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LATINAS' USE OF SPIRITUALITY AS A COPING MECHANISM FOR IPV

By
Ashley Faytol, M.S.

A Dissertation submitted to the Faculty of the Graduate School,
Marquette University,
in Partial Fulfillment of the Requirements for
the Degree of Doctor of Philosophy

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ABSTRACT
LATINAS' USE OF SPIRITUALITY AS A COPING MECHANISM FOR IPV

Ashley Lauren Faytol, M.S.

Marquette University, 2023

Intimate partner violence (IPV) is a widespread public health concern with consequences that negatively impact many areas of survivors' functioning (Centers for Disease Control and Prevention [CDC], 2017, 2019; Ellsberg et al., 2008; Gorde et al., 2004; Kelly, 2010a). The negative impacts of IPV are more severe for Latinas than their White counterparts (e.g., Bonomi et al., 2009; Kelly, 2010b; Stockman et al., 2015), causing IPV to be considered a health disparity within the Latina community (Caetano et al., 2005). While spirituality has been shown to be an effective coping mechanism for many stressors in Latinas' lives, it has not received sufficient exploration of its efficacy in the context of coping with IPV (de la Rosa et al., 2016). To address this gap in the literature, the current constructivist grounded theory study sought to develop a theory of how Latinas used spirituality as a means of coping with IPV. Individual, semi-structured interviews with nine Latina IPV survivors about their experiences of using spirituality to cope with abuse were analyzed by a collaborative research team. Results revealed the place spirituality had in the lives of Latinas as well as how the abuse they experienced influenced their choice to use spirituality to cope, when they used it, and how it was helpful. Ultimately, spirituality was found to provide support, help manage emotions, help positively reforge their identity, and provide clarity/perspective about the nature of their relationship. Implications, limitations, and directions for future research are described.

DEDICATION

Ashley Faytol, M.S.

This work is dedicated to my mom. Mom, without you I would never have made it here. You taught me how to persevere in the face of adversity, how to be kind in the face of cruelty, and how to protect others even when I was scared and hurt myself. From you and all the women before us, I get my strength and my pride. Because of you, generations of abuse will stop in this generation. Thank you for always believing in me.

This work is also dedicated to my grandpa. Papá, from you I got my love of the Dodgers, food, and sweets. You were the first man I did not fear. You were a shelter during the scariest times, always distracting with a joke or something to eat. You are deeply missed but I know you are with Grandma, who you missed too much to stay away from.

Finally, this work is also dedicated to all the women and children who have experienced the fear, pain, and heartbreak of intimate partner violence. I hope you know that you are worthy of safety. I will continue to support you in your coping and healing.

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TABLE OF CONTENTS

DEDICATION.....	i
ACKNOWLEDGEMENTS.....	ii
LIST OF TABLES.....	vi
LIST OF FIGURES.....	vii
CHAPTER ONE: INTRODUCTION.....	1
Purpose of Study and Research Question.....	3
Definition of Terms.....	5
CHAPTER TWO: LITERATURE REVIEW.....	8
Latinas in the United States.....	9
Latinas and Intimate Partner Violence.....	21
Spirituality Among Latinas who have Experienced IPV.....	35
CHAPTER THREE: METHODOLOGY.....	43
Research Design.....	44
Data Collection Procedures.....	53
Data Analysis Procedures.....	56
Rigor.....	61
Ethical Considerations.....	63
CHAPTER FOUR: RESULTS.....	67
Spirituality in the Lives of Latinas.....	70
Latinas' Experiences of IPV.....	86
Using Spirituality to Cope with IPV.....	96
CHAPTER FIVE: DISCUSSION.....	109

Summary of Study Results.....	110
Spirituality in the Lives of Latinas.....	111
Latinas' Experiences of IPV.....	115
Using Spirituality to Cope with IPV.....	118
Limitations.....	122
Implications.....	124
Future Research.....	126
REFERENCES.....	130
Appendix A: Screening Questions.....	155
Appendix B: Consent Form.....	156
Appendix C: Demographic Form.....	161
Appendix D: Interview Protocol.....	163

LIST OF TABLES

Table 1: *Participant Demographics*.....47

LIST OF FIGURES

Figure 1: *Theory of Latinas' Use of Spirituality to Cope with IPV*.....70

Chapter One: Introduction

Intimate partner violence (IPV) is a widespread public health problem in the United States (Center for Disease Control and Prevention [CDC], 2017, 2019). Within the Latina community, the IPV prevalence rates, derived from research studies and national surveys, range from 4% to 80% depending on the population studied (Kantor, 1997; Rennison & Welchans, 2000; Klevens, 2007). Despite the wide range in rates for Latinas, authors have suggested that in certain Latina subgroups, the prevalence is equal to or greater than that experienced by White women (Gonzalez et al., 2020; Kantor, 1997). Further, identity and social factors (e.g., race socioeconomic status, immigration status) create a unique sociocultural context that is complexly linked to the negative mental and physical health consequences of IPV for Latinas (Caetano et al., 2005; Tjanden & Theonnes, 2000). Due to the strong impact the socioecological context has on Latinas experiencing more negative outcomes, IPV has been identified as a health disparity within the Latina community (Caetano et al., 2005)

The consequences of IPV are vast and negatively impact many areas of functioning. Research with the general population has shown that many survivors find themselves unable to care for themselves, concentrate, and manage daily responsibilities, finances, and housing needs after IPV experiences (Gorde et al., 2004). Additionally, victims and survivors of IPV may experience a broad array of negative physical outcomes including gynecological disorders, adverse pregnancy outcomes, irritable bowel syndrome, gastrointestinal disorders, and various chronic-pain syndromes (Ellsberg et al., 2008; Kelly, 2010a). Psychological effects of IPV include depression,

anxiety, phobias, posttraumatic stress disorder, suicidality, and alcohol and drug abuse (Hazen et al., 2008; Bonomi et al., 2009).

Among Latinas, these IPV-related negative physical and mental health outcomes are magnified as compared to their White counterparts (Bonomi et al., 2009; Caetano et al., 2005; Cunradi, 2009; Kelly, 2010b; Krishnan et al., 2001; Stockman et al., 2015). Researchers suggest that Latina IPV victims suffer from more serious forms of IPV and also experience more negative health consequences compared to all other groups, except African American or Black women (Bonomi et al., 2009; Breiding et al., 2015). For example, Latinas are more likely to suffer worse mental health consequences such as depression and suicidal ideation, and to die from IPV-related homicide, than non-Latinx white IPV female victims (Bonomi et al., 2009; Krishnan et al., 2001).

Despite experiencing more negative IPV outcomes than their counterparts, Latinas were found to seek formal IPV services less often than survivors of other ethnic groups (e.g., Dutton et al., 2000; Ingram, 2007; Krishnan et al., 1997; Torres, 1991). This may be due to several barriers that prohibit or discourage Latinas from seeking services (e.g., cost of services, language barriers, stigma; Alvidrez & Azocar, 1999; Nadeem et al., 2008; Ojeda & McGuire, 2006), or it may be that Latinas tend to utilize personal coping strategies (Cattaneo et al., 2007; Liang et al., 2005). For example, scholars have noted that when Latinas do seek help outside the home for a stressor they often turn to clergy and spiritualists/folk healers (Comas-Diaz & Greene, 1994; Torres, 1991). Indeed, for many Latinas spirituality is a critical aspect of their identity (Anzaldúa, 1987) and a coping method in times of stress (de la Rosa et al., 2016; Linley & Joseph, 2004; Yick, 2018).

Spirituality, or “the personal quest for understanding answers to ultimate questions about life, about meaning, and about a relationship with the sacred or transcendent” (Moreira-Almeida & Koenig, 2006, p. 844), can provide meaning, solace, and support for IPV victims (Ahrens, et al., 2009). For Latinas, spirituality includes searching for meaning and value in life and a desire for a relationship with something divine while incorporating cultural values (e.g., *familismo*) as well as popular religiosity (i.e., an amalgamation of indigenous spiritual practices and traditional religion; Campesino & Schwartz, 2006). It can be a source of comfort, hope, and meaning (Koenig, 2010), as well as inner strength, wisdom, and compassion (Anderson et al., 2012). To date, no studies have provided a substantive theory regarding Latinas’ use of spirituality to cope with IPV. In the few studies of this topic with African American and mixed-race samples of women, spirituality was found to be less restrictive and less interfering with coping than religion and allowed the development of self-love (Barnes Bey, 2020; Drumm et al, 2013). These findings lend support for the utility of spirituality as a coping strategy, yet the field of psychology has a limited perspective on the processes used by Latinas within their unique cultural context. This topic is particularly important to investigate because spirituality may be an accessible coping resource for Latinas who have limited resources and barriers to care (Gall & Cornblat, 2002; Harris et al., 2013; Pargament, 1997).

Purpose of Study and Research Question

Despite research about prevalence rates, negative physical and mental health consequences of IPV, and the importance of spirituality in the lives of Latinas, no studies exist about how Latinas, specifically, use spirituality to cope with IPV. Therefore, the

purpose of the current study was to fill this gap in the literature. To this end, the research question that guided this study was: *How do Latinas use spirituality to cope with IPV?*

I chose constructivist grounded theory (CGT; Charmaz, 2014) methodology to explore Latinas' use of spirituality to cope with IPV. This qualitative approach focuses on deeply understanding and describing the experiences of a small number of people in order to create an explanatory theory encapsulating participant experiences (Fassinger, 2005). Further, it encourages collaborative researcher-participant engagement, fosters participant understanding and empowerment within their cultural context (Ponterotto, 2010), and can help elucidate the complexities of the ways in which Latinas utilize their spirituality to cope with IPV (Charmaz, 2014).

Interview questions included items about spiritual identity and practice, how spirituality has helped participants manage the stress of IPV, and how spirituality impacted their perception of self and others following experiences of abuse. Following CGT guidelines, I worked with my research team to transcribe and analyze data. Findings from this study may be used to inform researchers and practitioners alike about the utility of using spirituality to help Latinas affected by IPV. Furthermore, understanding spiritual coping with IPV directly from the Latinas experiencing it will offer a unique and important perspective and insight, which has heretofore been limited in the literature. Further discussion of the entire procedure for data collection, data analysis, and the processes that maximized methodological rigor will be discussed in detail in chapter three.

Definition of Terms

There are several broad terms important to this study that are detailed in this section for the sake of clarity. The terms defined within this chapter are: Latinx/a, intimate partners, intimate partner violence (IPV) and its specific forms, religion, spirituality, Latinx spirituality, and coping. A further discussion and review of the relevant literature surrounding these terms is provided in chapter two.

Latinx/a

The term *Latinx* reflects a collection of subgroups from various Latin countries of origin (Comas-Díaz, 2001), including Cuba, Mexico, Puerto Rico, South America (e.g., Argentina, Bolivia, Chile, Colombia, Ecuador, Paraguay, Peru, Uruguay, Venezuela) or Central America (e.g., Costa Rica, Guatemala, Honduras, Nicaragua, Panama, El Salvador) descent or ancestry (Ennis et al., 2011). I will be using this term moving forward when discussing the Latinx community as a whole due to the term's inclusiveness of individuals in the LBGTQIA+ community. When referring to the section of the community or individuals that identify as female, regardless of biological sex or gender assigned at birth, *Latina* will be utilized.

Intimate Partners

Intimate partners are defined as a person with whom one has, “a personal relationship that may be characterized by the partners' emotional connectedness, regular contact, ongoing physical contact and sexual behavior, identity as a couple, and familiarity and knowledge about each other's lives,” (Breiding et al., 2015, p. 11) which

includes current or former spouses, common-law spouses, civil union spouses, domestic partners, boy/girlfriends, dating partners, and ongoing sexual partners.

Intimate Partner Violence

Intimate partner violence (IPV) encompasses the “physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person...includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone” (USDOJ, 2011, para. 1). For this study, I utilize a broad definition of IPV, which can refer to physical, sexual, emotional/psychological, and economic abuse that occurs between intimate partners (Hattery, 2009).

Religion

Religion describes an organized system or institution of religious practice and worship that has set rules and regulations that guide a person’s life within a social group, as well as specific beliefs about the life after death (Koenig, 2015). Extrinsic religiosity is the external, social, status-oriented aspect of religion that often acts as security and self-justification for those who follow a specific belief system (Rogers, 2014).

Spirituality

Spirituality is a term describing a relationship or oneness with the divine that provides meaning and value in life (Drumm et al., 2014). Spirituality is also a way of life comprising aspects of transcendence, soul-absolute relationship, and relational consciousness with self (Pandya, 2017). Spiritual techniques comprise a range of

methods aiming to promote unity, peace, equity, and harmony of the self as well as mindfulness (Pandya, 2017; Pargament, 2007).

Latinx Spirituality

Latinx spirituality is the personal experience of searching for meaning and value in life and a desire for a relationship with something divine, which incorporates Latinx cultural values (e.g., *familismo* or familism) and popular religiosity (i.e., an amalgamation of indigenous spiritual practices and traditional religion) (Drumm et al., 2014; Campesino & Schwartz, 2006).

Coping

Coping is defined as an individual's efforts (i.e., cognitive and behavioral strategies) to manage the demands of a stressor that may otherwise challenge or overwhelm their resources (Lazarus & Folkman, 1984). Coping begins with a cognitive appraisal of the stressor, leading to an evaluation of the resources available, and consideration of possible ramifications (Folkman et al., 1986).

Chapter Two: Literature Review

Interpersonal violence (IPV) has been identified as a health disparity because it disproportionately affects women of color (Stockman et al., 2015). Latina IPV survivors, specifically, have been found to experience more negative physical and mental health outcomes compared to their White counterparts (Kelly, 2010a). The increased risk for both physical and mental health problems stemming from multiple marginalized identities, makes Latinas experiencing IPV particularly vulnerable to negative outcomes (Kelly, 2010a). Furthermore, systemic and cultural barriers hinder the likelihood of Latinas seeking formal services (Ingram, 2007; Nadeem et al., 2008).

Because Latinas are particularly vulnerable to a slew of negative outcomes resulting from IPV and are less likely to seek formal services, understanding how they cope with this form of trauma/stress becomes important. Research suggests there are many methods that women employ to cope with IPV (e.g., wishful thinking, problem solving; Griffing et al., 2009; Rizo, 2016) including some methods strongly rooted in ethnicity and culture (Diaz-Guerrero, 1979; Lewis et al., 2006). For Latinas, spirituality seems to be one such coping method; however, it has not received sufficient exploration in the context of IPV (de la Rosa et al., 2016). As a result, this chapter will review several areas of literature, including Latinas, IPV, and coping, in order to provide context for the research question guiding this study: *How do Latinas utilize spirituality to cope with IPV?* It should be noted that the scope of this chapter is limited to violence between heterosexual couples and excludes violence between family members (e.g., child abuse or violence between siblings).

Latinas in the United States

As the second fastest growing ethno-racial group in the United States (US), the Latinx population accounted for 17.6%, almost 60 million, of the total US population in 2016 and is projected to account for 24% of the US population by 2065 (Pew Research Center, 2019). Within the US Latinx population, 79% of individuals are US citizens (Pew Research Center, 2019). Both documented and undocumented Latina women make up approximately 50% of the entire Latinx population (US Census Bureau, 2018). The vast majority of Latinxs living in the US are of Mexican descent (63%), while Latinxs of Puerto Rican origin constitute the second-largest group (9.5%) (Pew Research Center, 2017).

Although Latinas have many cultural similarities, their within-group experience in the US differs based on demographic factors such as ethnic heritage, race, and generational status (Guarnaccia et al., 2007; Roth et al., 2019). Considering *intersectionality* (Crenshaw, 1991) is vital in helping to fully comprehend these within-group differences for several reasons. First, a key element of intersectionality theory suggests that individual experiences must be examined in the context of the individual's membership in many different status groups; not only those associated with race and ethnicity, but also with age, gender, sexuality, socioeconomic position, immigration status, and level of acculturation, among other variables (Crenshaw, 1991). Second, the intersectional perspective contends that having multiple statuses may confer unique disadvantages and experiences compared to a single status (Crenshaw, 1991; Meyer et al., 2008; Schulz & Mullings, 2006; Viruell-Fuentes et al., 2012), which may consequently shape a Latina's exposure to and experiences of discrimination, trauma, and other

stressors (Arellano-Morales et al., 2015; Ayón & Becerra, 2013). In the following sections, several of these identity and status variables--immigration status, acculturation, and cultural values--are discussed in the context of IPV among Latinas in the US in order to provide an intersectional perspective of their experiences.

Immigration Status

For decades, immigration has been the primary source of growth for Latinxs in the US, yet this has slowly shifted to US births (Pew Research Center, 2017). Still, immigration remains of importance to the growth of the Latinx population. An individual's immigration status can have a profound impact on their experiences in the US as well as their level of acculturation (Roth et al., 2019). Broadly, Latina immigrants fall into two categories: undocumented and documented (Zagelbaum & Carlson, 2011). Those who have undocumented status entered the country without due process or have stayed beyond an authorized admission time period (i.e., expired visas; Zagelbaum & Carlson, 2011). Documented immigrants have gained one of three types of documentation: 1) lawful permanent residency, which is legal authorization to permanently live in the US, 2) naturalized citizenship for those who have been a legal permanent resident for three to five years and have met certain requirements (e.g., good moral character, ability to speak/write/read English, understanding of US history and government), or 3) Deferred Action for Childhood Arrivals (DACA). The DACA program provides deferment of deportation to those who arrived in the US prior to the age of 16, had no criminal history, and were currently in school or had already earned their diploma or GED (USCIS, 2016a). It should be noted that while the DACA program

may halt deportation proceedings and provide temporary documentation status, it does not provide a path to citizenship for those involved in the program (USCIS, 2016a).

For IPV survivors, the Violence Against Women Act (VAWA; 42 U.S.C.) provided provisions that allowed spouses and children of US citizens or permanent residents to apply for lawful permanent residency status. Gaining permanent residency status allows an IPV survivor to live permanently in the US, gain employment, attend public school, apply for a driver's license, apply for citizenship, receive social support (e.g., social security benefits, Medicare), and request visas for spouses and unmarried children (Immigration and Naturalization Act of 1952). If they do gain naturalized US citizenship status, then they are also able to vote, become eligible for federal jobs, grants or scholarships, gain residency rights in the US, and are given priority when petitioning to bring family members to permanently reside in the US (Immigration and Naturalization Act of 1952). Abusers are not notified of VAWA filings, allowing victims to seek both safety and independence from their abuser (USCIS, 2016b) through the privileges granted through a documented status.

These privileges can ultimately help IPV survivors to break the cycle of abuse for themselves and their family members. For example, a Latina who gains residency through VAWA no longer has to fear deportation and can begin lawfully working within the US. Without the fear of deportation, she may feel more confident seeking formal services and gaining lucrative employment, which may empower and enable her to seek a life without violence. Further, if she is able to gain citizenship, she can also receive assistance to attend school and sponsor family members to join her in permanently

residing in the US, which lessens the chance of her being isolated by and dependent on another.

Acculturation

Immigration status has psychological implications for a Latina's level of *acculturation* (Bekteshi & van Hook, 2015). Acculturation is generally defined as the capacity of immigrants and their descendants to adapt to the mainstream culture of a host society (Caetano & Clark, 2003). Berry (1980a) proposed four possible strategies/outcomes that can occur during the acculturative process: integration or biculturalism (orientation to both cultures), assimilation (orientation to the dominant culture only), separation (orientation to the heritage culture only), or marginalization (orientation to neither cultures). The process of acculturation has been viewed both negatively, as an erosion of traditional values, customs, and language that reflects assimilation, and positively, as a process by which mainstream culture is adopted while traditional culture is maintained, reflecting biculturalism (Berry, 1980a; Cuéllar & González, 2000).

The literature on acculturation and IPV has revealed mixed findings. Certain researchers found a positive relationship between acculturation and IPV, indicating that higher levels of acculturation increased the likelihood of becoming a victim of IPV (Alvarez et al., 2020; Jackson et al., 2015; Newcomb & Carmona, 2004; Perilla et al., 1994). Some attribute this positive relationship to highly acculturated individuals being more likely to report experiencing IPV in comparison to those who are less acculturated (Campbell et al., 2003). Other researchers have demonstrated a negative relationship between acculturation and IPV, suggesting that the more one retains their culture of

origin (e.g., lower acculturation), the more likely one is to experience IPV (Frias & Angel, 2012; Gonzalez-Guarda et al., 2008). This has been hypothesized to occur as a result of increased acculturative stress, or stress related to the acculturation process (Gonzalez-Guarda et al., 2008). In one study, lower acculturation levels were correlated with high acculturative stress, which was directly associated with increased likelihood of IPV (Caetano et al., 2007).

Overall, researchers have shown the role of acculturation in IPV is mixed. Some researchers (e.g., Alvarez et al., 2020) found a positive relationship between acculturation and IPV, while others (e.g., Frias & Angel, 2012) found a negative relationship. One possible explanation for these discrepancies is the use of proxy variables and differing measurements of acculturation between studies (Caetano et al., 2004; Caetano et al., 1998; Jasinski, 1998). Regardless of the direction of the relationship between acculturation and IPV, it is clear that acculturation remains an important aspect of the cultural context of Latinas' lives.

Cultural Values

An individual's level of acculturation may also influence adherence to cultural values. Within the Latinx community, scholars have noted there are specific, shared cultural values which influence and are influenced by the experience of IPV (Torres, 2004; Marin, 1993). For example, *familismo*, also referred to as familism (Triandis, 1983) and *familialismo* (Galanti, 2003), refers to "a strong identification and attachment of individuals within their nuclear and extended families, and strong feelings of loyalty, reciprocity, and solidarity among members of the same family" (Marin, 1993, p. 184). With the collectivist nature of Latinx culture emphasizing the family over all else (Diaz-

Guerrero, 1994; Gonzalez, 2010; Triandis, 1983; Westburg, 1989), *familismo* can lead to varying cultural responses to IPV. For example, although several researchers have discussed that *familismo* may provide support for IPV victims through financial assistance, emotional support, child care, and direct intervention with the perpetrator, it may not provide the provisions needed to prevent violence from occurring (Capaldi et al., 2012; Firestone et al., 1999; Malley-Morrison & Hines, 2004). Latinas may instead be expected to hide IPV experiences in order to maintain the family unit in harmony (Diaz-Guerrero, 1994; Gonzalez, 2010).

The value of *familismo* is closely aligned with *respeto*, or respect. Within the Latinx community, there is a clear hierarchical ranking delineating power distance between authoritative and subordinate figures that demands obsequiousness (Castillo & Cano, 2007). Latinas are expected to show their respect by deferring to those above them in the hierarchal structure, typically men (e.g., fathers, brothers, husbands; Santiago-Rivera et al., 2002). This hierarchal structure is maintained within the family (Castillo & Cano, 2007) and also impacts interactions with systems outside the family (Perilla et al., 2012). This is particularly pertinent within the area of IPV because IPV services are closely tied to the criminal justice system. For example, Latinas may not report the abuse they experience or seek services due to the possibility of demeaning or disrespectful treatment of the abuser by law enforcement agents (Perilla et al., 2012). In essence, systems (e.g., the justice system, immigration authorities) that might not uphold the right to respectful treatment, regardless of violent behavior, are often avoided (Perilla et al., 2012). This leaves Latinas with a difficult decision: seek safety and services that may

involve the criminal justice system or uphold traditional cultural values by being a “good woman” and safeguarding the dignity of their partner (Martinez, 2015).

Respeto is especially important to consider because of Latinas’ role in maintaining their family’s honor by upholding traditional gender roles (Castillo et al., 2010). Latinx traditional gender roles are termed *marianismo* and *machismo*. Originally coined by Evelyn Stevens (Stevens & Pescatello, 1973), *marianismo* is a term used to describe traditional female gender beliefs in Latinx culture, including women’s subordinate role and idealized gender expectations and responsibilities. The term stems from Catholic beliefs regarding the faith and worship of La Virgen de Guadalupe, or Virgin Mary (Stevens & Pescatello, 1973), and how that veneration translates into specific behaviors, relationship dynamics, and roles of Latinx women (Castillo & Cano, 2007; Castillo et al., 2010; Stevens & Pescatello, 1973). Specifically, spirituality, humility, self-sacrifice, and virtue have come to define the ideal Latina (Castillo et al., 2010; Triandis, 1983).

Further nuancing *marianismo*, Latina women are expected to be spiritually superior to men and withstand extreme sacrifices and suffering for the sake of the family. These expectations are grounded in the example of *La Virgen* who is virginally pure and non-sexual (Castillo & Cano, 2007), yet limited in her ability to assert herself outside the power attributed to her through her womanhood, motherhood, and spiritual significance (Lavrín, 2004).

With respect to female gender roles and the intersection with *familismo* and *respeto*, expectations have frequently been placed on Latina women’s shoulders to maintain relationships (Gonzalez, 2010). As Dutton (1992) found, even in the presence of

IPV, a Latina may experience a sense of failure and self-blame if the relationship doesn't last or she must seek help from within or outside the family. Further, they identified three ways in which self-blame manifests for Latinas, mainly with them taking responsibility for: 1) causing the violence, 2) failing to stop the abuse or change their partner's behavior, or 3) not being able to tolerate the abuse (Dutton, 1992). Specifically, the expectation that women will take on the sole burden of keeping their family together puts women in the position of sacrificing themselves for the good of the family (Diaz-Guerrero et al., 1979).

In contrast, the male gender role, *machismo*, has been defined by hypermasculine, violent, aggressive, and sexualized behaviors (Beaver et al., 1992; Mosher & Sirkin, 1984), or has been associated with violence and heavy drinking (Alaniz, 1996; Neff et al., 1991). Definitions of *machismo* have typically involved the domination of women, who are viewed as responsible for raising children and serving men (Quinones Mayo & Resnick, 1996). It's important to note that this gender role has been portrayed in a negative way in the majority of psychological research (e.g., Alaniz, 1996; Beaver et al., 1992; Mosher & Sirkin, 1984; Neff et al., 1991), yet *machismo* has also been associated with nurturance, protection of the family and honor, dignity, wisdom, hard work, responsibility, spirituality, and emotional connectedness (Casas et al., 1994; Mirandé, 1988, 1997; Arciniega et al., 2008). Although the link between gender role mindsets and IPV is weak (Santana et al., 2006; Sugarman & Frankel, 1996), theorists have often positioned *machismo* as an explanation for violence within the Latinx community (Campbell et al., 1997). However, researchers have shown that male dominance, the most

emphasized component of *machismo* in relation to IPV, is not all that common within the Latinx community (Baca-Zinn, 1982; Sugihara & Warner, 2002).

Despite a weak direct relationship between cultural values and IPV (Gonzalez, 2010; Sugarman & Frankel, 1996), researchers suggest it is still critical to understand how adherence to these values intersects with other identity and status variables (e.g., immigration and acculturation), particularly in the context of stress and trauma such as IPV (e.g., Bent-Goodley, 2007). By broadly examining the rates of stress and trauma for Latinas in the US, researchers have shown certain life stressors are more common for Latinas than other ethnic groups. As a result, the heightened rates of stress and trauma among Latinas represents a significant health disparity. In the following section, a brief overview of these areas of stress and trauma is presented.

Stress and Trauma

Latinas in the US experience a greater degree of stressors than their white counterparts due to their nondominant status, contributing to health disparities and interrupting their ability to achieve optimal health (Baciu et al., 2017). According to the American Psychological Association (APA; APA, 2016), the main stressors for Latinxs are money, employment, discrimination and racism, and health concerns. For example, Latinas are at an elevated risk of chronic poverty due to higher rates of unemployment, lower educational attainment rates, and one of the largest pay gaps in the current US labor market (Mora & Dávila, 2018). In fact, Latinas in the US are disproportionately affected by poverty, with 19.4% living below the poverty line as compared to 9% of White women in 2017 (Bleiweis et al., 2020).

Despite the demonstrated likelihood of Latinas experiencing poverty, the connection between IPV and poverty in the lives of Latinas has not received sufficient attention (Goodman et al., 2009). Researchers have shown that within the general population, IPV and poverty tend to co-occur at high rates, produce parallel effects, and, when they occur simultaneously, restrict coping options (Bachman & Saltzman, 1995; Goodman et al., 2009; Vest et al., 2002). This co-occurrence often happens due to the inextricable nature of IPV and poverty (Goodman et al., 2009). Specifically, poverty often requires an IPV victim to seek practical and financial support from their partner, especially when kids are involved, which makes breaking power/control dynamics and leaving the abusive relationship difficult (Costello et al., 2005; Goodman & Epstein, 2008). Alternatively, research has demonstrated that IPV can be a factor in keeping victims in poverty due to the consequences of interference that can be direct (e.g., harassing victim at work, refusing to provide childcare, denying or making attaining education difficult; Bybee & Sullivan, 2005; Moe & Bell, 2004) and indirect (e.g., psychological and emotional issues, substance abuse; Tolman & Rosen, 2001). Ultimately, the stress, powerlessness, and social isolation at the heart of both IPV and poverty combine to increase the likelihood of posttraumatic stress disorder, depression, and other emotional difficulties (Goodman et al., 2009).

Additionally, another stressor in the lives of Latinas is discrimination. Discrimination is defined as “negative or prejudicial treatment toward an individual or a group based on biased beliefs and stereotypes” (Sue et al., 2019, p. 772). Discrimination may occur based on race/ethnic identity, but may also be based on other attributes, including age, gender, sexual orientation, religious affiliation, disability, etc. (Banks et

al., 2006). Researchers have described discrimination as a psychosocial stressor (Williams et al., 1999) that creates disturbances in psychological, emotional, and social wellbeing (Alegria et al., 2007; Amaro et al., 1987; Kalbermantten, 2012). Experiences of discrimination have been positively associated with Latina women (Stueve & O'Donnell, 2008) and adolescents' (Sanderson et al., 2004) experiences of IPV victimization. Additionally, gender and ethnic discrimination is also associated with poverty within the Latina community (del Río & Alonso-Villar, 2015), which increases the likelihood of Latinas experiencing IPV (Goodman et al., 2009). However, the main way that discrimination has been found to impact Latinas is through its impact on physical and mental health outcomes (e.g., Carter et al., 2019).

In a meta-analysis of racial discrimination studies that focused on health and culture, Carter et al. (2019) found that Latinxs were found to have the largest positive correlation between discrimination and mental health concerns. Specifically, for Latinxs, Lee and Ahn (2012) found discrimination to be positively associated with depression, anxiety, psychological distress, job dissatisfaction, and unhealthy behaviors, with the strongest association being with anxiety and depression. Carter et al. (2019) also found a correlation between discrimination and physical health for Latinxs. Discrimination was also positively associated with overall physical health issues, in that as discrimination increased, conditions such as hypertension, cardiovascular disease, pelvic inflammatory disease, diabetes, yeast infections, respiratory conditions, and other general indicators of illness (e.g., nausea, pain, and headaches) also increased (Pascoe & Richman, 2009). Further, when results were explored by gender, women's mental and physical health were impacted to a greater degree by discrimination (Carter et al., 2019).

In addition to discrimination, social and economic disadvantages (e.g., undocumented immigration status, discrimination, poverty) create a negative impact on health, which ultimately contributes to health disparities (Braveman et al., 2011). Braveman et al. (2011) defined health disparities as avertable health differences or outcomes that are a result of systemic disadvantage. To further document the connection between social and economic disadvantage and health disparities, several social determinants of health (i.e., socioeconomic status, ethnicity, and gender) have been implicated as contributing factors to health disparities (Howard et al., 2014).

Not only do Latinas face increased rates of poverty, low SES, and discrimination compared to their White counterparts, they also experience higher rates of trauma (Lu & Chen, 2004). The Encyclopedia of Trauma (Figley, 2012) defines trauma as a state of disruption brought on by stressors that are perceived to be life threatening (p. xxiii). Examples of traumatic experiences vary widely, but can include childhood abuse, migration experiences, sexual abuse, and IPV (Cuevas et al., 2010). In addition to these, Latinas have been found to experience traumatic stressors associated with violent crime, including assault (Kilpatrick & Acierno, 2003); war-related experiences (Roberts et al., 2011); child maltreatment (Roberts et al., 2011), and homicide (Vega et al., 2009). A number of researchers have documented the negative impacts of trauma on Latinas (Cuevas et al., 2010; Kilpatrick & Acierno, 2003; Lu & Chen, 2004; Roberts et al., 2011; Vega et al., 2009). Yet, similar to other health disparities, much of the research on trauma as a health disparity has focused on help seeking and health outcomes (e.g., morbidity, mortality; Haider et al., 2013; Kaiser, 2003).

In a meta-analysis that looked at trauma care and outcomes in the US, Haider and colleagues (2013) found seven studies that compared Latinx to White physical trauma mortality rates. Four of the seven studies found disparities between mortality rates for Hispanics (Haider et al., 2008; Hakmeh et al., 2010; Maybury et al., 2010), while three did not (Bowman et al., 2007; Rosen et al., 2009; Salim et al., 2010). Mortality rates may be impacted by the fact that women of color, including Latinas, tend to receive substandard care, less follow-up, and fewer referrals compared to Caucasian women (Kaiser, 2018). The mixed research results may have been a result of the large heterogeneity in length of years in the US and English proficiency of the US Latinx population, which may mask inequalities suffered by segments of this population (Haider et al., 2013). IPV is also a noteworthy traumatic stressor that has been found to have an inimical impact on Latinas as well as their families and communities (Knight et al., 2016). Consequently, it is essential to comprehensively understand the experience of IPV within the lives of Latinas. Therefore, in the coming section, definitions, prevalence rates, protective and risk factors, impact, and coping with IPV will be discussed.

Latinas and Intimate Partner Violence

Intimate Partner Violence (IPV) is defined as physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse (Breiding et al., 2015). Sociocultural (e.g., Coleman & Straus, 1986; Dobash & Dobash, 1977), individual (e.g., O'Leary, 1988; Riggs & O'Leary, 1989), and ecological based theories (Bronfenbrenner, 1979; Heise, 1998) have provided frameworks to explain the etiology and continued perpetration of IPV from macro or micro perspectives (Bell & Naugle, 2008). For example, Feminist and Power theories both posit that IPV is a result of gender

inequity within a sociocultural context (Coleman & Straus, 1986; Dobash & Dobash, 1977). Feminist theory focuses a little more on societal structure and cultural attitudes while Power theory focuses more on the familial structure (Dobash & Dobash, 1977). On the other hand, social learning and background/situational model theorists instead contend that experiencing abuse and vicarious learning may lead to perpetration of IPV (O'Leary, 1988; Riggs and O'Leary, 1989). These two models focus more on an individual's learning patterns rather than the broader sociocultural context. Although all of these models provide frameworks in which to understand the causes of IPV, only the socio-ecological model incorporates a racial/ethnic lens that helps to understand Latina's experience of IPV (Heise, 1998).

Socio-ecological model, based on Bronfenbrenner's ecological model (Bronfenbrenner, 1979) was adopted by the CDC (2009) to describe the etiology of IPV. The likelihood of IPV occurring can be understood through the influence of dynamic interactions within and between several systems of an ecological environment, which is organized as a set of nested, multi-leveled structures (Heise, 1998). The levels include the individual, relationship, community, and broader social context (CDC, 2009).

The first level, individual, incorporates demographic and personal history factors (CDC 2009; Krug et al. 2002). For example, a history of experiencing child abuse is a risk factor for experiencing abuse later in life as well (Cummings et al., 2012). At the second level are relationship factors (Krug et al, 2002; Cummings et al., 2012). The relationship level considers the relationship in context of an intimate partner as well as family members, and peers (Heise, 1998). Considering the isolation that is often associated with any form of abuse, social support has been consistently found to be a

protective factor (Gonzalez-Guarda et al., 2011) Community-level factors such as school settings, workplaces, and neighborhoods comprise the third level of this framework (CDC, 2009). The community is the level in which relationships exist and are embedded. For example, residing in a neighborhood strife with violence, increases the likelihood of IPV being reported (Caetano et al. 2005; Cunradi 2009; Gonzalez-Guarda et al. 2011). Finally, the fourth level of the socio-ecological model includes larger societal factors such as norms, policies, laws, and inequalities and the way in which they create a climate where violence can occur (Cummings et al., 2012). Overall, this model provides a beneficial method for conceptualizing IPV within the unique socioecological context of individual Latinas (CDC, 2009).

Prevalence Rates of IPV

According to the CDC's 2015 National Intimate Partner and Sexual Violence Survey, 36.4% of women in the US have experienced some form of IPV, including sexual violence and stalking (Smith et al., 2018). Within the 12 months preceding to the survey, 5.5% percent of women experienced IPV (Smith et al., 2018). However, these data do not differentiate prevalence rates by race/ethnicity. As a result, Gonzalez and colleagues (2020) conducted a meta-analysis to determine the prevalence of IPV in the Latina community. From 41 studies, Gonzalez et al. (2020) found that prevalence rates of IPV varied from 4% to 80%. This wide range was due to sampling (e.g., veterans, students; Latta et al., 2016) and measurement issues (e.g., measuring a specific form of IPV; Cavanaugh et al., 2013). Probability surveys on both the national and local levels have found higher (Kantor et al., 1994; Sorenson & Telles, 1991; Straus & Smith, 1995; Klevens, 2007), lower (Sorenson et al., 1996; Klevens, 2007), and similar (Kantor, 1997;

Rennison & Welchans, 2000; Klevens, 2007) rates of IPV among Latinxs when compared to non-Latinxs.

When sociodemographic variables are controlled for, Latinas still experience parallel rates (Klevens, 2007; Kantor et al., 1994) and comparable odds of experiencing IPV relative to White women (Cho, 2012). These findings reveal that racial differences in IPV victimization may be a result of social and systemic inequities rather than dysfunctional cultural dynamics within the Latinx community (Kantor et al., 1994). Additionally, variations in prevalence rates of IPV within the Latinx community could be a result of several methodological issues, including varying data collection methods and definitions of IPV (e.g., lifetime vs. recent, type of violence; Gonzalez, 2020). It may also reflect sample demographics and shifting rates of IPV through the years.

When comparing rates of IPV between immigrant and US-born Latinas, US Latinas report significantly higher rates of lifetime and past year partner victimization (Breiding, et al., 2014). US-born Latinas experience any form of IPV at a rate of two to three times more than immigrant Latinas (Sabina et al., 2015; Lown & Vega, 2001a). For example, in one study lifetime and past year prevalence for physical violence were the highest among US-born Latinas (48.4%), followed by migrant-seasonal workers (24.5%), and immigrant Latina women (22.2%) (Hazen & Soriano, 2007). It is important to note that these trends may be a result of immigrants underreporting their experiences, possibly due to fear of law or immigration officials (Campbell et al., 2003), or cultural definitions of what is considered violence (Littleton et al., 2007). Alternatively, US-born Latinas may have adopted a higher Anglo orientation and are more likely to work outside the

home, both of which cause tension within a couple due to the threat presented to family roles as well as the need for power and labor redistributions (Sabina et al., 2015).

In regard to specific forms of IPV, Gonzales and colleagues' (2018) meta-analysis found prevalence rates of recent sexual abuse ranged from 10% to 38%, while lifetime rates varied from 1% to 67% for Latinas. Additionally, between one-third and almost half of women (36.4%-47.1%) had experienced psychological aggression within their lifetime (Smith et al., 2018). However, Latinas were found to experience higher levels of stalking, a form of psychological aggression, in their lifetime as compared to a national sample (Smith et al., 2018). Importantly, according to a national sample of Latinas, 23% experienced three or more types of victimization (Sabina, et al., 2015). This is important to note since it suggests that Latinas who have experienced IPV may have experienced it in multiple forms. Finally, it is also important to note that intimate partners are the most common perpetrators of physical assault on women and IPV is the most commonly reported form of victimization in adulthood (Cuevas et al., 2012).

Protective and Risk factors of IPV for Latinas

Protective and risk factors of IPV decrease or increase, respectively, the risk of one experiencing IPV (Yakubovich et al., 2018). Protective factors are often discussed in the context of an ecological framework with an emphasis on resiliency (e.g., Howell et al., 2018; Yakubovich et al., 2018). This may be because consistent findings have shown that many women who experience IPV do not necessarily report long-lasting psychological problems (Anderson et al., 2012; Jose & Novaco, 2015).

Several protective factors have been reported for IPV among Latinas, including higher education (Howell et al., 2018), greater age (Raley et al., 2016), social support

(Gonzalez-Guarda et al., 2011), and, in some cases, acculturation (Caetano et al., 2004). Alternatively, socioeconomic status (Klevens, 2007), age (Cunradi, 2009), stress (e.g., Frye & Karney, 2006), and childhood abuse (Fuchsel, 2013) have been found to be risk factors. These factors are often closely related and may influence one another to confer or decrease risk.

For example, a recent study by Howell et al. (2018) supported educational attainment as a significant protective factor against the harmful effects of IPV. The findings suggest that cognitive resources gained via schooling can be utilized to decrease stress (another risk factor; Cano & Vivian, 2003; Frye & Karney, 2006; MacEwen & Barling, 1988) and increase resilience. Further, Latinas who are educated may have more opportunity for social interactions and therefore, may have gained a greater social support network, which is a protective factor for IPV (e.g., Gonzalez-Guarda et al., 2011). It is also possible that when Latinas are less educated, their overall socioeconomic status (SES) is lower, which increases their chances of experiencing IPV (Cunradi et al., 2002).

Immigration status and associated factors have been identified as risk and protective factors (Sabina et al., 2015; Wright & Benson, 2010). The immigrant paradox has been studied in the context of IPV and evidence suggests immigration concentration, which means a high density of immigrants making up the demographic composition of a neighborhood, reduces the risk of IPV (Wright & Benson, 2010). Similarly, Sabina and colleagues (2015) found that a greater degree of Latinx orientation (i.e., lower level of acculturation) was associated with decreased odds of experiencing IPV. These two findings may be indicative of a more traditional, collectivist community that equates to a more cohesive environment where Latinas may receive greater social support. However,

immigrant Latinx children are almost three times more likely to experience childhood abuse, which has consistently been found to be a risk factor for IPV (Frias & Angel, 2005; Fuchsel, 2013; Moreno, 2007). In fact, Latinas with a history of childhood abuse are 10 times more likely to experience IPV as adults (Castro et al., 2003).

Impact of IPV on Latinas

IPV and its related outcomes on physical and mental health impair survivors' abilities to care for themselves, concentrate, and manage daily responsibilities, finances, and housing needs (Gorde et al., 2004). Practical losses Latinas experience related to IPV include reduced work and employability (Moe & Bell, 2004), parenting impairment (Levendosky et al., 2006), and increased poverty (Wuest et al., 2003). For Latinas who are already at increased risk of poverty, these findings are particularly relevant.

The physical and psychological impact of IPV on Latinas is of great concern. When health-related quality of life (HRQOL) of IPV survivors was investigated, researchers reported that 24.7% of those in the Latinx community rated their general health as fair or poor as compared to 12.6% for their White counterparts (Chowdhury et al., 2008). Further, abused Latinas have lower HRQOL than abused women of other ethnic groups (Bonomi et al., 2009; Lown & Vega, 2001a, 2001b; Wuest et al., 2009).

Researchers have found that recency has an impact on physical health as well (Lown & Vega, 2001b). Specifically, Lown and Vega (2001b) reported that Mexican American women who experienced IPV within the last year were more likely to report "poorer self-assessed health status, heart attack or heart problems, persistent health problems, and many somatic symptoms" (Lown & Vega, 2001b, p. 355). Further, for

Latina women, pain and sleeping difficulty were also consistently and highly correlated with various forms of IPV (Kelly, 2010b; Lown & Vega, 2001b).

The psychological impact of IPV has received increased attention over the past years (Bonomi et al., 2014; Kelly, 2010b; Terrazas-Carillo et al., 2016). Generally, Latina IPV victims are more likely to report more overall mental health complaints (i.e., nervousness, depression, trauma symptomology), fatigue, and impacted role functioning (i.e., problems with work and other daily activities) than non-Latinas (Bonomi et al., 2014). Specifically, rates of Major Depressive Disorder (MDD) and Posttraumatic Stress Disorder (PTSD) were found to be higher among Latina IPV victims than African American or White women (Caetano & Cunradi, 2003). This indicates that Latinas are experiencing greater clinically significant mood and trauma related concerns as a result of their experiences of IPV than White women (Caetano & Cunradi, 2003).

A consideration of the form/s of IPV experienced is important due to multiple researchers finding differing effects on the mental health of Latinas (e.g., Bonomi et al., 2009; Cuevas et al., 2010; Gonzalez-Guarda et al., 2009; Kelly, 2010a). Of Latinas who have experienced abuse, two-thirds reported a history of poly-victimization, including some combination of physical, sexual, stalking, or threat during childhood or adulthood, and revictimizations (Cuevas et al., 2010). As the reported number of victimizations increased, the odds of reporting mental health concerns, such as depression, anger/irritation, anxiety, and dissociation, increased (Cuevas et al., 2010). Cuevas and colleagues (2010) incorporated these concerns into a regression model examining whether a specific type of victimization could be a significant predictor of psychological distress. They found that experiencing stalking was the only type of victimization that

predicted all forms of psychological distress included in the model (Cuevas et al., 2010). Thus, stalking victimization appears to have a unique influence on anxiety symptoms and dissociation among Latinas, symptomology that is similar to the culturally bound DSM diagnosis *ataque de nervios* (Cuevas et al., 2010).

Importantly, the physical and psychological effects of IPV are often connected. For example, Wuest et al. (2009) reported that the severity of a Latina's PTSD symptomology mediated the relationship between IPV and chronic pain. Among a sample of Latinas receiving services at a domestic violence agency, Kelly (2010a) found PTSD symptom severity and diagnosis, MDD symptom total and diagnosis, as well as comorbid MDD and PTSD was significantly correlated to bodily pain, repeated neck/back pain, and sleeping difficulty. There was also a significant correlation between PTSD symptom severity and headaches as well as gastrointestinal disorders (Kelly, 2010a). Further, PTSD and MDD were significantly correlated with sleep difficulties, which were commonly reported throughout the sample (Kelly, 2010a). In turn, sleep difficulties were significantly correlated with appraisals of quality of life (Kelly, 2010a). Ultimately, trying to disentangle physical and mental health concerns may hinder our understanding of the holistic concerns and consequences experienced by IPV survivors.

Coping with IPV

Historically, resources specifically for IPV victims and survivors were almost unheard of in the US until governmental and social service providers began to recognize the extent of and repercussions of IPV on individuals and the larger society (e.g., emotional distress, financial costs; West et al., 1998). Currently, thanks to public health initiatives and community organizing, there are a variety of formal resources victims may

access, including domestic violence agencies, shelters, social service agencies, medical and legal service providers, and clergy members (West et al., 1998). Although there are more formalized resources now available, the frequency of help-seeking among Latinas is still lower than other groups (West et al., 1998).

While less than half of all female victims report their experience of IPV to local officials or medical providers, and less than one fourth seek help from an IPV agency (Ahrens et al., 2010), these numbers are even lower for Latinas (Ahrens et al., 2010; Alvidrez & Azocar, 1999; Lipsky et al., 2006; West et al., 1998). This is particularly true for undocumented Latinas who utilize formal resources at a significantly lower rate than Latinas with a permanent legal status (Zadnik et al., 2016). Latina survivors of IPV often use interpersonal strategies, such as placating and resisting violent partners, and may begin the help-seeking process through informal channels (Cattaneo et al., 2007; Liang et al., 2005), only turning to more formal services when the abuse becomes more severe or chronic or if children are involved (Macy et al., 2005). The ability to seek formal services may be hindered by lack of health insurance, financial means, documentation status, or knowledge of services (Ahrens et al., 2010; Lipsky et al., 2006; Macy et al., 2005). These low rates of help seeking mean that Latina victims may endure greater levels of abuse for a longer period of time, possibly leading to more detrimental effects.

Coping strategies are an important area of research as evidence has shown that coping strategies may significantly mediate the impact of IPV and victimization (Arias & Pape, 1999; Dempsey, 2002; Merrill et al., 2001). In their classic conceptualization of coping, Lazarus and Folkman (1984) defined coping as an individual's efforts (i.e., cognitive and behavioral strategies) to manage the demands of a stressor that may

otherwise challenge/overwhelm their resources. Coping begins with a cognitive appraisal of the stressor, leading to an evaluation of the resources available, and consideration of possible ramifications (Folkman et al., 1986). Folkman and colleagues (1986) then categorized coping strategies into either problem-focused (i.e., attempting to change the situation) or emotion-focused (i.e., regulating stressful emotions) coping.

Tobin and colleagues (1989) built off this model and incorporated approach-avoidance dimensions to the coping process. In their conceptualization, Tobin et al. (1989) identified two broad forms of coping: engaged and disengaged coping. Engaged coping is intentional approaches to manage abuse and its subsequent consequences by engaging in problem solving, cognitive re-structuring, emotional expression, and social supports (Tobin et al., 1989). In contrast, disengaged coping is a more passive, avoidant way of responding to abuse, including problem avoidance, wishful thinking, self-criticism, and social withdrawal (Tobin et al., 1989). Disengaged coping has been identified as the most alarming for women in violent relationships due to it being linked to deleterious psychological outcomes (Sullivan et al., 2005).

Janoff-Bulman (1992) also put forth a theory of trauma that emphasized the meaning that trauma survivors make of their experiences. There are two types of meaning described, comprehensibility and significance (Janoff-Bulman & Frantz, 1997). Initially, survivors tend to be focused on understanding what occurred and why. Through their struggle to comprehend what occurred, they may begin to tackle the question of value and significance of the event. They go beyond why it happened and may instead focus on why it happened to them, specifically. For those in IPV situations, this may be particularly hard since the trauma imposed on them was at the hands of someone who

was supposed to have their best interest at heart and care for them (Follingstad et al., 1988).

Overall, forms of coping used can look different for everyone (Dempsey, 2002; Janoff-Bulman & Frantz, 1997; Tobin et al., 1989). Lazarus and Folkman (1984) stated the coping strategy utilized as well as its effectiveness is situationally dependent. In other words, the coping strategy chosen based off appraisal of the situation and whether it is adaptive depends on the stressor being encountered (Folkman et al., 1986; Griffing et al., 2009). Due to the general finding that coping is an important construct in understanding the association between IPV and survivors' well-being (Rizo, 2016), and that not everyone copes in the same way, we must also consider culturally significant ways of coping (Diaz-Guerrero, 1979). The following section will review the ways in which culture impacts a Latina IPV survivor's coping strategies and well as associated outcomes.

Coping and culture. In addition to general coping models, a victim's response to abuse (i.e., their way of coping) is often influenced by culture. Indeed, Diaz-Guerrero (1979) endorsed the notion that people have had unique, culturally specific ways of dealing with stressors throughout history. Following that assertion, it is logical to believe that individuals may follow cultural norms when responding to problems. In fact, Lazarus and Folkman (1984) stated,

“Culturally derived values and beliefs serve as norms that determine when certain behaviors and feelings are appropriate and when they are not...even allowing for a wide range of situational and individual differences, culturally derived values, beliefs, and norms operate as important constraints” (p. 165).

Further confirmation of this belief came from cross-cultural researchers who proposed an analogous theory by arguing that cultural norms may have a significant effect on coping strategies (Cervantes & Castro, 1985; Kuo, 2013; Lee & Mason, 2014).

Over the past three decades, differences in coping styles between cultures have received research attention (e.g., Copeland & Hess, 1995; Hastie et al., 2004; Triandis, 1994; Wasti & Cortina, 2002). In the context of IPV, several studies have found unique coping patterns among Latinas exposed to IPV, including a tendency towards nondisclosure and less proactive help-seeking behaviors (Fleming, & Resick, 2016; Romero et al., 1999). For example, Wasti and Cortina (2002) examined differences in coping strategies among Hispanic, Turkish, and Anglo female sexual assault survivors. Compared to Anglo-American women, Hispanic and Turkish survivors were more likely to describe using avoidant-type coping strategies (Wasti & Cortina, 2002). Likewise, Hispanic survivors were more likely to report using a greater frequency of denial-based coping with less advocacy-seeking coping, both of which are forms of disengaged coping. The authors postulated that their results were culturally bound to gender norms (e.g., *machismo*, *marianismo*, *familismo*) and expectations in Latinx culture. In support of this hypothesis, Brabeck and Guzmán (2008) found that Latinas who have experienced IPV, including physical, sexual, and psychological violence, wished to protect their family and sought less help from family members. Furthermore, the qualitative portion of the study provided examples of how some families frequently normalized abuse, telling the victim that a “good woman” suffers and must tolerate abuse (Brabeck and Guzmán, 2008).

To date, there has been little research on how specific ethnic groups cope with IPV. Lewis et al. (2006) conducted one of the few studies that looked at ethnic differences in coping strategies, finding that their sample of African American and Latinas utilized similar strategies. Further, their participants used a combination of disengaged and engaged coping styles depending on what option was the safest given the scenario they found themselves in (Lewis et al., 2006). In an unpublished qualitative study, McPherson (2002) found a multi-race sample of women in domestic violence shelters endorsed “often” using prayer as a means of coping with abuse (p. 36). Similarly, Brabeck & Guzmán (2008) explored the coping mechanisms of Latinas who had experienced abuse and found one of the most frequently used coping mechanisms was to turn to a relationship with God to find meaning in their experiences. Turning to their relationship with God as a lifeline may be partially due to the level of embedded dependability that they were unable to find elsewhere (Drumm et al., 2014). Overall, de la Rosa and Colleagues (2016), found 71% of the variance in Latinas’ resiliency was explained by spirituality, a very large effect size. This significant finding quantitatively evidenced spirituality as a crucial concept within the lives of Latina IPV victims and survivors.

Of note, researchers found the majority of IPV survivors reported gaining fortification from their individual spiritual connections rather than organized religious practices or institutional settings that are commonly equated with religiosity (Drumm et al., 2014; Yick, 2008). Brabeck and Guzman’s (2008) as well as de la Rosa and colleagues’ (2016) findings that a relationship with God helped Latinas cope with IPV and spirituality led to resiliency, lends credence to the notion that spirituality is an

important coping mechanism for Latinas. Other than this study, how spirituality acts as a coping mechanism for Latinas experiencing IPV has not been widely explored (Drumm et al., 2014). In the coming section, the definition and prevalence of spirituality, its role in the lives of Latinas, and finally the state of the research in understanding how Latinas utilize spirituality to cope with IPV will be discussed.

Spirituality Among Latinas who have Experienced IPV

Scholars have asserted time after time that spirituality is a cornerstone of the Latinx culture (e.g., Anzaldúa, 1987; Alaniz & Cornish, 2008); however, researchers and scholars did not begin addressing its cultural significance until around the 1960's, during the time of the Civil Rights and Chicano Movements (Alaniz & Cornish, 2008). As the breadth of knowledge grew, the significance of spirituality within the Latinx community became increasingly apparent (e.g., Campesino & Schwartz, 2006; Cervantes, 2010; Vaughn, 1991). In order to understand its centrality within the culture as well as its place in the lives of Latina IPV survivors, the following sections will review definitions of religion and spirituality, prevalence and history of spirituality, and research about the role of spirituality in the context of IPV.

Definitions: Disentangling Religion and Spirituality

Although spirituality is often experienced through religion, that is not always the case for all, so it is important to differentiate spirituality from religiosity (Friedman et al., 2012). According to Campesino and Schwartz (2006), religion and extrinsic religiosity, often discussed synonymously, focuses on the amount of active participation in religious ceremony, for example, the amount of time attending church, reading scripture,

participating in prayer/meditation, and seeking support or guidance through the recognized officials or elders of the religion. Put simply, religiosity can be considered the time spent following the tenets of an organized religion and is the external, social, status-oriented aspect of religion that often provides security and self-justification for the believer (Rogers, 2014). Conversely, spirituality is a personally constructed practice that it is not as simple to define (Campesino & Schwartz, 2006).

Throughout the literature, many different definitions of spirituality can be found (e.g., Cervantes, 2010; Passalacqua & Cervantes, 2008; Vaughn, 1991). Vaughn (1991) defines spirituality as the subjective experience of the sacred. Cervantes (2010) took the definition further by stating that spirituality can be conceptualized as a person striving to meet existential or sacred goals in life. For example, the main goals may be to develop meaning in life, assess inner potential, and go through the process of intrapersonal healing with the help, direction, and inspiration of a supporting life force or divine creator (Cervantes, 2010). Overall, there is consensus that the definition of spirituality is a reflection of the personal experience of searching for meaning and value in life and the desire for a relationship with something divine (Cervantes, 2010; Passalacqua & Cervantes, 2008; Vaughn, 1991).

While the definitions reviewed are relevant to Latinx spirituality, measurement development has been helpful in providing an operationalization of Latinx spirituality. In their development of the Latina Spiritual Perspectives Scale, Campesino and Schwartz (2006) defined Latinx spirituality as the personal experience of searching for meaning and value in life and a desire for a relationship with something divine, which incorporates

cultural values (e.g., *familismo* and *personalismo*) and popular religiosity (i.e., an amalgamation of indigenous spiritual practices and traditional religion).

Developing an understanding of the foundation of Latina spirituality is vital to conceptualizing how Latinas define and incorporate spirituality into their lives. Specifically, turning to indigenous spirituality often allows many Latinas to be agents of their own identities and begin to nurture balanced relationships with themselves while dismantling the internal experience of religion (Facio & Lara, 2014). Indeed, the act of refashioning and combining spiritual ceremonies, knowledge, and healing practices was historically interpreted as being an empowering act (Comas-Diaz, 2008), with spirituality becoming tied to social justice and gender equity (Elenes, 2014).

Prevalence of Religion and Spirituality within the Latinx community

While religion has long been a pillar of Latinx culture, religious affiliations within the community have been shifting, and in some cases, lessening (Pew Research Center, 2019). Overall, the National Survey of Latinos (NSL) conducted by the Pew Research Center (2019) showed 76% of Latinx individuals reported being Christian, with the majority identifying as Catholic (49%) and Protestant (26%). Of the remaining Latinx individuals, 2% identified as part of non-Christian religions (e.g., Jewish, Muslim, Buddhist), and 20% identified as unaffiliated, which included those who identified no particular religious beliefs (15%), Atheist (2%), and Agnostic (3%) (Pew Research Center, 2019). When compared to the findings of the same survey in 2010, the percentages of Latinx who identified with a non-Christian religion remained relatively stable over the decade, while there was an increase in those who identified with the unaffiliated category (from 10% to 20%) and a sizeable decrease in those who identified

as Christian (86% to 76%). To further clarify the magnitude of the Latinx disaffiliation from the Catholic church, one-in-four Latinxs are now former Catholics with an overall decrease seen in religious service attendance across religious affiliations between 2010 and 2018 (Pew Research Center, 2019).

In addition to conventional religious practices, Latinas may also incorporate indigenous or Afro-Caribbean spiritual beliefs and practices, also referred to as popular religiosity (Diaz-Stevens & Stevens-Arroyo, 1998; Peña & Frehill, 1998). These include seeking help from someone with special powers to heal the sick, using incense or herbs in a ceremony for spiritual cleansing, or making offerings to saints or spiritual beings (Pew Research Center, 2014). These practices weren't always mediated by religious involvement as one-in-four of those who attend religious services at least weekly as well as those who attend monthly or yearly both endorsed spiritual beliefs and practices (Pew Research Center, 2014). Approximately one-in-seven Latinxs have participated in such indigenous practices such as seeking help from a *curandero* (folk healer), shaman, or spiritualist who were believed to have special healing abilities (Pew Research Center, 2014). While these numbers indicate that the majority of the Latinx population engages in religious involvement and identification, it also demonstrates a considerable subset of the community believe in and incorporate spiritual practices into their lives.

IPV and Spirituality

Although there is still limited research on spirituality within the context of IPV, researchers have suggested that spirituality may buffer against deleterious outcomes (Drumm et al., 2014; Yick, 2008). For example, in a meta-synthesis of six qualitative studies, Yick (2008) reported that female survivors of IPV from different faith and ethnic

groups were able to draw strength from their spirituality in order to survive and cope with the abuse. Those who experienced IPV reported turning to their relationship with God as a lifeline, partially due to the level of dependability embedded in it that they were unable to find elsewhere (Yick, 2008). Of note, researchers found the majority of IPV survivors reported gaining fortification from their individual spiritual connections rather than organized religious practices or institutional settings that are commonly equated with religiosity (Barnes Bey, 2020; Drumm et al., 2014; Yick, 2008).

More recently, the use of spiritual practices has been linked to lower levels of melancholy, anxiety, and PTSD, and have led to more optimistic views of life in African American and Latina women (Brown, 2016; de la Rosa et al., 2016; Drumm et al., 2014; St. Vil et al., 2016). Unfortunately, aside from the research cited here, research about the connection between IPV and spirituality has focused primarily on the perpetration of IPV, rather than its impact on victimization (e.g., Ellison et al., 2007; Lown & Vega, 2001a).

Utilizing spirituality to cope with IPV. Researchers have found that in some cases traumatic experiences may increase religious and spiritual activities among women (Kane et al., 1993), while in others ceremonial religious practices grow dormant during abuse (Potter, 2007). An increase in religious and spiritual activities during trauma may be due to religion and spirituality being global systems of belief that afford people the context within which they are able to understand suffering and loss, possibly making those experiences more bearable (de la Rosa et al., 2016). Religion and spirituality may provide the vehicle for constructing a belief that the world is safe, predictable, fair, and controllable (Pargament, 1997). When faced with IPV, these beliefs may help women to

foster hope or they may instead struggle to bridge these beliefs with their experiences (Kane et al., 1993; Potter, 2007).

In a meta-synthesis of six qualitative studies, Yick (2008) identified important themes across qualitative studies about the role of spirituality in the lives of IPV survivors. Several studies in the meta-synthesis noted survivors of IPV experienced a “spiritual vacuum” (Yick, 2008, p. 13) losing part of themselves, which led to the use of spirituality to rediscover what they had lost. Through that process of self and spiritual rediscovery, survivors found forgiveness, for themselves and their abuser, often through prayer or divine grace (Giesbrecht & Sevcik, 2000; Taylor, 2004). Finally, social activism as a way of giving back was a product of these women’s spiritual awakening and their recouping their sense of self and spirit (Yick, 2008). These findings are important because they begin to provide an understanding of the way in which spirituality is used to help women cope with their experiences of abuse.

To date, the majority of the studies that have investigated the use of spirituality to cope with IPV have focused on African American and White women (Barnes Bey, 2020; El-Khoury et al., 2004; Hassouneh-Phillips, 2003). Overall, studies found that spirituality, particularly prayer and meditation, were important coping strategies for women who were experiencing IPV (Barnes Bey, 2020; El-Khoury et al., 2004; Hassouneh-Phillips, 2009). Another key theme that emerged was that religion was too restrictive and at times, acted as a barrier to IPV victims seeking help (Barnes Bey, 2020; Hassouneh-Phillips, 2009). Ultimately, these studies found evidence that supports the fact that spirituality functions as a coping mechanism for women, especially those of African descent, to cope with IPV (Barnes Bey, 2020). Similar to African American women,

Latinas are known to be spiritual and religious people (Anzaldúa, 1987; Banks-Wallace & Parks, 2004; Boyd-Franklin, & Lockwood, 2009; de la Rosa et al., 2016; Facio & Lara, 2014; Yick, 2008) who experience being women of color in the US, so it seems reasonable that the findings from these studies may extend to some degree to Latinas.

Latinas' use of spirituality as a form of coping with IPV. To date, only two studies have investigated the use of spirituality as a means of coping with IPV in a sample that included Latinas (Drumm et al., 2014; Fowler & Rountree; 2009). Using a phenomenological approach, Fowler and Rountree (2009) interviewed 22 women who were residing in a domestic violence shelter. All participants were organized into three racially/ethnically stratified focus groups, with one group being comprised of seven self-identified Latinas. Ultimately, Fowler and Rountree had two main findings: 1) spirituality was found to help participants to regulate their behavioral responses, so they did not act out in a negative way during abuse and 2) spirituality provided strength to participants.

The second study used a grounded theory approach to understand the mechanisms participants used to cope with IPV (Drumm et al., 2014). Their participants, a sample of 42 women who identified as Seventh Day Adventist, two of which identified as Latina, reported turning to God was a “lifeline for survival” and used reading the bible and praying as their main spiritual coping practices (p. 5). They also distinguished their experience of using religion versus spirituality for coping. Specifically, participants reported that while spirituality gave them strength, while religion proved challenging due to the traditions or people associated with the institution, causing them to distance themselves from religion at times (Drumm et al., 2014). Additionally, their findings indicated spirituality led to self-efficacy (Drumm et al., 2014).

Although these findings are important in that they indicate the function that spirituality plays in participants' coping processes, it is difficult to make strong conclusions about the Latina experience within either study as both had only a subset of their sample who identify as Latina (Drum et al., 2014; Fowler & Rountree, 2009). More specifically, neither differentiate how Latina participants' spirituality and coping may have been different than the rest of their participants'. Combining racial and ethnic groups when describing the use of spirituality to cope with IPV may obfuscate important distinctions that exist between groups as a result of the unique cultural context of Latinas that has been detailed throughout this chapter. Also, the Drumm et al. (2014) study was limited in its focus on a single Christian denomination, whose members are known to be more conservative in their religious views, which may therefore be more salient than their spiritual practices.

Due to the current state of this body of literature, the field would benefit from a grounded theory study to gain understanding of how coping through spirituality is beneficial to Latina IPV survivors. Garnering this deeper understanding is important since early studies have suggested that spirituality may help IPV survivors in recovering from abuse and developing a sense of self-efficacy (Barnes Bey, 2020; Drumm et al., 2014). The negative health outcomes of IPV (e.g., Kelly, 2010a) and the lack of studies in the area underscore a need for research that utilizes a culturally contextualized understanding of spiritual coping in the lives of Latina IPV victims.

Chapter Three: Methodology

The purpose of this study was to develop a theory of how Latinas utilize spirituality as a means of coping with intimate partner violence (IPV). To date, there have been a limited number of studies that have explored the use of spirituality as a coping mechanism for IPV (Barnes Bey, 2020; Drumm et al., 2014; Yick, 2008) despite research showing that religion and spirituality are important coping strategies in many communities of color (Brabeck & Guzmán, 2008). Drumm and colleagues' (2014) published a study that included a mixed-race sample of religiously conservative Christian women while Barnes Bey's unpublished dissertation (2020) focused exclusively on African American women. Additionally, Yick (2008) conducted a metasynthesis of six studies that looked at the role of spirituality and religion for diverse domestic violence survivors. Although these studies have started to elucidate some of the ways in which the use of spirituality helped women to cope with abuse, more research is needed to better understand this topic from the perspective of Latinas and their unique cultural context (Heppner 2008; Kuo, 2013). Therefore, the current study sought to fill the gap in the literature by exploring the ways in which Latinas use spirituality to cope with IPV and to develop a theory to explain this experience. To this end, the principal question of the current study is: *How do Latinas utilize spirituality to cope with IPV?*

Due to the dearth of research on this topic, I selected a qualitative methodology in order to gather a more detailed and in-depth view of the phenomenon of interest (Morrow, 2007). Qualitative research is ideal for gaining insight into currently unknown or under researched phenomena such as behavior, social trends, or action/interactional relationships directly through the reports of those who have experienced the topic of

interest (Charmaz, 2014; Ponterotto, 2010). Through the aid of interviews, participants were able to use their own words to share how they use spirituality to cope with IPV (Levers, 2013). In this chapter, the research methodology will be outlined, including procedures, interviews and data collection, data analysis, and finally, methods to ensure trustworthiness.

Research Design

In order to meet the aim of this research study, I selected grounded theory as the most congruent qualitative method. Grounded theory is a well-established qualitative methodology (Charmaz, 2000, 2014; Corbin & Strauss, 2008; Fassinger, 2005; Glaser & Strauss, 1967; Ponterotto, 2005; Strauss & Corbin, 1998) that allows researchers to systematically analyze qualitative data which then guides the development of an explanatory theory that uncovers a process inherent to the principal area of inquiry (Chun Tie et al., 2019). While traditional or classic grounded theory was originally articulated by Glaser and Strauss (1967), over the years grounded theory has evolved (Mills et al., 2006). The two most notable variations are Corbin and Strauss's (2008) as well as Charmaz's (2014) approaches to grounded theory.

In their original work, Glaser and Strauss (1967) described traditional grounded theory within a postpositivist paradigm, in which an objective truth was believed to emerge through a process of discovery. While Glaser and Strauss (1967) emphasize objectivity, Strauss and Corbin (1998) emphasize subjectivity and a relativist paradigm that acknowledges that “theories are embedded ‘in history’—historical epochs, eras and moments are to be taken into account in the creation, judgment, revision and reformulation of theories” (p. 280) in their evolved grounded theory. Pushing grounded

theory further, Charmaz (2014) situated her perspective in the middle between objective and subjective, within a clear constructivist paradigm. In describing CGT, Charmaz (2000) has stated “Data do not provide a window on reality. Rather, the ‘discovered’ reality arises from the interactive process and its temporal, cultural, and structural contexts” (p. 524). Further, this approach promotes collaborative researcher-participant engagement and fosters participant understanding and empowerment within their cultural context (Ponterotto, 2010); therefore, CGT is the specific iteration of grounded theory I chose to use to guide this study.

Charmaz argues that the theory generated through a constructivist approach illuminates the complexities of particular realities, viewpoints, and actions (Higginbottom & Lauridsen, 2012; Charmaz, 2014). Despite the paradigmatic differences, the general process of analysis used in CGT is similar to that implemented by Glaser and Strauss (Higginbottom & Lauridsen, 2014). Theory is developed in an inductive fashion, which involves an iterative process where data are constantly being recursively compared throughout the collection, coding, organization, and conceptualized processes (Fassinger, 2005). While codes are being compared and organized into preliminary categories, researchers conduct theoretical sampling, which refers to seeking and gathering relevant data to further explicate preliminary categories (Charmaz, 2014). New data continue to be collected until no new categories, properties, or relationships emerge referred to as saturation (Charmaz, 2014). At this point, the features and relationships among constructs are specified into a substantive theory (Fassinger, 2005).

Researchers have identified CGT as ideal for a multicultural psychological study (Morrow et al., 2001; Trimble & Fisher, 2006) due to its ability to bring deeper

appreciation and understanding to cultures that have otherwise been replete with misunderstanding and stereotyping (Sciarra, 1999). In order to do this, researchers must attempt to understand the worldview of their participants through intensely listening to and respecting their voice and their interpretation of life events (Ponterotto, 2010). This allows an abused and, at times, subjugated population to gain empowerment through being co-investigators and meaning makers of their own experiences (Morrow, 2007).

Participants

The target population for this study was defined as Latinx women who had experienced intimate partner violence in the past and had utilized spirituality as a coping mechanism during that time. All participants self-identified as cisgendered women, were aged 18 and above, of Latinx descent residing in the United States, and English-speaking. In addition to these demographic factors, to be eligible to participate in this study, individuals also met the following inclusion criteria: a) experienced intimate partner violence within a heterosexual relationship in the last three years, b) were able to describe their use of spirituality in coping with IPV, and c) were not experiencing IPV at time of interview. Exclusionary criteria included: a) currently experiencing intimate partner violence, b) not being able to read and/or speak English, and b) abuse occurring with a same sex partner only. The first exclusion criterion was chosen to ensure the physical safety of respondents and research team members (WHO, 2001), while the second ensures a more demographically homogenous sample and is also practical due to the PI's primary language being English (Robinson, 2014). The final criterion was chosen due to the state of the literature on IPV within sexual minority communities. More research is needed regarding Latina sexual minorities' experiences of IPV (Whitton et al., 2019) as

well as the role spirituality plays in their lives (Wright & Stern, 2016). See Table 1 for a detailed breakdown of participant demographics.

Table 1

Participant Demographics

	<i>n</i>	<i>M</i>	<i>Range</i>
Age	9	31.4	25-45
Ethnicity			
Afro-Latina	2		
Bolivian	1		
Columbian	2		
Dominican	1		
Mexican	3		
Puerto Rican	2		
Religious/Spiritual Identity			
Brujería	1		
Buddhism	2		
Catholicism	3		
Christianity	3		
Education			
High School	3		
Vocational Degree	1		
Bachelors Degree	3		
Graduate Degree	2		

Generational Status	
First	2
Second	5
Third	2
Employed Outside the Home	
Yes	8
No	1
Household Income	
Less than \$20,000	1
Between \$20,000-\$50,000	4
Between \$50,000-\$70,000	1
Between \$70,000-\$90,000	2
Above \$90,000	1
Relationship Status	
Divorced	2
Married/Partnered	2
Single	5
Number of Abusive Relationships Experienced	
One	6
More than one	2

Participant Recruitment

Purposive sampling was utilized to recruit participants. Purposive, or purposeful sampling, is the seeking of participants who are able to best inform the researcher of their experiences of the phenomena of interest (Creswell & Poth; 2017). As data collection progressed, if categories needed to be further elaborated or refined, theoretical was considered. Theoretical sampling is a form of purposive sampling specific to grounded theory that allows researchers to seek participants who may be able to speak to pertinent experiences that will allow for the further development of the emerging theory (Charmaz, 2014). Consistent with CGT (Charmaz, 2014), recruitment was conducted until saturation was reached.

Due to the COVID-19 pandemic, all recruitment efforts were digital and included IRB-approved personal communication and the use of flyers that provide study information, inclusion criteria, and the PI's contact information. Recruitment efforts focused on agencies known to serve those who have experienced IPV, universities, and social media. This included locations that provide IPV prevention and intervention services, such as Sojourner Family Peace Center in Milwaukee or, nationally, the YWCA. Public and private universities that had departments with emphases in IPV or family violence, or centers that serve survivors of IPV were also targeted. Finally, social media pages/groups for women who have experienced IPV were provided with recruitment materials, and Craigslist ended up being the site that elicited the majority of participants in this study.

Individuals interested in participating were asked to follow a Qualtrics internet link to the screening form (Appendix A). If they screened into the study, they were then

immediately taken to the informed consent (Appendix B) and demographics forms (Appendix C). Once the forms were complete, the PI contacted the eligible individuals to schedule an interview. On the date of the scheduled interview, the PI contacted the participant and reviewed the screening form as well as informed consent before proceeding with the interview. A further discussion of both consent and the interview process is provided below.

Research Team

This study utilized a research team to carry out data analysis. A team approach to analysis was useful because it allowed for a variety of perspectives and was an opportunity to manage unwanted bias through the reflexivity process (Morrow, 2005). Furthermore, this approach contributes to the rigor of the study, because it allows for credibility checks of the findings and the research process as a whole (Fassinger, 2005). The primary research team was responsible for data analysis, and included the principal investigator (PI; i.e., this writer), two doctoral-level counseling psychology graduate students, and an auditor with the primary task of assuring study rigor and providing feedback about emerging themes and topics. The background of the research team included one African American, cisgendered woman and one Vietnamese, heterosexual, cisgendered woman. All had varying degrees of prior experience with grounded theory methods through previous graduate training. Still the primary investigator provided, or reviewed, education and training, including an overview of the background, methodology, and key concepts of grounded theory prior to and throughout data analysis. Finally, the auditor was the dissertation advisor whose qualifications include research

experience in grounded theory methodology as well as extensive research and clinical experience with the Latinx community.

Before beginning data analysis, the PI met with research team members and provided initial training about CGT data analysis procedures. Additionally, per the ethical guidelines for conducting research on IPV provided by Btoush and Campbell (2008), training also addressed the research team members' biases, fears, or stereotypes regarding women who have experienced IPV. Due to the possibility of research team members being faced with accounts of distressing experiences, the PI incorporated opportunities to engage in debriefing during research meetings to ensure consistency and transparency between research team members.

The PI conducted all interviews and data collection. To complete the analysis, the PI and research team members met on a regular basis (e.g., weekly, monthly). During those meetings, team members went through a line-by-line coding process, kept and discussed memos throughout the data analysis process, and participated in discussions involving member checking and alternative explanations. The PI kept and managed an electronic document with codes on an Excel document to help organize and track emerging concepts and themes. These documents were stored in a shared password-protected drive (e.g., Dropbox) that members of the team all had access to. Utilizing a shared folder on a password-protected drive helped to ensure all member's individual coding efforts and resulting data were protected in a single location that could be monitored by the PI.

Primary Researcher Positionality

One of the unique aspects of qualitative research, including CGT, is the need for the researcher to acknowledge their positionality due to their part in constructing meaning and a theory from the data (Morrow, 2007). Positionality is an accounting of the demographic and social characteristics that may impact perspective. Ultimately, this detailing of my awareness of my positionality serves a very important function - it aids in researcher transparency (Morrow, 2005). Researcher transparency allows other researchers and research consumers to consider how my positionality may shape my interpretation of the data; thereby, serving as an important on-going trustworthiness check in the research process. A further detailing of the established rigor of this study will be discussed in more detail in a later section.

The PI's positionality is centered on being a 34-year-old heterosexual, cisgender, Latina from the Los Angeles area, currently completing a PhD program in the midwestern region of the US. She was raised in a two-parent household, in a family that would be considered lower middle class. While her father made a good living for his family as a highly skilled laborer and entrepreneur, he also struggled with alcoholism throughout his life and was often physically, emotionally, and economically abusive. Therefore, despite him being generally economically solvent, he often withheld money and other resources as a means of maintaining power.

The experience of several forms of IPV in the PI's childhood very much shaped the adult she became and guided her professional pursuits. The first seven years of her professional life she worked as an IPV service provider within an emergency shelter and community agency. In her doctoral training, she continued working with more

generalized trauma, not excluding IPV. Overall, addiction, IPV, and demographic factors all contributed to shaping the adult, professional, and researcher she has become and allows her to bring several professional and personal viewpoints to this study: (a) a nonjudgmental stance toward those who have experienced IPV as well as those who decide or find it necessary to stay in an abusive relationship; (b) a sense of connection to the community of victims and survivors of IPV; (c) the belief that spirituality is an important social and cultural component in many Latinas' lives; and (d) multiple areas of privilege as a light-skinned, heterosexual, cisgender female.

Data Collection Procedures

This study was submitted to and approved by Marquette University's Institutional Review Board (IRB) for the Protection of Human Subjects. This study's research team was diligent about adhering to the research proposed to IRB, all IRB procedures, as well as APA (2016) ethics throughout the project. Following IRB approval, the first research activity that was conducted was recruitment. This section will detail the measures used, how informed consent was gained, and the interview protocol.

Measures

Screening Form (Appendix A)

The first step in the participation process of this study was to complete a screening form. The screening form was used to ensure participants were eligible for the current study. Eligibility was determined through the screening of inclusion criteria in a forced-choice format. Participants completed the screening form online through a Qualtrics link they received directly from the recruitment flyer or following emailing the

PI since some social media sites did not allow hyperlinked PDF to be uploaded. If participants did not meet inclusion criteria, they were thanked for their participation and not allowed to move forward with the subsequent participation steps.

Consent Form (Appendix B)

Due to all data collection being completed through online resources, informed consent was also completed online. As stated prior, following the completion of the screening form, eligible participants were immediately taken to the consent form. It was made clear to participants that they would not sign a hard copy of the consent form, but rather by clicking “agree,” they would be giving their consent to participate in the study. Further, prior to conducting the interview, the PI verbally reviewed the consent form with each participant in order to ensure that they understand the potential risks and benefits, as well as to remind them that they may decide what they wish to share, may decline to answer any question/s, or may choose to end the interview at any time without penalty. Finally, the PI was clear about mandated reporting obligations, explaining in detail what falls into mandated reporting laws so participants may make informed decisions about what they wish to share. If the participants agreed and denied having additional questions, the interview then began.

Demographics Form (Appendix C)

After agreeing to the informed consent, participants were immediately taken to the demographic form that consisted of questions regarding participants’ age, race/ethnicity, generational status, level of education, occupation, income, religion/spirituality, and relationship status. Some of the questions were open-ended (e.g.,

age, occupation, relationship status), while others were forced-choice format (e.g., yes, no). While the PI was ready to read the demographics forms to participants in instances where internet availability was limited or literacy concerns were apparent, this was not necessary.

In order to keep all data anonymous and protect confidentiality, contact information (i.e., phone numbers, email addresses) was kept separate from demographic, audio recordings, and interview transcripts. All contact information was kept in a double password-protected file, separate from other data. While personal information was elicited from participants, no personal identifiers were used in the reporting of the data.

Interview Protocol (Appendix D)

For this study, one-on-one, semi-structured interviews were conducted through a secure video conference application (i.e., Microsoft Teams). Within the chosen application, a private meeting was created for each participant and an individualized link that was sent to them prior to the beginning of their interview along with the interview protocol and informed consent documents. All interviews were conducted in English, lasted approximately 25-81 minutes, with the interviews averaging 53 minutes, and were audio recorded, which was made clear to participants in all recruitment materials and prior to recording devices being turned on. A semi-structured format is the most commonly used data collection method in qualitative research and was used for the purposes of this study (Madill, 2012). Semi-structured interviews have an interview protocol that contains open-ended questions and prompts relevant to the research question, while also allowing flexibility regarding the order questions are asked as well as allowing room for the interviewer to follow the participant's lead, when appropriate

(Madill, 2012). Utilizing this format facilitates rapport and provides greater flexibility, allowing the interviewer to cover material more deeply or broadly (Smith & Osborn, 2003). Given the sensitive nature of the topic examined in this study, the order of interview questions was organized in a manner that asked more sensitive questions or areas of inquiry toward the latter half of the interview. This allowed time for the participant to acclimate to the interview process and build rapport with the interviewer (Smith & Osborn, 2003).

After consent was verbally given by participant, the individual, semi-structured interview was conducted by the PI. The PI monitored for any verbal or non-verbal behavior that indicated distress. It was anticipated that some individuals may feel discomfort while reflecting on their experience of abuse, which had been explained as a risk for the participant during consent. In one instance, a participant reported experiencing distress due to being earlier in her healing journey, so the PI discussed terminating the interview prematurely and the participant decided it would be in their best interest. No data from this participant was used in the study. At the conclusion of the interview, participants were thanked for their participation in the study and were given the choice to receive a gift card valued at \$20 or to donate the same amount to a non-profit IPV service provider of their choice as compensation.

Data Analysis Procedures

Beginning with the completion of the first interview, the data analysis process began as suggested by Charmaz (2014). Starting analysis immediately allowed for our research team to engage in a constant comparative analysis throughout the data collection and analysis process (Chun Tie et al., 2019). This is congruent with grounded theory

methodology as it allows data to be collected and coded simultaneously so we were able to identify when data are saturated (Charmaz, 2014). This section will describe several aspects of analysis, including transcription, coding, and memo-writing.

Transcribing

Transcribing an interview is the first step in the analysis process in that it allowed me to begin reviewing and further familiarizing themselves with the interview (Bailey, 2008). Following the completion of an interview, it was transcribed by the PI or an artificial intelligence transcription program. The transcripts ranged from 10-26 pages, with an average length of 16 pages. In order to ensure accuracy, once an interview was transcribed, the individual participant was invited to read over the transcript of their interview to verify the transcript and make any revisions or additions they wish. This optional review process took place via email and was projected to take no longer than one 25-90 minutes. The PI requested that comments be returned within two weeks of receipt of completed transcript; however, no participant had anything to add following their review of their transcript.

Initial Coding

While transcribing was the first step in data analysis (Bailey, 2008), initial coding was the first step in the CGT coding process (Charmaz, 2014; Chun Tie et al., 2019). At this stage, we focused on codes remaining as similar to the data as possible. In order to do this, our team engaged in line-by-line coding, meaning we coded each line in order to gain a deep understanding and extract as much as possible from the data. The first two transcripts were initial coded by all team members during weekly phone meetings. The

team alternated taking the lead on reading transcript lines aloud and facilitating discussion about codes. All members would collaboratively brainstorm potential codes until agreement was reached. After sufficient practice and comfort with data analysis procedures, individual team members were assigned a transcript, which was then coded independently. Upon completion, the transcript and codes were reviewed by the remaining team members who offered feedback as to whether they were in agreement or disagreement about each code. Then, all team members met to arrive at consensus on all codes for each transcript. Often this resulted in modifications of the proposed codes or double coding of data to ensure relevant phenomena was captured accurately and comprehensively.

This process of fracturing the data allowed for the organization and ascription of meaning to the data, comparing similar events/experiences to each other, labelling initial patterns, and beginning to compare the codes (Chun Tie et al., 2019). The final product of this level of analysis yielded a range of concepts and emerging themes that were further refined in the subsequent levels of analyses. In total, the research team generated 1,405 codes during the initial coding process. To illustrate, the following initial codes are provided for the reader: “Higher support is an intangible source,” “The difference between religion and spirituality is having a relationship with God,” and “Spirituality illuminated need to leave relationship.”

Focused Coding

Following initial coding, focused coding allowed the research team to identify those initial codes that were the most frequent or significant to analysis. This stage of coding is comparable to selective coding in traditional grounded theory (Glaser &

Strauss, 1967). In both selective and focused coding, codes at this stage are more “directed, selective, and conceptual than initial codes” (Thornberg & Charmaz, 2014, p.158). Through this process, the research team was also able to ascribe conceptual definitions to the data. In order to be able to achieve the goals of this stage, the team had to be constantly comparing codes with emerging categories, between experiences/events, across time points, between participants, as well as comparing categories with other categories. This helped the team explore and decide which codes best capture what was seen happening in the data and raise those codes up to tentative conceptual categories.

Continuing this process further, the findings were put together to begin to form the understanding of how spirituality helped Latinas to cope with IPV. A constant comparative method was used to compare findings to the raw data and each previous level of abstraction. At this point, we also conducted a cross analysis to determine the frequency with which the categories and themes embedded in the theory applied to participants.

Theoretical Coding

Once data-driven and empirical codes and categories were generated through the iterative process of comparison within initial and focused coding, theoretical coding began. During theoretical coding, ideas and perspectives of team members were brought to the research process as analytic tools and lenses. Through this final cumulative step, we were able to take part in constructing meaning with participants to understand experiences and phenomena as we examined our findings through the consideration of the existing literature and related theoretical concepts. In this stage, the identified categories and themes were shared with the external auditor for review. Auditor feedback

was considered, and categories were revised, as needed. This exchange was repeated until consensus on final categories was reached.

In terms of numbers, 3 major categories, 12 themes, and 38 further subthemes were identified. The three major categories that emerged through focused and theoretical coding procedures were: “*Surviving Abuse*,” “*Spirituality in the Lives of Latinas*,” and “*Using Spirituality to Cope with IPV*.” An example of a theme and related subthemes is “Experiences of IPV” (theme) and “Physical” and “Psychological Aggression” (subthemes).

Memo Writing

Unlike coding, memo writing is a unique part of the qualitative research process in that it spans the entirety of the data collection and analysis (Chun Tie et al., 2019). Memo writing allowed the research team to pause throughout the research process to analyze and document ideas and reactions to interviews and codes (Charmaz, 2014), which then became a part of data and were included in the analysis (Fassinger, 2005). Essentially, memos are “reflective interpretive pieces that build a historic audit trail to document ideas, events, and the thought processes inherent in the research process” (Chun Tie et al., 2019, p. 4).

All members of the research team participated in memo writing, with memos being stored in the transcripts as well as codebook, and then included in the analysis and theory building process. In total, there were 53 initial memos made throughout the analysis process that were then discussed in team meetings. Some memo examples are as simple as “interesting!” when a team member’s interest was pique. Alternatively, memos could capture continuity between codes, “38, 39, 40 => through her spiritual practice,

there seems to be an increase in connection with her family/ ethnic background,” questions team members had, “I think this is interesting how during the abuse, she had to keep her faith/practice and identity hidden (praying silently), wondering if it contributes to the feeling of being trapped (other than literally trapped in the relationship)?,” or clarify procedural questions, “I am struck by her use of ‘well.’ Might she have the belief that to be abusive is to be mentally unwell (i.e., the person has a mental health concern)? Should we refine code to read ‘pray him into being non-abusive’ or ‘pray him into being well (i.e., non-abusive)?’ Or is that over reading into what she said?” These memos, and the subsequent discussions of them, led to a more nuanced and detailed analysis.

Rigor

The rigor of a qualitative study, also referred to as its trustworthiness, is the level of confidence one can put in the appropriateness of the methodology utilized as well as the quality of the data collection and interpretation (Morrow, 2005). Lincoln and Guba (1985) put forth the most commonly accepted criteria for rigor within qualitative studies, including: credibility, reflexivity, confirmability, dependability, and transferability (Lincoln & Guba, 1985). The following section will review how this research study attempted to ensure the highest level of rigor.

The first, and some would argue the most important (Connelly, 2016) aspect of rigor is *credibility* (Lincoln & Guba, 1985). It is so highly regarded due to the fact that it addresses the “truth” of the findings (Connelly, 2016, p. 435). In other words, credibility establishes whether the research findings reasonably represent the participants’ original data and are a correct interpretation of the views that were shared (Connelly, 2016; Lincoln & Guba, 1985). For this study, the techniques used to establish credibility were

member checking, explorations of memo writing, alternative explanations, and triangulation (Connelly, 2016; Korstjens & Moser, 2018). Member checking included sending out the completed transcript to participants and eliciting any feedback they may have about the interview. While transcripts were sent to all participants, only four acknowledged receipt of them, and they reported nothing to change about the interview. This lends support to the data being an accurate representation of the participant narratives.

Memo writing contributed to the credibility of this study as team members were able to use it to process their thoughts, reactions, alternative explanations, and decision-making processes and open follow up discussions within team meetings. The training provided by the PI regarding team members' perceptions and understanding of women who have experienced IPV also facilitated team members' abilities to identify and speak to their reactions throughout the analysis process. Another strategy to ensure credibility involved investigator triangulation, which refers to the use of a research team to involve multiple investigators in the process of analysis where analytic interpretations are compared and agreed upon (Korstjens & Moser, 2017; Lincoln & Guba, 1985).

This process of acknowledging team member positionalities also incorporated *reflexivity* in that team members were encouraged to constantly consider how their own experiences in the world may be impacting their reactions to and interpretations of the data (Morrow, 2005). Reflexivity is the second aspect of rigor and particularly important to consider since the researchers were taking an active role in the meaning making process (Morrow, 2005). If they were unable to be reflexive, the credibility of the study's findings may be called into question, which would hurt the overall trustworthiness of the

study (Lincoln & Guba, 1985; Morrow, 2005). Further, through the reflexive and memo writing processes, the third aspect of rigor, confirmability, was also strengthened (Morrow, 2005). *Confirmability* is the ability of other researchers to “confirm” that the findings are clearly derived from the data (Korstjens & Moser, 2018; Lincoln & Guba, 1985; Morrow, 2005, p. 252). Confirmability is only possible when researchers are aware of their own subjectivity and actively work to record their thought processes and the reasons for their decisions regarding interpretation. To this end, memo writing, member checking, and auditor review was crucial (Connelly, 2016; Morrow, 2005).

While confirmability addresses researchers’ neutrality, the fourth aspect of rigor, *dependability*, is concerned with consistency (Korstjens & Moser, 2018). Using similar methods to those used to ensure confirmability (e.g., memo writing), the stability of study findings over time as well as degree to which analytic procedures were consistent to standards for a particular research design can be recorded and tracked in order to ensure dependability (Korstjens & Moser, 2017; Lincoln & Guba, 1985). The final aspect of rigor to consider for this study is transferability. *Transferability* refers to the degree to which the results of qualitative research can be generalized to other contexts (Lincoln & Guba, 1985). In order to avoid issues of transferability, the PI attempted to ensure that the final theory did not overstate or imply applicability to groups outside which the data were collected (Morrow, 2005).

Ethical Considerations

When conducting research on a topic as sensitive as IPV, especially within a marginalized community, there are several ethical obligations that must be considered. These considerations include: informed consent, protection of privacy and

confidentiality, reporting of suspected child/elder abuse, participant safety, minimizing participant distress, and providing appropriate referrals for care or support. In this section, each of these ethical obligations are described in detail as they pertained to this study.

To begin with, informed consent is a foundational ethical obligation that applies to both the research and clinical work of psychologists. APA (2016) stipulates in standard 3.10 that informed consent is required whenever a psychologist interacts with a client or research participant. Informed consent is necessary in order to try to protect a participant from a violation of privacy, confidentiality, or self-determination. For this study, participants were able to review the informed consent form, in detail, in privacy. Prior to the interview beginning, the consent was reviewed in detail once more and the participant had the chance to ask for clarification on any aspect necessary. Only when the participant denied any further questions and verbally consented to participation in the study was given, did the interview begin.

Two aspects of informed consent that were particularly important within this sample were privacy and confidentiality (WHO, 2001). In order to ensure the confidentiality of all participants, contact information was kept separate from demographic forms or interview transcripts so individual participants' responses could not be traced back to them. Additionally, audio recordings of interviews were kept in a secure location with limited access to individuals unauthorized to listen to the file and participants were informed regarding who would have access to audio recordings and how long these recordings would be kept.

Participants were also made aware of the limits of confidentiality, specifically, the mandate to report the abuse of children and vulnerable populations to appropriate agencies. In Wisconsin, Wis. Stat. sec. 48.981 requires mental health professionals to report child abuse or neglect. The definitions of child abuse and neglect that must be reported to child protective agencies are defined by state civil laws (Child Welfare Information Gateway, 2019). Statutes in Wisconsin define different types of child abuse, including physical abuse, neglect, sexual abuse, and emotional abuse. Some state laws include a child's witnessing of domestic violence as a form of abuse or neglect (Child Welfare Information Gateway, 2016). Wisconsin statutes do not define circumstances that constitute witnessing domestic violence; however, it may be considered under 948.04 as a situation that may cause mental harm to a child. The PI reviewed their role as a mandated reporter, clearly describing their duty to report cases of real or suspected child abuse, negligence, or exploitation to the appropriate authorities. The PI made it clear to participants that it was not believed that the interview protocol would elicit definite or probable evidence of abuse (Margolin et al., 2005) and reminded them that they may choose what they wish to share, decline to answer any question/s, or decide to end the interview at any time.

It was also an ethical obligation of researchers to ensure participant safety. When working with victims and survivors of IPV, it is especially important to ensure that they will not experience any repercussions due to their involvement in the study. Specifically, qualitative research involving victims and survivors of IPV requires thorough and preemptive planning to protect participants and the investigator from the risk of violence from an abusive partner (Langford, 2000). One way in which the PI strove to minimize

this risk was to limit the inclusion criteria to those who were not currently experiencing intimate partner violence in their relationship. However, even though the participants were actively experiencing IPV, they may have still felt some distress at recounting prior experiences. For this reason, active efforts to reduce possible distress caused by participating in the current study were taken. For example, throughout the interview, the PI actively attended to indications of distress and continuously assessed whether the level of distress became too great, at which time early termination of an interview was initiated (WHO, 2001). When there was distress, a pre-determined list of national services and resources was prepared by the primary researcher and offered to participants (WHO, 2001).

Chapter Four: Results

In this chapter, I report the study findings that resulted in the Theory of Latinas' Use of Spirituality to Cope with IPV. I describe in detail both the context and processes involved in the theory, which answered the research question: *How do Latinas utilize spirituality to cope with IPV?* To begin, the first two sections review spirituality in the lives of Latinas and the experiences of IPV, including non-spiritual ways of coping. The final section of this chapter will review the process of Latinas using spirituality to cope with their experiences of abuse. In total, 11 participants were interviewed for the study, with nine of those interviews being used to reach saturation. Data from two interviews were not included in the final theory due to one participant not meeting eligibility requirements (participant four) and one interview being cut short due to emotional distress (participant eight). As a result, the coping experiences of nine Latinas are described in this chapter.

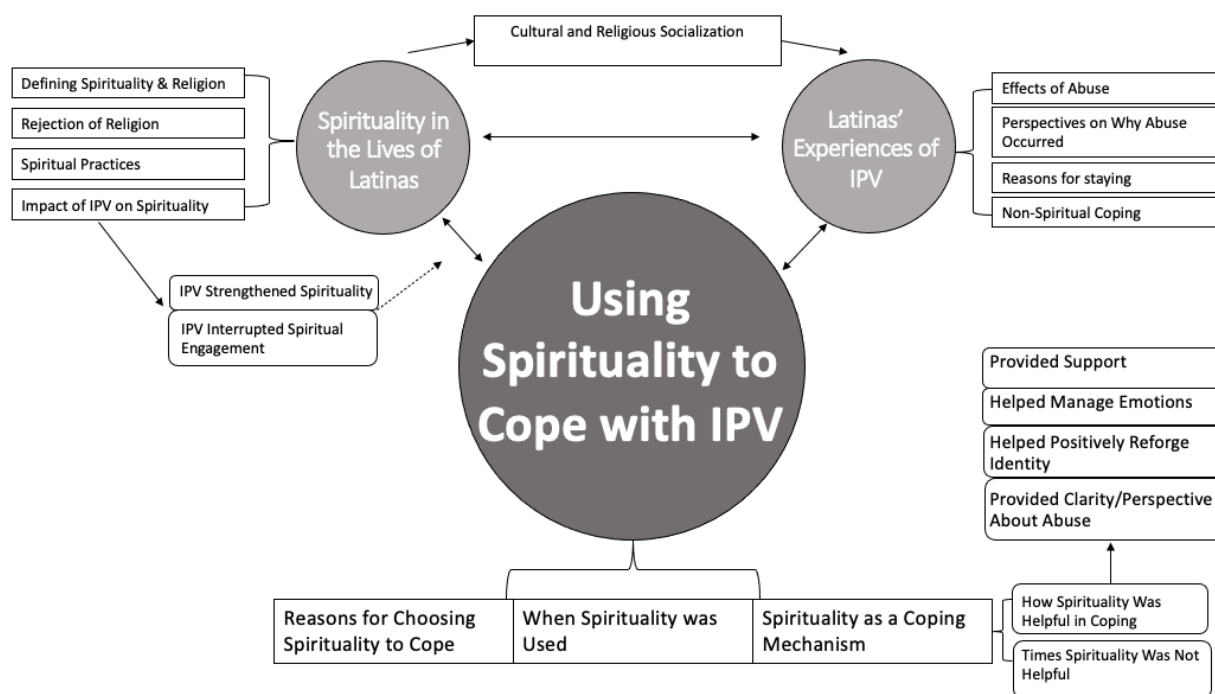
Throughout the chapter, findings will be organized into a taxonomy that includes categories, themes, and subthemes. Categories that emerged from the data included: *Spirituality in the Lives of Latinas*, *Latinas' Experiences of IPV*, and *Using Spirituality to Cope with IPV*. These categories are overarching groupings that help to impose organization onto the data, though participants' words may not match the category title perfectly. Within these categories, 11 themes emerged, each with 2-11 subthemes. This way of organizing the data is consistent with the constructivist grounded theory model proposed by Charmaz, (2014), whereby themes are a higher level of categorization than categories that identify specific elements that presented themselves within the data.

In order to provide clarity and a consistent reporting method, I present data in this chapter using the system developed by Rhodes et al. (1994) and adapted by Richie et al. (1997). Richie et al. (1997) operationally defined the following descriptors as “generally,” “most,” “often,” “many,” “the majority,” “usually,” “typically,” and “commonly,” to indicate the characteristic response of a majority of participants (six or more). The descriptors “some,” “several,” and “a number of” indicate responses from four to five participants. Finally, “a few,” and “a small amount” indicate responses from three participants. I also occasionally used more specific language (e.g., all, four). Additionally, exemplifying quotes will be used throughout this chapter to present the findings.

The theory begins with descriptions of *Spirituality in the Lives of Latinas*, *Latinas’ Experiences of IPV*, and finally it describes *Using Spirituality to Cope with IPV*. These categories build off each other to paint a picture of the utility of spirituality for helping Latinas cope. To illustrate this process, a figure was developed that represents the interrelated processes between the main categories (circles), themes (rectangles with sharp edges), and subthemes (rectangles with rounded edges; see Figure 1). As can be seen, the central category is *Using Spirituality to Cope with IPV*. It is connected to both *Spirituality in the Lives of Latinas* and *Latinas’ Experiences of IPV* as the three main categories are interrelated. The first theme, *Spirituality in the Lives of Latinas*, encompasses participants’ *Definition of Religion and Spirituality*; *Rejection of Religion*; description of *Spiritual Practices*; the *Impact of IPV on Spirituality*, which also includes the subthemes *IPV Strengthened Spirituality* and *IPV Interrupted Spiritual Engagement*; and experience of *Cultural and Religious Socialization*, which are included in Figure 1.

IPV Strengthened Spirituality and *IPV Interrupted Spiritual Engagement* are depicted with a dashed arrow leading from them to the pathway between *Spirituality in the Lives of Latinas* and *Using Spirituality to Cope with IPV* due to the influence these factors can have on Latinas' ability to use their spirituality to cope with abuse, which will be detailed later in this chapter.

The second category, *Latinas' Experiences of Surviving Abuse* captured the following subthemes: *Effects of Abuse*, *Perspectives on Why Abuse Occurred*, *Reasons for Staying*, and *Non-Spiritual Coping*. In the final and central category, *Using Spirituality to Cope with IPV*, includes three main themes (i.e., *Reasons for Choosing Spirituality to Cope*, *When Spirituality was Used*, and *Spirituality as a Coping Mechanism*) along with two subthemes (i.e., *Times Spirituality was Not Helpful* and *How Spirituality Was Helpful in Coping*). Within *How Spirituality was Helpful*, four further subthemes emerged that clearly indicate the way in which spirituality helped Latinas to cope with IPV (i.e., *Provided Support*, *Helped Manage Emotions*, *Helped Positively Reforge Identity*, and *Provided Clarity/Perspective About Abuse*). More detailed descriptions of this figure will be discussed in the corresponding sections below.

Figure 1*Theory of Latinas' Use of Spirituality to Cope with IPV***Spirituality in the Lives of Latinas**

As the first theme reviewed in this chapter and depicted in the visual (see Figure 1), *Spirituality in the lives of Latinas* includes the everyday practices and beliefs that provided the contextual grounding for how participants survived, coped with, and ultimately transcended IPV. As depicted in Figure 1, there were five main themes (i.e., *Defining Religion and Spirituality*, *Rejection of Religion*, *Spiritual Practices*, *Impact of IV on Spirituality*, and *Cultural and Religious Socialization*) with two subthemes (i.e., *IPV Strengthened Spirituality* and *IPV Interrupted Spiritual Engagement*) illuminated within this category. These will be described below.

Defining Spirituality and Religion

This first theme of this category encompasses participants' responses to being prompted to define both religion and spirituality. A number of participants defined spirituality based on a connection to self and/or with God/the divine. Alternatively, their definition of religion was grounded in the organized practices guided by the religion's tenets. The coming sections will provide more depth regarding each of these definitions.

Defining Spirituality

Several participants grounded their spirituality in a connection with themselves and/or with God/the divine. The following subthemes, *Connection with Self* and *Connection with God/the divine* further expound participants' understanding and practice of practice.

Connection with Self (Five Participants). When participants discussed how they defined spirituality, several of them described it as an individual experience. Gloria exemplified this by saying, "so, in my personal experience, I feel like spirituality [is] more of a feeling. I'm kind of connecting with myself." Belinda further discussed the individuality of spirituality and the choice people have to define and practice it in a way that feels congruent for them:

...[spirituality] is your own thing. It's how you view it, how you see it, how you believe it, how you want to do it and practice it...I think it's something that you can do either with a group of people, with like-minded folks, or by yourself, and it's what you make of it.

Other participants, like Celia, defined spirituality through the way it made them feel inside: “spirituality to me means my soul or my heart are at peace.” Overall, spirituality allowed participants to define and express their spirituality in a way that was congruent for them and brought them the peace they desired.

Connection with God/The Divine (Five Participants). The other way participants defined spirituality was through the connection it afforded them to God or the divine. Speaking of spirituality, Elena stated, “...I feel like it’s more like seeking God.” Melissa further nuanced that seeking and developing a relationship with God helped her transcend religion and fully engage in her spirituality:

What I’ve come to understand in my growth with God is that it’s about the relationship with God and understanding that if you are a Christian, and you believe in Jesus Christ, you understand that for the Christians and believers, that we are no longer under religion, per se, because everyone has broken the 10 commandments and done things we shouldn’t do. But we’re under grace now.

Participants’ relationship with God allowed them to engage with the divine in a way that felt supportive, redemptive, and relational. This connection was defined as spiritual because it was not dependent on formal religious involvement. Participants provided a separate definition for what they believed to be religion, as seen below.

Definition of Religion

While spirituality was individualistic and open to being practiced as each person deemed appropriate, religion was defined through the rules and expectations embedded in religious practice. The following subthemes of the *Defining Spirituality and Religion* theme include *Religion is Organized Practices*, *Differentiating Spirituality from Religion*,

and *Religion and Spirituality Intertwined*. These subthemes further explicate participants' understanding and practice of religion.

Religion is Organized Practices (Four Participants). All four participants in this subtheme endorsed religion being defined as a predetermined practice that is put forth by a specific religious organization. For some, this definition was grounded in identifying with a specific religion. Josefina stated, "I would say that religion is the actual religion. So, for example, are you Catholic? Are you Muslim? Are you Buddhist?" Belinda described religion in this way: "I think religion is more organized, has a lot of rules. It has a lot of regulations and sensitive situations. It has a lot of judgment." While participants in this section, as well as the previous, spoke about spirituality and religion as distinct experiences, the following two sections discuss how the two are differentiated from each other as well as how they are intertwined.

Differentiating Spirituality from Religion (Four Participants)

In addition to defining religion and spirituality, participants spoke to how they further differentiated the two. To begin, Nico reflected the sentiments discussed in defining spirituality and religion,

I think that religion...has 'official' structure, you know? So, like you have a specific place where you are meant to go worship. You have specific guidelines under which you are meant to pray. You have specific rules and regulations that you are meant to follow versus spirituality is much more open to me. Um, it's all open to interpretation and really what's comfortable for you. Whatever you want to do, whatever feels right to you, is right.

In contrast, Belinda differentiated religion from spirituality by pointing out how her experiences have been different: “I do believe that in certain religions there’s a hidden agenda sometimes for compensation. And [with] spirituality, I don’t see that as much.” Using their lived experiences, participants compared and contrasting spirituality in order to differentiate the two.

Religion and Spirituality Intertwined (Three Participants)

Most participants distinguished spirituality from religion, but there were a small number who felt the two were intertwined and could not be separated from each other. Celia gave the following reason for why she could not distinguish them: “I would say religion contributes to spirituality...there cannot be spirituality without religion...because what happens to the spirit is mostly fed by religion.” Whereas Cris felt that they cannot be distinguished because they serve the same function: “...and so when it comes to the core of what religion is, what spirituality is...it’s where you are right now. And God is with you every step of the way.” For these participants, religion and spirituality coexisted in their lives and were therefore unable to be unentwined.

Rejection of Religion

The second theme under the category of *Spirituality in the Lives of Latinas* was *Rejection of Religion* (see Figure 1). While all participants discussed a childhood or familial connection to religion, especially Christian religions, the majority of participants also discussed separating from formal religion. The main reason cited for that separation was the participants’ discontentment with the Church’s ideology and rigidity.

Discontentment with Church's Ideology and Rigidity (Four Participants)

A number of participants identified the reason for their leaving formal religion as a lack of agreement with the doctrine of the Church, and often the Catholic and Christian church. As Nico emphatically stated, "I can tell you that it was 100% the church that did it. It was the church." Priscilla cited a similar rationale in that she felt the church her mom and then herself joined was "cultlike" and tried to control people through the bible. She stated, "...the pastor tells you how to live your life, and you follow the bible to a T. And none of it is metaphorical...So, it was like every aspect of our life was God. And, and if something was wrong, it was God." The imposing presence of God made Priscilla turn away from Catholicism and instead lean on Buddhism since she felt it did not have the same rigid tenants. Similarly, Belinda also did not agree with the Catholic church's stance on homosexuality:

There were things that would come up [in] my learnings as I was younger, that just didn't make sense. And I realized as I got into high school, I don't really want to align myself with this group of people because I don't believe those things. And I felt like if I did align myself with that, then I would be just as bad as the people saying this is okay.

Whether it was a difference in ideologies or practices, all these participants turned away from Christian religions and turned to spirituality.

Spiritual Practices

The third theme of the category *Spirituality in the Lives of Latinas* is *Spiritual Practices* (see Figure 1). All participants detailed the spiritual practices that they engaged

in, including meditation, prayer, reading the bible, music, communal worship, and religious traditions. Further, this theme discusses the frequency with which participants reported engaging in spiritual activities. These subthemes give the reader a sense of the participants' spiritual lives.

Meditation (Five Participants)

Meditation as a form of spiritual practice was endorsed by a number of participants. While most simply endorsed the practice being a part of their spiritual practice, Gloria spoke of its importance in her life: "So, I would say my fallback [is] meditation and being able to pause, because it was very easy to kind of get hyper reactive [experiences of abuse]." Further, for Priscilla, meditation was such an integral part of her life that she incorporated it into her living space. She reported, "I meditate a lot. I have like a little meditation corner in my room where I've kind of just made it my space." This speaks to the importance of meditation in participants' lives.

Prayer (Six Participants)

In addition to meditation, the majority of participants endorsed praying as a part of their spiritual practice. Specifically, prayer gave participants access to God or a higher power. For Belinda, prayer allowed her to "lean on that higher support for the strength that I feel I need every day." Alternatively, Cris used prayer to gain guidance, saying she would "talk to God and pray and listen and be aware of any kind of signs that He might be sending my way that I'm not aware of at that moment." While prayer provided support and guidance, participants also endorsed it being something they could engage in at any time, which made it invaluable to them.

Reading Spiritual Texts (Five Participants)

Some participants also reported reading spiritual texts to be a part of their spiritual practice. This included both reading the Bible as well as receiving spiritual quotes through a phone application to reflect on. Priscilla described how she engaged with reading spiritual texts:

“And I read a lot of uplifting things to try and make me feel better. I had apps on my phones that would send me push notifications with new quotes. And a lot of them were Buddhist quotes. And it was just like, you know, just different teachings that applied to my life.”

Reading spiritual texts gave Priscilla the ability to stay engaged with her spirituality at times when she struggled to maintain her connection to spirituality. Overall, reading spiritual text felt accessible to participants since they could do it whenever it was convenient for them.

Music (Three Participants)

Similarly, music was a way for a small number of participants to practice their spirituality. Specifically, music seemed to bring peace, respite, or catharsis for participants. For example, Cris discussed using music to get her emotions out: “I would just play music and sing and scream and yell and cry until I [could] get all my emotions out.” Celia used it to find respite: “so mostly I escaped from that. Maybe take a walk and as I’m doing that, I’ll listen to worship [music]” she also acknowledged that it was a big part of her spiritual practice because “there was access to worship [music] more than any other [options].” Similar to mediation and reading spiritual texts, music as a spiritual

practice allowed participants to step back and find respite from the abuse they were experiencing.

Communal Worship (Six Participants)

Unlike the previous spiritual practices, communal worship was commonly endorsed as a form of spiritual practice that participants did not do alone. While communal worship is often discussed as a religious practice, participants defined it as spiritual because they were able to practice it as they chose or with peers rather than an identified religious leader. For example, Priscilla shared the moving experience she had of attending Dharma at a Buddhist temple:

They had a Sunday service where you would go...you would stand in a circle and just sing Buddhist songs. And they were about spiritualism and loving yourself and what the Buddha wants of us. And what the Buddha wants is that we take care of each other. And so, it was nice. And we did walking meditations and from there we'd meditate in the forest. And then we'd go inside for the Dharma, which was like mass. So, they would...I remember sitting and listening to the Dharma for the first time and I was just balling the whole time because it was just so different [from Mass].

For others, communal worship was coming together to pray together and receive support from peers. Melissa provided a good example of this by discussing her use of prayer lines. After calling a number, she was connected with “prayer intercessors that pray for you and pray with you.” As can be seen from these participants’ experiences, they described the strong influence of coming together in spiritual community.

Frequency of Engaging with Spirituality (Five Participants)

Another subtheme of *Spiritual Practices* detailed the frequency with which participants engaged in their spirituality. While all participants discussed spiritual practices, some went further by detailing how often they engaged in these practices. All of the participants engaged with their spirituality at least once a week, but some spoke of wanting more frequent engagement. For Priscilla, attending Buddhist services was such a moving and supportive experience that she wished it occurred more than once a week: “when I wasn’t in the monastery, I was thinking about the monastery. My life was falling apart outside, but it was okay. I was like this Sunday everything will be okay again.” For Elena, spiritual practice included attending psychotherapy, which she did two to three times a week. Overall, participants spoke about their desire to engage with their spirituality on a regular basis that was more than once a week in formal religious services.

Impact of IPV on Spirituality

The fourth subtheme within the category of *Spirituality in the Lives of Latinas* details how IPV impacted participant’s spirituality. Almost all participants discussed some way that IPV impacted their spirituality. This theme includes two main subthemes: IPV Strengthened Spirituality and IPV Interrupted Spiritual Engagement, both of which are depicted in Figure 1.

IPV Strengthened Spirituality (Three Participants)

The first main subtheme of the category *Impact of IPV on Spirituality* is *IPV Strengthened Spirituality*. A few participants discussed how their spirituality was

strengthened due to the abuse they experienced. While reflecting on what she thought and felt at the time she was in her relationship, Gloria stated, “that unhappiness led me to seek something else that can add meaning to my life, because this is just not working. This is not what I want. So that was what catapulted me in that direction.” Her feeling of discontent forced her to seek something that would give her more than she was getting from her relationship. Josefina also had a noticeable shift in her engagement with spirituality due to the abuse she experienced. She stated,

“I would say it increased my level of spirituality and I felt more connected to God throughout the whole thing. On a scale of one-to-10, I would say I was an eight at the beginning [of abuse] and then afterwards I became like a nine. It increased as I needed it.”

For Josefina, the reason for the increase in her spirituality was because she realized God was stopping the abuse from getting worse. She reported realizing, “he's actually saving me...This guy's not murdering me, and I'm not being totally physically assaulted, it's not as if I'm imprisoned or I'm being kidnapped by him.” This led her to lean further into her spirituality and turn to God for further support. Largely, participants’ spiritual engagement was increased due to feeling like there was no other options to turn to or the situation became more intense and/or overwhelming and they needed a source of support.

IPV Interrupted Spiritual Engagement (Six Participants)

The second subtheme of *Impact of IPV on Spirituality* is *IPV Interrupted Spiritual Engagement*. While a few participants experiences strengthening of their spirituality as a result of IPV, not all participants leaned more fully into their spirituality due to the abuser

or the abuse itself making it more difficult to access and engage with their spirituality (see Figure 1). For some participants, it was feeling overwhelmed by the abuse and not having the space to practice their spirituality that limited them. Melissa vividly described her experiences,

I can say this, when you're going through something so traumatic like that, a lot of times you're not thinking clearly. If you're at the point where you're just like, I don't have time to breathe, I can barely think straight, I can't even find a moment to step aside [to] pray.

Additionally, Melissa spoke more specifically to how her partner interfered with her ability to engage with her spirituality:

...they're having a special prayer night at church, and I'm going to go to it because I'm an adult and I can go wherever I want to go. Oh, no, because he's going to have a problem with it or going to say something to me. So that's how, you know, effected it.

Like Melissa, Priscilla felt the relationship took up the space she had and interrupted her ability to focus on what she needed. She stated,

I think I was focusing less on myself and just more on the relationship. So, I kind of moved away from the spirituality that helped me cope in the first [relationship]. I think I just was like - well, I've coped, I'm good, I've moved on. So, now I'm good.

Whether it was difficult finding the space to focus on spirituality or their engagement was actively discouraged from partners, the majority of participants in this study experienced abuse interrupting their ability to engage with their spirituality.

Cultural and Religious Socialization

The final theme of the category *Spirituality in the Lives of Latinas* was Cultural and Religious Socialization (see Figure 1). The majority of the participants reported having a lifelong connection to some form of organized religion, mainly a branch of Christianity. Due to the duration of exposure as well as the reported cultural components engrained in the practice of their religion, the following sections explore participants' experiences in the following areas: *Family as Agents of Religious Socialization*, *Overlapping Norms between Socialized Religion and Latinx Culture*, *the Role of Religion in Supporting IPV and Gender Norms Engrained in Religious Doctrine*, and *Cultural and Religious Shaping of Expectations for Relationships*. These subthemes will help further contextualize the power religion and culture have had on the lives of the participants included in this study.

Family as Agents of Religious Socialization (Four Participants)

A number of participants discussed the reality of growing up in a religious home as well as religion being part of their family for generations. For Priscilla and Nico, it was not always a positive experience growing up in religious homes. Nico discussed what it was like for her when she did not live up to the religious beliefs or expectations of her family:

...once I had broken those rules, I could really feel the judgment from certain relatives that came with that. It weighed heavily on me for a long time and affected my self-confidence, my self-esteem, because I felt like my foundation had been knocked.

Similarly, Priscilla had a deep connection to religion throughout her childhood and discussed how her whole town was Catholic. For her, between feeling monitored by her community and watched by God, she felt she needed to “escape” from religion. While this ominous presence lingered over Priscilla and Nico, Melissa and Elena recalled their formative experiences with religion differently. While Melissa took pride in her ancestors being “...generations of God-fearing people or God-loving people, believers in Christ” Elena spoke to learning to cope as she watched her parents use spirituality and religion to cope with trials that arose in their lives. As evidenced in the above quotes, cultural and religious norms overlapped for participants.

Overlapping Norms Between Socialized Religion and Latinx Culture (Three Participants)

A few participants spoke explicitly about their experiences of the ways in which religious and cultural norms overlapped for them. For example, Nico stated,

Everything always came back to God. And with being a female there’s certain expectations that we’re supposed to be a certain way. We’re supposed to be subservient to our husbands...they call it the Latino wife training. I think that probably religion had a bit to do with that notion.

For her, the expectation for being a woman was closely tied to her being a wife. Similar to Nico, Cris talked about marriage as well but spoke of the power differential that is an accepted aspect of both religious and cultural norms. Cris stated,

Catholics [are] believed to be with other Catholics, right? You’re supposed to get married by the church, get your kids baptized and taught in the religion. So ideally you marry another Hispanic. You marry someone who’s taller than you. Marry

someone who brings home the bread. You marry someone who makes more than you and makes you the housewife. So that way you can be at home cooking and cleaning and providing for the household by being like the household manager, while he brings home the money, giving him power over everything.

Both Nico and Cris clearly addressed the messages they received when it came to who they should marry, what their relationship should be like, and how they should be as a woman. As all participants in this category discussed, they felt trapped in norms that did not positively serve them. The coming sub-themes detail specific norms that participants felt shaped their expectations of romantic relationships and fostered their experience of abuse.

Cultural and Religious Shaping of Expectations for Relationships (Seven Participants)

Participants described deeply engrained cultural and religious expectations, namely maintaining their relationship at all costs and following gendered norms. Priscilla noted, “I’m stuck in this cultural idea of who I need to be. I need to be a mom...” For Priscilla, cultural and religious expectations were that she would not have “relationships” outside of marriage and would become a mother once married. That pressure was overwhelming for her, and she found herself wanting to distance herself from the pressure she felt.

With respect to IPV in particular, participants reported socialization to certain cultural expectations and norms. For example, Gloria went against the cultural expectation that she needed to be self-sacrificing to maintain her relationship: “I jumped ship, but it was framed like it’s being selfish. Like you’re supposed to help him. You’re

supposed to be patient. You're supposed to communicate." Gloria felt unsupported since she was expected to maintain her relationship despite her partner being abusive.

Alternatively, Melissa had trouble identifying the abuse she experienced because she had gained the awareness men had different expectations that allowed them to act a certain way: "...he's hollering and I'm saying to myself, all men get angry... You know, this is innate for a man to behave like this." Gloria expanded on the gendered power hierarchies inherent in Latinx culture as well as in religion that Melissa felt: "...growing up in religion and a cultural background [with] this idea that someone else has authority and is in charge. Having been raised in that environment, it didn't seem unnatural to follow that patterning into a relationship." For Celia, the notion that she should be submissive to her husband led her to believe the following, "I think that played a big part to me staying even when there was abuse."

Another norm identified that may have also contributed to participants staying in relationships that were harmful to them was the value placed on being in a relationship. More specifically, Priscilla, Melissa, and Gloria spoke to the pressure they felt as women to, "make the relationship work," as Gloria put it. When combining the requirement to be subservient with expected power imbalances and pressure to take responsibility for a relationship that included two people, the frustration expressed by these participants is understandable. Participants described a complex duality wherein they were expected to give up their agency for the sake of the relationship, while also holding the power to keep the relationship functioning.

While this overall theme of *Cultural and Religious Socialization* was organized into the *Spirituality in the Lives of Latinas* category, it also incorporates participants'

recognition and understanding of abuse as well as how they chose to cope. For this reason, this theme is shown originating from *Spirituality in the Lives of Latinas* category and connecting to *Latinas Experience of IPV* in Figure 1. It is part of the interrelationship between all categories because its lived implications impact the relationship between all the categories.

Latinas' Experiences of IPV

While experiencing IPV was part of the inclusion criteria for all participants, not all participants' experiences of IPV were the same. The interview protocol did not include questions that asked directly about experiences of abuse, yet most participants discussed the types of abuse they had experienced. In this section, those experiences of abuse (i.e., *Physical Aggression* and *Psychological Aggression*) are reviewed in order to provide context for the participants' experiences throughout this chapter. Additionally, four subthemes that can be seen in Figure 1 are described: *Effects of Abuse*, *Participants' Perspectives on Why Abuse Occurred*, *Reasons for Staying* in their relationship, and their use of *Non-Spiritual Coping* are detailed.

Physical Aggression (Four Participants)

Four of the participants in this study discussed experiences of physical abuse. For example, Priscilla went into detail about the type of physical abuse she experienced: "...he would corner me and just would not let me leave the room...trying to go around him, he'd grab me and throw me back in the corner." Most participants acknowledged their experiences of abuse rather than providing extensive detail about what happened. For example, Belinda said, "...there was physical aspects of violence in there as well"

when discussing her relationship. Of the participants who endorsed specific types of abuse, only one participant, Celia, explicitly stated that she had not experienced physical abuse.

Psychological Aggression (Five Participants)

Experiencing *Psychological Aggression* in a relationship was endorsed by five participants. Several focused specifically on the verbal nature of the abuse, such as Melissa, who reported, “we'd be in public and he would holler at me and, you know, people go, ‘Oh, are you okay?...we're not going to let him hit you or anything.’ You know, it was that bad.” Other participants discussed the experience of their partners using gaslighting or threats of suicide to control them to either remain in the relationship or to transfer responsibility for the abuse. Gloria explained her experience of gaslighting as,

...a lot of my experience was like reactive abuse. So, this person is doing these things to upset me and then when I would get upset, it's like, ‘See! See! Look at the way you treat me!’ I felt crazy!

Within their experiences of psychological aggression, a few participants also discussed unreasonable expectations from their partner. Melissa was expected to always be available to her partner: “if I am not visiting him at his job and sitting right across from him, watching him...I was supposed to be on the phone with him.” Belinda described feeling like she was supposed to love and support her partner as he dictated despite the abuse she was experiencing. When Belinda did not live up to her partner’s expectations, she was criticized or made to feel guilty:

It was like, ‘Oh, you're so selfish or you don't care,’ or ‘you don't love me,’ or you don't this, or you don't that. ‘If you love me, you support me through this while I'm getting better,’ and you do this and you do this...

Psychological abuse for participants mainly consisted of verb abuse that included gaslighting and power and control tactics that undermined participants' ability to assess the behaviors and dynamics in their relationship with any degree of clarity. Overall, participants reported their experiences of abuse creating distress for them, despite the type and various manifestations of abuse. Both *Physical* and *Psychological Aggression* had a lasting impact, as will be described in the following section.

Effects of Abuse (Six Participants)

The first theme in the category of *Latinas' Experience of IPV* depicted in Figure 1 was *Effects of Abuse*. Six of the nine participants speaking in detail about it, with responses related to feelings of being angry, scared, trapped and wanting to escape, isolated, powerless, and less self-confident as a result of the abuse they experienced. The reasons for these feelings are reflected in participant quotes below.

Melissa stated, “I felt trapped. This felt unsafe. He knew where I lived. He could come there anytime. He'd broken in [in the past] so what's to stop him, you know? I felt really helpless.” Other participants reported similar feelings of trapped helplessness due to having a child with their partner or being isolated from family. Josefina echoed this sense of feeling trapped in her relationship, though she attributed some of the feeling to weakness: “I felt like I had no choice at the time because I felt like he had all the control over me. I was weak and my mind wasn't strong.” Similarly, Gloria named how she internalized the abuse she experienced, “that was something I struggled with a lot in the

beginning...internalizing and saying like, if he's treating me this way then like there must be something wrong with me.”

In addition to feeling trapped, there was also fear that the abuse would lead to irrevocable outcomes, the most extreme being death. As Nico spoke directly, “I thought for sure he would kill me.” Participants were clear the effects of abuse persisted after the relationship had ended. As Priscilla shared, “I was in a really dark place. I tried to commit suicide after that relationship...I hit rock bottom and it was closing in on me – there was no way out.” Overall, regardless of type of abuse experienced, the fear, isolation, negative impact on sense of self, and need to escape were significant experiences for participants.

Perspectives on Why Abusive Behavior Occurred

The second theme within this category was *Perspectives on Why Abuse Occurred* (see Figure 1). Over half of the participants endorsed the notion of an unwell partner as a reason why abusive behavior occurred, with some noting mental health struggles and others believing there were spiritual problems. Both subthemes (i.e., *Mental Health Concerns* and *Spiritually Unwell*) are explored and detailed below.

Mental Health Concerns (Four Participants)

Four participants endorsed their partner having mental health concerns which led to abuse. Belinda compared her partner to an alcoholic in that he needed to have a realization that he needed to change because he was unwell and what he was doing was not right. Similarly, Melissa directly spoke about her beliefs about her partner’s mental health saying, “...when you’re dealing with someone who is not well, who’s clearly not

well, the smallest thing could agitate a man like that...A misogynistic narcissist...I wanted him to be well, but he didn't want to be well." Further, Melissa alluded to her partner having a history of "some substance abuse issues and traumas [in] his past" that led to his perpetration of abuse. Priscilla described having the experience of having to call the police on her partner due to him threatening to complete suicide, at which time he was taken to "one of those psychiatric centers after you try to commit suicide," thereby confirming his illness.

Spiritually Unwell (Three Participants)

When it came to their partner's spiritual wellness, a few participants discussed their partners having "evil" or "darkness" in them. Josefina stated it the clearest when she said, "he did not have spirituality in him and more than that he had the devil inside of him. So, I felt like it was the devil versus Jesus or good versus evil." Nico further elaborated about her experiences with her partner saying,

I had always felt within them was some darkness, you know, that if I could just pull it out of them, they would not be like this anymore. And I learned that not only are there some darkneses that I am not equipped to touch, but then being that some people want to hold onto them. Some people enjoy having them with them and they won't let go.

As is clear from Nico's quote, she wanted to help save her partner from the darkness within him but was unable to, which was a core reason she remained in the relationship.

Reasons to Stay (Four Participants)

The third theme within the category of *Latinas Experiences of IPV* is *Reasons to Stay* (see Figure 1). In describing their partner as unwell, participants also enumerated their reasons for staying in the relationship, despite, or perhaps because of, their partner's perceived ailments (i.e., "reasons to stay", see Figure 1). This theme encompasses the participants' rationales and experiences in this area. For Priscilla, due to her partner's threatened suicide attempt, she thought she should put herself to the side and stay with him to help him through his dark time and "save him." Alternatively, Celia stated, "I would say the reason why I kept staying was I thought maybe he would change...because he loves me." Cris felt "infatuated" with her partner and was unable to face the fear that came from recognizing the abuse:

I couldn't physically or mentally get myself out of it because I was just so infatuated with this person that you kind of blind yourself. You want everything to be okay. You want everything to just be a happy fairy tale ending. And I just didn't see it. And then part of me felt more like, I know it's there (the abuse), but I'm also don't want to be alone.

Finally, Josefina spoke to staying in the relationship following promises that the abuse was a single occurrence:

He said that he had snapped because he had a long day at work and he was drinking and he didn't mean to do it and it would never happen again – blah, blah, blah. And that was all garbage because when he wasn't drinking, when he didn't have a bad day, he still did it to me again the second time, two months later. So that was when I said 'I'm outta here.'

Whether it was optimism or the hope for love, these women stayed in their relationship despite the pain of abuse. One of the ways they were able to survive the abuse directed at them was through the use of non-spiritual coping mechanism, which will be discussed below.

Non-Spiritual Coping

The fourth theme of *Latinas' Experience of IPV* is *Non-Spiritual Coping*. All participants reported using one or more forms of non-spiritual coping at some point in their relationship to manage the stress of IPV. However, not all forms of coping were helpful to participants. In this section, I discuss the different forms of non-spiritual coping, and whether or not the participants found the means of coping as helpful as they had hoped.

Use of Drugs/Alcohol (Three Participants)

A few participants discussed turning to drugs or alcohol at specific moments of their life as a form of non-spiritual coping for the stress of IPV, usually after trying other ways of coping that did not work. Cris said, "I did find other ways of coping. I went into a long phase of drinking...I would use drinking as a numbing mechanism." Like Cris, the few participants that reported turning to drugs or alcohol to cope also spoke about turning away from drugs and alcohol due to them being more harmful than helpful longer term. Further, the few participants who endorsed substance use also used one or more of the other forms of non-spiritual coping discussed below.

Social Support (Eight Participants)

Social support as a means of non-spiritual coping was endorsed by all but one participant. Several participants discussed not finding social support helpful when people advised them to “just get out” or “just leave” as Priscilla experienced. However, when participants felt supported in the decisions they were making, they found social support much more useful. For example, Elena discussed having the following experience: “So, I tend to speak to my parents about it [and] tell them what’s going on. And they told me, ‘Do what you have to do. You have to focus on yourself.’” For Elena, turning to her parents became one of her main non-spiritual coping strategies. Gloria had a related experience, except she turned to an online community of women who had been through similar experiences:

Once I ended the relationship, I realized I needed help. I can’t do this by myself. So, I found like forums online of women who have been through similar experiences. And that’s when I learned about gaslighting and I’m like, okay, I’m not crazy. Like I’m not crazy.

Not everyone felt as comfortable turning to others or they were disappointed in the availability or quality of support they received. Celia pointed out that, “you’ll find that sometimes the friend was not around” when support was needed. For Belinda, seeking out support was risky for fear of judgment. Her fear came through clearly when she discussed her decision to not talk to others about her experiences:

I found myself in the situation and not wanting to express that to people, to be forthcoming about it. It was like, ‘oh my God, what did you do? What did you get yourself into?’ Or ‘why aren’t you not capable of fixing this?’

When participants could not or would not turn to others for social support, some turned instead to more formal services.

Formal Help Seeking (Six Participants)

The majority of participants endorsed some form of formal help seeking as a means of non-spiritual coping. When participants discussed this type of help seeking, they were talking about either police involvement or psychotherapy. Police involvement was the service the participants were most neutral about, simply endorsing needing to call them when a situation felt out of control. However, Melissa found it helpful in the following way, “a threat [of violence] is enough. I’ve learned from dealing with the police, even the threat is unlawful.” In a way, Melissa felt this helped legitimize the abuse she was experiencing.

Of the three participants that discussed therapy, only one found it helpful and used it as a regular means of coping. Two participants, Celia and Nico, found therapy to be uncomfortable or unhelpful. For Nico, therapy was a particularly disappointing experience:

I turned away from that [therapy] because I felt like I was being placated. I felt like I was being patronized...like I was being made fun of at times. They didn’t take me seriously because I couldn’t leave. So, after a while, they were like ‘well, I don’t want to hear about it anymore.’ Because they didn’t care. I felt that they didn’t get it. And so, I turned away from that.

Alternatively, for Celia and Elena, they considered seeking therapy services but decided that they would turn to other forms of coping that were more congruent with their beliefs or less uncomfortable to them. Overall, the participants who endorsed considering or

actually engaging with services had very polarized experiences in that they either found services so helpful they became a part of their regular coping or they turned away from them completely.

Internal Coping Strategies (Nine Participants)

All nine participants also endorsed using internal coping strategies as another form of non-spiritual coping. Internal coping strategies included things that could be done alone to help manage the stress of the abuse they were experiencing, such as reading, keeping a diary/planner, gardening, exercising, and changing their mindsets. For some, using internal coping skills felt like the only option they had since they were isolated from others, while other participants used them because it allowed them to gain the positive outcomes they were looking for.

Cris described how these coping mechanisms allowed her to keep her feelings to herself, rather than sharing them with others: “No one was around me...and I would just play music and sing and scream and yell and cry until I [could] get all my emotions out and then pretend like it didn’t happen.” Similarly, Josefina used journaling to help her work through her feelings. She said, “I wrote things down in a diary because I’m sort of old school. I like to write down my feelings in a written format. That really helped to be writing things down and digesting what went on.” While Elena turned to using a planner in order to clear her mind and, “focus on good things that I want to accomplish” such as “trying to escape” from her relationship.

Internal coping strategies were an important non-spiritual coping mechanism that helped participants to cope with the abuse they were experience. In general, non-spiritual coping was helpful for many participants; however, participants consistently stated that

spirituality was the most helpful coping mechanism they used while experiencing IPV. The following section will detail participants' use of spirituality to cope with the violence they experienced.

Using Spirituality to Cope with IPV

The main category in this theory was *Using Spirituality to Cope with IPV* (see Figure 1). All participants described using spirituality to cope with IPV. Within this category, three subthemes emerged: *Reasons for Choosing Spirituality to Cope*, *When Spirituality was Used*, and *Spirituality as a Coping Mechanism*. Within the final theme, *Spirituality as a Coping mechanism*, two subthemes are explored and depicted in Figure 1: *Times Spirituality Was Not Helpful* and *How Spirituality Was Helpful in Coping*. Within *How Spirituality Was Helpful in Coping* an additional five subthemes are presented: *Providing Support*, *Helped Manage Emotions*, *Helped Positively Reforge Identity*, and *Provided Clarity/Perspective About Abuse*.

Reasons for Choosing Spirituality to Cope (Six Participants)

In the first theme of this category (see Figure 1), participants commonly addressed the reasons they chose spirituality over other forms of coping they could have turned to. As Nico stated, her road to using spirituality to cope was a combination of both a process of elimination as well as returning to what was true for her:

...honestly, I had tried many other coping mechanisms and none of them were effective. After that, I just kind of started thinking about what [made] me feel strong...and I remembered I used to love nature. And so, I just kind of started to

explore my inner child, I guess, which ultimately led me to my love for nature, my connection with it...that I believe are a part of my spirituality.

Similarly, Belinda turned to fully leaning on her spirituality to cope, “a few months into [the relationship] when I realized there’s just nothing I can do.” Melissa felt similar to Belinda but came to a different conclusion: “...[prayer was] the only thing I would've been able to do. I must say, the power prayer was the strongest weapon that I had. And it was really the only weapon that I had. Expanding on that feeling that there was no option other than spirituality, Celia stated, “There was access to worship more than any other attributes.” Having access to spirituality was incredibly important to participants as they tried to protect themselves mentally and physically.

Alternatively, for Cris and Elena, they described being embarrassed to share their experiences of IPV with others and therefore needing to cope in a solitary way.

Regarding her rationale for choosing to use spirituality to cope, Elena stated,

I didn't really want to tell because I felt embarrassed, and I was shy, and I was thinking that they were going to judge me for being with a wicked man. So, I thought that this way I wouldn't have to tell anybody except for God...

Cris furthered this explanation by discussing the pressures of social media. She stated, “...everyone wants to see the perfect picture...and it is very deceiving. You don't want anyone to know you're suffering; you don't show suffering on Facebook.” Overall, spirituality was something participants could do on their own, which was not dependent on a specific time or place, if they chose not to engage in communal worship. In addition to understanding why spirituality was chosen as a coping mechanism, it is important to also know when spirituality was used to cope.

When Spirituality Was Used

The second theme in the category of *Using Spirituality to Cope with IPV* is *When Spirituality Was Used* (see Figure 1). While spirituality was an important part of all participants' lives, participants were asked to reflect on times when spirituality was most helpful to cope with the abuse they were experiencing. All participants spoke to the prompt and two sub-themes emerged for when spirituality was used: coping during and after their experiences of abuse.

Coping Used During Abuse (Eight Participants)

While almost all participants discussed using spirituality during times of abuse, four of them described feeling like it was their only option in the moment. As Melissa vividly said,

So, even in the midst of actively having this person [abuse] me I would literally just, not out loud, but I would just be praying 'God, please...don't let him hurt me.' I would literally pray those things.

Similarly, Elena also prayed during the abuse, in the hopes of divine intervention: "hopefully He could get me out of this." When participants felt their most vulnerable, during times of active abuse, they turned to the only option that felt they had that would not antagonize their abuser further, praying for support.

Coping Used After Abuse (Four Participants)

While the previous participants found spirituality helpful during abuse, four participants noted that they tended to use spirituality after instances of abuse were over. For example, Celia described "escaping" from the abuse and "...take a walk. And as I'm

doing that, I'll listen to worship.” Afterwards she would feel calm again. Alternatively, Gloria reported mainly using it after her relationship had ended:

So, I think in like the first two weeks to first month after the relationship ended, I really needed the spiritual component as a source of like nourishment and to be able to support myself that I'm making the right decision, no matter what anyone says.

These participants noted they were not able to fully utilize their spirituality until after they were no longer in the presence of violence.

Spirituality as a Coping Mechanism

The third theme in the category of *Using Spirituality to Cope with IPV* is *Spirituality as a Coping Mechanism* (see Figure 1). In this section, I first review the specific times when spirituality was not as helpful. Following that subtheme, I explore the specific ways spirituality was helpful; namely, *Provided Support*, *Helped Manage Emotions*, *Helped Positively Reforge Identity*, and *Provided Clarity/Perspective About Abuse*.

Times Spirituality Was Not Helpful (Seven Participants)

The first subtheme of the category *Using Spirituality to Cope with IPV* is *Times Spirituality was Not Helpful*. While all participants used spirituality to cope with IPV and found it helpful, some had specific times when they had more difficulty connecting with it. For Celia and Elena, their mental or emotional states could interrupt their ability to practice their spirituality. For example, Elena stated, “Well, usually when I think negatively, I feel like maybe spirituality is not helping me.” For Celia, it was more that

her ability to engage in her spirituality was complicated by her abuser's voice in her head:

...even if you want to listen, that voice of him abusing you still comes back as a replay in your mind, and sometimes to can be difficult to concentrate on worship, even if it is something that is making you relax.

For those who reported similar experiences these times were momentary, and all participants still endorsed spirituality being their most important coping mechanism.

Gloria brought up a unique experience of a time spirituality was not helpful for her. She reported grappling with the notion that she should not have expectations of others and instead allow the universe to do what it wants. When she described it, she stated,

...I was struggling with this idea [that] we were supposed to accept people as they are. I thought that meant staying with this person who's mistreating me. I feel like it can get weaponized and like justify things that can have no justification.

These experiences of being unable to access their spirituality were understandably very upsetting to participants and something to keep in mind as the ways in which spirituality were helpful to participants are reviewed in the coming subsections.

How Spirituality Was Helpful in Coping

The second and final subtheme in the category of *Using Spirituality to Cope with IPV* is *How Spirituality Was Helpful in Coping* (see Figure 1). Most participants endorsed spirituality being helpful or important to helping them cope with IPV. In particular, there were four specific ways spirituality was described as being helpful to participants:

Spirituality Provided Support, Helped Manage Emotions, Helped Positively Reforge Identity, and Provided Clarity/Perspective About Abuse.

Spirituality Provided Support (Eight Participants). In the first subtheme of how spirituality was helpful, participants generally spoke of spirituality providing the support they needed to cope with their abusive experiences. For Priscilla, she described how powerful it was for her to have the message given at a Buddhist ceremony gave her the support she did not feel she was getting anywhere else:

I remember sitting and listening to the Dharma for the first time and I was just [crying] the whole time because, you know, it was just so different...The lady who was giving the lesson was telling me that I've had enough, you know. It was like she was talking to me directly. And I was just crying so hard and I've never...I never felt like that. I have never felt like so much support from someone who is not even directly supporting me.

For Melissa and Josefina, it was the consistency of the support provided that was most helpful. Melissa described her experiences turning to God, "I know that every time I've gone through losses, hurts, disappointments. I always I cried out to God, and it was God who saved me, every single time - no matter what. So, God is my go-to." For Josefina, this spirituality was a consistent support even when the people in her life were not. She shared, "So, spirituality was a support, if you will. And something to lean on when I felt like everybody was really pretty adamantly against [me]." Considering participants reports of feeling is of isolation, fear, and being trapped in previous sections, it is easy to see why receiving support from a consistent, supportive higher power would be so important to participants.

Helped Manage Emotions (Eight Participants). In the second subtheme of how participants used spirituality to cope with IPV, most participants endorsed spirituality being a part of their coping process by helping them to manage the overwhelming emotions that often came with abuse. Nico spoke to these emotions when she endorsed using spirituality to help manage her emotions: "...[spirituality] helped me a whole lot...to recenter myself and not allowing myself to give into all the emotions and negativity that was being placed on me by the abuse." Similarly, spirituality helped Celia manage her emotions so she did not regret her reaction later:

if it happened for so long, you'd feel the urge for vengeance...In that state of mind, you do something and then later regret it. But not when you take a walk and you're listening to worship. Your heart rate will come down and you won't act on that moment.

For others, including Cris, spirituality helped them to relax, re-center, and relieve stress.

In Cris' words,

The repetition of saying the Hail Mary and Our Father is kind of annoying and tedious and you start off going 'I'm angry, I'm angry, I'm frustrated, I'm frustrated' over and over and over again. And then you realize by the first Our Father you go through after your first 10 Hail Marys, you're like, okay, this is kind of soothing. It's meditating. It's calming me down. And so sometimes I would just say that at night before going to bed, because I just needed to calm myself down and not think of the situation.

For these participants, spirituality helped them to lessen the overwhelming emotions that may have led them to act in regrettable ways.

Helped Positively Reforge Identity. The third subtheme of the *Using Spirituality to Cope with IPV* category is *Helped Positively Reforging Identity* (see Figure 1). While spirituality provided support and helped participants to manage their emotions, it also had an impact on their identities. All participants spoke of forging a new relationship with themselves through spirituality., incorporates participants' experiences of spirituality being used to forge a new identity for themselves and to foster strength, agency, and resiliency after experiencing IPV. Since a number of participants experienced psychological aggression that undermined them, it is important to understand how spirituality helped participants to not completely lose their sense of self or agency. Two subthemes emerged within *Helped Positively Reforge Identity: Reclaiming a Sense of Self with Spirituality* and *Strength, Agency, and Empowerment*.

Reclaiming a Sense of Self with Spirituality (Nine Participants). Some participants gained new respect for themselves that allowed them to forge a new sense of self, outside of their relationship with others. Nico stressed the importance of this, "My spirituality helped me come back to myself and reclaim my self-identity. To learn to appreciate and love me for what I am, no matter what I am. That last part really is the most helpful part." For Josefina, she gained this new sense of self through engagement with the divine: "I think that [spirituality] makes me realize that I'm a special woman, that I'm worthy of love." As we saw in a previous section, this can be particularly helpful for those who internalized the abuse their partner directed at them. As Gloria indicated,

[Spirituality] helped me to begin not taking things personal because my identity was tied to what this person thought of me. So, being able to take a step back and not being fully dependent on him as my source of self-esteem changed me.

Reforging and redefining their identities allowed participants to see their worth and refute the abuse they had experienced.

Strength, Agency, and Empowerment (Eight Participants). Participants also spoke about the strength and agency that was developed as they positively reforged their identities. As can be seen in the previous subsection, the majority of participants spoke to feeling more positive about themselves, whether it was because they were able to differentiate themselves from the abuse they experienced or because they gained worth from their spirituality and connection to the divine. This increased positivity about themselves may also have impacted the reports of strength, agency, and empowerment that the majority of participants reported gaining from their practice of spirituality.

“I became this Beyoncé song of a woman. I just felt so powerful!” This quote from Priscilla exemplifies how she felt when she engaged in dancing as a spiritual practice. While her spirituality helped her to embody the strong, powerful, independent pop-icon, for others, they spoke to their spirituality giving them the strength to do what previously may have felt impossible. As Belinda shared, “I always knew what expectations I had for myself, [spirituality] more so gave me the strength to act on what I already knew.” For Nico, she specifically found the strength to face her abuser without fear, which she stated was “definitely empowering” Finally, for Melissa, her spirituality empowered her to not settle for less than she knew she deserved. She stated, “it really made me go, ‘hey, I deserve so much better than this.’ Like, I learned that I have to stop being so flattered by the first guy that comes along and aim higher.”

Gaining Clarity/Perspective About Abuse (Seven Participants). The third subtheme of the *Using Spirituality to Cope with IPV* category is *Gaining*

Clarity/Perspective About Abuse (see Figure 1). Two subsequent subthemes emerged within *Gaining Clarity/Perspective About Abuse: Placing Responsibility for IPV and Spirituality Helped in Ending the Relationship*. These subthemes help to clarify the way in which gaining clarity about their relationships ultimately helped participants to end it.

While spirituality helped participants to see themselves in a more accurate, compassionate light, many participants also discussed how it helped gain perspective or clarity on their relationship as well. For example, Josefina shared,

It's helped me a great deal because I didn't know how to feel or if it was normal for me to be beaten by my partner...By being able to reach out to Jesus, I felt like I was able to get some answers...

Gloria shared a similar experience but specified that her realization came in hindsight: “it was definitely afterwards when I would reflect on the situation and kind of pray about it...that I'm like, ‘yeah, something's not okay.’” Further, for Gloria, she also was able to gain clarity about what was essentially her and what was cultural socialization. She stated, “that spiritual component helped me to differentiate who I am and what do I want versus the cultural component and what's expected of it.” For a number of participants, their spirituality allowed them to gain clarity on whether their experiences were acceptable and to place responsibility where it was appropriate.

Placing Responsibility for IPV (Five Participants). While spirituality was reported to have an impact on participants’ evaluation of their relationship and themselves, the first subtheme of *Gaining Clarity/Perspective About Abuse* was *Placing Responsibility for IPV*. This subtheme details how spirituality affected participants’ perception of where responsibility should lay for the abuse they experienced. Several

participants discussed the ways in which their spirituality changed the way they saw or understood their partner's behavior. Specifically, participants discussed spirituality allowing them to shift responsibility away from themselves and to their partners for the abuse. As Nico stated,

I thought that maybe I had done something to him that made him treat me this way...that maybe like I deserved it. But through my spirituality, I learned that he has his own demons and that has nothing to do with me. They were there longer, much, much longer, than I. And that it was not my fault, you know, that he's got things that he has to deal with within himself...but I see that without me choosing to reconnect [with spirituality], I probably would've continued to blame myself, you know, which would've only been detrimental and destructive to me.

Gloria spoke to a similar phenomenon in that her spirituality allowed her to “disconnect and no longer ground my identity on how this person treats me.”

For Celia, spirituality helped her see that being submissive to a man, the way religion dictates, is not problematic but rather that “religion is and was right...only the person was weak and wasn't treating me the way I was supposed to be treated.” Celia questioned her spirituality before having this revelation, and after gaining this clarity she realized the relationship was not right for her. By gaining the clarity that they had done nothing to deserve abuse and giving up responsibility for their partners' abusive actions, participants were then able to decide what was right for them. Placing appropriate responsibility was a crucial step for participants that led to ending their relationships, ultimately providing greater safety and wellbeing.

Spirituality Helped in Ending the Relationship (Seven Participants). The second and final subtheme of *Gaining Clarity/Perspective About Abuse* was *Spirituality Helped in Ending the Relationship*. In this subtheme, participants detail how gaining clarity and placing responsibility led them to be able to take the steps necessary to end their relationship.

Ultimately, with the clarity and strength that spirituality brought, the majority of participants realized that the relationship could not continue. Belinda and Cris both talked about spirituality bringing them back to themselves and realizing a change needed to occur. Speaking to the need to end the relationship, Belinda reported, "...then after getting back to basics and in touch with myself, I realized that this was definitely something that needed to happen." It was similar for Cris as she stated, "I think it helped me get there because it [helped] me ground me again, reminding me of who I am [and] eventually helped me kind of build my backbone again slowly." Nico also spoke to the strength gained from her spirituality, which was grounded in ancestral connection, that helped her to make the decision to leave. She stated,

I really drew the majority of my strength from that exact notion right there, just knowing that through my veins runs the blood of women who have done this before and done it well. If they collectively have the strength to give to me, which they have, I feel then I can get through it. But then it helped me find the strength to leave too.

Overall, through the stories of these women, the multifaceted and dynamic role of spirituality in their lives was highlighted (see Figure 1). They turned to spirituality because often times they felt they had no other place to turn where they would receive the

support they needed on their terms and without judgement. Whether it was during or after abuse, they demonstrated how spirituality provided them with support and helped them to manage their emotions in overwhelming situations. Additionally, it allowed them to re-forged their sense of self after it was repeatedly attacked by their abuser and, at times, undermined by broader cultural norms. Ultimately their spirituality helped them to gain clarity, place responsibility appropriately, and end the relationship that had caused so much hurt. Despite the possibility of factors that hindered or interrupted their abilities to engage in spirituality (see Figure 1), the sense of strength, agency, and empowerment that participants spoke of carried throughout their narratives and was further proof of the power spirituality can have for those who are marginalized and abused.

Chapter Five: Discussion

The objective of this qualitative, constructivist grounded theory study was to investigate and answer the research question: *How do Latinas utilize spirituality to cope with intimate partner violence (IPV)?* In the previous chapter, the results of in-depth qualitative interviews with nine participants who spoke to their use of spirituality to cope with the abuse they experienced were reported. This topic was investigated because previous research studies on women using spirituality to cope with IPV have had samples that were mixed-race or did not include Latinas (Barnes Bey, 2020; Drumm et al., 2014; Yick, 2008). The results from the current study led to a theory of how Latinas utilize spirituality, including context (spirituality in their lives and experiences of IPV) and factors that interrupted their ability to engage in their spirituality as a coping mechanism. More specifically, the theory details the reasons that led Latinas to use their spirituality to cope, when they used it, and how it was helpful.

In this chapter, I begin by providing a brief summary of the overall study results. Following the summary of results, I present a discussion of the findings, wherein I detail the connection between the results from this study and what previous researchers found. I organized this chapter by the primary categories and related themes that make up the theory and which incorporate the more detailed results provided in chapter four (e.g., *Spirituality in the Lives of Latinas, Effects of Abuse, How Spirituality Was Helpful in Coping*). Next, I outline the limitations of the study, and offer an implications section that includes specific intervention application and recommendations for mental health providers. Finally, I provide suggestions for future research.

Summary of Study Results

The study findings highlighted the multifaceted and dynamic role of spirituality in the lives of the Latina participants (see Figure 1). Generally speaking, participants in this study differentiated religion from spirituality as religion being external and governed by customs and tenets while spirituality was an individualistic connection with the divine. Participants all described themselves as spiritual and some even rejected formal religious involvement despite being raised in a culture that was heavily influenced by religion. They engaged in diverse spiritual practices that were impacted by the abuse they experienced, which both strengthened their spirituality and hindered their ability to engage with it.

Despite participants having specific times when their ability to engage with their spirituality was interrupted, their spirituality still informed their understanding of why their partner abused them. Specifically, they felt the abuse was a result of their partner's mental health concerns or them being spiritually unwell. At times, because participants wanted to help their partner, some even reported staying in the relationship in order to be able to help their partner get better. Throughout this process, these women relied on spirituality to cope because often times they felt they had no other place to turn to where they would receive nonjudgmental support when they needed it.

Whether it was during or after their experience of intimate partner abuse, they described how spirituality provided them with support and helped them to manage their emotions in overwhelming situations. Additionally, spirituality allowed them to reforge their sense of self after it was repeatedly attacked by their abuser and, at times, undermined by broader cultural norms. Ultimately their spirituality helped them to gain

clarity, which included placing responsibility appropriately and often ending the relationships that had caused so much hurt. The sense of strength, agency, and empowerment that participants spoke of carried throughout their narratives and helped to illustrate how spirituality helped them cope.

Spirituality in the Lives of Latinas

Religion and spirituality have been asserted to be a cornerstone of the Latinx community (e.g., Anzaldúa, 1987; Alaniz & Cornish, 2008) and the difficulty to differentiate them has been well noted (e.g., Campesino & Schwartz, 2006; Friedman et al., 2012; Passalacqua & Cervantes, 2008; Rogers, 2014). While a small number of participants could not differentiate or felt spirituality and religion were intertwined, the majority of participants were able to clearly distinguish the two. Specifically, participants felt spirituality was individualized relationship with themselves or the divine while religion was the more external, formalized set of actions and beliefs that accompanied a specific religious affiliation. These definitions aligned with research on the ways in which those in the Latinx community identify religion and spirituality (Campesino & Schwartz, 2006; Facio & Lara, 2014)

The ease with which participants were able to differentiate religion from spirituality may be in part due to participants' experience of moving away from formalized religion at some point in their life, despite all participants having grown up in a branch of the Christian church. The reason most often cited for the rupture with the Church was due to participants not agreeing with the ideologies or rigidity of the church. In some ways, the reasons cited for separating from the Church reflects findings from the Pew Research Center (2014). For example, the Pew Research Center's (2014) national

surveys found that over half of Latinx respondents who left religion did so because they “drifted away” or stopped believing in the teachings of their childhood religion (Pew Research Center, 2014, p. 12). The findings from the current study clarified these reasons further in that participants indicated the specific ideologies that participants stopped believing in (e.g., stance on homosexuality; expectation to forgive and accept people as they are).

Importantly, they also shared their feelings of being unsupported within the church due to its continued patriarchal ideologies that encouraged female subservience to their husbands. In this manner, religion and culture were deeply intertwined and exerted pressure on participants to conform to values centered around maintaining their romantic relationship at all costs. Coping with IPV included a shift away from patriarchal sociocultural religious ideologies and towards an empowered agency and intrinsic relationship with the divine that required participants to leave behind many of the structures and expectations of religion. Overall, Latinas reported being challenged by religious traditions, institutions, or people associated with them. These challenges led some participants to diminish the role of religion in their lives while adhering to their personal or internal spiritual practices.

While Latinas turned to embracing their spirituality over religion, due to the influence religion has on Latinx culture, religio-cultural norms were not easy to recognize and adapt, as needed. For example, due to how deeply entrenched power dynamics were in both religious and cultural norms, participants reported initially having trouble recognizing the cycle of power and control that is inherently embedded in IPV. This is important to consider since some participants believed that the ethnic and religious

cultural norms/values they were raised with shaped their expectations of relationships and supported IPV dynamics. Considering how some cultural norms can overlap with religious ideology, the traditional gender roles such as *marianismo* (Stevens & Pescatello, 1973) as well as broader cultural values such as *familismo* (Triandis, 1983) and *respeto* (Castillo & Cano, 2007; Castillo et al., 2010) create powerful and specific expectations of how a woman should behave in relationships. More specifically, women are expected to put others in the family first, with much of the pressure to maintain their relationship falling on their shoulders. This can lead to acts of forgiveness and an encouraging of efforts toward ignoring or forgetting about the abuse with the hope that things will get better (Hassouneh-Phillips, 2001; Richie, 1996). Such beliefs and efforts could further confine women to abusive relationships, and in turn be more detrimental to their physical safety and mental health in the long-term. This provides evidence for the depth at which identity is embedded at the intersection of family and religiosity. This was evident in the findings of this study as the majority of participants talked about the pressure they felt to embody their womanhood in a subservient way that grounded their identity in marital status and motherhood.

While previous research has discussed the integration of abuse into an IPV victim's sense of self (Bonomi et al., 2014; Caetano & Cunradi, 2003; Hassouneh-Phillips, 2001), the findings from the current study also highlight the process of differentiation from both abusive narratives and unhelpful or unsupportive norms. Specifically, participants discussed redefining themselves by returning the responsibility of abuse to their partner and distancing from religious and cultural norms that they did not align with. While research currently acknowledges IPV survivors going through a

personal metamorphosis during their IPV coping (Drumm et al, 2014; Yick, 2008), a rich understanding of the underlying process occurring has yet to be elucidated. It is clear participants changed as a result of experiencing and coping with IPV and these changes led to a new sense of self, a new relationship with religion and spirituality, and a changed worldview. Participants' values and perhaps even their personality structure seem to have been impacted by their experiences; yet, the degree to which these changes have occurred and the permanence and consistency of these changes across multiple settings and in multiple contexts remains to be seen.

Due to previous ways of being and coping feeling unhelpful, participants instead turned to spiritual practices. In particular, participants shared important spiritual practices (i.e., meditation, prayer, reading the bible, music, communal worship, and religious traditions) that they regularly engaged in. While certain spiritual practices have been discussed in the literature, particularly prayer and meditation (Barnes Bey, 2020; El-Khoury et al., 2004; Hassouneh-Phillips, 2009), our findings expand the understanding of the spiritual practices that were particularly helpful for Latinas since previous studies did not include Latinas.

Unfortunately, while IPV was found to strengthen Latinas' spirituality, it also sometimes interrupted participants' ability to engage in spiritual practices. The two reasons cited for interrupting their practice of spirituality was their partners' disapproval of spirituality and participants becoming so overwhelmed with their experiences of abuse that they were unable to engage. This experience of being unable to engage with spirituality is reflected in the findings of a metasynthesis by Yick (2008). Specifically, four qualitative studies (Hassouneh-Phillips, 2001; Kwon, 2005; Senter & Caldwell,

2002; Tisdell, 2002) with women of color noted the occurrence of a “spiritual vacuum” that IPV victims experience (Yick, 2008, p. 1300). This spiritual vacuum was described as being a result of a “negation of self” (Hassouneh-Phillips, 2001, p. 941) or silencing of the internal voice (Yick, 2008). While “spiritual vacuum” (Yick, 2008, p. 1300) may seem to be referring to an absolute lack of spiritual engagement, participants in the current study experienced a barrier to engaging in their spirituality, making a deeper, more sustaining relationship with themselves and the divine challenging at times.

Ultimately, understanding the role that spirituality played in the lives of Latinas gives the context to understand their perspectives on and decisions to use spirituality to cope with IPV. Before describing how these participants used spirituality, however, it is important to first understand their experience of violence as IPV can look different in every relationship (Gonzales et al., 2018; Gonzales et al., 2020; Smith et al., 2018). The coming section will review this as well as the other themes encapsulated in the second category, Latinas’ Experiences of Surviving Abuse.

Latinas’ Experiences of IPV

For the participants in this study, physical and psychological abuse were the types of violence most frequently endorsed and were the only ones endorsed by three or more participants. While research has shown Latinas experience all forms of IPV (i.e., physical, sexual, economic, psychological/emotional; Gonzales et al., 2018; Gonzales et al., 2020; Smith et al., 2018), physical and psychological abuse were the most commonly occurring forms of abuse found by previous researchers in studies with Latina women (e.g., Cavanaugh et al., 2014; Gonzalez-Guarda et al., 2009; Latta et al., 2016; Smith et al., 2018). Further, our sample reflects Sabina and Colleagues (2014) finding in a national

survey that 48% of Latinas had experienced one form of IPV, in that the majority of our sample only endorsed experiencing one form of IPV.

The experience of abuse reported by participants in this study led them to feel trapped, unsafe, helpless, and isolated from others. Additionally, most participants noted that abusive behavior was not normal and attributed their partner's behavior to them being unwell. Specifically, they endorsed their partners either having *mental health concerns* or being *spiritually unwell*, which is what led them to be abusive. In other studies that used mixed race/nationality samples, female victims attributed their partners' perpetration to the men's expectations of the wives' duties (Dobash & Dobash, 1984; Epstein-Ngo et al., 2013; Pahl, 1985), refusal of sexual advances (Molidor & Tolman, 1998), loss of control due to stress (Bograd, 1988; Epstein-Ngo et al., 2013; Jones, 1993), and partners being under the influence of drugs and/or alcohol (Carrado et al., 1996; Epstein-Ngo et al., 2013; Jones, 1993; Olson & Lloyd, 2005; Pahl, 1985).

While these previous studies have given many attributions for why abuse may occur, they have all utilized aggregate data and not explicitly considered cultural context or the experience of Latinas. Therefore, the findings of the current study contribute to the literature in that they provide greater detail about how Latinas, especially those who are spiritual, may make sense of their partner's behavior. Specifically, our finding that participants felt their partner was 'spiritually unwell' is unique. It may be explained by the findings of previous studies that found Latinas believed spirituality was a vital component of physical, mental, and spiritual health (Jurkowski et al., 2010; Schwingel & Gálvez, 2015). Understanding the attributions victims' make in regards to their partners'

behavior are particularly important to consider because for some participants, this led them to stay in the relationship in order to try to help their partner become well again.

As the Latinas in this study were trying to support their partner while simultaneously coping with abuse, participants discussed turning to non-spiritual coping mechanisms at times. These included the use of drugs and alcohol, social support, formal help seeking (i.e., counseling, police involvement), and internal coping mechanism (i.e., reading, keeping a diary/planner, gardening, exercising, shifting their mindsets). Others have found it is not uncommon for Latinas to turn a wide range of non-spiritual coping mechanisms to cope with IPV (Barbeck, 2008) and this sample of participants was similar in that they used one or more forms of non-spiritual coping throughout their relationships with differing levels of helpfulness.

While participants had a range of experiences using non-spiritual coping skills to cope with IPV, internal coping strategies were the only non-spiritual coping methods that were endorsed by most participants as helpful. For our participants, internal coping strategies included reading, keeping a diary/planner, gardening, exercising, and changing their mindset. Using a mixed-race sample that did not explicitly include Latinas, Rizo (2015) found these forms of internal coping mechanisms to be reflected in their findings of how their participants coped with IPV. For Latinas, turning to their own internal resources in this way may help them to cope while both protecting their families as well as potentially protecting themselves from disapproval from families (Brabeck and Guzmán, 2008). However, it is important to acknowledge that a few participants explicitly stated that non-spiritual coping skills were not as helpful as spirituality to cope with abuse.

Using Spirituality to Cope with IPV

Understanding how Latinas live their spirituality as well as the abuse they experienced provides the foundation to understand why they chose to use spirituality to cope, when they used it, and ultimately, how it was helpful. Unlike other stressors, IPV is a pervasive, chronic stressor that may pervade every area of a survivor's life, creating an omnipresence unlike most other transient stressors (Rizo, 2015). Therefore, it is important for us to more thoroughly understand how Latina survivors adapt their coping to meet the chronic nature of IPV. Importantly, participants clearly stated they had limited options to cope with IPV. Participants' reasons for feeling their options for coping was limited included feeling socially isolated, shame in sharing what was happening with others, being discouraged from engaging in spirituality by partners, and because other techniques had not worked. These barriers left limited options to deal with such a profound ongoing stressor and left them searching for a means of coping that felt both accessible and congruent for them.

Despite the barriers to engagement, participants continued to return to spirituality as the most helpful way for them to cope. This iterative process of continuing to develop and return to spirituality highlights the accessibility and importance of spirituality as well as the flexibility and resilience of participants to cope through the use of multiple coping mechanisms (e.g., Bauman et al., 2008; Brabeck and Guzman, 2008). However, this process of returning to spirituality following trauma has not been fully explicated. The findings of this study illuminated part of the process; namely, the separation from spirituality being a part of social pressure. This pressure could come from partners or even family, especially when participants' spirituality or beliefs did not align with the

teachings of the church. However, it is not yet understood how type of abuse, length of abuse, and cultural dynamics fit into this process; this would be a fruitful area for future investigation.

All participants in this study found spirituality to be helpful with most participants speaking directly to how spirituality helped them to cope with IPV. Specifically, four subthemes of how spirituality was helpful came to light. Spirituality 1) *Provided Support*, 2) *Helped Manage Emotions*, 3) *Helped Positively Reforge Identity*, and 4) *Provided Clarity/Perspective About Abuse*. These subthemes all have some support in the literature (e.g., Ahrens, et al., 2009; Drumm et al., 2014; Fowler and Rountree, 2009; Hassouneh-Phillips, 2001), but also provide unique contributions to the knowledge base of using spirituality to cope with IPV.

The first subtheme, *Provided Support*, is a common finding in studies on the utility of spirituality to cope with a range of adversities (e.g., Ahrens, et al., 2009; Brown, 2016; Pandya, 2017). This subtheme both aligns with and broadens the findings in the studies that examined using spirituality to cope with a sample that included Latinas. Drumm and colleagues (2014) found that their mixed-race, conservative Christian sample saw God as a “lifeline” that provided consistent support (p. 5). Participants in the current study also indicated turning to God as a support due to the consistency in which they felt God provided what they needed.

This consistency in the support provided was important because participants also reported often feeling that they turned to their spirituality to help them manage their emotions, the second subtheme of this category. This finding was reflected in the study conducted by Fowler and Rountree (2009) that included Latinas and investigated the role

of spirituality for women survivors of IPV. In both the current study and Fowler and Routtree's (2009) research, participants discussed spirituality allowing them to let go of negativity and the impulsive desire for revenge when they were feeling angry or hurt. Part of the reason that participants reported spirituality being helpful in this way is because they did not feel that negativity and vengefulness were inherently a part of who they were. Therefore, spirituality helped them to modulate their responses to be more congruent.

Another way that spirituality supported participants in being their authentic self was by helping them to reforge their identity to reclaim their inherent worth and dignity, the third subtheme of this category. Spirituality helped participants to turn inward to see themselves as they truly are, rather than the way in which abuse made them feel.

Hassouneh-Phillips (2001) discussed this phenomenon in her study on Muslim women's experience of spousal abuse, in which she coined the term "negation of self" (p. 941). She contends that ignoring or being unable to see themselves clearly is a result of subjugation to prevent further violence (Hassouneh-Phillips, 2001). For participants in the current study, reforging their identities interrupted the negation of self Hassouneh-Phillips (2001) discussed, leading participants to also endorse a new sense of strength, empowerment, and agency.

In addition to gaining clearer insight about themselves that allowed them to reforge their identities and increase their sense of self-efficacy, participants reported gaining clarity and perceptiveness about their relationship through spirituality, the final subtheme of this category. The culmination of having the support to manage their emotions and the positive reforging of their identity gave them a deeper sense of self-

efficacy, leading to the clarity needed to realize that they needed to end their respective relationships. While both Drumm and colleagues (2014) and Fowler and Rountree (2009) noted the presence of increased self-efficacy and spirituality leading to the ability to end an abusive relationship, how these phenomena interact and lead to a multistep process has not been thoroughly described in other studies. The current study provides new detail about this indeed being a process; however, further research is needed in order to fully explicate how these phenomena work together to increase the chances of Latinas leaving abusive relationships.

Finally, the current study expanded the knowledge about Latinas' process of using spirituality to cope with IPV through the novel finding that spirituality also allowed participants to place responsibility for abuse. This is particularly important as being able to recognize their partner's role in the abuse allowed participants to release the responsibility they had taken on as a way of rationalizing and coping with their experiences. These discoveries and insights enhanced the development of a sense of self-efficacy and self-love, which in turn, allowed survivors to refute the internalization of the violence towards them.

Overall, the literature has been extremely limited in its investigation of Latinas' use of spirituality to cope with IPV. Only two studies to date have clearly reported including Latinas in their sample and none of these studies have gone in depth into how the racial and ethnic groups represented in their studies may differ from each other in their coping (Drumm et al., 2014; Fowler & Rountree; 2009). This study not only fills that gap in the literature, but it also expands the following areas that were not explored in those studies.

First, these findings enhanced psychology's understanding of the unique religio-cultural experience of Latina IPV survivors. Understanding the ways in which religious ideologies and cultural norms interact and impact a Latina's experience of IPV is important, as it influences the way in which a survivor understands her relationship, how she sees herself as a woman and IPV survivor, as well as how she chooses to cope with her experiences. Second, we also gained a more in-depth understanding of why Latina IPV survivors may have chosen to move away from the church while they tried to cope with IPV. Third, our findings began to illuminate how spiritual Latinas may understand and attribute their partner's abusive behavior. Understanding their partner's behavior as being a function of a mental illness or being spiritual unwell fostered compassion and de-personalized the abuse, leading participants to want to try to help their partner, potentially wanting to share the ways in which spirituality helped them cope with adversity. Fourth, this research elucidates how spirituality was helpful for Latinas since no previous studies have focused exclusively on the unique religio- and sociocultural experience of Latina victims and survivors as they used their spirituality to cope with IPV. Specifically, the current research illustrated how for Latinas, spirituality provided support, helped manage emotions, helped positively reforge their identities, and provided clarity/perspective about abuse.

Limitations

The present findings should be considered in light of several limitations. First, a grounded theory is constructed from the interaction between the participants and the researcher, and therefore reflects the people involved at a specific time in history. As a result, the co-constructed theory developed between myself and the participants

inherently reflects our worldviews, experiences, positionalities, and understandings, which could include biases. A number of trustworthiness strategies were employed in order to limit biases and ensure the integrity of the findings: Two additional coders and an auditor provided their perspectives on these data and engaged in negative case analysis in order to continually evaluate the developing theory. Nevertheless, the findings should be taken in context as they reflect the constructivist point of view that holds knowledge is constructed through individual experiences and worldviews and therefore is relative to the researchers and participants involved in the study, limiting transferability.

A second methodological limitation is that there is inherently little standardization in the coding process in grounded theory (Charmaz, 2014). There is especially a lack of uniformity as to how to develop categories in the coding process. To not acknowledge this reality would obscure the researchers' considerable agency in data construction and interpretation. The ambiguous nature of the coding process required researcher reflexivity (i.e., reflexive journaling) and was supplemented by a research team and the inclusion of an auditor familiar with grounded theory to ensure the integrity of the process and findings. That being said, the results must be considered in the context that the current themes and categories reflect decisions and interpretations made by the research team of this study without guarantee that other researchers would have engaged in the coding process in the same way. This reality leaves open the possibility that a different team of researchers would arrive at different conclusions from the same data.

Third, as a result of the small national group of participants derived through purposeful and convenience sampling, transferability may be limited. While Latinas in the USA may share some cultural and social experiences, it is important to note that not

all Latinx ethnicities were represented in this study. Further, racial identity was not assessed. As a result, the findings of this study may not be transferable to groups with different identity variables or who face different levels of social privilege/disadvantage than the women who were sampled.

Another sampling consideration is the inclusion criteria. Because participants had to identify as someone who was not currently experiencing abuse, these participants had to reflect on their experiences, potentially increasing the chance for recall bias. While the time frame was within the past 3 years, it's possible some participants may have had trouble recalling the specific dynamics, processes, and timeline of their use of spirituality due to time lapse. This could lead to inaccuracies or less rich descriptions of the dynamics and processes involved in using spirituality to cope with IPV.

Finally, considering the retrospective nature of this study, efforts were made to address participants' concerns regarding confidentiality and disclosure in the informed consent process; however, it must be considered that some participants might not have been comfortable being fully forthcoming. Further, some important information might not have been elicited by the interview questions.

Implications

Despite these limitations, the current study adds to the small body of literature that explicates how Latinas use their spirituality to cope with IPV. The findings from this study have implications for mental health professionals who work with IPV victims and survivors. First, there has been an obvious shift with regard to the inclusion of spirituality in psychological practice. The field of psychology has already included religion and spirituality in most definitions of multiculturalism and requires training in multicultural

competence, but most psychotherapists receive little or no training in religious and spiritual issues (Vieten et al., 2013). Without a well-rounded understanding of the impact of spirituality on a trauma like IPV, or the use and importance of spirituality as a coping mechanism, clinicians might mistakenly assign negative labels—such as engaging in magical thinking, being superstitious, or giving away one’s power—to people who engage in spiritual or religious coping behaviors. Studies on using spirituality to cope, such as the current study, provide more knowledge for providers so they may be able to incorporate culturally sensitive conceptualizations into their practice.

For example, participants in this study noted the cultural norms in the Latinx community about marriage and wifely duty that were embedded in their sense of self. In addition to an array of structural barriers to leaving abusive relationships, sometimes women remain in these relationships because of ideal notions of marriage, which can be reinforced by culturally defined expectations of family (Kearney, 2001). Practitioners can help women explore, identify and challenge disempowering cognitions and facilitate discussions of how external forces and internal beliefs can shape their perceptions of abuse and gender roles. This may then concurrently help to address the shame, guilt, and possible estrangement from their community that may result from experiencing or leaving an abusive relationship. Exploring and addressing these cultural realities openly within intervention services or therapy may provide survivors with a deeper understanding of their experiences as well as the awareness to speak to the cultural experiences that impacted their experience of abuse and coping.

Additionally, the specific spiritual coping practices Latinas used are a helpful finding since prior to this study only mixed-race, aggregated data was used, which did not

allow for a culturally-specific understanding of coping practices. With these considerations in mind, our results can be translated to inform the public, providers, and agencies who work to reduce IPV incidents and promote wellness for victims and survivors of IPV before, during, and after their experience of abuse. Specifically, considering the incorporation of spirituality as well as the specific practices endorsed by Latinas (e.g., meditation, prayer, communal worship) into IPV survivor services might help survivors who have been separated from their families, homes, and neighborhoods when they left their abusive relationship. This may be as simple as providing a quiet space for meditation/prayer that includes soft lighting and limited noise or holding spiritual spaces that do not promote one religious or spiritual ideology, but rather provides a space that is comfortable for survivors to engage in a communal spiritual experience.

Finally, regardless of setting (e.g., hospitals, community agencies, legal resources), considering a survivor's spirituality promotes a more holistic intervention that incorporates a biopsychosocial-spiritual prospective that can make referrals and other interventions more effective in serving survivors.

Future Research

Through the process of completing this grounded theory study, researchers identified five areas for fruitful further investigation. The areas of opportunity for future research include longitudinal data collection, participants' discussion of the shift away from religion and spirituality, self-efficacy, greater efforts to capture the rich diversity within the umbrella term 'Latina', and developing a measure. In the following

paragraphs, I explain in detail each of these areas and present specific suggestions for how researchers might go about addressing these gaps in the literature.

First, the general critique of the literature on coping with IPV is the use of cross-sectional data as a primary data source in many quantitative studies (e.g., Austin and Falconier, 2012; Carter et al., 2019; Stein et al., 2014; Wheaton et al., 1997). While cross-sectional data collection does have its merits (i.e., quicker to obtain, simpler to analyze), it does not allow for causal or longitudinal investigation of the phenomenon being studied. It follows then that a longitudinal study could be instrumental in beginning to see how spirituality may impact coping with IPV over time. In undertaking this longitudinal study, researchers could be guided by the themes and processes uncovered in this grounded theory study to identify salient independent, covariate, and dependent variables and to generate hypotheses about the relationship between these variables.

Second, the findings from this study presented another area of inquiry that would benefit from further research: participants' discussion of moving away from religion and spirituality. The move away from religion tended to be largely due to a sense of disillusionment or disagreement with the ideology and/or dogma of the church that was no longer congruent with participants' personal beliefs. Alternatively, participants' separation from spirituality tended to be due to a social pressure or inability to engage due to being overwhelmed. While there has been some research that has shown IPV negatively impacts engagement with religion and spirituality (e.g., Drumm et al., 2014; Yick, 2008), more research is needed to understand the specific circumstances and dynamics that influence the break from previously helpful or important belief systems.

Gaining an understanding of IPV survivors' reengagement with spirituality is particularly important due to the impact using spirituality to cope can have on their well-being.

A third avenue of research that would help contribute to a deeper understanding is how the increase in self-efficacy from spirituality can lead to the decision to leave an abusive relationship. Past research has found that once a victim realizes that an abuser will not change their behavior and that her life, and possibly the lives of her children, may be in danger, she is more likely to take steps to leave the relationship (Brown, 1997; Burke et al., 2001; Wuest & Merritt-Gray, 1999). To an extent, our findings reflect that part of participants gaining clarity included an assessment of the likelihood that their partner was going to change. However, understanding the underlying process of moving from gaining a sense of self-efficacy through spirituality to leaving their partners has not been sufficiently investigated. It is likely that there may be mediating variables that are currently not fully explained, such as hope. Participants seeing themselves as more capable of taking control of their lives may gain back a sense of hope that was previously absent.

Fourth, while Latinas were the focus of this study, future researchers could also focus on conducting an exploration of the ways in which different subethnic, gender, and sexuality groups (e.g., Costa Rican, cis- and transgender Latinx males, Lesbians, etc.) utilize spiritual coping in their experiences of IPV. This study used "Latina" as an umbrella term for many subethnic groups that have been categorized as Latin and therefore, we cannot be sure how different ethnic groups may have different experiences or processes of using spirituality to cope with IPV. Investigating these phenomena with a diverse range of subethnic, sexuality, and gender groups would allow researchers to

compare and contrast the experience of utilizing spirituality to cope with IPV in a fully nuanced and contextualized manner. The ability to speak to the shared and different aspects of coping with IPV through the use of spirituality in these various groups could help researchers, and subsequently providers and the public, understand both common and unique factors between groups.

Finally, based on the results of these studies with different Latinx groups, researchers can then consider if it would be important to create and test a measure of spiritual coping for the broader Latinx community through the use of factor analysis. Unlike the RCOPE (Pargament et al., 2000), a religious coping measure, a new measure could focus on the spiritual coping mechanisms that were identified as being salient within the Latinx community, thus ensuring the measure is culturally derived. Ultimately, having a culturally derived measure of coping within the Latinx community could enhance the validity and applicability of the research conducted. It may also be helpful to providers in measuring a client's spiritual coping so they may incorporate an acknowledgment or integration of those practices into the therapeutic process.

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Appendix A: Screening Questions

Instructions: Thank you for your interest in this research study. This study is about how Latinx women have utilized spirituality to cope with intimate partner violence. Coping is defined as things people do to get through or reduce the stress of certain events. Intimate partner violence is defined as physical, emotional, psychological, or sexual abuse that occurs between intimate partners. An intimate partner could be a current or former spouse, common-law spouse, civil union spouse, domestic partner, dating partner, or ongoing sexual partner. To determine if you are eligible to participate in this study, please respond to the following statements by indicating *yes* or *no* as they apply to you.

1. I am over the age of 18 years old:

Yes **No**

2. I am Latina:

Yes **No**

3. I am comfortable reading and participating in an interview in English:

Yes **No**

4. I have experienced intimate partner violence within the last three (3) years with a partner of the opposite sex:

Yes **No**

5. I am currently experiencing intimate partner violence:

Yes **No**

6. I can describe how I used my spirituality to cope with my experiences of intimate partner violence:

Yes **No**

Appendix B: Consent Form

Participant Informed Consent Marquette University

This informed consent is for interview participants who are participating in the research study entitled, “Latinas’ Utilization of Spirituality as a Coping Mechanism for IPV.” Ashley L. Faytol, M.S. is the principal investigator of this study for partial fulfillment of her doctoral degree, under the direct supervision of her faculty advisor, Lisa M. Edwards, Ph.D. This research study is approved by Marquette University Institutional Review Board (IRB) # [enter IRB # upon approval].

Study Information

Purpose of the Research and Participant Requirements

We are conducting research to understand Latinas’ use of spirituality to cope with intimate partner violence. What this means is we want to understand how your spirituality helped you tolerate, reduce, or minimize the stress of experience violence within an intimate relationship. Essentially, how did your spirituality enable you to cope with the abuse you experienced?

Confidentiality

Your participation in this study is confidential. The information collected will be kept private and every possible effort will be made to mask participants’ identities in any reports or presentations of study data. You may choose how you would like to be referred to in interviews, choosing to use a pseudonym or you will be assigned a number that will act as a pseudonym. Only the researchers will know how you referred to yourself, and the key linking your identity to your preferred name will be stored separately. The information you provide will be stored in password and firewall-protected devices. Please note that data sent over the internet may not be secure. No IP addresses will be collected when you provide your demographic information through the survey link.

Limits of Confidentiality

Although your privacy is very important, if you talk about actual or suspected abuse, neglect, or exploitation of a child or elder, or if you talk about hurting yourself or others, the researcher or other study team members must and will report this to the Bureau of Milwaukee Child Welfare, the Wisconsin Department of Children and Families Services, or law enforcement agency.

Voluntary Participation

Your participation in this research study is entirely voluntary. The choice you make will have no bearing on your community standing, intimate partner violence services, or have legal ramifications, and your choice to participate or not will be kept confidential. You may change your mind later and end participation, decline to answer any question you are not comfortable with, and choose what you disclose without consequence, even if earlier you agreed to participate.

Right to Refuse or Withdraw

You do not have to take part in this research study if you do not wish to do so. Choosing to participate or stopping your participation at any point during the interview will not be shared with anyone. You will have the opportunity to read the transcript of your interview and review your remarks, and/or modify/remove any portions of the interview.

Type of Research Intervention

This is a grounded theory, interview-based research study. First, you will participate in an individual, recorded interview for approximately 60-90 minutes. The interview will take place via Microsoft Teams, a secure videoconferencing application, at a time convenient for you.

Procedures

Before the interview, you will be asked to provide some basic demographic information. You will be taken to the electronic survey immediately after clicking “next,” following your review of this form.

You are being asked to participate in a research study about your use of spirituality to cope with intimate partner violence. If you accept, you will be interviewed by Ashley Faytol. If you do not wish to answer any of the questions during the interview, you may say so and the researcher will move on to the next question. No one else but the interviewer will be present unless you would like someone else to be there with you. The information recorded is confidential; only the principal researcher and their certified research affiliates will have access to the information from your interview. Further, only the principal researchers will have access to information that links you to your data.

The interview will be audio recorded. The tape/digital file will be kept in a secure location. Interviews will be transcribed by transcribers who are trained and bound by confidentiality. After audio recordings are transcribed, you will be invited to review the transcript and make revisions or additions to the transcript if you wish to do so. The tape/digital file will be destroyed five years from the date of the interview.

Data will be collected until “saturation” is reached, that is until no new themes emerge. Participants will be recruited until saturation occurs. Data will be analyzed via methods consistent with qualitative research. The data may be analyzed through more than one lens in order to understand the data in the most thorough ways possible.

Duration

Interviews will last approximately 60-90 minutes. As mentioned above, once your interview is transcribed, you will be invited to read over the transcript to verify the transcript and make any revisions or additions you wish. This review process should take no longer than one (1) hour, will take place via email, and is optional. We request that comments, if any, be returned within two (2) weeks of receipt.

Risks

This research project poses minimal risk to participants. Anticipated risks may include disclosure of personal or private information that may result in some psychological discomfort such as feeling embarrassed or upset. For example, you will be asked to reflect on difficult times that you have experienced IPV and how you coped with those experiences. While you will not be asked to recount or disclose specific events related to your experience of intimate partner violence, these events might be recalled during the interview that may result in some discomfort. Further, due to the use of videoconferencing and email technology, there is a risk of unauthorized individuals gaining access to the meeting space or information shared via email resulting in a breach of privacy and confidentiality. Lastly, confidentiality may be breached in cases where child abuse or imminent threat of harm to self or others is disclosed.

In order to minimize the likelihood of these risks, the following steps will be taken:

- 1) Considering safety as well as confidentiality, you are encouraged to identify and utilize a private space to engage in this study. The interviewer will be utilizing a similarly private space.
- 2) Risks associated with videoconferencing applications will be minimized through the use of individualized links provided only to participants. Please do not share this link with anyone. In the case that someone other than yourself is able to access the interview invite, the PI will monitor the meeting and only allow the participant to enter. Despite these safeguards, if an unapproved person was able to access the meeting, the PI will pause the meeting and eject the intruder from the meeting.
- 3) To optimize the likelihood of confidentiality, the researcher will collect minimal direct personal identifiers. For example, you will provide a verbal, rather than written, consent and will be asked to choose a fake name (i.e. pseudonym) or research will assign you a number that will be used during the data collection process. Audio recordings of interviews will not include names and will be kept on a password-protected computer that will be kept in a locked room.
- 4) All emails from the researcher will be encrypted in order to optimize the likelihood of confidentiality. Encryption requires you to authenticate your identity in order to read the email.
- 5) Efforts to reduce possible psychological discomfort or distress will be taken. For example, the researcher will be watching for behavioral or verbal indications of distress and assessing whether the level of distress becomes too high, indicating the need to early terminate the interview early. Additionally, a list of national community mental health resources will be given to all participants at the end of the interview in case they need additional IPV-related support.

Please note you have the right to stop the interview at any time, to choose what you disclose, or decline to answer a question at any time during the interview.

Benefits

Benefits may include gaining clarity about your spiritual coping, deeper awareness and insight about your experiences, and increased knowledge about utilizing spirituality to cope with intimate partner violence. Additionally, what you contribute will be shared with helping professionals in order to assist their processes when working with people who have

experienced intimate partner violence. Therefore, your participation may benefit others who seek help during or following intimate partner violence.

Participant Compensation and Reimbursements

Participants will be compensated \$20 for their participation in this study. This compensation will be delivered in the form of an emailed gift card (e.g., Amazon, Target, Starbucks) or the money can be donated to an intimate partner violence/domestic violence fund of your choice on your behalf for your participation when the requested research activities (i.e., interview) is completed.

Sharing the Results

None of the information you share will be attributed to you by name. The knowledge attained from this research study will be shared by way of a summary of results. Any direct quotes used in reporting will be written about in terms of a participant number assigned to you, not your name. The results and knowledge gained from your participation may be used to contribute to the broader knowledge base of spiritual coping with intimate partner violence via publications and presentations.

Who to Contact

If you have any questions, you can ask them now or later. If you wish to ask questions later, you may contact either principal researcher:

Ashley L. Faytol, M.S.
Principal Researcher
ashley.faytol@marquette.edu
414-288-7588

Dr. Lisa M. Edwards
Faculty Advisor
lisa.edwards@marquette.edu
414-288-1433

If you have any questions or concerns about these researchers, please contact one of the two principal investigators listed above.

This research project has been approved by Marquette University Institutional Review Board (IRB) for Research Involving Human Subjects. The IRB is charged with the task to make sure research participants are protected from harm. If you wish to find about more about the IRB, please go to [Marquette University IRB website](#).

If you have questions about your rights in the study, contact:

Marquette University:
Marquette University's Office of Research Compliance
560 N. 16th Street, Room 102
Milwaukee, Wisconsin 53201

Phone: 414-288-7570
Fax: 414-288-6281
Email: orc@mu.edu

***These documents are for your records. You may print a copy if you wish to do so*
You will not physically sign any document. Consent will be given when you click
“agree” in the link provided to you.**

Appendix C: Demographic Form

Instructions: The information below will be kept confidential. To protect your confidentiality, please do not include your name on this form.

Violence is defined here as physical, emotional, psychological, and sexual abuse between intimate partners. Partner can refer to a current or former spouse, common-law spouse, civil union spouse, domestic partner, dating partner and ongoing sexual partner.

1. What is your age? _____
2. What cultural group/ethnicity do you identify with? (May write in more than one choice; e.g., Afro-Latina, Central American, Dominican, Indigenous, Mexican, Puerto Rican, South American)

3. What is your generational status in this country?
 _____ First generation (you were born in a country outside of the U.S.)
 _____ Second generation (one of your parents was born in the U.S.)
 _____ Third generation (your grandparents were born in the U.S.)
 _____ My family has been here for four or more generations
4. Please indicate religious affiliation:
 _____ Religious affiliation:

 _____ None
5. Does your form of spirituality have a name?:
(Optional) _____
6. What is the highest level of education you completed?

7. Are you currently employed outside of the home?

 a. *If yes*, what is your current occupation?

8. Please indicate which below reflects your annual household income:
 _____ Less than \$ 20,000 _____ Between \$ 20,000 and \$ 50,000
 _____ Between \$ 50,000 and \$ 70,000 _____ Between \$ 70,000 and \$ 90,000
 _____ Greater than \$ 90,000
9. What is your current relationship status? (e.g., single/never married, married, divorced, partnered) _____
10. Are you currently in a relationship with a partner who in the past has directed violence towards you? _____

11. If you have experienced violence in past relationships, please list length of time for each. _____

Appendix D: Interview Protocol

Thank you for your participation in this study. I am interested in understanding how your spirituality has helped you cope with the experience of intimate partner violence (IPV). To this end, I will ask you to describe how you believe your spirituality has helped you cope with IPV, including questions about how your behaviors and thoughts related to spirituality may have been influenced your ability to cope with the abuse you experienced. If you have a history of experiencing IPV with more than one partner, think about your experience of coping with IPV across all relationships you would define as abusive.

For the sake of clarity, IPV is defined as physical, emotional, psychological or sexual abuse that occurs between intimate partners. An intimate partner can refer to a current or former spouse, common-law spouse, civil union spouse, domestic partner, dating partner and ongoing sexual partner. Coping is defined as specific efforts, both behavioral and psychological, that one may use to tolerate, reduce, or minimize stressful events. Finally, spirituality includes searching for meaning and value in life and a desire for a relationship with something divine. Spirituality may incorporate various cultural values, practices, or forms of ceremony.

1. Please tell me about your spiritual identity and practice.
 - a) When and how did it develop in your life?
 - b) How does your background and experience as a Latina influence it?
 - c) How does it affect your life and relationships with others?
 - d) How do you differentiate spirituality from religion?

Now I am going to ask you how you understand the role spirituality has helped you tolerate, reduce, or minimize stress brought on by your experience of intimate partner violence. At this time, I invite you to reflect on the period(s) of times that you experienced IPV. You don't have to describe these experiences—I am most interested in how you coped with them.

2. First, I would like to discuss how spirituality has helped you manage the stress of intimate partner violence.
 - a) What spiritual acts/practices did you find most helpful during times of abuse?
 - i. What was helpful about these acts/practices?
 - ii. When would you engage in these acts/practices (e.g., during the experience of abuse, immediately after, alone)?

- iii. Please describe the moment, event, or situation/s that led to the decision to use spirituality to cope with intimate partner violence.
 - iv. How did these acts help you to manage the stress of the abuse you experienced?
 - v. Why did you choose these acts/practices over others?
 - b) What, if anything, changed or influenced your use of spirituality to cope with IPV?
 - c) Were there other strategies outside of spirituality that you used to cope with IPV?
 - i. How did your use of spirituality enable you to cope with IPV compared with the other strategies?
 - d) How did your spirituality shape your thinking about your partner's use of violence?
 - e) Were there any times that spirituality was not helpful in coping with IPV?
 - i. Can you describe how your spirituality was not always helpful?
3. Next, I am going to ask you to describe how spirituality may have had an impact on the way you perceived yourself before, during, and following times you experienced intimate partner violence.
 - a) Following your experiences of abuse, how has your spirituality influenced:
 - i. How you view yourself as a woman? As a Latina?
 - ii. The expectations you have for yourself?
 - iii. How, if at all, were your spiritual beliefs influenced by your experience of IPV?
4. What suggestions would you give for how Latinas can use spirituality as a strategy for coping with IPV?
5. Is there anything else I have not asked you related your use of spiritual in coping with intimate partner violence that you would like to share?
6. Why were you interested in participating in this study?