theory-of-mind use in remitted schizophrenia patients: The role of inhibition and perspective-switching. *Psychiatry Research, 229(1-2)*, 332-339.

Velligan, D. I., Roberts, D. L., Mintz, J., Maples, N, Li, X., Medellin, E., & Brown, M. (2015). A randomized pilot study of MOtiVation and Enhancement training (MOVE) for negative symptoms in schizophrenia. *Schizophrenia Research, 165(2-3)*, 175-180.

Glenthoj, L. B., Fagerlund, B., Randers, L., Hjorthoj, C. R., Wenneberg, C., Krakauer, K., Vosgerau, A., Gluud, C., Medalia, A., Roberts, D. L., & Nordentoft, M. (2015). The FOCUS trial: Cognitive remediation therapy plus standard treatment versus standard treatment for patients at ultra-high risk of psychosis. Study protocol of a randomised clinical trial. *Trials, 16(1)*, 25.

Healey, K., Combs, D., Gibson, C., Keefe, R., Roberts, D., Penn, D. (2015). Observable Social Cognition: A Rating Scale (OSCARS): An interview-based assessment for schizophrenia. *Cognitive Neuropsychiatry, 20(3)*, 198-221.

Zik, J. & Roberts, D. L. (2015). The many faces of oxytocin: Implications for psychiatry. *Psychiatry Research, 226(1)*, 31-37.

Velligan, D. I., Tai, S., Roberts, D. L., Maples, N., Brown, M., Mintz, J., Turkington, D. (2015). A randomized controlled trial comparing cognitive behavior therapy, cognitive adaptation training, their combination and treatment as usual in chronic schizophrenia. *Schizophrenia Bulletin, 41(3),* 597-603.

Kanie, A., Hagiya, K., Ashida, S., Pu, S., Kaneko, K., Mogami, T., Oshima, S., Motoya, M., Niwa, S., Inagaki, A., Ikebuchi, E., Kikuchi, A., Yamazaki, S., Iwata, K., Roberts, D. L., Nakagome, K. (2014). A new instrument for measuring multiple domains of social cognition: Construct validity of the Social Cognition Screening Questionnaire (Japanese version). *Psychiatry and Clinical Neurosciences, 68*(9), 701-711.

Yan, L., Wang, Y., Roberts, D. L., Chen, Z., Wang, Y. & Shen, Z. (2014). The dissociation

of understanding others' false beliefs from applying others' false beliefs in first-degree relatives of schizophrenia. *Chinese Journal of Nervous and Mental Diseases*, 10, 596-600.

Roberts, D. L., Combs, D. R., Willoughby, M., Mintz, J., Marks-Gibson, C., Rupp, B., & Penn, D. L. (2014). A randomized, controlled trial of Social Cognition and Interaction Training (SCIT) for outpatients with schizophrenia spectrum disorders. *British Journal of Clinical Psychology, 53*(3), 281-298.

Hasson-Ohayon, I., Mashiach-Eizenberg, M., Avidan, M., Roberts, D. L., Roe, D. (2014). Social Cognition and Interaction training: Preliminary results of a RCT study in a community setting in Israel. *Psychiatric Services, 65*(4), 555-558.

Velligan, D. I., Maples, N., Roberts, D. L., Medellin, E. M. (2014). Integrated psychosocial treatment for negative symptoms. *American Journal of Psychiatric Rehabilitation*, *17*, 1-19.

Liefland, L., Roberts, D. L., Ford, R., & Stevens, J. (2013). Depressive symptoms among help-seeking Latinas in a disadvantaged, urban, Northeastern community mental health center. *Community Mental Health Journal, 50*(3), 331-335.

Wang, Y., Roberts, D. L., Wang, Y., Mo, Y., & Baihua, X. (2013). Dissociation of understanding from applying others' false beliefs in remitted schizophrenia: Evidence from a referential communication task. *BMC Psychiatry, 13*, 141.

Wang, Y., Roberts, D. L., Xu, B., Cao, R., Yan, M., & Jiang, Q. (2013). Social cognition and interaction training for patients with stable schizophrenia in Chinese community settings. *Psychiatry Research, 210*, 751-755.

Walss-Bass, C., Fernandes, J. M., Roberts, D. L., Service, H., & Velligan, D. (2013).

Differential correlations between plasma oxytocin and social cognitive capacity and bias in schizophrenia. *Schizophrenia Research, 147*, 387-392.

Xu, Z., Roberts, D. L., Wang, Y., Shen, Z., & Cao, R. (2013). Social cognition and interaction training in patients with schizophrenia: An ERP study. *Chinese Journal of Nervous and Mental Diseases.*

Roberts, D. L. & Velligan, D. I. (2012). Can social functioning in schizophrenia be improved through targeted social cognitive intervention? *Rehabilitation Research and Practice*, 1-8.

Roberts, D. L., Kleinlein, P., & Stevens, B. J. (2012). An alternative to generating alternative interpretations in social cognitive therapy for psychosis. *Behavioural & Cognitive Psychotherapy, 40(4)*, 491-495.

Roberts, D. L., Fredrick, M. M., Carr, H. N., & Velligan, D. I. (2011). Interventions to improve oral medication adherence in psychosis: The role of adherence measurement. *Neuropsychiatry, 1*, 361-369.

Roberts, D. L. & Velligan, D. I. (2011). Medication adherence in schizophrenia: Applying expert consensus guidelines. *Drug Discovery Today: Therapeutic Strategies, 8*, 11-15.

Roberts, D. L., Penn, D. L., Corrigan, P., Lipkovitch, I., Kinon, B., & Black, R. A. (2010). Antipsychotic medication and social cue recognition in chronic schizophrenia. *Psychiatry Research, 178*, 46-50.

Roberts, D. L., Penn, D. L., Labate, D., Margolis, S., & Sterne, A. (2010). Transportability and feasibility of Social Cognition and Interaction Training (SCIT) in community settings. *Behavioural & Cognitive Psychotherapy*, 38, 35-47.

Roberts, D. L. & Penn, D. L. (2009). Social Cognition and Interaction Training (SCIT) for

outpatients with schizophrenia: A preliminary study. *Psychiatry Research, 166*, 141-147.

Roberts, D. L. & Penn, D. L. (2009). The effects of task engagement and interpersonal rapport on WCST performance in schizophrenia. *American Journal of Psychiatric Rehabilitation, 12*, 57-72.

Penn, D. L., Sanna, L., & Roberts, D. L. (2008). Social cognition in schizophrenia: An overview. *Schizophrenia Bulletin, 34*, 408-411.

Combs, D. R., Adams, S. D., Penn, D. L., Roberts, D. L., Tiegreen, J., & Stem, P. (2007). Social Cognition and Interaction Training for inpatients with schizophrenia spectrum disorders: Preliminary findings. *Schizophrenia Research, 91*, 112-116.

Penn, D. L., Roberts, D. L., Combs, D., & Sterne, A. (2007). Best Practices: The development of the Social Cognition and Interaction Training (SCIT) program for schizophrenia-spectrum disorders. *Psychiatric Services, 58*, 449-452.

Couture, S. M., Penn, D. L., & Roberts, D. L. (2006). The functional significance of social cognition in schizophrenia: A review. *Schizophrenia Bulletin*, *32*, S44-S63.

Couture, S. M., Roberts, D. L., Penn, D. L., Cather, C., Otto, M., & Goff, D. C. (2006). Do baseline client characteristics predict the therapeutic alliance in the treatment of schizophrenia? *Journal of Nervous and Mental Disease, 194*, 10-14.

Penn, D. L., Roberts, D. L., Munt, E., Silverstein, E., & Sheitman, B. (2005). A pilot study of Social Cognition and Interaction Training (SCIT) for schizophrenia. *Schizophrenia Research, 80*, 357-359.

Roberts, D. L., Penn, D. L., Cather, C., Otto, M., & Goff, D. C. (2004). Should CBT target the social impairments associated with schizophrenia? *Journal of Cognitive*

Psychotherapy: An International Quarterly, 18*, 255-264.

McCoy, M. L., Roberts, D. L., Hanrahan, P., Clay, R., & Luchins, D. J. (2004). Jail linkage ACT services for individuals with mental illnesses. *Psychiatric Rehabilitation Journal, 27*, 243-250.

Luchins, D. J., Roberts, D. L., & Hanrahan P. (2003). Representative payeeship and mental illness: A review. *Administration & Policy in Mental Health, 30*, 341-353.

Hanrahan, P., Luchins, D. J., Savage, C., Patrick, G., Roberts, D., & Conrad, K. J. (2002). Representative payee programs for mentally ill persons in Illinois. *Psychiatric Services, 53*, 190-194.

Books

Roberts, D. L., Penn, D. L., & Combs, D. R. (2016). *Social Cognition and Interaction Training (SCIT): Treatment Manual*. (Chinese translation). Hangzhou, China: Zheijiang University Press.

Roberts, D. L., Penn, D. L., & Combs, D. R. (2015). *Social Cognition and Interaction Training (SCIT): Group Psychotherapy for Schizophrenia and Other Psychotic Disorders, Clinician Guide (Treatments That Work)*. New York: Oxford University Press.

Roberts, D. L., & Penn, D. L. (Eds.). (2013). *Social Cognition in Schizophrenia: From Evidence to Treatment*. New York: Oxford University Press.

Roberts, D. L., Penn, D. L., & Combs, D. (2011). *Social Cognition and Interaction Training*. (Japanese translation). T. Mogami (Trans). Tokyo: Seiwa Shoten Publishers.

Book Chapters, Published Abstracts, and Non-Peer Reviewed Articles

Lo, P. M. T., Siu, A. M. T., & Roberts, D. L. (2017). Adaptation of Social Cognition and Interaction Training (SCIT) for promoting functional recovery in Chinese persons with schizophrenia in Hong Kong. In M. Knight & B. McCoy (Eds.). *Understanding Social Cognition: Theory, Perspectives and Cultural Differences.* (pp. 79-104). New York: Nova Science Publishers.

Roberts, D. L. (2017). Social Cognition. In F. M. Moghaddam (Ed.), The SAGE *Encyclopedia of Political Behavior*. SAGE Publications.

Horan, W. P., Roberts, D. L., Holshausen, K. (2016). Addressing social cognition in cognitive remediation. In A. Medalia & C. Bowie. *Cognitive Remediation to Improve Functional Outcomes*. New York: Oxford University Press.

Roberts, D. L., Stutes, D., & Hoffman, R. (2016). Alien intentionality in schizophrenia. In A. Mishara, M. Schwartz, P. Corlett, & P. Fletcher (Eds.), *Phenomenological Neuropsychiatry: Bridging the Clinic with Clinical Neuroscience.* New York: Springer Science.

Roberts, D. L., Diggins, L., Parente, L., & Fiszdon, J. (2014). Understanding Social Situations (USS): Development of a new social cognitive intervention for individuals with psychosis. *Schizophrenia Research, 153*, S117.

Fernandes, J. M., & Roberts, D. L. (2014). Social Cognition and Interaction Training: The role of metacognition. In P. H. Lysaker, G. DiMaggio, & M. Brüne. *Social Cognition and Metacognition in Schizophrenia: Psychopathology and Treatment Approaches.* (pp. 151-162). New York: Elsevier.

Roberts, D. L., & Pinkham, A. E. (2013). The future of social cognition in schizophrenia:

Implications from the normative literature. In D. L. Roberts & D. L. Penn (Eds.). *Social Cognition in Schizophrenia: From Evidence to Treatment*. (pp. 401-414). New York: Oxford University Press.

Roberts, D. L., Fiszdon, J., & Tek, C. (2011). Initial validity of the Social Cognition Screening Questionnaire (SCSQ). *Schizophrenia Bulletin, 37*, supp1, 280.

Roberts, D. L., Fiszdon, J. M, DeGeorge, P., & Tek, C. (2009). Impression-management effects in paranoia assessment. *Schizophrenia Bulletin, 35*, supp1, 2-3.

Roberts, D. L., & Penn, D. L. (2009). Preliminary findings from a community-based effectiveness trial of Social Cognition and Interaction Training (SCIT). *Schizophrenia Bulletin, 35*, supp1, 349.

Roberts, D. L., Combs, D. R., & Penn, D. L. (2009). Social Cognition & Interaction Training (SCIT): Treatment outcomes and potential mechanisms of change. *Schizophrenia Bulletin, 35*, Supp1, 350.

Roberts, D. L., Pinkham, A. E., & Penn, D. P. (2006). Group cognitive behavioral therapy for schizophrenia. In P. J. Bieling, M. Anthony, & R. McCabe (Eds.), *Cognitive Behavioral Groups: Skills and Processes*. New York: Guilford Publications.

Combs, D. R., Spaulding, W. D., Penn, D. L., Adams, S. D., Roberts, D. L., & Iyer, S. N. (2006). Graduate Training in Cognitive-Behavioral therapy for psychosis: The approaches of three generations of clinical researchers. *The Behavior Therapist, 29*, 12-16.

Roberts, D. L., Penn, D. L., & Combs, D. R. (2006). *Social Cognition and Interaction Training (SCIT).* Treatment manual. University of North Carolina, Chapel Hill: Authors.

Luchins, D. J., Roberts, D. L., & Hanrahan, P. (2001). Provision of protective payee status. Behavioral Health Recovery Management, Web-based clinical practice guidelines, www.bhrm.org

Presentations

Selected Invited Research Presentations, Workshops & Trainings (Not Including Motivational Interviewing)

Roberts, D. L. (2018, December). Panel Moderator at the San Antonio Brain Health Symposium: Update on Schizophrenia. San Antonio, TX.

Roberts, D. L. (2017, June). *First Episode Psychosis 101: The importance of early intervention.* Hour presentation at Center for Healthcare Services community education program. San Antonio, TX.

Roberts, D. L. (2017, April). *Implementing Social Cognition & Interaction Training (SCIT).* Half-day training provided at Hong Kong Polytechnic University, Hong Kong, China.

Roberts, D. L. (2017, April). *Social cognitive treatment for psychosis: Is there a role for Oxytocin.* Presented at conference, Social Cognition in Psychosis: Characterization and Treatments. University of Texas at Dallas.

Roberts, D. L. (2017, March). *Social Cognition and Interaction Training.* Hour presentation to the PEPPNET Early Psychosis Consortium. Web-based presentation to national workgroup.

Roberts, D. L. (2017, February). *Social Cognition & Interaction Training in Early Psychosis*. Two-day training provided for Tulane University EPIC-NOLA Early Psychosis Intervention Clinic. New Orleans, LA.

Roberts, D. L. (2016, December). Social cognitive training to improve functional outcomes in

schizophrenia. Research lecture resented at the Tulane Brain and Behavior 2016 Conference: Comprehensive Approaches to Severe Psychiatric Illness. New Orleans, LA.

Roberts, D. L. (2016, June). *Social cognition training for psychosis*. Workshop at the 17th annual conference on Cognitive Remediation in Psychiatry, New York, NY.

Roberts, D. L. (2016, May). *Social Cognition Training in Early Psychosis.* Presented at the Second Global Excellence in Health Conference: Early Intervention in Psychosis. University of Copenhagen, Denmark.

Roberts, D. L. (2016, May). *Implementing Social Cognition and Interaction Training (SCIT)*. Three-day training provided at Gentofte Hospital, Gentofte, Denmark.

Roberts, D. L. (2015, October). *Implementing Social Cognition and Interaction Training for schizophrenia.* One-day training provided at VA Hospital, Minneapolis, MN.

Roberts, D. L. (2015, April). *Update on Social Cognition and Interaction Training.* Presented at the Annual National Continuing Education in Psychiatry Conference. Hongzhou, China.

Roberts, D. L. (2015, February). *Social Cognitive Therapy for Psychosis.* Presentation at the 6th Annual UT Psychiatry Update: Treating Psychosis: State-of-the-Art and Emerging Paradigms. University of Texas Health Science Center at Houston. *Houston, TX.*

Roberts, D. L. & Fredrick, M. (2014, August). *Social Cognitive Therapy*. Presentation at the 14th Annual Bexar County Consumer and Family Support Conference, San Antonio, TX.

Roberts, D. L. (2014, June). *Implementing Social Cognition and Interaction Training for schizophrenia.* Two-hour training provided at Connecticut Mental Health Center,

New Haven, CT.

Roberts, D. L. (2014, June). *Implementing Social Cognition and Interaction Training for schizophrenia.* One-day training provided at Lincoln Hospital, Bronx, NY

Roberts, D. L. (2014, June). *Remote treatment of social cognition using the iPad.* Symposium presentation at the Cognitive Remediation in Psychiatry conference, New York, NY.

Roberts, D. L. (2014, March). *Implementing Social Cognition and Interaction Training for schizophrenia.* One-day training provided at the Psychiatric Center of Copenhagen, Denmark.

Roberts, D. L. (2014, March). *Implementing Social Cognition and Interaction Training for schizophrenia.* One-day training provided at F.E.G.S. Health and Human Service System, New York, NY.

Roberts, D. L. (2013, October). *Implementing Social Cognition and Interaction Training for schizophrenia.* Two-day training provided at *Catholic University of Portugal*, Porto, Portugal.

Gonzales, J., Roberts, D. L. (2013, August). *Building good social cognition habits.* Presentation at the 13th Annual Bexar County Consumer and Family Support conference, San Antonio, TX.

Roberts, D. L. (2013, June). *Managing social interactions when you have serious mental illness.* Workshop presented at the Interprofessional Education Seminar, San Antonio State Hospital. San Antonio, TX.

Roberts, D. L., Sullivan, L., & Cappadora, T. (2013, June). *Social cognition training for psychosis*. Workshop at the 14th annual conference on Cognitive Remediation in Psychiatry, New York, NY.

Roberts, D. L., Fiszdon, J. M. (2013, June). *Understanding social situations: Social cognitive interventions for psychosis.* Columbia University / New York State Psychiatric Institute. New York, NY.

Roberts, D. L. (2013, May). *The UTHSCSA Transitional Care Clinic: Supporting the shift from a crisis model to an illness-management model of mental health care.* Mental Health Task Force of Bexar County. San Antonio, TX.

Roberts, D. L. & Maples, N. (2013, May). *Current research in psychosocial treatment.* Texas Department of Assistive and Rehabilitative Services Mental Disabilities Workshop, San Antonio, TX.

Roberts, D. L. (2012, October). *Social cognitive intervention in schizophrenia.* University of Texas Health Science Center at San Antonio, Grand Rounds. San Antonio, TX.

Roberts, D. L. (2012, October). *Enhancing social thinking for people with serious mental illness.* 12th Annual Bexar County Consumer and Family Support Conference. San Antonio, TX.

Roberts, D. L. (2012, August). *Managing social interactions when you have serious mental illness.* SASH Family and Patient Education Program. San Antonio State Hospital. San Antonio, TX.

Roberts, D. L. (2012, February). *Enhancing social functioning among individuals with schizophrenia.* Presentation at NAMI San Antonio meeting. San Antonio, TX.

Roberts, D. L. (2012, January). *Implementing Social Cognition and Interaction Training for schizophrenia.* One-day training provided at F.E.G.S. Health and Human Service System, New York, NY.

Roberts, D. L. (2012, January). *Implementing Social Cognition and Interaction Training for*

schizophrenia. Half-day training provided at Bellevue Hospital, New York, NY.

Roberts, D. L. (2011, June). *Social cognition training for psychosis.* Workshop at the 14th annual conference on Cognitive Remediation in Psychiatry, New York, NY.

Roberts, D. L. (2011, May). *Implementing Social Cognition and Interaction Training for schizophrenia*. One-day training provided at the Institute of Psychiatry, King's College, London, Great Britain.

Roberts, D. L. (2011, February). *Implementing Social Cognition and Interaction Training for schizophrenia*. One-day training provided for staff of Castle Peak Hospital, Hong Kong (conducted in San Antonio, TX).

Roberts, D. L. (2010, December). *Implementing Social Cognition and Interaction Training for schizophrenia.* One-day training provided at F.E.G.S. Health and Human Service System, New York, NY.

Roberts, D. L. (2010, September). *Implementing Social Cognition and Interaction Training for schizophrenia.* Two-day training provided at Aurora Hospital, Helsinki, Finland.

Roberts, D. L. (2010, June). *Social cognition training for psychosis.* Workshop at the 13th annual conference on Cognitive Remediation in Psychiatry, New York, NY.

Roberts, D. L. (2010, April). *Social Cognition and Interaction Training*. Presentation at the 1st annual U.T. Southwestern Social Cognition Colloquium, Dallas, TX.

Roberts, D. L. (2010, April). *Social Cognition and Interaction Training.* Presentation at the U.T. Tyler Psi Chi Conference, Tyler, TX.

Roberts, D. L. (2010, March). *Social Cognition and Interaction Training: Implementation and outcome measurement in community settings.* Two-day training provided for Queensland Health at Princess Alexandria Hospital, Brisbane, Australia.

Roberts, D. L. (2010, January). *Implementing Social Cognition and Interaction Training for schizophrenia.* One-day training provided at St. Joseph's Hospital Health Center, Syracuse NY.

Roberts, D. L. (2009, October). *Trends in psychosocial treatment of psychosis.* Presentation at Yale University Department of University Health, Grand Rounds, New Haven, CT.

Roberts, D. L. (2009, September). *Implementing Social Cognition and Interaction Training for schizophrenia.* One-day training provided at the Hangzhou Department of Mental Health, Hangzhou, China.

Roberts, D. L. (2009, September). *Social cognitive treatment for schizophrenia: Implementation and outcome measurement.* One-day training provided at Rockland Psychiatric Hospital, Orangeburg, New York.

Roberts, D. L. (2009, July). *Measurement of social cognitive treatment outcome.* Presentation at ORYGEN Youth Health program, Melbourne, Australia.

Roberts, D. L. (2009, July). *Implementing Social Cognition and Interaction Training for schizophrenia.* Two-day training provided at the University of Melbourne, Melbourne Australia.

Roberts, D. L. (2009, June). *Implementing Social Cognition and Interaction Training for schizophrenia.* One-day training provided at the University of Pennsylvania Department of Psychiatry, Philadelphia, PA.

Roberts, D. L., & Fiszdon, J. M. (2009, June). *Social cognition training for schizophrenia.* Workshop at the 12th annual conference on Cognitive Remediation in Psychiatry, New York, NY.

Liefland, L., Stevens, J., Roberts, D. L., & Ford, R. (2009, May). *Prevalence of depression*

among Latina females: An analysis of depressive symptoms among subpopulations seeking mental health services. Greater Bridgeport Mental Health, Grand Rounds, Bridgeport, CT.

Roberts, D. L. (2008, June). *Social cognition training for attributional bias and theory of mind deficit.* Workshop at the 11th annual conference on Cognitive Remediation in Psychiatry, New York, NY.

Roberts, D. L. (2008, May). *The uses of psychotherapy.* Presentation at Fellowship Place, a clubhouse and support center for individuals with mental illnesses. New Haven, CT.

Roberts, D. L. (2007, November). *Theoretical underpinnings and future directions of Social Cognition and Interaction Training for schizophrenia.* Presentation at University of Pennsylvania, Department of Psychiatry, Philadelphia, PA.

Roberts, D. L. (2007, June). *Conducting Social Cognition and Interaction Training for schizophrenia.* Workshop given at the IV International Colloquium of Schizophrenia, Porto, Portugal.

Roberts, D. L., Labate, D., Margolis, S., Ellison, J., & Cavallero, M. (2007, June). *Implementation of Social Cognition and Interaction Training.* Workshop at the 10th annual conference on Cognitive Remediation in Psychiatry, New York, NY.

Penn, D. L., & Roberts, D. L. (2007, April). *Social Cognition and Interaction Training (SCIT).* Presentation at the 14th annual STEP Symposium, Cognitive Remediation: Improving Quality of Life and Functional Outcome, Chapel Hill, NC.

Roberts, D. L. (2007, March). *Social Cognition and Interaction Training.* Day-long training provided at Columbia University College of Physicians & Surgeons, New York, NY.

Penn, D. L., & Roberts, D. L. (2006, June). *Social Cognition and Interaction Training (SCIT)*

for Schizophrenia. Workshop at the 9th annual conference on Cognitive Remediation in Psychiatry, New York, NY.

Other Selected Presentations and Posters

Li, F., Dondanville, K. & Roberts, D. L. (2019, February). Creating Learning Communities in the Texas Border Region to Treat Post-Traumatic Stress Disorder (PTSD). Poster presented at the Community Service Learning Conference. San Antonio, TX.

Li, F., Dondanville, K. & Roberts, D. L. (2019, February). Learning Communities of Cognitive Processing Therapy to Treat PTSD. Poster presented at the Healthier Texas Summit. Austin, TX. October 2019.

Eddy, L., Li, F., Roberts, D. L. (2018, February). *Promoting Suicide Prevention in Border Communities of Texas.* Poster presentation at the 11th annual Community Service Learning Conference, San Antonio, TX.

Manning, M., Corbera, S., Cheng, A., Roberts, D. L., Duzant, R., & Mehm, J. (2017, May). *Social Cognition and Interaction Lessons (SCIL) with schizophrenia.* Poster presentation at the annual Association for Psychological Science conference, Boston, MA.

Roberts, D. L., Waters, A. M., Velligan, D. I. (2016, October*). Implementing an evidence-based suicide risk assessment procedure in a high-volume, post-hospital transitional clinic.* Poster presentation at the annual Association for Behavioral and Cognitive Therapies conference, New York, NY.

Waters, A. M., Velligan, D. I., Roberts, D. L. (2016). *Implementation of a client-guided model of trauma treatment within a community clinic: Results from Phase I.* Poster presentation at the annual Association for Behavioral and Cognitive Therapies

conference, New York, NY.

Roberts, D. L. Soucy, M. D., Medellin, E., Velligan, D. I. (2016, September). *Trainee attitudes toward interprofessional practice in mental health.* Poster presentation at the Annual Conference for Community Engagement and Healthcare Improvement, San Antonio, TX.

Soucy, M. D., Velligan, D. I., Martinez, M., Fredrick, M., Roberts, D. L. (2015, October). *Innovational Interprofessional Education in Community Psychiatry.* Poster presented at the 2nd Annual UTHSCSA Faculty Showcase of Educational Innovations, San Antonio, TX.

Velligan, D. I., Martinez, M. M., Soucy, M. D., Fredrick, M., Roberts, D. L. (July 2015). *The UTHSCSA transitional care clinic: State of the art care, training, and research*. Presentation at the SAMHS (San Antonio Military Health System) and Universities Research Forum 2015. Evidence-Based Practice and Research in Healthcare: Encouraging Collaborative Partnerships, San Antonio, TX.

Fredrick, M. M., Roberts, D. L., Martinez, M. M., Velligan, D. I. (March 2015). *Transitional care: Thinking outside the box*. Poster presented at the 15th International Congress on Schizophrenia Research, Colorado Springs, CO.

Lucas, M., Mervis, J. E., Fiszdon, J. M., Roberts, D. L., Horan, W., Choi, J. (March 2015). *Mentalizing Ability in Individuals at Clinical High Risk for Psychosis.* Poster presented at the 15th International Congress on Schizophrenia Research, Colorado Springs, CO.

Roberts, D. L., Spelber, D. A., Carr, H., Aycock, M., Sierra, C., Velligan, D. I. (March 2015). *Treating First Episode Psychosis within a Transitional Care Clinic.* Poster presented

at the 15th International Congress on Schizophrenia Research, Colorado Springs, CO.

Roberts, D. L. & Carr, H. (September, 2014). *Remediating social cognitive bias in schizophrenia.* Poster presented at Society for Research on Psychopathology conference, Evanston, IL.

Fiszdon, J. M. & Roberts, D. L. (September, 2014). *Understanding Social Situations: A new social cognitive intervention targeting Theory of Mind and Attributional Bias in psychosis.* Poster presented at Society for Research on Psychopathology conference, Evanston, IL.

Roberts, D. L. & Hillner, K. (September, 2014). *Using social cognitive training to improve functional outcome*. Contribution to symposium entitled "Predicting functional outcome in schizophrenia," (Chair: A. Pinkham). Presented at Society for Research on Psychopathology conference, Evanston, IL.

Roberts, D. L., Diggins, L., Parente, L., Fiszdon, J. M. (2014, April). *Understanding Social Situations (USS): Development of a New Social Cognitive Intervention for Individuals with Psychosis.* Poster presented at the Fourth Biennial Schizophrenia International Research Society Conference, Florence, Italy.

Liu, P., Carr, H., Roberts, D. L. (2014, April). *Initial Testing of an iPad-Based Social Cognition Training for Schizophrenia.* Poster Presented at the Fourth Biennial Schizophrenia International research Society Conference, Florence, Italy.

Velligan, D. I., Maples, N., Roberts, D. L. (2013, June). *Models of care for persons with severe mental illness.* Workshop presented at the 2013 national convention of the National Alliance on Mental Illness (NAMI). San Antonio, TX.

Roberts, D. L., Walss-Bass, C., Carr, H., Sierra, C., & Velligan, D. I. (2013, April). *Social*

cognition, self-regulation and neurohormones in schizophrenia. Contribution to symposium entitled "New directions in social and cognitive neuroscience of schizophrenia," (Chair: S. Park). Presented at the 14th International Congress on Schizophrenia Research, Orlando, FL.

Roberts, D. L., Walss-Bass, C., Fernandes, J. M., & Velligan, D. I. (2013, February). *The Waiting Room Task: A measure of oxytocin-related social cognition.* Presented at the 9th Annual Meeting of the International Society for CNS Clinical Trials and Methodology, Washington, DC.

Healey, K., Roberts, D. L., Combs, D., & Penn, D. (2012, November). *Observable Social Cognition, A Rating Scale: An Interview-Based Assessment for Schizophrenia*. Presented at the annual meeting of the Association for Behavioral and Cognitive Therapies, National Harbor, MD.

Roberts, D. L. (2012, September). *CAT Treatment Planning.* Presentation at Cognitive Adaptation Training Conference, San Antonio, TX.

Roberts, D. L. (2012, April). Dual-process theory: Automatic vs. controlled processing. Contribution to symposium entitled "Dual-Process Theory: Automatic and controlled processes and their implications for treatment development." Chair: D. Turkington). Symposium at the Third Biennial Schizophrenia International Research Society Conference. Florence, Italy.

Roberts, D. L., Kleinlein, P., & Stevens, B. J. (2012, April). *Mary/Eddie/Bill – Initial testing of a novel social cognitive treatment for psychosis.* Poster presented at the Third Biennial Schizophrenia International Research Society Conference. Florence, Italy.

Combs, D. R., Pinkham, A., & Roberts, D. L. (2011, November). *Social Cognition as a*

Treatment Target in Schizophrenia: Strategies for Remediation. Symposium at annual convention of the Texas Psychological Association. San Antonio, TX.

Velligan, D. I., Roberts, D. L., & Maples, N. (2011, October). *Novel psychosocial treatments for individuals with schizophrenia: Tools families can use.* Symposium held at 2011 NAMI Texas Conference, Austin, TX.

Roberts, D. L. (2011, September). Social cognition treatment in psychosis. Contribution to symposium titled, "Cognitive remediation therapy in schizophrenia: State of the art." (Chair: V. Roder). Symposium held at 15th World Congress of Psychiatry, Buenos Aires, Argentina.

Roberts, D. L. & Hoffman, R. (2011, April). *Social deafferentation and psychosis.* Contribution to workshop entitled, "Bridging Clinic and Clinical Neuroscience: Loneliness, Social Anhedonia and Bonding in Schizophrenia," Chaired by A. Mishara. 13th International Congress on Schizophrenia Research, Colorado Springs, CO.

Liefland, L., Stevens, J., Roberts, D. L., & Ford, R. (2009, November). *Prevalence of depression among Latina females: An analysis of depressive symptoms among subpopulations seeking mental health services.* Annual conference of the Connecticut Psychological Association, Windsor, CT.

Meyer, P. S., Penn, D. P., Roberts, D. L., & Koren, D. (2008, November). *The relationship between metacognition, social cognition, and social functioning in schizophrenia.* Poster presented at the 42nd annual meeting of the Association for Behavioral and Cognitive Therapies, Orlando.

Combs, D., Penn, D. L., Roberts, D. L., & Perry, T. D. (2007, November). *Social Cognition*

and Interaction Training (SCIT): Conceptual, Empirical, and Clinical Foundations. Symposium held at the 41st annual meeting of the Association for Behavioral and Cognitive Therapies, Philadelphia.

Perry, T. D., Roberts, D. L., Brewer, K., & Penn, D. L. (2007, November). *Social Functioning and Social Cognition in Schizophrenia and High-Functioning Autism.* Poster presented at the 41st annual meeting of the Association for Behavioral and Cognitive Therapies, Philadelphia.

Roberts, D. L. (2006, November). *Pilot Testing of Social Cognition & Interaction Training Across Diverse Treatment Settings*. Poster presented at the 40th annual meeting of the Association for Behavioral and Cognitive Therapies, Chicago.

Roberts, D. L., Penn D., & Johnson, D. (2006, November). *Outpatient Testing of Social Cognition & Interaction Training (SCIT) for Schizophrenia*. Poster presented at the 40th annual meeting of the Association for Behavioral and Cognitive Therapies, Chicago.

Roberts, D. L. & Penn, D. (2005, September). *Social cognition and treatment of schizophrenia.* Presentation at the Department of Psychology Clinical Research Forum, University of North Carolina – Chapel Hill, NC.

Roberts, D. L., Munt, E., Jones, N., Silverstein, E., & Penn, D. (2005, November). *Social Cognition & Interaction Training (SCIT): Pilot testing of an enhanced social cognitive intervention for schizophrenia.* Poster presented at the 39th annual meeting of the Association for Behavioral and Cognitive Therapies, Washington, D.C.

Roberts, D. L., Penn, D., Munt, E., & Silverstein, E. (2005, October). *Social Cognition & Interaction Training (SCIT): Do improvements in social cognition predict*

improvements in social functioning? Poster presented at the 13th annual North Carolina Conference on Innovative Approaches in Psychiatric Rehabilitation, Butner, N.C.

Couture, S. M., Roberts, D. L., Penn, D., & Perkins, D.O. (2004, November). *Randomized controlled trial of Adherence, Coping, & Education (ACE) psychotherapy for first episode schizophrenia: A pilot study.* Poster presented at 38th annual meeting of the Association for the Advancement of Behavior Therapy, New Orleans.

Roberts, D. L., Couture, S. M., Penn, D. P., Cather, C., Otto, M., & Goff, D. C. (2003, November). *Therapeutic alliance in schizophrenia: Psychometric issues and outcome prediction.* Poster presented at 37th annual meeting of the Association for the Advancement of Behavior Therapy, Boston.

Roberts, D. L., Hanrahan, P., & McCoy, M. L. (2002, December). *Participant experiences with a jail-linkage ACT program for ex-offenders with severe mental illness.* Poster presented at Clinical Research Forum, University of North Carolina – Chapel Hill, Department of Psychology.

Roberts, D. L., Hanrahan, P., McCoy, M. L., & Luchins, D.J. (2002, October). *Community treatment for ex-offenders with mental illnesses.* Poster presented at 54th annual APA Institute on Psychiatric Services, Chicago.

Luchins, D.J., Hanrahan, P., Rasinski, K., Corrigan, P.W., & Roberts, D. L. (2002, October). Survey of psychiatrists' attitudes toward mandated treatment. Poster contribution to symposium, *Psychiatric Stigma: Consequences and Strategies for Change,* 54th annual APA Institute on Psychiatric Services, Chicago.

Roberts, D. L. & Orlinsky, D. (2002, July). *Characteristics & therapeutic experiences of*

psychotherapists who treat clients with severe mental illness. Paper presented at the annual meeting of the International Society for Psychotherapy Research, Santa Barbara, CA.

Roberts, D. L. & Orlinsky, D. (2001, July). *Who treats the seriously mentally ill?* Paper presented at the annual meeting of the North American Society for Psychotherapy Research, Puerto Vallarta, Mexico.

Motivational Interviewing (MI) Experience

Motivational Interviewing Network of Trainers (MINT) - Member since 2019

Training Received

4/2018 Advanced Motivational Interviewing Workshop. 16 hours. Provided by Erin Espinosa, PhD Member of Motivational Interviewing Network of Trainers (MINT)

1/2018 Introductory Motivational Interviewing Workshop. 16 hours. Provided by Erin Espinosa, PhD. Member of Motivational Interviewing Network of Trainers (MINT)

10/2017 Introductory Motivational Interviewing Workshop. 16 hours. Provided by Erin Espinosa, PhD. Member of Motivational Interviewing Network of Trainers (MINT)

3/2009 Motivational Interviewing two-hour didactic and workshop. Yale University Clinical Psychology Internship program.

Coaching by MINT Members

5/2018-11/2019 Francis Cox, MEd, LPC, MINT. Coaching to provide MI to clients. Monthly phone coaching, including review of audiotapes of me

providing Motivational Interviewing, coaching in use of MITI coding system with own and preprepared transcripts and recordings.

1/2018-1/2019 Erin Espinosa, PhD, MINT. Coaching to provide MI training to professionals. Phone, email and in-person coaching. Included review and discussion of 10-hour Espinosa training, and review and feedback from Espinosa on a 6-hour and a 16-hour training provided by me.

Clinical Use

6/2016-present Motivational Interviewing incorporated into individual and group psychotherapy practice for clients present in psychiatric and substance use outpatient treatment. Approximately 2-3 hours per week.

Training/Teaching Provided

See teaching & mentoring activities for list of formal MI courses.

2/2019 Two-hour MI in-service for social work discharge planners at University Hospital (San Antonio) psychiatric inpatient unit

10/2018-Present Approximately one 2-day training per month (16 hours) for approx. 20 state-contracted mental health professionals. (over 80 people trained)

8/2018-Present Approximately one 2-day training per month (16 hours) for approx. 25 nurses and case managers from a Managed Care Organization. (over 250 people trained)

5/2017 Motivational Interviewing for public health professionals. 1.5 hour workshop provided for City of San Antonio Metropolitan Health District.

1/2017- Approximately 1 hour per week of group and individual MI instruction and

Present supervision for counseling, social work and clinical psychology interns at an outpatient clinic.

Recent Grant & Contract Funding

Department of State Health Services

P.I.: Roberts

Project Title: Home and Community Based Services—Adult Mental Health (HCBS-AMH) Recovery Management

Amount Awarded: Service contract, averages $10,000 per month; Project Period: 11/2017-present

Hogg Foundation for Mental Health

P.I.: Roberts

Project Title: Recovery-oriented crisis services for individuals with mental illness

Amount Awarded: $21,637; Project Period: 7/1/2016-12/30/2019

Clinical Investigator Kickstart (CLIK) Grant, UTHSCSA

P.I.: Roberts

Project Title: Improving mental health outcomes for adults who have experienced trauma

Amount Awarded: $,44,800; Project Period: 5/18/2015-9/17/2016

Hogg Foundation for Mental Health

P.I.: Maples, Subcontractor: Roberts

Project Title: Dissemination of the Recovery to Practice Curricula: Psychology

Amount Awarded: $197,112; Project Period: 7/1/2015-12/30/2019

Patient-Centered Outcomes Research Institute

P.I.: Velligan, Co-I: Roberts

Project Title: Improving transitional care experience for individuals with serious mental illness

Amount Awarded: $928,845; Project Period: 10/15/2013-10/14/2016

Brain & Behavior Research Foundation-NARSAD Young Investigator Grant

P.I.: Roberts

Project Title: Testing a novel social cognitive intervention for schizophrenia

Amount Awarded: $59,808; Project Period: 7/15/2012-6/14/2015

NIH/NIMH R34-MH090109-01A1

P.I.: Fiszdon, Co-I: Roberts

Project Title: Social cognitive training for psychosis: Phase I treatment development

Amount Awarded: $400,000; Project Period: 6/13/2011-4/30/2014

Completed Grants

Hogg Foundation for Mental Health

P.I.: Roberts

Project Title: Tablet-based social cognition training for schizophrenia

Amount Awarded: $17,213; Project Period: 6/1/2012-5/31/2013

Friends for Psychiatric Research, San Antonio, Texas

P.I.: Roberts

Project Title: Measuring social cognitive treatment outcome in schizophrenia

Amount Awarded: $19,911; Project Period: 9/1/10-8/31/12

Friends for Psychiatric Research, San Antonio, Texas

P.I.: Velligan, Co-I: Roberts

Project Title: Oxidative stress, pro-inflammatory cytokines and psychosis

Amount Awarded: $20,000; Project Period: 9/1/10-8/31/12

Connecticut Mental Health Center Foundation, New Haven, Connecticut

P.I.: Roberts

Project Title: Tune in with TV: Using television and imitation to enhance empathic attunement in psychosis

Amount Awarded: $3,780; Project Period: 11/1/09-7/31/10

NIH/NIMH T32-MH062994

P.I.: Bell

Project Title: NRSA/NIMH Research fellowship in functional disability Interventions

Role: Post-doctoral trainee; Project Period: 1/7/08 – 6/30/10

Foundation of Hope for Research and Treatment of Mental Illness, Raleigh, North Carolina

P.I.: Penn, Co-I: Roberts

Project Title: Social Cognition and Interaction Training for schizophrenia

Amount Awarded: $30,000; Project Period: 6/1/05-6/1/07

Clinical Leadership

UTHSCSA, Transitional Care Clinic 2014 - present

Clinical Director

Teaching & Mentoring Activities

Arizona State University, College of Health Professionals 4/19 - present

Faculty Associate

University of Texas at San Antonio, School of Social Work 2/13

Guest Lecturer

UTHSCSA, Division of Schizophrenia and Related Disorders 2010 - 2011

Professional Development Seminar Director

Graduate/Post-Graduate Courses and Training

Motivational Interviewing for the Behavioral Care Provider, 5/19 – 7/19

Arizona State University, Doctorate in Behavioral Health

Students: Doctoral Students

Course Director, Faculty Associate

Cognitive Behavior Therapy, UTHSCSA 2018 - present

Students: PGY2 Psychiatry Residents

Course Director

Motivational Interviewing Seminar, UTHSCSA 2017 - present

Students: PGY1 Psychiatry Residents

Course Director

Community Psychiatry Seminar, UTHSCSA 2016 - present

Students: PGY2 Psychiatry Residents

Course Director

Conducting Mental Status Exams, UTHSCSA 2/12 – 4/13, 4/17, 4/19

Students: Sophomore Medical Students

Instructor

Internship Didactic Series, various topics, UTHSCSA 7/12 – present

Students: Clinical Psychology Interns

Instructor

Mood & Psychotic Disorders Seminars, UTHSCSA 2011 – present

Students: Psychiatry residents

Postdoctoral Training Series, South Texas Veterans Health Care 2011 – 2015

Students: Clinical psychology post-docs

Instructor

Internship Didactic Series, San Antonio State Hospital 2011 – 2015

Students: Clinical psychology interns

Instructor

Internship Didactic Series, South Texas Veterans Health Care 2011 – 2015

Students: Clinical psychology interns

Instructor

Undergraduate Courses

Abnormal Psychology, UNC-CH (2 semesters) 8/04 – 5/05

Graduate Teaching Fellow

Research Methods in Psychology, UNC-CH (2 semesters) 8/03 – 5/04

Teaching Assistant

Abnormal Psychology, UNC-CH (4 semesters) 8/02 – 8/03

Teaching Assistant

Research Mentorship

Matthew Lu, BA, Medical Student 2019-2020

UTHSCSA Medical School

Feiyu Li, MA, Psychology Intern 2018-2019

UTHSCSA

Chidinma Okani, BA, Medical Student 2017-2018

UTHSCSA Medical School

Alex Barshop, Undergraduate Student	2017-2018
UT Austin	
Laura Eddy, MA, Psychology Intern	2017-2018
UTHSCSA	
Patrick Dunne, PhD, Pharmacy Student	2014-2016
UT Austin School of Pharmacy	
David Spelber, BA, Medical Student	2014-2015
UTHSCSA Medical School	
Jodi Zik, BA, Medical Student	
UTHSCSA Medical School	2013-2014
William Elder, MA, Psychology Intern	Fall, 2013
South Texas Veterans Health Care System	
San Antonio, TX	
Philip Liu, MD, PGY-2 Research Rotation	2013-2016
Dept. of Psychiatry, UTHSCSA	
João Fernandes, MD, Visiting Research Fellow	Fall, 2012
From Centro Hospitalar de Lisboa Ocidental	
Lisbon, Portugal	
Helena Service, MA, Visiting Research Fellow	Summer, 2012
From University of Helsinki, Finland	
Independent Study Mentor, Communication Arts High School	Fall, 2010
San Antonio, TX	
Graduate Research Mentor in Clinical Psychology, UNC-CH	Fall, 2006

Dissertation Committees

Zahra Saffarian, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran, defense August 2019

Olina Vidarsdottir, University of Iceland, defense September 2019

Natalie Maples, University of Texas Health Science Center, Houston, defense estimated September 2020

Anne Gordon, Griffith University, Australia, defense April 2016

Michael C. Riedel, Florida International University, defense January 2015

Zill-e-Huma, University of Karachi, Pakistan, defense September 2014

Jerome Caspersz, Deakin University, Australia, defense May 2013

Master's Thesis Committees

João Fernandes, Universidade Nova de Lisboa, Portugal, defense January 2014

Undergraduate Honors Thesis Committees

Melanie Wicher, UNC, defense date: 4/16/03

Suzanne Kaiser, UNC, defense date: 4/11/03

Clinical Supervision

Counseling practicum students (2-4)	2013-present
Texas A&M at San Antonio	(weekly)
St. Mary's University	
University of Texas at San Antonio	
San Antonio, TX	
Walden University	
Clinical psychology interns (2-3)	2012-present

University of Texas Health Science Center		(weekly)
San Antonio, TX		
Clinical psychology intern		2012-Fall 2013
South Texas Veterans Healthcare System		(weekly)
San Antonio, TX		
Clinical psychology postdoctoral fellow		Fall 2012-present
University of Texas Health Science Center		(weekly)
San Antonio, TX		
Social cognitive intervention for serious mental illness		2011-2013
Aurora Hospital	(Skype-based)	(10 times per year)
Helsinki, Finland		
Social cognitive intervention for serious mental illness		2009-2015
FEGS Health and Human Services System	(phone-based)	(10 times per year)
New York, NY		
Social cognitive intervention for serious mental illness		2011
ORYGEN Youth Health program	(Skype-based)	(seven sessions)
Melbourne, Australia		
Clinical psychology postdoctoral fellow		10/09 – 6/10
Yale University School of Medicine		
New Haven, CT		
Adult outpatient psychotherapy		9/05 – 5/07
Davie Hall Psychology Clinic, UNC-CH		
Supervisor: Erica Wise, PhD		

Multi-site trial of group psychotherapy for schizophrenia 10/05 – 3/06 &

Department of Psychology, UNC-CH 10/06 – 5/07

Supervisor: David Penn, PhD

Editorial Experience

American Journal of Psychiatry – Ad hoc reviewer

American Journal of Psychiatric Rehabilitation – Ad hoc reviewer

BMC Psychiatry – Ad hoc reviewer

British Journal of Clinical Psychology – Ad hoc reviewer

Cognitive and Behavioral Practice – Ad hoc reviewer

Depression Research and Treatment – Ad hoc reviewer

Early Intervention in Psychiatry – Ad hoc reviewer

Evolutionary Psychology – Ad hoc reviewer

Israel Journal of Psychiatry – Ad hoc reviewer

JAMA – Psychiatry – Ad hoc reviewer

Journal of Abnormal Psychology – Ad hoc reviewer

Journal of Clinical Child and Adolescent Psychology – Ad hoc reviewer

Journal of Mental Health – Ad hoc reviewer

Journal of Nervous and Mental Disease – Ad hoc reviewer

Journal of Psychiatric Research – Ad hoc reviewer

Neuropsychology – Ad hoc reviewer

Neuropsychological Rehabilitation – Ad hoc reviewer

Psychiatry Research – Ad hoc reviewer

Psychoanalytic Psychology – Ad hoc reviewer

Psychological Medicine – Ad hoc reviewer

Psychoneuroendocrinology – Ad hoc reviewer

Rehabilitation Research and Practice – Ad hoc reviewer

Schizophrenia Bulletin – Ad hoc reviewer

Schizophrenia Research – Ad hoc reviewer

Schizophrenia Research: Cognition – Ad hoc reviewer

Schizophrenia Research and Treatment – Ad hoc reviewer

Social Psychiatry and Psychiatric Epidemiology – Ad hoc reviewer

Book Prospectus Reviewer

Oxford University Press, 2011-present

Professional Membership

Motivational Interviewing Network of Trainers (MINT)	2019 – present
Society for Research in Psychopathology	2013 – 2019
International Society for CNS Clinical Trials Methodology	2012 – 2017
Membership Committee	2013 – 2017
Schizophrenia International Research Society (SIRS)	2011 – 2016
Texas Psychological Association	2011 – 2016
Association for Behavioral and Cognitive Therapies (ABCT)	2004 – 2013

ABCT Schizophrenia and Severe Mental Illness Special Interest Group

University/Departmental Service

UTHSCSA, Department of Psychiatry Promotions and Tenure Committee, Member, 12/2019 – present

UTHSCSA, Residency Research Training Committee, Chair, 1/15 – present

Member, 1/13 – 12/15

UTHSCSA, Psychiatry Department Art Committee member, 12/12 – 9/2013

UTHSCSA, Clinical Psychology Training Committee member, 8/12 – present

UTHSCSA, Institutional Review Board member, 9/11 – present

UNC-CH/John Umstead State Hospital, Faculty Search Committee, 2007

UNC-CH, Department of Psychology, Elected Student Representative to the Faculty, 2003, 2006

UNC-CH, Department of Psychology, Faculty Search Committee, 2005-2006

UNC-CH, Department of Psychology, Psychotherapy Reading Group (Cofounder), Co-President, 2005-2006

Appendix G

Participants' Cultural Values

Name	Marianismo	Machismo	Familianismo	Catholicism	Words implying cultural values
Alana	I thought for a little while like I said like that how you're supposed to be treated and it didn't bug me, and I never went to anybody because I saw that my mom never went to nobody. But now that I talk with my mom and I tell her, she's like, "No. you're not supposed to stay; you need to go and do what you had to." That's why I got into school. That's why I gave up the car that he got me. I got myself a little car so I can do for myself and no one will say I'm relying on him."	". . . because like ask him like, "Can you help me? But I know I want to be there, but I need your help," and he slap me like I said. And then when I had my baby in the hospital and the baby was crying and he didn't want to be in there anymore and he left he'd walked out of the hospital."	"I live with my grandma and my babies are staying with my uncle in Fortville. And right now, I'm going to school for medical assistant. So, when I get her back, I can get a job." (In response to having a family member with her during shared parenting) *because if I'm like — if random people walking past me arguing they're going to blow it off, and not care. And if you have a family member like, "Stop, your babies are here," someone to kind of calm down the situation.*		

Name	Marianismo	Machismo	Familinismo	Catholicism	Words implying cultural values
Alana	"I was working downtown in the mall. But all of this so I have a CPS class every day of the week and then at nights, I go to school. So, once I wake up, I have to be over here, be at a different class and by the time I get home, I have to get ready for school. So, I don't really have time besides on weekends. But then they just – I was gonna get a job at the Children's Place. But they just added the visit for me to get her because I'm not allowed to be over there now; I don't know why, but I mean to take her	"And then like when I was 16, I got pregnant by him, and my mom and dad were really mad. . . And they're not strict but they're not – my mom – my mom is strict, my dad is just a jerk and he is just – my dad beat me because I got pregnant; he had told me that if I didn't get an abortion, he was going to beat me and beat me until either the baby died or something happened." "He had taken me to get an abortion. And I kept on walking out and telling him no. He took me back the next day and I told him no. He took me back again; before he took me back, he like beating me really bad." Every time she cries, he's going to hit me	"My mom, she knows all of it. Because I mean I tell myself I am not going to tell her. But those times were. There were times like I'd be in the back seat with my baby and she'd be driving and something just happened and she thinks that I'm calling her just to call her to come pick me up, and I'd look at my baby and I started crying and I had to look like – how can you do that? And then start telling her; she was like, "Why don't you tell me?" Because I don't want everyone to know like what's going on. So, I feel guilty when I look at my baby and they tell her like, "What do I do?" "What I wanted		

Alana	all day Saturday, so I have her all day on Saturday.”	whether she’s crying and doesn’t stop crying and he’s not. If he doesn’t have it in him like, “Oh, maybe she needs a pamper or maybe she is hungry.” He’ll just be like, “Stop, why are you crying? Why are you crying?” “That’s what my mom says that that I took a long time to get out of the relationship that I was in because she says that I was so used to seeing that growing up that I thought that that’s how a guy supposed to treat a girl.” “Every day. He’d come in, change, leave again. And then I asked him, “Can you help me?” [He would say] “No, I have to go.” He’d always be at his mom or with girls. . . And I’d leave to my mom’s and I’d come back to like seeing	growing up was always on myself, like you know, when I grow up, that I want to be with the guy to where everything is the first. You know the first that you get married you have a kid. . . And I just always wanted to stay together for my baby. And I still tell him like now, I tell him, “You know, you need to stop your drugs and you need to stop drinking.” “You need to go to your classes because you don’t go to the classes. So, you need to go to your classes because I want all of this to fix.” I told him, “I know whatever happened, happened; you hit me and all this stuff, but I tell them I want you to grow and open your eyes and see *you have a baby*	
Alana				

Alana		girls’ stuff, like you know like, I don’t wear lipstick, and it can be a lipstick on the floor. Or are like clothing of girl and I’d ask him and [he] would be like, “I don’t know, your sister was here,” and all of a sudden he just make something up.”	*now and her, your baby’s going to need you every day, not just when — when she’s able to fit a phone call with you*.” “You know I want to move back in and *I want you to grow up for her, not for me. We don’t have to be together; we can just live in the same house, but so she can come home to her parents*.” “Like *she (the baby) needs him; like, stop making it about me; you know, it won’t hurt me to have him around for her. If he’s doing what he has to do and if it was just me, I’d tell him like, “No, you are taking too long*.” And *I can do my stuff. But it’s not about me; it’s her and I’m only saying it’s her because like I said, I wanted my dad*

			growing up; I wanted my mom together; you know, my parents were too busy thinking of themselves, not worrying about how their kids feel when we were all miserable and we all left early because of that and we all got stuck in the same boat as them. So, I don’t want to keep it going. I want to stop it.”		
Beth Beth	“I started getting emotional because I just thought like wow – like that was a year ago today. Like 11 years, I shouldn’t say wasted, but I that I live. But I was so young, and that’s 11 years I can’t get back. And 11 years of being treated ugly and horrible. I thought that was the way to live,	“I thought he was a thing. I thought he was awesome. And yeah, he was nice, he told me, “I will give you the moon. I will give you all the stars.” And of course, I was like, “Wow, that’s good.” I came from like, I guess you can say like a poor home. My mom didn’t have enough income to raise me and my siblings; there were seven of us. So, she pretty much, we	“I got with him at 17, got pregnant at 18, had my son at 19, our first. And then 9 years. Like the baby, my baby is two. So, it was weird like when they told me I was pregnant two years ago, I was like, “What!” I realized I already wanting to leave him because we were already having kind of issues. And then I found out I was pregnant. So, I had to	“The first one, I was like three months when I stopped (using drugs). But that was on my own. But then I was like at eight months pregnant, I remember I snorted like cocaine and then I stopped. But I have never thought, *you are not supposed to do that when you*	“My stepdad is still there, but he is not with my mom. My mom and him separated a few years ago. But I still have a good contact with him. And like my 9-year-old, I name him after him. So, like he was a big part of my life.” (Pisinee:

Beth	and I would wake up in the middle of the night thinking like, *is this it?* Like, *is this what a married life is? This is what marriage is?* Hearing your kids sad, like knowing your kids were sad but you cannot do nothing about it. Because you tell them on “Mommy and daddy are ok,” but yet they think it is okay for daddy to call mommy a bitch. Like no. And for mommy to say, “It’s ok, we were just playing.” Like no, you don’t call the woman that. Or after going to work and coming home tired, and still having to cook. And he is still sitting on the	lived through our grandfather. So, I guess like, when I met him, I thought like, *oh wow, he has money, he is going to take care of me. And he is older, and he is cool.”* “So, I would be cooking dinner and he would be like taunting me throughout the house or just yelling from the couch to the kitchen like of, “You are still at it again, you are still complaining and whining and that’s all you do. You were just like going to work, you are unhappy, you are so unhappy.” And I would be like, “I am not unhappy,” I was just so tired like I wanted to come home and relax for a little bit, but I couldn’t do that.” “. . .now that we have been separated for like a year like I have seen people that we know	stay, I felt like I had to stay, right. And I thought, *things are going to change*. But they just got like even worse. Like he would take the kids from me, he would use the kids against me. He really would.” “*I would want them to have contact with their dad to know who their dad is, you know, because I grew up without a dad, I know how that feels. So, I would want him to be part of dad’s life. But do supervised visit*.”	*pregnant*. It was my first pregnancy; I was young, I thought, *oh, the baby would be OK*. But like with the grace of my God, my son is so healthy; he is nine years old now.”	So, the 2-year-old is only with grandma?) “Yeah. He is with grandma and like her new, what do you call, her new significant other. They been together for a while, so that’s his ‘Poppo.’ Like you know.”

Beth	couch, and I’d be like you haven’t done nothing yet, and he’d be like well I had the kids, I was taking care of the kids. But yet the kids were outside playing still there was no dinner done and I still have to cook. And because I would be like upset and angry, he said I was bitching.” “We lost everything. I literally was like, “I will give you the house, the car, everything. Like everything that we have, just give me my kids.” Because he took my kids. And I made police report, but they were like, “You all are legally married, so both of you all have rights.” And I am	from our past and they were like, “No, it was never because of you, it’s because of him.” They were like, “He was doing stuff that he was not supposed to like talking to other girls,” and they knew about it. But they couldn’t tell me because that would start conflicts between them. So, they just stopped coming over. And I am like, “That makes more sense now. It wasn’t me; I knew it wasn’t me.” They were like, “No it wasn’t you, its him.” And then like with his using, he started to get really, really manipulative.” “Like him threatening me, harassing me. Just being very, very like sarcastic but in an ugly way. Making me feel uncomfortable. And I’d be like, “Oh my

	like, "I don't know where my kids are." I literally left my house and told him, "Go and stay there. Even if you have a new girlfriend, go stay there, I don't care, I just want to know my kids are in beds." And he ended up losing everything, that was crazy."	god." Or him saying like, "Oh, we are still married, so we can have sex." Hey! He tried that before, like that card on me, I am like, "No, get away from me.""	
Cindy Cindy	*"I mean the only time that would happen is when I was ever alone with him and the kids. And if that were ever happened, I would really just agree with whatever he is saying, so he can be quiet and feel like he did something, I guess. Just to avoid an argument, you*	"I mean, like I guess I can't, I can't be mad at my father because father is – there is a lot of things that he taught me. Like, for instance, when I was like 9, I had come home from school and my teacher had called him that I hadn't turned in the work assignment or something. So, I came through the door and he was hiding behind the front door, and he had taken the switch	"My grandma was an awesome person. If she were, I think I would have been in a lot better situation if she was still around. You know she always managed it, making things better, no matter how bad they got." "*I believe that they should. If it wasn't – if the violence wasn't with the children because either way look at it the kids are*

Cindy	*know. Because like I said that time is not for me and him, it's for him and my kids or our kids."*	off of one of the tree branches. What he called that was a country wood. What he would do would take one of those flimsy switches and he was skim and soaked them in water. So, when he was hitting us, it would not break easy. So, I came in and immediately he just started going off. I still have my clothes; I have my school shirt on or whatever, and he just boom like. So, today I still have scar on my back. Like, he had beaten me so hard that it opened my flesh. And like there was big 'O' like literally when you see in the movies, like the slaves, like how my back looks from that day. And that's was – when I was 9." "Like my father is really abusive, he did a really messed up	*going to love their father and it's not their fault that the situation is so messed up*." In response to the question about why her family refused to involve in her situation: "Yeah, because my father, he pretty much controls my family. Like if they need something, they go to him. If something happened, they go to him, you know, so they don't want to mess that up. And I mean, whatever, they were never around anyway. So, it doesn't matter."

Cindy	things to me and my sister and I think I kind of just follow that pattern through life. I guess I accepted it for like be a part of my life, but when I got away from a father of my kids, I kind of realize that you know I never had to live like that, so . . .because my father, he pretty much controls my family. Like if they need something, they go to him. If something happened, they go to him, you know, so they don't want to mess that up." "*As far as my kids. No. He is. You know. Aside from him being abusive with me, he loves the kids. That's probably the only thing I can give him is that him loving our kinds [kids] and being there for them*. It just – he has relationship issues and there is

		nothing I can do about that. I just don't want to deal with it. Oh yeah. *He is definitely a good father. He works very hard for his kids, youknow. If they need something, he doesn't question it, he does it*."	
Faith Faith	"Now I wrote him a letter and I told him I've been going to the baby that they had given me a second chance to go get him back. And I also like four months pregnant with another baby of his. And he's just wondering how we're doing and how the case is doing. You know, just typical stuff like that. And so, I just write him and told him how our son is doing. I don't really. I don't know what's	"*They tried to find my mom to help my mom out, but they could never find my mom. My mom didn't even want nothing to do with my dad's side of the family. That's how horrible my dad treated my mother with physical abuse, verbal abuse like – I think – I think it's my time to break the cycle because my mom went through it with my stepdad and I know my mom didn't raise me to go through it myself. So, it is time for me to break the cycle.*" "*I am scared that he is*	"I just write him and told him how our son is doing. I don't really. I don't know what's going to happen between me and him because I've been through a lot – like a lot with him like abuse-wise. I don't know. He keeps telling me he's going to change but you know, I don't know. . . but I keep in contact with him. I wrote him letters."

Faith	going to happen between me and him because I've been through a lot – like a lot with him like abuse-wise. I don't know. He keeps telling me he's going to change but you know, I don't know." "*My son's safety or my safety. If he got violent towards me in front of my son, or if my son came home for bruises or cuts that his father can't explain how he got them. It's totally why I would stop the arrangement.*" In response to the decision to shared parenting: *"It will take some time. It's not like, us mothers are going to jump into it*	*going to verbally abused me. I don't know. I don't think you [he] would ever physically hurt me in front of (stated her son's name). But I don't know, maybe that – I'm kind of scared of that. Him just taking my son away from me because he's threatened me before that when this whole CPS case started – "I am going to take my son away from you. You're no good mother. You're just an addict," and this in that – it is like it is really horrible*." "I'm just concerned that. . . that he is going to come back and do the same thing and be verbally, physically, and emotionally abusive. And I don't. I have already – that's something I wrote in the letter. I said I'm done arguing and	

Faith	*right away. And if we do, I guess a lot of us must have a little bit of hope and faith, if we do. But time – it will take time. Like I said, it will take time for the mom and the child to get used to the situation.”* “*Because I don’t know if we’re going to be together or not, I think. I should start arranging that so when he does get home and we’re not together, that he can get the time to spend with his son because this really – it is very important to me and very important to him. It was very important to me because like I said, I didn’t have*	fighting. And – it’s old. We need to get along or we don’t need to be together at all.” “And like his three kids barely hardly even know him. And I think that’s kind of messed up. But now I see from his other baby’s mom’s point of view why she kept his kids away from him. Like he’s never physically abusive. But she said he was verbally abusive to her. He called her name and stuff and I was like OK.” “*I think so, if they can communicate and not argue*. Because like, I know for me I have never actually know my real father, he used to beat up on my mom. So, I think I have a lot of issues for that.” “I remember at this one point in time like

Faith	*my father around. And that is something I carry with me and it's just an emotional battle and I don't want that for my son.*"	when he got arrested for his child support, that was the first time he got incarcerated. He's beating me down the street because I told him I didn't want him to go to go get high, and he was beating me like six months pregnant. And he's done it twice while I was pregnant with our son, beat me really bad where to like the cops were called. He got arrested for child support. . . But the first time he beat me, I had two black eyes. I have bruises on my arms. Bite marks all over my body. It was crazy. It's crazy."			
Gabby	"So now my children are grown, and we have a good relationship. But I see a better relationship with them, with him because they've	"*I always thought that children should have both parents*. And from my past, my father was he was an alcoholic and abusive to my mother. However, he was not abusive to us. I guess	"And like I said he treats – he did treat my children well. So, to me, *I always believed that both parents should be involved in and though we were married or together. I*	"I know I am a strong person. I know God has blessed me with what to do. Like, a lot has to do with my belief. Like religious. I don't want to call	"My daughter, umm back then, they did not know too much about autism. As a matter of fact, my daughter did not get

Gabby	never heard bad things about him. So that's hurtful to me. And it was hurtful to them because they don't really know who their mother really is, they do kind of you know but they still have that embedded in their heads. So that in a sense to me was abusebut I didn't see it that way back then. I just thought. . . I would tell them, daddy is just angry at mom. And he is not angry at you, he loves you very much. But you know that's not true." "My kids went to three camps every summer. The church camp, the boy scout, or the girl scout camp.	it was emotional abuse, but we didn't know that's what it was because when he would yell and scream at her, you know, we just thought that was normal. I had no idea. And I recall my siblings and I standing in front of my mother. So, he wouldn't hit her."	*still thought as long as I think he would have behaved in a different way, I may have had different decisions, but considering what was how things were going, I felt fine with him, so I didn't feel threatened, or I didn't think my children were threatened.*" "*So. . . like the first time he came to pick them up, the kids didn't want to go with him. They were like, "Mommy, mommy," and right away he said, "Well, he didn't want to go with me. So, I am not taking them." And I said, "Oh no, you are taking them." And even though I wanted them to stay with me, I felt that they needed their father. So, I told him, "You take them," so he did. And I give myself credits for*	it religious but again my Christian belief. I always just put it even back then when my husband was abusing me, it never really bothered me because I think God will take care of it. But then there was a moment when I was bitter and angry, but now I am back with that inner peace. And most of the time the only time I cry is when I talk about it, because it is painful. I have been rewarded; I mean hundreds of time. And I just, you know, we have always lived, and I still lived under $1000 a month. I still do. And I but	diagnosed until she was in a fifth grade. When I had her and I put her here, I could tell something was different. . . Right when they put her right here on me. . .So, I worked with her a lot – a lot. I recorded like – there was – used to be VHS tapes that you could record up to 8 hours. So, I recorded 8 hours of Sesame Street. Like I had two tapes of that. Eight hours of Mr. Rogers, and you know 8 hours of Shining Time Station. And

Gabby	Or my son had asthma, he would go to camp for kids with asthma. And my daughter went to the church camp, the girl scout camp, and a camp for people who are disabled. *I would always ask him if he would go half. And he would say yes but never was. So, his senior year, I told my son, I am going to ask your father if he could go half but he has to pay the first half. Because I was always pay the first half, and then I had to pay for the second half. So, he wrote the check for $100 the down payment and the check bounce. And then he just never made good,*		*them having a good relationship with their fathe*r."	God is the owner for everything, and he provides, he has always provided. And that's about it."	you know, all those PBS. And so, I didn't have her watch them, I mean she would be playing, and they would be playing all the time. At the age of 18 months, my daughter, she couldn't make sentences, but she could count to you at 18 months up to 40 in English, up to 20 in Spanish. . . .Well – I kind of stop that because she was started to get little confused. Because she mixed up sentences. So, I thought well we are in

Gabby	*and my son didn't go to the Macy's parade. Because I felt that now he is old enough to see. Because he never felt the effects of him not coming through.*"				America, we will speak American, we will speak English."
Hannah	"*In my case, I made all the decisions, you know. It's always up to my kids to decide, you know. They make that choice to call and I try my hardest to find their dad, but I pick the place, the time and I do all that.* (Pisinee: You decide when and where and how often.) "*Yeah well, I, yeah, it doesn't mean it'll go that route, you know, because the visits always seem to end shorter, you know, because they got*	"*There was an agreement for him to just pay. You know help move the kids, not even just pay me. Just if they need this, they need that. He was like, "Yes, OK." Well school starting so they needed help with school supplies. I called him up for five kids and he goes, "I got 20 bucks." And I said, "Twenty dollars?" And I said, "What happened? It's been almost a year now and you haven't helped support our kids." I said, "That's it, I put you on child support*." *So, I put him on child*	"Growing up, I didn't have my dad for a few years of my life. And it's – it doesn't feel good. *I don't want my kids to feel unloved. I don't want them to feel worthless. Like to have any kind of bad thoughts whatsoever. I want them to have mom and dad in the picture. I don't want them to have a hard life*."		

Hannah	*things to do. So, I tried to say like if it's a three-day weekend, you know, that the kids stay with you 'til, you know, the day before school. OK. OK. But then it last like a day. But I try to.*"	*support. And first visit he got, he wanted to keep the kids all of sudden. And that's the only reason he wanted to keep them because he was not about to pay child support. . . It's been seven years and I've gotten four payments of 40 dollars. Fifty dollars. Twenty, and thirty."*	
Indy	"*Regardless of what's going on between mom and dad. It's like. For instance, my ex would always accuse me of cheating. Accusing me of cheating and when we would talk on the phone about you know, "OK, are you going to see your kids? Are you going to come pick them up?" He would argue with me about*		"I think so. Just because that – that fatherly figure is very important. Just a male role model. I believe it's important. Now whether if that father continues to keep that communication and that bond with the children, that's up to him. But I believe it's important." "*I just always worry if mommy is not there. They need – they need a parent. Like what if mommy dies in a car accident. They still*
Indy	*what I did in the*		*need that other*

	past. It is not important. It is not important. What we are trying to do is focusing on them, and they are important." "I got used to it. You get used to it. And like I said, *I constantly had to. I guess fulfill that promise that he has me like he'll say, especially to my son, "Oh, I'm going to buy you a Spiderman watch." And he doesn't get it, and he's let down. So, I got to go out there and get him a Spiderman watch. So, I think it's just the principle. It's a principle*."		*parent. Their dad. Just think it's important*. But sometimes, I guess. Others think otherwise." "*The kids need that backbone. The father, the mom, both of them together. The parenting. But mother and father to focus on their relationship, instead of the kids, it's not important, it's not important at all*."
Jacey	"*They should try not to get frustrated so easily; take, you know, the*	"My children, I kind of put them in a bad situation between me and my kids' father.	"*That's – that's need – you know, for in order for us to co-parent, that's what*

	mother's advice or opinions on what to do with their children. Because I feel like if the child is staying with us moms – you know, we know more or less of when the child should eat, when the child should go to sleep. You know – if you're going to take them to school, you need to be at school this time, you know. Like be more respectful of the schedule and of discipline of the child, and be able to actually take that in."	He was real abusive physically and mentally and I – to me that was it; I didn't see it as abuse because <u>I grew up in a household where it was physical, mental, and sexually abuse all the time</u>. So, I kind of thought it was normal. So, my kids, now have suffered. You know, they have trauma of seeing what their father has done to me. And CPS got involved and I ended up getting a therapist and a counselor."	*needs to be done. He needs to, you know, respect me. And, you know, my relationship with the kids, and how I'm raising the kids. If he has any, you know – if he has concerns he has as much as I do too. I feel like we should talk like – we should be able to talk about it without it leading to an argument or to a fight. You know, we should be able to talk*."
Jacey		"He treats my kids differently than he treated me. He shows my kids love and, you know, was there for them every time they fell, or they bruise themselves. When they were safe, he was always there for them. It was just a relationship with me that was different."	

Kay	*I’m on call 24 hours. So. if I am, why can’t you? Why should you have to prove you know you have to prove because I got to do it. I prove to them every day when I wake up and get them ready for school. And they brush their teeth and I’m eating breakfast and I’m eating lunch and eating dinner and I get her clothes ready for the next day and I bath them, and I play with them and I lay with them and we laugh together, we watch movies together, we eat together, we pray together. I proved to them; they know.*	*I mean if it’s been an extended period of time like a year or two years where are his birthday gifts or her birthday gifts? Where are their Christmas gifts? Where are things that you promised them in the past that you never brought them? First of all, where’s the love before anything? Where’s the comfort, the trust, the bond that you supposed to be building with them? Do not come empty handed. Come prepared to prove to not me, to your child. That you’re ready to be there and say, “Hey, I’m going to pick you up every weekend. I’m going to see you every weekend. I’m going to do this.” Do not come unprepared for proof of anything.*	*Because that’s not something I am even doing. I’m not just, “Hey, this is your new dad.” No, don’t do that; don’t discourage them because what kids want to see most is their mom and their dad together whether they’re together or not, kids want to see them together. For a male to show up with his new spouse. And that’s automatic. No go. Always reassure your kids that the other parent loves them even though they are not around. Even if they aren’t looking for your child, always tell your child their dad loves them. Don’t ever told your child, “Your father doesn’t love you.”*
Kay	“*Always reassure*		

	your kids that the other parent loves them even though they are not around. Even if they aren't looking for your child, always tell your child their dad loves them. Don't ever told your child, "Your father doesn't love you."				
Love Love	*"Like no girl should be more important than the two little girls that we have. I was pissed because I begged him to switch Mother's Day because Mother's Day, he was supposed to have them and I was like, "Please like, I know that I just had them last weekend, but it's Mother's Day, you know, if we could just switch this*	"He has never hit the kids. Yeah. He's always been and that's something that I've told him too, like he was shitty husband but, "You are one hell of a dad." He does. (*laughs*) But I'm like, "Oh, the truth though. You were a shitty husband, but you've always been one hell of a dad," and you know, some people don't understand it. But that's because they didn't interact with them."	"*Umm – like I said, just because he was a shitty husband didn't mean that he was not an amazing dad. He did everything he could for my kids. Pisinee: So, if they were to voice it (wanting to see dad), you would do it. Yeah. In a heartbeat. Just because I don't want to be around him doesn't mean that they don't have to be. That's their dad. The only dad that they have ever known. It's*		"Like, I'll just stop by her place, or her mom and dad's place, Sunday dinners. It's really – it's the family that I wish I had. . .Since I was five years old. I walk in. "Hi Mija, how have you been? How are the girls? Do you need anything? Are

Love	*weekend." I don't want to miss Mother's Day with my kids and for him to completely ditch them on Father's Day, I was not happy with him. So, that was the only time though and he had called me, Father's Day as always on like a Sunday. So, he called me Sunday morning and he was like, "Hey, can I see them?" I was like, "Do you think you deserve to see them, asshole?" Like, he was like, "No, I don't, like you're right. I made a bad decision." I was like, "I'm going to let you see them. Because it's Father's Day, and you're their father. And they*	*the only man in their life that really mattered. So, there's no reason to keep him from them and them from him."* "It's really is. Like, I'll just stop by her place, or her mom and dad's place, Sunday dinners. It's really – it's the family that I wish I had since I was five years old. (described reaction when she arrived at her best friend's house) I walk in. "Hi Mija, how have you been? How are the girls? Do you need anything? Are you hungry? You know where the kitchen is at, makes something yourself" (laughing). "Alright mom." They make sure that if I have to do laundry, my laundry is done. They've been absolutely wonderful. They even make sure	you hungry? You know where the kitchen is at, makes something yourself" (*laughing*). "Alright mom." They make sure that if I have to do laundry, my laundry is done. They've been absolutely wonderful."

Love	*need you more than you need them apparently." So, be here in an hour. I will have them ready. They have their presents ready for you. Like you fucking asshole, I can't believe I helped them spend money on you like – I was so mad at him.I believe so even though my ex-husband wasn't great to me. Even though he wasn't great to me, he was good to my kids. But I do believe in letting them grow and get to know him and letting them form their own opinions about him. So, I do believe it's good for them to have contact even if he was abusive to me.*	I get something for Christmas every year. They'll ask me if I'm doing anything because they know that <u>me and my family aren't really close</u>. So, Thanksgiving and Christmas, I usually spend with them.

Love	In the past, I would be really, really anxious because I never knew what kind of mood he would be in. Some days even a good mood, some days he wouldn't be, and you know, the verbal abuse, the mental abuse, and I know that it's kind of weird to say it with the physical abuse. I can always get over that because bruises fade. I forget about scars, but it's the mental and the verbal abuse that hurt the most. You can't take that. You know certain things that you say. You don't understand how much just a few words can hurt somebody; they can break you. *So,*

	those are probably the three highest risks that I have is the verbal, the mental, and the physical abuse.		
Maple Maple	*Well I would ask him, and we would try to talk without arguing over the phone and if we argued I would hang up and I was not going to even hear it. But he would want to see her. She was only like 2 weeks old when we separated. And he got physically violent with me, and he even broke her crib. He did a lot of horrible things. And he also wanted to see her. So, when he got off of work, he would let me know, and I will take her over*	In response to her comments about whether or not the perpetrator had ever harmed her daughter: He was only got violent with me like push me, pull me by my hair, slap me, or things like that. But – or made me fall to the floor but the knife thing, that freaked me out, because he never used an object to hit me or do something like that. So, I brought it up to my – to the school and they were watching anything, and I checked my phone and she had been watching these cartoon characters do things like that.	*My girls love their dad a lot. I know they probably still do remember those times that he would hurt me or yell or whatever it was, but I also know the child looks past that and defense their parent even when they are in the wrong which is not good but I wouldn't want my child to think that they didn't have a father*." *So, they can have their dad back, and know that we both are there for them. And if we are going to continue working at being a family in the same household again, I want to see how it works before we even*

	there with my friend. And it was a guy friend but not someone who I was trying to make him feel like I was threatening him or, it was just a friend who I wasn't attracted to or anything like that.		*jump into the home together. Because that is something really serious. I don't want my kids to ever have to experience that again or myself.*
Maple	I noticed that I have to keep my mentality at his level because like talking to a 5-year-old because if he feel intimidated or if I was trying to be against him, he would really get angry and just ignored everything, and even hurt my daughter or anybody. So, I felt like I had to in a way bound down to him. So, he would		

Maple	communicate or cooperate. But it is still wrong, now that I know. So, I will have somebody take me there. Oh my gosh, I feel like even though he did a lot of things he shouldn't have done, I feel more responsible because I should have left instead of trying to fix it or make things better because that wasn't my job. I wasn't in a professional and when he started using drugs I should have left, those big red flags for my kids because he didn't care where he left his stuff and the drugs, and my daughters could have swallowed it or something

	and—(*trails off*). . . So that's why I feel really responsible too, because – if it would have happened, I would have been guilty for that.
Maple	<u>My dad was mean to her, my biological father. And then, plus my stepfather molested me and she still didn't leave him. So, that's has a lot to do with a lot of things because people who I supposed to trust, I couldn't trust</u>. And that's one of my biggest factors now is that I want and need my girl to understand that they can always trust me to protect them, you know. I want them to know that they have me to make

Maple	the right decisions to keep them safe and happy, and there is nobody to hurt them. And I have already been telling them that since they were little, since they could talk, since I changed their pampers, “This is your flower.” Later on they will know the real word. “But you do not let nobody come in your arm’s length, and if they do, you just said ‘Mommy’ or ‘Stop’ really loud.” I don’t care what anybody thinks about it, I just, I need them to know that, protected. And they can make a choice to protected themselves, too.

Nala Nala	So, working two jobs. So, finances are very important, to answer your question, you know, that to say that financial plays a role in life. *You know, like, right now he has kids for the summer; it hurts me, because I love my babies and I want them right here next to me. But I'm going to use this summertime to work two jobs, not one, you know. And save, hopefully, I may get the second job like it's a true blessing*. And I told him, I said you know what, I love and trusted you so much. For the first time in my life		I have been a workaholic myself as well, you know, having to grind to make sure that my, because my dad was in prison, you know. So, my mom needed help, she didn't have a GED, nothing, you know. So, my job that I had throughout high school was sustained and kept my family, other siblings and mom, you know." *Even despite all of our arguments, I still try to recover; I'd still try to call him and be like, "We got to stop, stop. We have to be civil. We have babies," you know. "I know, I get it. We're done. We're done but we can't keep attaching each other for every other thing that I argue with you. We need to just get over it just be civil already. You know.*	I went from nothing to something to I will be on top of the world you know, buying a house by the end of the year. Finances are going to be so good for my babies and I, you know hopefully with the grace of God, but even in God's hands right now that's all I can do; I just took the drug test and did the orientation paperwork today. So excited, hopefully, I will be good on all counts.Get help. I'm doing it I'm getting it as not just a victim, but yeah, I was I was ugly to you, too. And I have a potential to be very ugly still,

	with any man, I allowed myself to let go and just closed		*And so, we try again every day, try again*. Our relationship so toxic already; it is poison, it's deadly, you know, it's just so poisonous already. It's toxic.	which is why now, I mean, Jesus, so, I am going to church. You know, because I mean, I'm getting stronger and stronger every day. And I'm not like and he is seeing it, you know, he's seeing it and it's trying to come around at first with a puppy dog face, you know. And no.
Nala	my eyes and let you lead me through life. I took your hands and trusted you to lead me through life with my eyes closed. I said, but now, my eyes, they're open. They're wide open, and I see you for all you are still, and they will never close again, not on your dirty ass. No. *I am going to wait until I have the gas money to go over there. Even though, I am the one that just got my job back because he was the reason I lost my job, you know. I am having to go donate blood just to get money for*			

Nala	*gas and now I have got to waste my gas. I just picked groceries for him, he didn't give me anything for that, you know. But now I got to go away to waste my gas to go drop of things that he was only 30 feet away from me. Instead of just pulled up next to me but because he let anger control the situation and he drove off and he did not put our babies first*. You know, I'm trying to accommodate you. That's what you want it. I said, I'll take it back. You know, if you don't feel that financially, you're ready yet you just, you just got a brand new 2017

Nala	car. *Maybe your priorities are a little skewed right now. And you feel that your new lifestyle as a single bachelor is more important than supporting your children for the summer like you promised*. And that's fine too, because I'm still here, and I'm going to have to move further. Because it's kind of altercations always happen whenever we try to do something together. Like exchange is the primary one, or like a therapy session for our daughter, we brought her over to do therapy and therapies are set
Nala	up in my house, you know. So, no

matter what, even
if our attention
starts out, you
know, going to
HEB to buy
groceries. You
know, like here
we are fighting
about finances.
Got everybody at
HEB stared at me
because now
everybody hears
that I am a whore.

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