


2016-01-01

Exploring Factors of Intimate Partner Violence Among Men of Mexican Origin

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EXPLORING FACTORS OF INTIMATE PARTNER VIOLENCE AMONG MEN OF
MEXICAN ORIGIN

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DEDICATION

This dissertation is dedicated to men of Mexican origin, who often don't recognize the positive and beautiful aspects of being men of Mexican origin. May they look beyond negative stereotypes and recognize their strengths. May they mentor and teach other young men to talk about important issues such as intimate partner violence. May they hold their heads high and be proud to be men of Mexican origin.

EXPLORING FACTORS OF INTIMATE PARTNER VIOLENCE AMONG MEN OF
MEXICAN ORIGIN

by

BIBIANA M. MANCERA, MEd

DISSERTATION

Presented to the Faculty of the Graduate School of

The University of Texas at El Paso

in Partial Fulfillment

of the Requirements

for the Degree of

DOCTOR OF PHILOSOPHY

Interdisciplinary Health Sciences Program, CHS/SON

THE UNIVERSITY OF TEXAS AT EL PASO

December 2016

ACKNOWLEDGMENTS

I would like to thank Dr. Mark Lusk and Dr. Angus Mungal for serving on my dissertation committee and for their continued support and words of wisdom. I would like to thank Dr. Robbins, for her open door policy, encouragement, and expertise in qualitative methods. I would also like to thank Dr. Joseph De Santis, for guiding me through the data analysis and masterful feedback. And last but not least, to Dr. Elias Provencio-Vasquez for the encouragement to undertake a doctoral program, un-endless support, guidance with qualitative data analysis, and intellectually stimulating conversations that pushed me to think outside the box. I am truly blessed to have counted on such awesome content and methods experts/mentors that guided me through this entire process.

To my colleagues and friends, Dr. Holly Mata, thank you for mentoring me and being a light in my life and to Dr. Maria Torres, thank you for your tremendous help in facilitating the focus groups.

I am grateful and blessed to have met the key informant, without whom this study would not have been as successful. The key informant's relentless recruiting efforts and intimate knowledge of the community taught me to be an advocate regardless of personal circumstances.

To the men of Mexican origin, who willingly opened up to me and spoke about sensitive topics they experienced, their hopes for young men and their desire to mentor them.

Finally, I would like to thank my family. To my parents Raymond and Diana Arias, thank you for always believing in me, your unconditional love, and constant prayers. To my sister, Claudia Grijalva and my brother in-law, Manny Grijalva, to my niece Brittany Batres, to my niece Jessica Batres and her husband Alexxander Nova, and to my brother Raymond Arias Jr, and my sister-in-law, Jennifer Arias, thank you all for the much needed help with the kids. To

my husband Ray Mancera, thank you for encouraging me to pursue a university education all those years ago, and for supporting me in all my endeavors 200% and rearranging your life to accommodate mine. To my children Marcos and Isabella, thank you for understanding and allowing me to pursue a PhD without ever complaining. Last but not least, thanks be to God for giving me strength, perseverance and wisdom to seek answers, and for placing all these amazing and wonderful people in my path to walk with me and guide me in this journey of my life.

ABSTRACT

Intimate partner violence (IPV) affects many females, particularly women of color, in the United States. Victims of IPV experience both short and long term physical and mental consequences (World Health Organization, 2014), which negatively impact the healthcare and judicial system (Lloyd & Taluc, 1999). Few qualitative studies have been conducted among men of Mexican origin (MMO), exploring unique risk factors that contribute to the higher incidence of IPV perpetration among this population. The purpose of this study was to explore IPV perpetration risk factors among MMO. The research question that guided this study were: 1) what are the issues confronting men of Mexican origin within public housing communities? and 2) how does culture influence the behavior of men of Mexican origin with regards to IPV? This exploratory qualitative research study was framed within the Social Ecological Model (Dahlberg and Krug, 2002), to explore IPV perpetration risk factors among MMO. This study utilized focus groups of 1.5 - 2 hours for data collection. Lincoln and Guba's model of trustworthiness (1985) was used to ensure rigor. Grounded Theory techniques (Glaser & Strauss, 1967; Strauss & Corbin, 1990) guided the data analysis. Several emerging categories were deconstructed from the data such as: *Societal view of men of Mexican origin*, *Family of origin*, *Male contributions to IPV*, *Female contributions to IPV*, *Environment as a context*, *Normalcy* and *Breaking through*. These emerging categories were supported by direct quotes and led to the core themes: *How others see me*, *Masked me*, *Real me*, and *Heartfelt me*. The emerging categories and core themes were further abstracted into the overarching theme, *Mirror as self-reflection*.

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AIMS OF THE STUDY

This study aimed to explore the factors of intimate partner violence (IPV) among men of Mexican origin (18-55), through a qualitative research study. The questions guiding this research inquiry were: 1) what are the issues confronting men of Mexican origin within public housing communities? and 2) how does culture influence the behavior of men of Mexican origin with regards to IPV?

The experiences of males, with sensitive topics such as intimate partner violence (IPV), in qualitative research have been largely overlooked (Affleck, Glass, & Macdonald, 2013). One reason for the lack of male participation in qualitative research is the difficulty of recruiting this population (Olliffe & Thorne, 2007). Of particular interest are Men of Mexican origin (MMO) and their descriptions of IPV factors. Unfortunately, there exists a lack of research studies relevant to MMO and IPV, even though Americans of Mexican origin represent the largest and fastest growing subpopulation of Hispanics (Mancera, Dorgo & Provencio-Vasquez, 2015) (Appendix A). Sadly, MMO have been largely excluded from qualitative studies pertaining to IPV risk factors.

This study will contribute in the dearth body of knowledge regarding men of Mexican origin and IPV risk factors. The findings of this qualitative research study will be beneficial in describing the factors of intimate partner violence among MMO. The research findings may facilitate theoretical development and the creation of culturally and linguistically appropriate interventions to mitigate the negative outcomes of the increasing rates of IPV among Mexican origin couples.

BACKGROUND AND SIGNIFICANCE

Globally, intimate partner violence (IPV) victimization affects between 15 to 71% of women within their lifetimes and contributes to short- and long-term injuries (World Health Organization, 2014). Additionally, one in four women and one in seven men are victims of extreme physical violence in their lifetimes, caused by their intimate partners (Black, et al., 2011). Each year in the United States, it is estimated that 29 million women experience some form of abuse caused by their current spouse or intimate partner (Bredling, Smith, Basile, Walters, Chen, and Merrick, 2011). According to the Texas Department of Public Safety (2015), 211,301 women reported IPV victimization in Texas of which 5,391 cases were reported in El Paso County. IPV has no ethnic, socioeconomic or cultural boundaries; however, some populations are affected more so than others (Johnson, 2008; González-Guarda, Peragallo, Vasquez, Urrutia, & Mitrani, 2009).

The focus of this study is men of Mexican origin and IPV risk factors. In 2014, it was estimated that Hispanics residing in the United States totaled approximately 54 million (United States Census Bureau, 2014a) and are expected to surpass 128.8 million by the year 2060 (U.S. Census Bureau, 2014b). Mexicans represented (64%) of the entire Hispanic sub-population in 2012 (Centers for Disease Control and Prevention, 2015; Pew Research Center, 2013). Moreover, (11%) of the entire U.S. populations was comprised of Mexicans (Pew Research Center, 2013). According to Cummings et al., (2013), IPV increased among Hispanic couples (14%) in comparison to non-Hispanic White couples (6%). Hispanics also have higher IPV

repeat occurrence rates (59%) than non-Hispanic Blacks (52%), and white couples (37%) (Caetano, Ramisetty-Mikler, & McGrath, 2005).

Intimate partner violence aggression can be categorized as physical, sexual, or psychological (Whiting, Parker & Houghtaling, 2014) and can have injurious physical, sexual, psychological and reproductive consequences (WHO, 2014). Intimate partner violence victims also experience long-term physical and psychological ailments that may require long-term treatment (Rivara et al., 2007). Injuries sustained from IPV include permanent physical dysfunction, psychological disorders, miscarriages, chronic disease, and can even lead to death (Campbell, 2002; Black, 2011; McFarlane, Nava, Gilroy, Paulson, & Maddoux, 2012). Intimate partner violence is classified as a major public health problem, as well as a human rights violation (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006). Moreover, the risk for HIV infection/AIDS and sexually transmitted infections increases among women who are victims of IPV (Gonzalez-Guarda, Vasquez, Urrutia, Villarruel, & Peragallo, 2011; Maman, Campbell, Sweat, & Gielen, 2000).

Lastly, IPV related health problems experienced by women, negatively impacts the economy because many require public assistance and may be unemployed (Lloyd and Taluc, 1999). Moreover, the yearly burden on the U.S. economy caused by IPV related injuries is conservatively estimated around \$5.8 billion due to medical and mental health expenses, and does not include associated legal system expenses (CDC, 2003; Max, Rice, Finkelstein, Bardwell, & Leadbetter, 2004). The economic devastation caused by IPV in terms of workplace productivity is estimated to be \$1.8 billion and equals almost 32,000 jobs or 8 million paid work days (CDC, 2003).

Although this study did not focus on children, children exposed to IPV also experience short and long term negative emotional, mental and physical health consequences (United States Justice Department, 2011). The risk for girls becoming victims and boys becoming perpetrators, when exposed to IPV as children, was twice as likely when compared to children not exposed to IPV (Whitfield, Anda, Dube, & Felitti, 2003).

Certain social and behavioral characteristics have been identified as IPV perpetration risk factors such as: alcohol abuse (Kantor, 1997; Neff, Holamon, & Schluter, 1995; Perilla, Bakemon, & Norris, 1994; West, Kantor, & Jasinski, 1998), cocaine use (Coker, Smith, McKeown, & King, 2000; Parrot, Drobles, Saladin, Coffey, & Dansky, 2003), anger (Holzworth-Monroe & Hutchison, 1993; Whiting et al., 2014), impulsiveness (Cunradi, Caetano, Clark, & Schafer, 1999; Cunradi, Caetano, Clark, & Schafer, 2000; Cunradi, Caetano, Clark, and Schafer, 2002), inability to control emotions (Caetano, Ramisetty-Mikler, Caetano-Vaeth & Harris, 2007), aggression (Plutchik and van Praag, 1997), and impulsiveness, insensitivity, and guiltlessness (Hare, 2003; Sullivan & Kosson, 2006). However, unique characteristics may exist among MMO that increase their risk for IPV perpetration (Mancera, Dorgo, & Provencio-Vasquez, 2015). The determinants that increase IPV perpetration risk among the rapidly growing population of Hispanic men of Mexican origin needs to be better understood (Mancera, Dorgo & Provencio-Vasquez, 2015) as the incidence of IPV perpetration among Hispanic couples has increased (14%) in comparison to non-Hispanic White couples (6%) (Cummings, Gonzalez-Guardia, & Sandoval, 2013). Moreover, the *Patient Protection Affordable Care Act (2010)* has expanded to include interpersonal and domestic violence screenings and counseling. Thus, further exploration is warranted among this rapidly increasing population in order to understand the factors that place Hispanic men at risk for IPV perpetration. The findings of this study will contribute to the

science and inform future interventions tailored to the Mexican culture and Spanish language, in order to mitigate the increase in IPV (Mancera, Dorgo, & Provencio-Vasquez, 2015).

LITERATURE REVIEW

Several literature reviews regarding IPV exist (Capaldi, Knoble, Shortt, & Kim, 2012; Cummings, et al., 2013), although there is a dearth of knowledge regarding MMO and IPV factor. More recently, a literature review conducted by Mancera, Dorgo & Provencio-Vasquez (2015) identified a total of 24 IPV studies conducted between 2000 and 2014 that included the following relevant criteria: 1) qualitative studies, men and IPV; 2) men and IPV perpetration; 3) IPV and Hispanic, Latino or Mexican American men; 4) IPV and couples of color; and 5) male perpetrator characteristics and risk factors. Hispanics were referenced in only 16 of the 24 studies and only three studies referenced Mexican Americans specifically. The literature review was framed within the Socio-Ecological Model (SEM) because it facilitated the categorization of IPV risk factors.

The SEM seeks to better understand the complex and multiple influences on behavior that lead to IPV in order to prevent it (Dahlberg & Krug, 2002). The Dahlberg and Krug (2002) SEM is adapted from the Stokols (1996) model. The SEM has been used to understand the complex relationships between environmental and sociological factors and illness and health. In addition, the four SEM levels (individual, relationship, community, and societal) have been adopted as a framework for violence prevention (Dahlberg & Krug, 2002). Lastly, the SEM framework has been used to describe and categorize numerous IPV protective factors and perpetration risk factors that influence behavior within IPV research (Dahlberg & Krug, 2002). The four SEM levels are affected by the economy, and social, health, and educational policies that can create inequalities (Dahlberg and Krug, 2002).

In this study, the SEM will be used as a framework to evaluate male IPV factors. The SEM has been utilized by the Center of Disease Control (CDC) and includes the following four levels: individual, relationship, community, and societal.

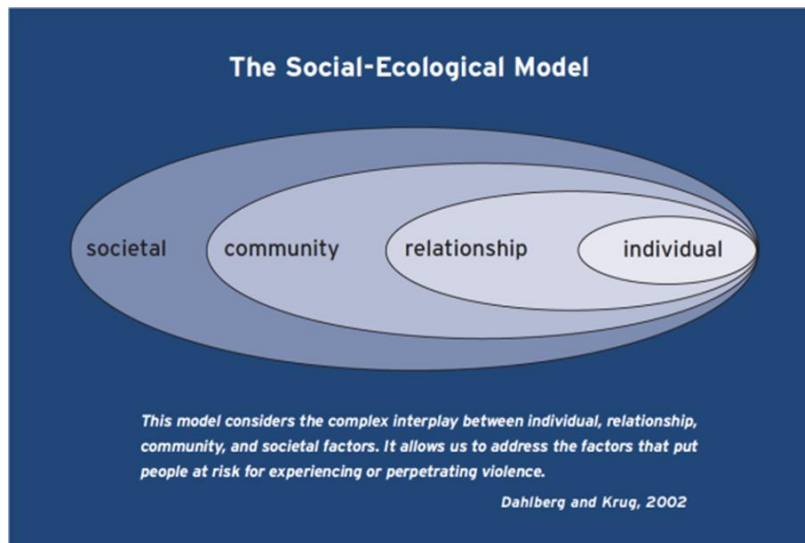


Figure 1. *The Social- Ecological Model* (Dahlberg and Krug, 2002)

Individual Factors.

At the individual level, age, educational attainment, and personal earnings are IPV perpetration risk factors. Biological factors include mental health disorders; personal history, such as observing IPV in childhood; and behavior such as substance or alcohol abuse, or temperament and demeanor (Mancera, Dorgo, & Provencio-Vasquez, 2015).

Age. Among younger Latinos, age has been associated with IPV perpetration risk (Ingram, 2007; Lown and Vega, 2001; Strauss, 1995).

Alcohol and substance use. Alcohol use has frequently been cited as an IPV risk factor (Kantor, 1997; Neff, Holamon, & Schluter, 1995; Perilla, Bakemon, & Norris, 1994; West, Kantor, & Jasinski, 1998). Alcohol has also been linked to aggression, which has been established as an IPV risk factor (Schafer, Caetano, and Cunradi, 2004; Bushman, 1993); albeit

Caetano, Schafer, and Cunradi (2001) described the lack of behavioral restraint induced by alcohol consumption, not necessarily the alcohol itself that provoked IPV perpetration. Caetano, et al. (2001) also reported that alcohol could possibly be employed as a rationalization for violence perpetration and excessive alcohol use is intensified by impulsive behavior (Caetano et al., 2001). Nonetheless, for males excessive alcohol use such as binge drinking – five or more drinks consumed within two hours – was reported to increase physical IPV perpetration (Basile, Hall, & Walters, 2013; Cunradi, Ames, & Moore, 2008). A meta-analysis conducted by Stith and colleagues (2004) identified alcohol and substance misuse as risk factors for physical IPV perpetration. Furthermore, illicit drugs use (cocaine), heightened the risk for IPV perpetration (Coker, et al., 2000; Parrot, et al., 2003).

Educational level. Research has indicated the association between low levels of education and poor health outcomes including: numerous chronic diseases (non-infectious), higher infectious disease rates, less survival when ill, and shorter life expectancy (Feldman, Makuc, & Cornoni-Huntley, 1989; Gutzwiller, LaVecchia, Levin, Negri, & Wietlisbach, 1989; Ross and Wu, 1995). Intimate partner violence perpetration has been correlated with lower educational attainment (Kessler, Molnar, Feurer, & Appelbaum, 2001; Sorenson, Upchurch, & Shen, 1996). Men with lower educational attainment than their partners were also at an increased risk for IPV perpetration (Brown & Bulanda, 2008; Chen & White, 2004; Stith Smith, Penn, Ward & Tritt, 2004). Although, Cunradi (2009) reported that among Hispanic men, lower educational attainment decreased IPV perpetration risk; however further exploration of this finding is warranted.

Income. Among Hispanics and Blacks, low income increased IPV perpetration risks (Cunradi, et al., 2002; Perlman, Zierler, Gjelsvik, & Verhoek-Oftedahl, 2003; Sugihara &

Warner, 2002). Mexican American men with lower income were reportedly at a higher risk for causing injury to their intimate partner (Yllo & Strauss, 1990). Furthermore, low-income and feeling superior to their partners increased the risk for injuring their intimate partners (Sugihara & Warner, 2002). Better income allows people to live in safer and healthier neighborhoods which are at less risk for IPV (Telfair & Shelton, 2012).

IPV and childhood abuse. Witnessing IPV in childhood increased IPV perpetration risk in adulthood (Perilla, 1999; Whitfield et al., 2003). Acts of IPV were also more plausible among men who were abused in childhood (Fagan, 2005; Fang & Corso, 2008; Gil-Gonzalez, Vives-Cases, Ruiz, Carrasco-Portiño, & Álvarez-Dardet, 2008; McKinney, Caetano, Ramisetty-Mikler, & Nelson, 2009; White, McMullin, Swartout, Sechtrist, & Gollehon, 2008) due to the cyclical nature of generational violence (Gonzalez-Guardia, Peragallo, Urrutia, Vasquez, & Mitrani, 2008; Gonzalez-Guardia, Ortega, Vasquez, & DeSantis, 2010; Gonzalez-Guardia et al., 2011).

Cognitive disorders. Cognitive disorders are mental health disorders such as amnesia, delirium, and dementia that affect the memory, perception, the ability to learn, and problem solving skills (Guerrero & Piasecki, 2008). The justification of violence has been linked to cognitive disorders because they facilitate the rationalization of violence through distorted thinking (Whiting, et al., 2014; Eiskovits & Enosh, 1997; Sorenson & Telles, 1991).

Furthermore, the lack of emotional control was identified by Ross (2011) as a risk factor for IPV perpetration in particularly among men with symptoms of Borderline Personality Disorder (BPD). Borderline personality disorder is a cognitive disorder in which people are unstable, have tempestuous emotions and relationships (National Institute of Mental Health, 2014). BPD symptoms also include retaliation because it is seen as a reflection of character instead of a dynamic of the relationship (Ross, 2011).

Personality traits, attitudes and behaviors. Several personality traits were correlated with IPV perpetration, including anger (Holzworth-Monroe & Hutchison, 1993; Whiting et al., 2014), impulsiveness (Cunradi, et al., 1999; Cunradi, et al., 2000; Cunradi, Caetano, Clark, & Schafer, 2002), inability to regulate feelings, emotions (Caetano, et al., 2007), and behavior of an aggressive nature (Plutchik & van Praag, 1997). Personality traits classified as psychopathic, such as impulsiveness, being insensitive, and exhibiting no guilt, have been recognized as IPV perpetration risk factors (Hare, 2003; Sullivan & Kosson, 2006). The lack of emotions coupled with the lack of responsibility, in conjunction with less impulsiveness were also identified as risk factors for IPV perpetration (Swogger, Walsh, & Kosson, 2007). Elevated levels of oxytocin (hormone produced in the hypothalamus) was identified as an IPV perpetration risk factor for men predisposed to aggressive physical behavior (De Wall, et al., 2014). While Oxytocin is associated with sexual enjoyment, social bonding of choice, lactation, and maternal bonding (American Psychological Association, 2014), elevated levels of oxytocin, among people who controlled their partners through intimidation and dominance, could escalate aggressive behavior (De Wall et al., 2014).

Schafer, et al., (2004) reported impulsiveness as an IPV perpetration risk factor among Hispanic men, particularly if there was a history of physical childhood abuse. Furthermore, aggressive psychological tactics and physical aggression were exacerbated by possessiveness and feelings of superiority (Sugihara & Warner, 2002).

Control was identified as an IPV perpetration risk factor due to abusive behaviors such as the use of violence to manipulate and dominate partners, intimidation, deceit, and lying (Prospero, 2008; Whiting, et al., 2014). However, there was no significant association between

the perception of power in a relationship and IPV perpetration and psychological abuse (Schumacher, Smith, Slep, & Heyman, 2001).

Various IPV perpetration risk factors included: overbearing personality coupled with belligerent demeanor towards women (Malamuth, Heavy, Linz, Barnes, & Aker, 1995), and functioning as the sole decision maker (Sugihara & Warner, 2002). Intimate partner violence perpetration risk factors increased with hostility towards women (Anderson & Anderson, 2008). In addition, Holtzworth-Munroe and colleagues (2000) reported that men with contentious attitudes towards women were more likely to have abusive histories and mental suffering (borderline-dysphoria) coupled with violent withdrawn personalities. In summary, risk factors for IPV perpetration at the individual level range from age, earnings, education, psychological disorders, history of witnessing abuse as a child, to alcohol and substance abuse (Mancera, et al., 2015).

Relationship Factors.

Interactions between intimate partners including communication skills, response to conflict, and the obedience to gender roles have been identified as risk factors for IPV perpetration (Mancera, et al., 2015). The association between relationship problems and IPV has been recognized by others (Stith, Green, Smith & Ward, 2008; Shortt, Capaldi, Kim, & Laurent, 2010).

Relationship satisfaction and communication skills. Communication styles and skills were reported by Basile et al., (2013) as IPV perpetration risk factors due to their effect on satisfaction within a relationship. Scott and Strauss (2007) concluded that men, who blamed relationship problems on their partners and/or avoided discussing their role in relationship difficulties, were at greater risk for perpetrating physical, psychological, and sexual IPV.

Gender roles. Feminist theorists have often cited traditional gender roles as IPV perpetration risk factors due to the socialization of men with respect to attitudes, behaviors, and norms that approve of relationship violence (Basile et al., 2013). Intimate partner violence perpetration risks are intensified by masculine acts such as aggression and displays of physical strength, as well as repression within social, sexual, and physical contexts because these are norms that allow violence against women (Connell & Connell, 2005; Poteat, Kimmel, & Wichins, 2011; Peralta & Tuttle, 2013).

Gender roles identified within Hispanic culture as *Machismo* and *Marianismo* have both negative and positive facets. The positive facets of *Machismo* are comprised of courage, responsibility, and strength, while negative facets include aggression, infidelity, and male dominance (Torres, Solberg, & Carlstrom, 2002). The opposite gender role for women is *Marianismo*, which derives the traits of humility, purity, loyalty, faithfulness, family devotion, submissiveness, unassertiveness, and unselfishness from the Virgin Mary (Galanti, 2003; Deitrich and Schuett, 2013). The strict gender roles attributed to *Machismo* and *Marianismo* have often been reported as risk factors for IPV perpetration and victimization because of the unequal balance of power within a relationship (Campbell, Masaki & Torres, 1997; Jewkes, 2002). While numerous studies exist regarding the role of *machismo* as a risk factor for IPV perpetration (Cianelli et al., 2013; Moracco, Hilton, Hodges, & Frasier, 2005; Mouton, 2003) minimal research exists on the men's perception of *machismo* and its role in IPV perpetration.

Stress and job strain. Relationship discord and stress are increased by the lack of resources and income which can lead to IPV perpetration (Caetano, et al, 2001). Males were likely to perpetrate violence if their earning were less than their partners (Schumacker, et al., 2001; Stith et al., 2004). The strain of unemployment or a lower paying job than the female was

also correlated with IPV perpetration (Coker, et al., 2000; Delsol & Margolin, 2004; Martin, et al., 2007; Stith, et al., 2004).

Imbalance of power. Delsol & Margolin (2004) identified the male's perceived imbalance of relationship power, especially if family violence was present growing up, as an IPV risk factor. Murphy and colleagues (2001) reported IPV perpetration increased due to conflicts in a relationship, and the perceived need to change their partner. Additionally, dissatisfaction over power within the relationship was identified by Kaura and Allen (2004) as an increased risk factor for IPV perpetration. Intimate partner violence used as a method of punishment, to hurt a partner, was reported by Ross (2011) as a way to keep control and maintain power within a relationship. Lastly, Sugihara and Warner (2002) identified jealousy and/or possessiveness and power as risk factors for the perpetration of IPV. In summary, risk factors for IPV perpetration at the relationship level have been associated with relationship satisfaction, lack of communication and conflict resolution skills, job stress, gender role adherence, and power imbalance.

Community factors.

The social context where interactions occur, such as home, work or school, have been reported as IPV risk factors, in particularly if the environment is plagued by poverty, disorder, or violence (Mancera, et al., 2015).

The Social Disorganization Theory (Shaw & McKay, 1942) hypothesizes that neighborhoods where inadequate structure exist are at a higher risk for socially unacceptable behaviors such as delinquency and crime. Sampson and Groves (1989) further expanded the theory to include IPV and public intoxication. Neighborhood disorder was identified as a risk factor for IPV perpetration (Cunradi, 2009). Correspondingly, IPV perpetration risk increased in

poverty stricken or violent communities, as well as residing in urban areas (Caetano, et al., 2001; Caetano, Ramisetty-Mikler, & Harris, 2010; and Gonzalez-Guardia, et al., 2010). Intimate partner violence perpetration risk increased with the mere perception of residing in a violent environment (Reed, et al., 2009). Depression caused by living in a community with high levels of unemployment was identified as an IPV risk factor among men, with violent men having more issues with depression (Caetano & Cunradi, 2003).

Societal factors.

Cultural and societal norms, customs, economics, social and educational policies that promote discriminatory practices within society are factors that have the propensity to decrease or increase violence (Mancera, et al., 2015).

Acculturation, gender roles and Immigration. Among Hispanics, acculturation, immigration, and control within a relationship are reported risk factors for IPV perpetration (Klevens, 2007). Acculturation is how people from one culture encounter people from another culture and exchange intellectual ideas and customs through the observation and adoption of behaviors and beliefs (Castro, 2007; Redfield, Linton, & Herskovits, 1936). Among Hispanics living in the United States, risk factors for IPV perpetration include acculturation and acculturation stress (Berry, 2003; Born, 1970; Caetano, et al., 2007; Firestone, Harris & Vega, 2003).

Among Hispanic couples, IPV was associated with changing gender roles and acculturation of different levels between them (Denham, et al., 2007). Violence was used as a means to re-establish authority and power within the household by Hispanic men, who felt their position and authority was threatened (Davila, Bonilla, Gonzalez-Ramirez, & Villarruel, 2007).

Hispanic men who earned less than their intimate partner were at an increased risk IPV perpetration (Perilla, et al., 1994). Hispanics often feel stressed due to a sense of lost identity caused by changes in gender and social roles, beliefs, and routine daily life (Hovey, 2000; Salgado de Snyder, Cervantes, & Padilla, 1990). Among Hispanics, the loss of family unity and support, support systems, and social status were identified as stressors (Caplan, 2007).

Within Hispanic culture, *Machismo* and *Marianismo* are frequently identified as risk factors within relationships because of the acceptance of delineated gender roles (Mancera, et al., 2015). As a result, *Machismo* and *Marianismo* impact Hispanic societies due to the use of violence as a means of dealing with conflict, (Peralta & Tuttle, 2014) masculine behaviors such as virility and bravery, and feminine behaviors such as humility and submissiveness (Cummings et al., 2012). At the cultural and societal level, the increases or decreases in IPV perpetration are influenced by social norms, acculturation, traditions, and economic and social policies that promulgate discrimination (Mancera, et al., 2015).

CONCEPTUAL FRAMEWORK AND GUIDING THEORIES

This research study was conceptually framed within the Socio-Ecological Model (SEM) (Stokols, 1996), which has been used extensively to understand the association between health and illness and environmental and sociological factors within health promotion (Stokols, 1996). More recently, Dahlberg and Krug (2002) utilized the SEM as a violence prevention framework to classify the complexity of intimate partner violence (IPV) perpetration across four levels.

Inquiry for this research study was guided by the incorporation of certain “theories, paradigms, and perspectives” (Guba, 1990, p. 17; Cresswell, 2012, p. 17). Paradigms, within science and epistemology, are loosely related concepts, which include theories and research methods that guide thinking and research (Bogdan & Biklen, 1997). The two guiding theories for

this research study are associated with vulnerable populations and syndemics because they facilitated a better understanding of the multifaceted phenomenon of IPV.

The Vulnerable Populations Conceptual Model

The theory of vulnerable populations (Flaskerud & Winslow, 1998) posits that certain social groups within the population are more susceptible to or are at higher risk for health disparities (Anderson et al., 1999) and negative health outcomes due to limited resources. Vulnerable populations include people marginalized due to race/ethnicity, poverty, sexual orientation, immigration status, and religion or creed (Anderson et al., 1999; Flaskerud & Winslow, 1998). Resources within this model are constructed as socioeconomic and environmental and are identified as: income level, job availability, educational level, housing opportunities, healthcare access and the quality of healthcare, family and community life (Flaskerud & Winslow, 1998; Leight, 2003). Relative risk within this model is the likely exposure to risk factors which can affect behavior and how one copes with stressful experiences that can lead to illness and premature death (Flaskerud & Winslow, 1998; Leight, 2003). This model connects risk factors (e.g smoking, obesity), community health status (e.g. incidence of cardiovascular disease), and the availability of resources (e.g. revenue and healthcare access) (González-Guarda, Peragallo, Vasquez, Urrutia, & Mitrani 2009).

The Vulnerable Populations Conceptual Model (Flaskerud & Winslow, 1998) was utilized to conceptualize the relationship between IPV factors among men of Mexican origin. Applying this model to this research study facilitated the identification of unique factors of intimate partner violence (IPV) among men of Mexican origin to better understand the phenomenon.

Syndemics Theory

The Syndemics Theory (Singer, et al., 2006) focuses on the connection between health outcomes and social milieu, rather than addressing behavior and illness treatment at the individual level. This theory incorporates structural oppression as an extension of social determinants of health to connect social context with health outcomes. According to Singer, et al. (2006), the Syndemics Theory has been used to contextualize gay men's life experiences with heterosexism to illustrate how oppression can directly or indirectly impact health. The Syndemics Theory posits that there are plausible connections between increases in psychosocial health problems and marginalization indicators (Singer, et al., 2006). This theory postulates that health outcomes are directly impacted by increased psychosocial health problems due to increases in harmful behaviors (Singer, et al., 2006).

The Syndemics Theory (Singer, et al., 2006) was used in this research study to conceptualize the relationship between resource availability, health outcomes and health inequalities, and their direct and indirect effect on IPV factors among men of Mexican origin. Although this theory has been applied when referring to two or more epidemics and how they synergistically interact to create an excess burden of disease, it was useful to assess the impact of socio-environmental factors on IPV factors among MMO.

Factors for intimate partner violence are complex and multifaceted. The Vulnerable Populations Conceptual Model and the Syndemics Theory provided insight into how to best conceptualize factors that place the population of interest at risk of IPV.

RESEARCH DESIGN AND METHODS

Research Design

The aim of this study was to explore IPV factors among MMO, between the ages of 18 to 55 through a qualitative research study. This qualitative design was utilized because it was the methodology that best addressed the research question: How do men of Mexican origin describe intimate partner violence?

This study was situated within the context of *post-positivism*, which is one of the two approaches utilized in qualitative research (Guest, Namey, & Mitchell, 2013, p.5). *Post-positivism* is closely aligned with the scientific method based on the idea that observed data should lead directly to the interpretations, should be guided by transparency and a systematic approach in data collection and analysis to capture an approximate reality based on observations and participant responses (Guest, Namey, & Mitchell, 2013).

Qualitative Research Methods

Qualitative methods are highly appropriate to explore personal or societal issues that require further exploration to describe behaviors, beliefs, experiences, and feelings of individuals in that may not be easily understood (Malterud, 2001; Cresswell & 2007). Qualitative data can yield a more in-depth understanding of a single phenomenon of interest (Sandelowski, 2014).

Qualitative research, also called “naturalistic inquiry” (Malterud, 2001, p. 398), follows a phenomenological paradigm that explains behavior through multiple socially defined realities based on individual accounts of a situation (Firestone, 1987; Taylor & Bogdan, 1984).

Qualitative research methods result in rich, thick descriptions (Geertz, 1973) obtained by the researcher through immersion in the setting, which allows the reader to make sense of the

phenomenon under examination (Firestone, 1987). Qualitative research focuses on understanding the social phenomenon through the research participant's interpretation of how they make sense of their world (Taylor & Bogdan, 1984). Qualitative research utilizes various empirical materials for conducting research, case study, personal experience, introspective life story, interview, and observation.

There are several methods used for conducting qualitative research: participant observations, in-depth interviews, focus groups, document analysis, and systematic elicitation (Guest, et al., 2013). This study utilized focus groups to gather the data and was inductive in nature because the specific observation led to generalizations as the themes emerged (Guest, et al., 2013). Qualitative research also has a defining attribute - open-ended questions - and is stylistically inductive with regards to questioning and observations (Guest, et al., 2013). Broad questions and subsequent probing questions were used in this study to elicit details from the participants (Guest, et al., 2013) (Appendix B).

Setting

The county of El Paso, Texas is a predominantly Hispanic (81%) community along the U.S.-Mexico border with a population of over 833,000 (U.S. Census, 2015). The per capita yearly income \$18,379 for a family of three (U.S. Census, 2015), is below the established federal poverty guidelines of \$25,112 (U.S. Department of Homeland Security, 2015). The selection of the Housing Authority of the City of El Paso (HACEP) was due to the accessibility of men of Mexican origin who may have experience with the phenomenon of interest. The HACEP ranks 14th in the United States with regards to the number of housing units and is the largest public housing authority in the state of Texas (HACEP, 2015). There are over 40,000 low-income residents of predominantly Mexican origin (HACEP, 2015). Study participants were recruited

from within the 35 HACEP housing communities located in El Paso County because of the access to men of Mexican origin.

Population

Men between 18 and 55 years of age, who self-identified as either Hispanic, Latino, Mexican/American, or of Mexican origin were included in the study. The MMO also had to have verbal communication skills in order to participate. Men under 18 and over 55 years of age, who self-reported as anything other than Hispanic, Latino, Mexican/American, or of Mexican origin were excluded from this study.

Sampling procedures

A purposeful community sample, a population that has experience with the phenomenon of interest, of MMO, who lived within the HACEP, were sought. The PhD student worked with a key informant, who assisted on a previous research study among women of Mexican origin within the same community. The key informant gave great insight as to the challenges the community faced and expressed her concern for members of the community as well as the desire to help them. The key informant became a recruiter for the study and assisted with participant recruitment. Fliers (Appendix C) in English and Spanish were given to the key informant which provided brief information about the study and contact information for enrollment. The key informant distributed the flyers among potential participants of the HACEP.

Procedures for data collection

Consent.

At the beginning of each focus group, the each participant was handed a consent form with information explaining the study (Appendix D) in their language of preference (i.e., English or

Spanish) prior to participating in the study. The consent form was signed by the participants and returned to the research team. The “assessors” (observer/moderators) in this study, were the PhD student or a research assistant. The research team was trained in consenting participants and in facilitating focus groups. The PhD student or the research assistant described the content of the consent form in the language of the participant’s preference (English or Spanish). After reviewing the consent forms with the participants and providing them with the opportunity to read over them on their own, the assessors answered any questions. The participants were asked to sign and date the forms. This served as testimony that the participants understood all the content contained in the consent form. The assessors then witnessed, signed and dated the consent form and ensured the form was complete. No participant were illiterate, blind or unable to sign for themselves. All consent forms were securely locked in an office within the University of Texas at El Paso Health Science School of Nursing building within a locked filing cabinet. Only the PhD student had access to the locked filing cabinet.

Data Collection

Data collection occurred at the HACEP. Data collection was obtained through the use of audio-recorded focus groups because they: 1) create a supportive relaxed environment as compared to a one-on-one interview setting (Morgan, 1996); 2) have a focused site selection and sampling (Morgan, 1996); and 3) are relatively low-cost to conduct and provide quick results (Kruger, 1988). Focus groups provide information on complex behaviors and motivations (Morgan, 1997). Focus groups also allow participants to question each other and explain themselves (Morgan, 1997). Focus groups are also useful in obtaining extensive information about a phenomenon (Sandelowski, 2000). A total of six focus groups consisting of 8 -12 MMO were facilitated. Saturation occurred after the fifth focus groups but an additional one was

included to verify saturation. Saturation is determined by the researcher and is the point at which recurring information begins to appear and no new themes emerge from the data (Glaser & Strauss, 1967). Involvement in the focus group lasted between 1.5 - 2 hours. Spanish translation was offered to participants who were not fluent in English.

Participants were met and greeted by the research team (PhD student and Research Assistant) who served as the “assessors” upon arrival to the designated, private, and safe community room located within the housing community grounds, where the focus groups were held. Participants were offered onsite childcare but none of the men brought children with them. Refreshment were offered to the participants in order to get acquainted with each other and the research team. After greetings and introductions, the men were seated and the purpose of the focus groups and the consent to participate were explained.

Before the focus groups began, the PhD student explained to the participants that the focus groups would be recorded via tape recorder in order to capture all of the discussion that could be missed during note taking. The importance of confidentiality was also discussed and was maintained as best as possible. Participants were also informed that no identifying data would be collected; however, because of the nature of focus groups, the possibility of discussion among the participants outside the focus groups could disclose identifying information. As a final measure to conceal the participants’ identities, alphabetic letters were assigned to them and used when responding to questions during the audio recorded focus groups.

Instrumentation

A demographic questionnaire (Appendix E) was administered to capture information such as country of origin and years living in the U.S.; relationship and family, such as current

relationship status, living arrangements, and number of children; faith and beliefs, religious affiliation, and service attendance; income, such as gross income, number of person supported by income; and health care utilization, such as having a regular doctor, having health insurance, and how healthcare is paid.

A set of broad questions guided the discussion followed up with subsequent probing questions in order to capture the experiences of the male participants with IPV (Appendix B). These questions were used by the PhD student to elicit descriptions of the participant's experiences with phenomenon of interest. In order to protect the identities of the participants, limited demographic information was collected, utilizing the previously approved IRB, Project Title: [231116-8] Project VIDA II: Violence, Intimate Relationships and Drugs Among Latinos demographic instrument (Appendix E).

The demographic questionnaire (Appendix E), in language of preference (English or Spanish), was administered at the beginning of the focus groups to the participants in the community room provided by the HACEP at the approved site. The focus groups were conducted in the language of preference. Several focus groups were conducted bilingually because some participants were not completely fluent in either language. The demographic instruments was collected by the research assistants and the participant's responses to the demographic items were entered into SPSS on a designated computer for data analysis.

Once the focus groups concluded, the participants were thanked and given a \$30.00 cash incentive for their time and participation in the study. Participants were then dismissed.

Data management and analysis

The data was analyzed utilizing techniques of Grounded Theory (GT) (Glaser & Strauss, 1967) to describe the experiences of MMO with the phenomenon in their own words. Glaser and Strauss (1967) described Grounded Theory as the abstraction of theories from grounded data. Researchers use GT to study actions, interactions and social processes. In GT, the data drives the development of theory obtained from categorized themes. Following the GT process (Glaser & Strauss, 1967), the initial data was open coded to draw out the emerging themes. Axial coding was then used to show the relationship between the categories until an over-arching category was achieved through the use of selective coding, thus explaining what the MMO expressed as the risk factors for IPV perpetration (Glaser & Strauss, 1967; Charmaz, 2014). The abstracted categories/themes were obtained through the analysis and comparison of emerging categories/themes which led to higher level categories/themes (Charmaz, 2014).

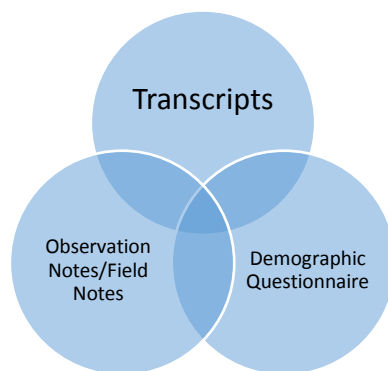


Figure 2. *Data analysis*

Selective coding was the last step in the data analysis. Selective coding is the identification of the core concept or categories which is derived from the higher level abstractions and emerging themes/categories found within the data. Selective coding facilitates the generation of future research studies based upon findings from this study (Rhatigan, Street, & Axsom, 2006).

Data collected from the demographic instruments was analyzed using SPSS 21 for Windows. Analyses included descriptive statistics of demographic characteristics.

Audio recordings were translated and transcribed verbatim in either English or Spanish by a professional qualitative bilingual transcriptionist. The PhD student verified the transcripts by listening to the original recording and compared the transcription to the actual words of the participants. All discrepancies were corrected. Data analysis was completed by the researcher in English.

Field notes taken before and after the focus groups provided personal reflections about the focus groups. Observation notes taken during the focus groups provided rich descriptions of the phenomenon.

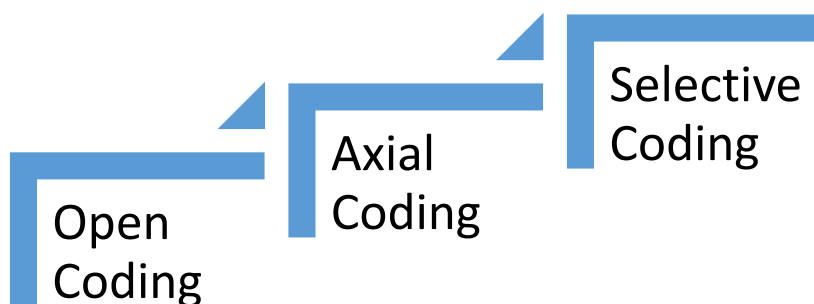


Figure 3. *Transcript analysis*

Transcribed focus group interviews were analyzed line by line. As the transcripts were reviewed, new data was compared to existing data (constant comparison) (Glaser, 1992; Swanson & Chenitz, 1982). Constant comparison allows for the continued integration of accumulated knowledge. Grounded Theory techniques (Glaser & Strauss, 1967; Strauss & Corbin, 1990) were utilized to analyze the data. Open coding was the first level of abstraction

and was used to deconstruct the data to label emerging categories. The emerging categories were supported by the participant's quotes which are used to validate the research (Sandelowski, 1994) and support the emerging themes. The proceeding level of abstraction, axial coding was the relating of the emerging categories collapsed into several core themes. The final level of abstraction was selective coding, which captured the emerging categories and core themes under one overarching theme. Thus a clear description of the phenomenon of interest was interpreted from the actual words of the participants. The data analysis was reviewed by an external researcher, unaffiliated with the research in order to verify the findings.

Rigor and Trustworthiness

Rigor within qualitative research is how trust or confidence is established in the results of the study (Thomas & Magilvy, 2011). Rigor within this research study was facilitated by following the model of trustworthiness of qualitative research (Lincoln & Guba, 1985). There are four components to establish trust: 1) credibility, 2) transferability, 3) dependability, and 4) confirmability.

Several techniques from the Lincoln & Guba (1985) model of trustworthiness were used in this study to establish rigor. Credibility within this study was established through triangulation, the incorporation of multiple data sources, such as the use of descriptive statistics, to create rich, robust, well-developed data, in order to reach a deeper understanding. Thick description (Geertz, 1973) was used to establish transferability by including field and observation notes which provided details and descriptions during the data collection. Dependability in this study was established by an external audit conducted by a peer qualitative researcher (Billup, 2014). The qualitative peer researcher evaluated the accuracy of conclusions, interpretations, and findings to

ensure they were supported by the data. Confirmability of the research included an audit trail, which detailed the procedures of the methodology, and can be used by an external researcher to attempt replication of the study (Billup, 2014).

Limitations and Alternative Approaches

This study sought to describe risk factors of IPV perpetration among MMO. A potential limitation with this research study was the recruitment of men to participate in the focus groups. This was mitigated by utilizing a key informant, who was a respected member of her Housing Authority of the City of El Paso (HACEP) community, to assist with participant recruitment. Another potential problem with this research study was a potential lack of trust in speaking with a female researcher. The lack of trust was mitigated by the PhD student through good rapport that had already been established within this HACEP community during a previous study with women of Mexican origin.

RESEARCH PARTICIPANTS AND PROTECTION OF HUMAN SUBJECTS

In accordance with the National Institutes of Health Code of Federal Regulations, Title 45, Public Welfare, Department of Health and Human Services, Part 46, Protection of Human Subjects, there are Standard Operating Procedures (SOP) to protect individuals who participate in research studies. These SOPs must be adhered to by researchers in order to protect the rights of human subjects and safeguard them from undue and unnecessary harm (Department of Health and Human Services/National Institutes of Health, 2007).

As required by federal law, and in order to mitigate any unnecessary harm to potential research participants, a human participant's protocol was submitted and approved by the

University of Texas at El Paso Institutional Review Board (IRB) following the National Institutes of Health guidelines.

PROTECTION OF HUMAN RESEARCH PARTICIPANTS

The commencement of this research study was contingent upon securing Institutional Review Board (IRB) approval of the protocols that effectively addressed the protection of human participants (Appendix F). This research proposal included a detailed description of the proposed involvement of human participants in the proposed research. Information was provided regarding the subject population characteristics, including anticipated numbers, age ranges, and health status; the criteria for the specific inclusion or exclusion of any subpopulation; the rationale for involving special classes of subjects; and the location and role of any sites where collaborative human subjects research was performed.

All research materials (records and data) were described regarding the data collection from living participants, how the data was collected, and how the materials were used for the proposed research. The proposal clearly indicated those persons who had access to these materials in the interest of protecting subjects' rights to privacy.

Potential Risks

This research study was considered “minimal risk”, which is “the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.” ([45 CFR 46.303\(i\)](#)), because it utilized focus groups to collect data. Certain potential ethical issues could have existed. Participation in a focus group could trigger emotionality by recalling experiences with IPV. If this should arise, it would be the

researcher's responsibility to assess whether to allow the participant to continue and whether or not a referral to a qualified mental health provider is required. Continued participation would facilitate more insight into the phenomenon of interest; however the well-being of the participant would be first and foremost (Orb, Eisenhauer & Wynaden, 2000). Another potential ethical situation that could arise is the disclosure of sensitive and potentially damaging information such as someone admitting to being a perpetrator of IPV (Ramos, 1989).

There could also be a breach of confidentiality by other participants of the focus group. Even though, at the initiation of the groups, confidentiality will be stressed and the purpose of the study will be explained prior to the signing of consent forms. Alphabetic letters were assigned to participants in order to protect their identities. One last major ethical issue was the disclosure of illegal activities during the focus groups, such as abuse of children or elderly, drug trafficking and crimes (Orb, et al., 2000). The reporting of such activities is required by law and should be stated by the PI prior to the commencement of the groups.

There were also therapeutic benefits by participating in the focus groups such as recounting events (Smith, 1999), catharsis, self-awareness, acknowledgement, healing, and giving voice to the marginalized (Hutchison, Wilson, & Wilson, 1994).

Precautions for Mitigating Risks

Potential risk for this study was considered minimal with perhaps only mild Adverse Events (AE) associated with participation in focus groups.

For this study, the following standard AE definition was used:

Adverse event: Primarily found within biomedical research and may include any unfavorable and unintended sign (including an abnormal laboratory finding), symptom

regardless of whether it is considered related to the medical treatment or procedure (U.S. DHHS, 2007).

Within social and behavioral research, adverse events may appear in the form of emotionality. Within this study, AEs may be associated with discussing information that invokes emotionality. In the event participants experienced emotionality they were given a list of qualified mental health providers in order to encourage them to seek treatment.

AEs were identified on site during the focus groups. No adverse events presented themselves in any of the focus groups.

Potential Benefits of the Research to Participants and Others

There were no direct benefits to the participants of this study, although this was an opportunity to share their experiences with each other and could serve as a catharsis to purge feelings. The shared experiences of participants provided knowledge about IPV factors among men of Mexican origin that could facilitate the creation of future interventions.

Importance of Knowledge to be Gained

Anticipated gains in knowledge resulting from this research study or as an extension of results from the proposed research were described. In addition, the investigator discussed why the anticipated risks associated with the proposed research were reasonable in light of the increase in knowledge that stands to be gained from or result from the study.

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**APPENDIX A: RISK FACTORS FOR HISPANIC MALE INTIMATE PARTNER
VIOLENCE PERPETRATION**

Risk Factors for Hispanic Male Intimate Partner Violence Perpetration

American Journal of Men's Health
1-15
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DOI: 10.1177/1557983115579136
ajmh.sagepub.com


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Abstract

The literature review analyzed 24 studies that explored male intimate partner violence (IPV) perpetration risk factors among men, in particular Hispanics, using the socioecological model framework composed of four socioecological levels for violence prevention. Six databases were reviewed within the EBSCO search engine for articles published from 2000 to 2014. Articles reviewed were specific to risk factors for IPV perpetration among Hispanic men, focusing particularly on Mexican American men. Many key factors have previously been associated with risk for IPV perpetration; however, certain determinants are unique to Hispanics such as acculturation, acculturation stress, and delineated gender roles that include *Machismo* and *Marianismo*. These risk factors should be incorporated in future targeted prevention strategies and efforts and capitalize on the positive aspects of each to serve as protective factors.

Keywords

acculturation, acculturation stress, intimate partner violence, abuse, gender roles, risk factors, males, Hispanics, *Machismo*, *Marianismo*, Mexican Americans

Recent media attention of domestic disputes among National Football League (NFL) players and their spouses or partners has brought public awareness to the problem of intimate partner violence (IPV). As a result of negative press coverage and public outcry, in 2014, the NFL issued and implemented a new Personal Conduct Policy, to all NFL owners, coaches, players, and affiliated employees, establishing clear standards of conduct and the process for violations (NFL, 2014a, 2014b).

A worldwide epidemic for women is IPV as between 15% and 21% of women experience IPV victimization globally in their lifetime, contributing to serious short- and long-term injuries (World Health Organization, 2014). IPV is aggression classified as physical, sexual, or psychological (Whiting, Parker, & Houghtaling, 2014) and accordingly can result in sexual, physical, psychological, and reproductive injuries (World Health Organization, 2014). Such injuries can include miscarriages, mental health disorders, permanent dysfunctions, chronic disease, and even death (Black, 2011; Campbell, 2002; McFarlane, Nava, Gilroy, Paulson, & Mudlock, 2012). IPV is not only a major public health problem but a human rights violation as well (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006). Women who experience IPV are also at greater risk for HIV/AIDS and sexually transmitted infections (Gonzalez-Guarda, Vasquez, Urrutia, Villarruel, & Peragallo, 2011; Maman, Campbell, Sweat, & Gielen, 2000). IPV is a health issue that

traverses all races, cultures, and socioeconomic levels, with some populations being affected more than others (Gonzalez-Guarda, Peragallo, Vasquez, Urrutia, & Mitrani, 2009; Johnson, 2008). Male IPV perpetration risk factors must be better understood to facilitate appropriate interventions.

Bridging et al., & (2014) estimate that 27.3% of women, in the United States alone, have suffered from stalking, or abuse at the hands of their intimate partner. It is further estimated that in the United States, one in four women and one in seven men experience severe physical violence by an intimate partner in their lifetime (Black et al., 2011). For victims of IPV, long-term physical and mental health problems due to incidents of abuse may require treatment for up to 15 years (Rivara et al., 2007). In the United States, direct medical and mental health costs associated with IPV exceeds \$5.8 billion annually and may be an underreported estimate that does not include legal costs within the criminal justice system (CDC, 2003; Max, Rice, Finkelstein, Bardwell, & Lamberter, 2004). IPV is also associated with a loss of

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productivity, causing an estimated \$1.8 billion in economic damage and nearly 8 million paid work days or 32,000 full-time jobs lost (CDC, 2003). Moreover, women who experience IPV have health problems, may be unemployed, and require public assistance, thus negatively affecting the overall economy (Jloyd & Taluc, 1999).

Numerous research studies have explored IPV victimization risk factors among females (Campbell, 2002; Campbell et al., 2002; Jewkes, 2002; Stith, Smith, Penn, Ward, & Tritt, 2004), and some specific to Hispanic or Latina women (Gonzalez-Guarda, Peragallo, et al., 2009; Gonzalez-Guarda et al., 2011; Klevens, 2007). There is a need to synthesize and consolidate male risk factors for IPV perpetration across social-ecological levels to fully understand the causes and contributing factors of IPV. Although several recent literature reviews exist relevant to the topic (Capaldi, Knoble, Shortt, & Kim, 2012; Cummings, Gonzalez-Guarda, & Sandoval, 2013), additional reviews are needed to address IPV risk factors among male perpetrators, particularly among Mexican American males. Considering the 2013 U.S. Census Bureau data, it was estimated that there were approximately 54 million Hispanics living in the United States (CDC, 2015b; U.S. Census Bureau, 2014), with that number expected to reach 106 million by 2050 (Gonzalez-Barrera & Lopez, 2013; U.S. Census Bureau, 2014). In 2012, Mexicans accounted for the largest percentage (64%) of the total Hispanic-origin population (CDC, 2015b; Gonzalez-Barrera, & Lupia, 2013). More important, Mexicans accounted for (11%) of the entire U.S. population (Gonzalez-Barrera & Lopez, 2013; U.S. Census Bureau, 2013). The continued growth of the Hispanic population requires a better understanding of the determinants that place Hispanic men at risk for IPV perpetration.

Certainly, common social and behavioral characteristics and risk factors may be identified among perpetrating men; however, there may be unique characteristics among American men of Mexican origin that contribute to the increasing rates of IPV within this population. With reported increases of IPV among Hispanic couples (14%) as compared with non-Hispanic White couples (6%; Cummings et al., 2013), and the expansion the Patient Protection and Affordable Care Act (2010) to include screening and counseling for interpersonal and domestic violence, the characteristics of perpetration among Mexican American men must be further explored to create culturally and linguistically tailored interventions. The purpose of this article is to review the literature published to date to elucidate risk factors among men, with an emphasis on Mexican American men at various socio-ecological levels that may contribute to becoming a perpetrator of IPV. The ultimate aim of this review is to

Table 1. Keyword Search Combinations.

Databases in EBSCO	Academic Complete, CINAHL, Health Source Nursing Academic, JSTOR, Medline, and ProQuest
Keywords	Intimate partner violence, domestic violence, Hispanic, Latino, Mexican-American, gender roles, men, males, culture, acculturation, literature, meta-analysis, synthesis, men who batter, characteristics, risk factors

Table 2. Inclusion and Exclusion Criteria

Inclusion	Exclusion
Qualitative studies about men and IPV	High school aged students
Men as perpetrators of IPV	Females only and IPV
Hispanic, Latino, or Mexican American men and IPV	Coping and service strategies
Couples of color and IPV	Men who have sex with men and IPV
Risk factors and characteristics of male perpetrators	Publication date prior to 2000

Note. IPV = intimate partner violence.

inform health care practitioners and social workers about male IPV perpetration risk factors.

Method

This literature review focused on identifying the risk factors among male perpetrators. The analysis of the selected articles followed the structure proposed by Dahlberg and Krug (2002) to classify the determinants for male IPV perpetration at various levels. Literature for this review was identified in six databases within the Elton B. Stephens Company (EBSCO) search engine, using the list of keywords summarized in Table 1.

The inclusion and exclusion criteria for article selection were based on the various factors that would enhance the review regarding risk factors among men. The cutoff date of 2000 was selected to review the most recent articles. Inclusion and exclusion criteria are listed in Table 2.

The literature review was conducted in September and October of 2014 using 14 different keyword combinations. Academic Search Complete was searched first and yielded numerous articles from 31 keyword combinations. After reviewing abstracts, 70 articles were retrieved. PubMed was searched next and led to the retrieval of 19 additional articles. A Journal Storage (JSTOR) search followed and yielded 11 possible articles, but later none of these were included. The next was a simultaneous database search and included the following: Academic Complete, Cumulative Index to Nursing and Allied

Health Literature (CINAHL), Health Source Nursing Academic, and Medline, generating 54 hits but later contributing five articles to the inclusion list. Last, ProQuest was searched and yielded seven additional dissertations, which were added to the list of possible articles for inclusion in this review. In total, 53 articles were identified as possible studies to review, but on further examination only 24 articles satisfied the inclusion criteria.

The socioecological model (SEM; Stokols, 1996) has been widely used within health promotion to understand the relationship between health and illness and sociological and environmental factors. More recently, the SEM has been adopted as a violence prevention framework. Dahlberg and Krug (2002) used the four SEM levels (biological, personal, close relationships, and community) to demonstrate the complexity of violence. The SEM framework has been used in IPV research to identify and categorize multiple risk factors for perpetration and protective factors that affect behavior (Dahlberg & Krug, 2002). In this review, the SEM was used as a framework to assess main IPV risk factors. The four-level SEM is also used by the CDC and includes (a) individual, which includes personal factors such as age, education, income, substance use, or substance use history; (b) relationship, examining the impact of family and social networks on behavior that can either lead to being a victim or perpetrator; (c) community, assessing the setting where social relationships occur such as schools, neighborhoods, and workplaces; and (d) societal, which is the climate that either inhibits or prohibits social inequalities within groups affected by economic, educational, health, social policies (Dahlberg & Krug, 2002). This literature review used these four factors of the SEM framework to explore risk factors for IPV perpetration among men.

Results

The articles were synthesized according to the findings presented and categorized by the SEM framework. Table 3 presents the characteristics of the articles according to selected sections such as sample size, methods, and findings.

A total of 24 studies were included in this literature review. Eighteen studies were quantitative and one article was a meta-analysis, which reviewed 85 studies and explored perpetration and victimization (Stith et al., 2004). Three studies were qualitative, one explored views of the perpetrators about abuse, themselves, and their partner (Whiting et al., 2014). The second qualitative study reviewed and assessed findings from five national surveys regarding ethnic differences in IPV (Field & Caetano, 2003). The third qualitative study used a mixed-methods approach and analyzed qualitative interview data and survey data (Peralta & Tuttle, 2013). In addition,

two literature reviews were identified. The first reviewed five studies about Latinos and assessed the magnitude and severity, as well as beliefs and perceptions regarding IPV (Klovens, 2007). The other literature review examined 29 studies that explored risk and protective factors among Hispanic men and women (Cummings et al., 2013). Of the 24 studies, 16 included Hispanics and only 2 specifically explored risk factors among Mexican Americans.

Individual Factors

Risk factors for IPV at the individual level include personal characteristics such as age, educational level, and income; biological factors such as cognitive disorders; personal experience, such as witnessing IPV as a child; and behavior such as alcohol or substance misuse, or attitudes and personality traits.

Age. Age has been correlated with IPV, with an increased risk for perpetration among younger Latinos (Ingram, 2007; Lown & Vega, 2001; Straus, 1995).

Alcohol and Substance Use. The consumption of alcohol has often been cited as a risk factor for IPV (Kantor, 1997; Nett, Holamson, & Schluter, 1995; Perilla, Bakeman, & Norris, 1994; West, Kantor, & Jasinski, 1998; Kyriacou, et al., 1999). The link between alcohol and aggression has been identified as a risk factor for IPV (Buchanan, 1993; Schafer et al., 2004), although Caetano and Cunradi (2003) reported that alcohol may not necessarily be the cause of reported IPV incidents, but rather the lack of restraint on behavior with the use of alcohol. It is also possible that alcohol is used as an excuse to perpetrate violence or that violence and heavy alcohol consumption is exacerbated by impulsivity (Caetano & Cunradi, 2001). However, binge drinking—five or more drinks for males during one setting—was identified as a risk factor for physical IPV perpetration (Basile et al., 2013; Cunradi, Ames, & Moore, 2008). Alcohol and substance abuse were correlated to physical IPV perpetration in a meta-analysis by Stith et al. (2004). Moreover, the use of illicit drugs such as cocaine also increased IPV perpetration risks (Coker, Smith, McKenry, & King, 2000; Parrott, Drobes, Saladin, Coffey, & Dansky, 2003).

Educational Level. The association between education and health has been well established. Previous findings indicated that lower levels of education were associated with IPV perpetration (Kessler, Malnar, Feurer, & Appelbaum, 2001; Sorenson, Upchurch, and Falkang, (1996)). Risk for IPV perpetration also increased among men with less education than their partners (Ankerson, 1997; Brown & Bulanda, 2008; Chen & White, 2004; Lambert &

Table 3. Results of Literature Review.

Study author(s)	Sample size and characteristics	Methods	Results
Alarango, Kysar, and Jais (2002)	(N = 846) Married or cohabiting Hispanic couples. Subsample from the National Alcohol and Family Violence Survey (NAFVS).	Quantitative, cross-sectional study. Measures explored: • Individual risk markers: ego violence approval, alcohol consumption, verbal aggression, and violence in family of origin • Social risk markers: family income, employment, and occupation • Relationship risk markers: marital status and relationship conflict	Conflict and violence in family of origin increased risk for IPV perpetration among Mexican-origin men. Increased IPV perpetration risk for Mexican American men with relationship conflict and lack of economic resources.
Bjork, Hyl, and Wikberg (2003)	(N = 340) Men recruited for physical assault of their partner.	Quantitative study using path analysis. Measures explored: • Education • Income • Respondent or partner unemployed • Respondent or partner unemployed • Respondent job strain • Partner job strain • Respondent's income lower than partner's • Respondent's occupation less prestigious than partner's • Number of children under 18 • Respondent less educated than partner	Stalking correlated with lower incomes. Psychological and physical abuse associated with job stress. High dominance, ineffective arguing and communication skills correlated with violence. Psychological abuse associated with unemployed males, partner employed. Ineffective communication skills, substance abuse, or partner with job stress. Physical abuse associated with less prestigious job, lower income, substance use, both unemployed and substance abuse.
Bell, Harford, Fuchs, McCarroll, and Schwartz (2006)	(N = 24,939) Sample of convenience, enlisted active duty abusive soldiers (seriously, N = 64,442) registered in the Army's Central Registry database, who completed the Army Health Risk Assessment taken between 1991 and 1998.	Quantitative, cross-sectional, questionnaire and data from the Total Army Injury and Health Outcomes Database Measures explored: • Alcohol problems • Alcohol consumption patterns • Psychological factors • Demographic factors • Perpetrated drinking during the spouse abuse incident	Weekly drinking 13+ drinks, young age, lower rank, and more deployment increased risk for IPV perpetration.
Cascardi and Cascardi (2001)	(N = 1,585) Household probability sample. Whites (n = 616), Blacks (n = 377), and Hispanics (n = 592).	Quantitative study. Measures explored: • IPV • Depression • Alcohol consumption • Alcohol problems • Sociodemographic • Neighborhood characteristics • Psychological	Depression highest among perpetrating men. Risk factor for depression, living in a neighborhood with high unemployment.
Cascardi, Field, Ramsey-Holter, and McGinnis (2005)	(N = 1,025) Multistage household probability sample of couples 18 and older. Whites (n = 406), Hispanics (n = 307), Black (n = 312).	Quantitative study. Measures explored: • IPV • Alcohol consumption • Alcohol problems • Frequency of intimate drinks or sexual • Childhood physical abuse • Childhood exposure to parental violence • Approval of partner aggression • Ethnic identity • Couple mean age • Income • Marital status • Employment	IPV higher among Blacks and Hispanics. IPV increases among younger couples, Black couples, and couples with unemployed male. Couples in which the female drinks two or more drinks per occasion in a month. Couples in which either experienced severe physical violence as children.
Cascardi, Nelson, and Gurrett (2001)	(N = 1,440) Couples. Whites (n = 543), Blacks (n = 358), Hispanics (n = 537).	Quantitative, multistage, cross-sectional, probability study. Measures explored: • IPV • Alcohol consumption • Alcohol problems • Drug use • Sociodemographic psychological/psychosocial	Perpetration linked usual with sexual drug use, lower income, aggression approved by female partners for conflict resolution, with unemployed and unstable female.
Chabira, Ramireddy-Miller, and Harris (2010)	(N = 387) Random household probability sample of cohabiting or married couples age 18 and older.	Quantitative, cross-sectional study. Measures explored: • IPV • Perpetrated social cohesion	IPV correlated with neighborhood poverty. IPV not correlated with social control or social cohesion.

(continued)

Table 3. (continued)

Study author(s)	Sample size and characteristics	Methods	Results
		<ul style="list-style-type: none"> • Personal social control • Weekly alcohol consumption • Binge drinking • BORN a Murky • Age • Income 	
Correia, Schuler, and Gurend (2001)	(N = 1,440) Married and cohabiting couples. Whites (n = 555), Blacks (n = 358), and Hispanics (n = 527). Data obtained from both partners.	Quantitative, random probability sample. Measures explored: <ul style="list-style-type: none"> • Definition of IPV • Alcohol consumption • Alcohol problem 	Alcohol problem mediates increased risk for perpetration but not the cause of IPV. Living in poor neighborhood increased IPV risk.
Correia, Ramirez-Miller, Verth, and Harris (2007)	(N = 357) Hispanic couples 18 and older.	Quantitative, cross-sectional, second wave (2006), of a two-wave longitudinal study. Measures explored: <ul style="list-style-type: none"> • IPV • Ethnic identification • Acculturation level • Acculturation stress • Average alcohol consumption • Binge drinking • Sociodemographic variables 	Acculturation and acculturation stress, stress of living in a new country, induce men's stress about differences men's culture levels between partners, and it both partners high in acculturation stress increased IPV risk. Alcohol was associated with IPV.
Correia, Verth, and Ramirez-Miller (2008)	(N = 1,392) Married and cohabiting couples 18 and older.	Quantitative, multistage, probability sampling study. Measures explored: <ul style="list-style-type: none"> • IPV status • Weekly drinking • Alcohol problems • Feelings of powerlessness • Impulsivity • Ethnicity • Age • Marital status • Length of relationship • Education • Employment 	Ethnicity of couple and length of relationship, and impulsivity associated with IPV perpetration risks. Hispanic men five times more likely to perpetrate violence than White men.
Cummings et al. (2013)	(N = 29) Meta studies explored IPV perpetration and victimization risk factors: 17 assessed on 7 risk factors, and three assessed predicted IPV variables. Three models, used quantitative analyses.	Literature review of 19 studies synthesized IPV perpetration and risk factors among U.S. Hispanics. <ul style="list-style-type: none"> • Keyword search in databases • The Socio-Ecological Model: A Framework for Violence Prevention (Krug et al., 2002) was used as template to risk and protective factors. • Measures explored: Across studies, age, acculturation, and socialization status were correlated. 	IPV perpetrator risk factors at the various SEM levels. Individual level: isolated childhood abuse, a history of violence or aggressive behavior, young age, unemployment, marital status, low educational levels, impulsivity, and substance abuse. At relationship level: fidelity and conflict between the couple. At the community level: living in urban area, poverty, and living in a violent or poor community, and lack of church attendance.
Connell (2009)	(N = 2,547) Hispanic married or cohabiting couples	Quantitative study. Measures explored: <ul style="list-style-type: none"> • IPV • Demographic factors • Drinking • Neighborhood disorder • Acculturation factors • Analytic strategy 	IPV perpetrating risk factors for men included having some college education or higher, and neighborhood disorder.
Correia, Chelomo, and Schuler (2002)	(N = 1,440) Married and cohabiting couples. Whites (n = 555), Blacks (n = 358), and Hispanics (n = 527).	Quantitative study. Measures explored: <ul style="list-style-type: none"> • IPV • Socioeconomic status 	IPV was correlated with annual household income.
Dutton and Scurry (2001)	(N = 72) Latine, (n = 45) women and (n = 27) men	Quantitative study. Tested a 2 x 2 between subject factorial design. Measures explored: <ul style="list-style-type: none"> • Demographic and cultural differences • Damage to honor • IPV personal perpetration and victim perception • Approval of seeking help 	Condoning IPV and the perpetrator more prevalent among individuals with high honor (social image related to family reputation) adherence. Men perceived more honor damage than women given a high reputation threat.

(continued)

Table 3. (continued)

Study author(s)	Sample size and characteristics	Measures	Results
DeWal et al. (2014)	(N = 73) College undergraduates, 47 males and 46 females. Participants divided by relationship status, then assigned to placebo group.	Quantitative, double-blind, placebo-controlled, between-subject experimental design. + Aggression Questionnaire physical aggression subscale + Explored aggression by manipulating the availability of alcohol	IPV risk increased with higher levels of aggression, only if participants preoccupied to physical aggression.
Field and Canino (2003)	(N = 5) National surveys assessing IPV among Black, Hispanic, and White couples. (a) National Family Violence Survey, (b) National Family Violence Reentry, (c) National Survey Family Households, (d) National Violence Against Women Survey, (e) National Longitudinal Couple Survey.	Qualitative review of cross-sectional and longitudinal studies controlling for and ethnic differences.	IPV perpetration risk factors varied by ethnicity and type. Socioeconomic correlates contributed to IPV perpetration risk among Hispanics. Diminishing effects of alcohol on behavior and cognition correlated to violence.
Klevens (2007)	(N = 5) Included three cross-sectional and one qualitative study, with a description of the development and implementation of a culturally appropriate intervention.	Literature review of the IPV studies about Latinos and/or CDC's four steps to public health. Measures explored: + Migration and diversity factors associated with IPV distribution + Beliefs and perceptions about IPV + Development and evaluation of interventions + Barriers to interventions.	Possible factors for IPV perpetration among Latinos were immigration status, acculturation and lower socioeconomic status.
Loew and Vega (2001)	(N = 1,155) Women of Mexican origin.	Quantitative study utilized a subsample from a stratified randomized household survey. Measures explored: + Physical abuse by a current male partner + Demographic information + Income + Alcohol use + Unemployment + Social support	Living in rural area, little or no church attendance, young age, lack of social support, U.S. birthplace, and higher acculturation increased IPV risk.
Pondia and Teitlo (2013)	(N = 1) Men, Black (n = 6), Hispanic (n = 1), White (n = 1), Native American (n = 1), previously convicted of IPV, participating in batterer's intervention program.	Qualitative study utilized a mixed method approach. Analysis of qualitative interview data and survey data. Questions posed: 1. What impact does violence have on your career/work/family/health/education, and lifestyle? 2. What is the significance of IPV in your life? 3. What life changes in your life have you made as a result of violence?	Economic stress linked to IPV due to "criminal" sentencing behavior in comparison to not facing the "real world" or "fully responsible." IPV correlated to male's perceived relationship control, and maintaining masculinity and respect.
Rota (2011)	(N = 86) Women (n = 30) and men (n = 36).	Quantitative study. Measures explored: + Reason for IPV + Personality disorder types + IPV + Intimate partner control	Blackman, emotional dysfunction, and defense cited as reasons for IPV perpetration among men.
Schaffer, Canino, and Canino (2004)	(N = 1,635) Black, Hispanic, and White married or cohabiting couples.	Quantitative, matched, probability sampling design study. Measures explored: + Drinking problems + Impulsivity + History of childhood physical abuse on male to female IPV (MHPV) and female to male IPV (FHPV)	IPV associated with history of childhood physical abuse, impulsivity, and drinking problems. Childhood sexual abuse. Impulsivity associated with higher risk for alcohol abuse and MHPV and FHPV.
Singh et al. (2004)	Meta-analysis (N = 55) studies related to IPV perpetration and victimization	Quantitative study. Measures explored: + Employment + Education + Current life stress + Income + Age + History of partner abuse + Emotional/verbal abuse + Jealousy + Marital satisfaction + Female sex + Male drug use	Large effect sizes reported between physical IPV perpetration and risk factors: emotional abuse, sexual abuse, drug use, mental satisfaction, and condoning violence in marriage. Moderate effect sizes between physical IPV perpetration and risk factors: ideas of traditional masculinity, anger, jealousy, partner abuse history, alcohol use, depression, and caregiver stress.

(Continued)

Table 3. (continued)

Study author(s)	Sample size and characteristics	Methods	Results
Sugihara and Warner (2002)	<i>N</i> = 316 Mexican Americans (<i>N</i> = 167 males; <i>N</i> = 149 females). Mean age of men was 34 years and of women 32 years.	<ul style="list-style-type: none"> • Anger/hostility • Attitudes condoning violence • Tired/don't look like a fighter • Does not see a challenge Questionnaire, cross-sectional study data. Measures explored: <ul style="list-style-type: none"> • Dominating behavior and negotiation • Psychological aggression • Physical assault • Sexual coercion • Injury 	Risk factors for IPV: lower income; high scores on the Dominance scale (psychological aggression, physical assault, and injury); high income on the Power and Reasoning scale (physical assault)
Whiting et al. (2014)	<i>N</i> = 1011 Caucasian and two African American men. Mean age 32.	Qualitative, secondary data analysis of cross-sectional data, four semistructured interviews. Measures explored: <ul style="list-style-type: none"> • Views about abuse • Themselves and their partners 	Seven key themes: anger, control, emotional distress, justification, relief, triggers, and remorse. Cognitive distortions used by men to rationalize IPV.

Note. IPV = intimate partner violence.

Firestone, 2000; Schumacher, Feldbau-Kohn, Smith Step, & Heyman, 2001; Stith et al., 2004). Interestingly, Conradi (2009) identified lower levels of education among Hispanics was associated with less risk for IPV perpetration, although the findings require further exploration.

Income. Low income is another risk factor associated with IPV among Hispanics and Blacks (Conradi et al., 2002; Pearlmutter, Zierler, Gjelsvik, & Verhaeg-Oftodahl, 2003; Straus, Hamby, Boney-McCoy, & Suggman, 1996; Sugihara & Warner, 2002). Yllo and Straus (1990) reported that Mexican American men with low income were at risk for injuring their intimate partner. Similarly, Sugihara and Warner (2002) concluded that low income and thinking they are better than their intimate partners was a risk factor for inflicting injury on their intimate partner. People who earn more are able to live in healthier and safer neighborhoods (Telfair & Shelton, 2012).

Witnessing IPV as a Child or Having Been Abused as a Child. The risk for IPV perpetration in adulthood increases with having witnessed it as a child (Perilla, 1999; Rouse, Breen, & Howell, 1988). Men who were abused as children are also more likely to perpetrate acts of violence against their partners (Fagan, 2005; Fang & Corso, 2008; Gil-González, Vives-Casos, Ruiz, Carrasco-Portillo, & Álvarez-Dardet, 2008; Murin, Tift, & Resick, 2007; McKinney, Caetano, Ramisetty-Mikler, & Nelson, 2009; Riggs, Caulfield, & Street, 2000; Rosenbaum & Leisring, 2003; Schumacher, Feldbau-Kohn, Smith Step, & Heyman, 2001; H. R. White & Widom, 2003; J. W. White, McMullin, Swartout, Sechrist, & Gollebon, 2008; Whitfield, Andu, Dube, & Felitti, 2003) because of the cycle of

generational violence (Aldazondo et al., 2002; Field & Caetano, 2003; Gonzalez-Guarda et al., 2011; Gonzalez-Guarda, Ortega, Vasquez, & De Santis, 2010; Gonzalez-Guarda, Peragallo, Urrutia, Vasquez, & Miltani, 2008).

Cognitive Disorders. Mental conditions that impede clear and precise thinking have been linked to the rationalization of violence through the distortions used to justify the violence (Bisakovits & Enosh, 1997; Serenson & Telles, 1991; Whiting et al., 2014). Similarly, Ross (2011) reported the lack of emotional control was associated with IPV especially in the presence of borderline personality disorder (BPD) symptoms. BPD is a mental disorder characterized by unstable and turbulent emotions and relationships (National Institute of Mental Health, 2014). Retaliation was also associated with BPD symptomatology and seen as a character reflection as opposed to a relationship dynamic (Ross, 2011).

Personality Traits, Attitudes, and Behaviors. Anger was a personality trait associated with IPV perpetration (Holtzworth-Munroe & Hutchinson, 1993; Whiting et al., 2014), as was impulsivity (Conradi, Caetano, Clark, & Schafer, 1999, 2000, 2002), not being able to control impulses, emotions (Caetano, Ramisetty-Mikler, Caetano-Vachh & Harris, 2007), and behaviors such as aggression (Plutchik & van Praag, 1997). Psychopathic personality traits, characterized by impulsivity, insensitivity, and a lack of remorse have also been identified as risk factors for IPV perpetration (Hare, 2003; Sullivan & Kosson, 2006). Swogger, Walz, and Kosson (2007) reported the lack of emotions and responsibility along with decreased impulsivity were IPV perpetration risk factors. Increased levels of oxytocin were reported to mediate an increased

risk for IPV among males who were predisposed to physical aggression (DeWall et al., 2014). Oxytocin, a hormone produced in the hypothalamus, is associated with maternal bonding, lactation, selective social bonding, and sexual pleasure (American Psychological Association, 2014). Oxytocin had the potential to increase aggressive behavior especially among people who used dominance and intimidation to control their partners (DeWall et al., 2014). Among Hispanic men, Schafer et al. (2004) identified impulsivity as a risk factor for IPV perpetration, more so if a history of childhood physical abuse was present. Similarly, feeling superior and possessive led to an inclination to use psychological aggressive tactics and physical assault (Sugihara & Warner, 2002).

Control was another behavior reported as a risk factor for IPV because it involves various forms of abuse and uses tactics such as lying, deceit, intimidation, and violence to influence and dominate their partners (Práeper, 2008; Whiting et al., 2014). On the contrary, Schumacher, Smith-Slep, and Ileyman (2001) reported no significant correlation between psychological abuse and IPV perpetration and a man's perception of relationship power. Other risk factors for IPV perpetration included the following: being the sole decision maker (Sugihara & Warner, 2002) and having a domineering personality (Debash & Debash, 1981) and hostile attitudes toward women (Malamuth, Heavy, Linz, Bauser, & Akar, 1995). Similarly, Anderson and Anderson (2008) discovered that hostile attitudes toward women were also a risk factor for IPV perpetration. Moreover, Holtzworth-Munroe, Meehan, Herron, Kethman, and Stewart, (2000) concluded that IPV perpetrating men with borderline-dysphoric (mental suffering) and violent antisocial personalities held more hostile attitudes toward women.

Relationship Factors

The interactions between people, in particularly intimate partners, communication skills, how individuals respond to conflict, and adherence to traditional gender roles have been reported as IPV risk factors.

Communication Skills and Relationship Satisfaction. Basile et al. (2013) reported the correlation between IPV perpetration and communication skills and styles, which in turn effected relationship satisfaction. Similarly, Scott and Sonus (2007) identified that physical, psychological, and sexual IPV perpetration increased among men who avoided discussing their contributions to relationship difficulties and/or blaming relationship problems on their partners.

Gender Roles. Traditional gender roles have been cited as risk factors for IPV perpetration by feminist theorists because of their role in socializing men and endorsing certain norms, attitudes, and behaviors such as the

acceptance of violence in relationships (Basile et al., 2013). Moreover, enacting masculinity (displays of aggression and physical strength, domination in physical, sexual, and social contexts) is associated with IPV perpetration because violence against women is an accepted norm (Connell, 2005; Messerschmidt, 1993; Penella & Tuttle, 2013; Polgar, Kimmel, & Wilchins, 2011). Within the Latino culture, *Machismo* and *Marianismo* have been used to describe the positive and negative aspects of gender roles. Positive aspects of *Machismo* include strength, courage, and responsibility, while aggression, male dominance, and infidelity are the negative aspects (Torres, Solberg, & Carlstrom, 2002). *Marianismo*, inspired by the Virgin Mary, is the polar opposite gender role for women and sees them as pure, humble, loyal, self-sacrificing, faithful, submissive, unassertive, and devoted to the family (Dierich & Schuett, 2013; Glonti, 2003). IPV among Latinos has often cited *Machismo* and *Marianismo* as risk factors due to their strict gender roles and difference in power within a relationship (Campbell, Masaki, & Torres, 1997; Jewkes, 2002).

Job Strain and Stress. The lack of income leads to increased stress, which causes more strife between couples, and in turn, can lead to IPV (Caetano et al., 2000). Males who earned less than their partners are also more likely to perpetrate violence against their partners (Anderson, 1997; Riggs et al., 2000; Schumacher, Feldbau-Kohn, et al., 2001; Seith et al., 2004). IPV perpetration is also significantly correlated with job strain, holding a lower level job, or unemployment (Coker et al., 2000; Delsol & Margolin, 2004; Fox, Benson, DeMaris, & Wyk, 2002; Martin et al., 2007; Riggs et al., 2000; Schumacher, Feldbau-Kohn, et al., 2001; Stith et al., 2004).

Power Imbalance. In their meta-analysis, Delsol and Margolin (2004) reported a direct effect on IPV if a man perceived a relationship power imbalance, in particularly if they had a history of family violence. Similarly, Murphy, O'Farrell, Fals Stewart, and Feehan (2001) identified relationship conflicts, relationship disharmony, and a desire to change their partner increased the perpetration of IPV. In addition, Kaura and Allen (2004) reported that IPV perpetration risk increased with the dissatisfaction in the amount of power within their relationships. Moreover, Ross (2011) concluded that in order to keep power and control, men used IPV to punish and hurt their partner. Subsequently, power, possessiveness, and/or jealousy increased the risk for IPV perpetration (Sugihara & Warner, 2002).

Community Factors

Settings where social interactions take place have been identified as risk factors for IPV especially if the

environment is economically depressed, violent, or lacks order, and these include places where people work, go to school, and live.

Cunradi (2009) reported that IPV perpetration was associated with neighborhood disorder. Social disorganization theory posits that those neighborhoods that lack structure are prone to higher deviant behaviors such as public intoxication and IPV, because social order is not maintained (Sampson & Groves, 1989; Grisso et al., 1999). Similarly, living in a poor or violent community increased the risk for IPV, as did living in an urban area (Stane & Smith, 1990; Cuernano et al., 2001; Cuernano et al., 2010; Gonzalez-Guarda et al., 2010). Even the perception of living in a violent neighborhood increased the risk for IPV perpetration (Reed et al., 2009). Living in neighborhoods with high unemployment was also identified as a risk factor for men causing depression, and depression was more prevalent in men who were violent (Cuernano & Cunradi, 2003).

Societal Factors

Factors included social and cultural norms, beliefs, economics, and educational and social policies that promote inequalities across groups within a society and facilitate or inhibit violence.

Acculturation, Immigration, and Machismo and Marianismo. Factors unique to Hispanics that increased the risk for IPV were role strain resulting from immigration and acculturation as well as male dominance in a relationship (Klovens, 2007). Acculturation is the process in which individuals of one culture come into contact with individuals from another culture and adopt their beliefs and behaviors through cognitive and behavioral exchanges (Castro, 2007; Redfield, Linton, & Herskovits, 1936). Acculturation and acculturation stress (Berry, 2003; Born, 1970) have been reported as risk factors for IPV perpetration among Hispanics in the United States (Cuernano et al., 2007; Firestone, Harris, & Vega, 2003). Deabnon et al., (2007) reported that different levels of acculturation between intimate partners as well as changes in gender roles were correlated with IPV. Hispanic men who feel their authority and position within the household threatened may seek to reestablish their sense of authority and power through violence (Davila, Bonilla, Gonzalez-Ramirez, & Villarruel, 2007). IPV was also associated with Hispanic men who earned less than their female partners (Perilla et al., 1994). Hispanics often struggle when adjusting to the "American" way of life, because of changing social roles, belief systems, and daily routines, causing stress due to a sense of loss (Hoovey & King, 1996; Hoovey, 2000; Salgado de Snyder, Cervantes, & Padilla, 1990). These stressors were

identified as loss of family unity and support, and social status and networks (Caplan, 2007). Although *Machismo* and *Marianismo* have been cited as relationship risk factors, they are endemic within Hispanic cultures because of the expectation to adhere to the delineated and traditional gender roles. Consequently, *Machismo* and *Marianismo* influence these societies because of the acceptance of cultural norms such as using violence to deal with issues (Peralta & Tuttle, 2013) and behaviors deemed masculine (heavy and virility) or feminine (submission and modesty; Cummings et al., 2013).

Discussion

An extensive literature review yielded 24 studies that described male risk factors for IPV perpetration, of which 16 studies included Hispanics and only 2 were specific to Mexican Americans. Using the SEM framework (Dahlberg & Krug, 2002), the determinants for male IPV perpetration were classified at the individual, relationship, community, and societal levels. Male IPV perpetrating risk factors were identified and categorized within the SEM framework (Krug et al., 2002). The most salient IPV risk factors at the individual level were binge drinking, having witnessed IPV or having been abused as a child, low income, and lack of resources as well as personality disorders. At the relationship level, poor communication skills, especially when dealing with conflict; blaming a partner for relationship strife; strictly defined gender roles such as *Machismo* and *Marianismo* found within the Hispanic culture; and power or the perceived imbalance of power within a relationship increased the risk for IPV perpetration. At the community level, living within a poor and/or violent neighborhood increased the risk for IPV. Unique to Hispanics, at the societal level, acculturation, acculturation stress, *Machismo* and *Marianismo* were reported to be a risk factors for male IPV perpetration.

IPV is a complex and multifaceted health issue. IPV is found within every ethnicity and permeates all socioeconomic levels. There are multiple contextual factors and influences that affect behavior and put men at risk for perpetrating violence against their partners. These studies have increased the current IPV male perpetration risk factor knowledge base; however, more research is warranted to better understand societal factors unique to Hispanics, in particular Mexican Americans, such as acculturation, acculturation stress, immigration. *Machismo* and *Marianismo* must also be looked at across the individual, relationship, and societal levels because of the influence they have within each level. These gender roles influence individual behavior and within relationships because of power and control. At the societal level, these gender roles need further exploration because of the breadth,

depth, and reach within societies in the form of accepted attitudes and norms that are embraced as part of the culture. Although this literature review only addressed male perpetration risk factors, there is a need to better understand the protective factors of determinants that are unique to Hispanics to mitigate the negative effects of IPV. Drawing on the positive aspects of the Hispanic culture such as solid family bonds and honor for mothers (Cummings et al., 2013) and the characteristics of strength, courage, and responsibility found in the traditional male gender role (*Machismo*) could facilitate the creation of strategies to target Hispanic men, in particular Mexican American men, to prevent IPV perpetration.

Understanding the triggers and interactions (Wilkinson & Hamerschlag, 2005) of IPV is essential because of the complexity of behavioral influences. The CDC is currently funding the DGLTA Projects, IPV prevention programs at the local, state, and national level targeting health determinants within all the SEM levels (individual, relationship, community, and societal; CDC, 2015a). IPV reduction strategies target environmental changes through economic and social policies to address education, employment, and gender discrimination (CDC, 2015b). This is a step in the right direction because IPV interventions have previously targeted the individual and relationship level excluding the community and societal levels.

Limitations

This literature review had several limitations including the lack of studies specific to Mexican American men. Mexican Americans are the largest and fastest growing minority among Hispanics, yet most research in IPV has focused on other Hispanic subpopulations, as indicated by our findings. Another limitation was the focus on health-related research, which did not facilitate the inclusion of research from other disciplines such as criminal justice. Literature regarding Mexican American men and IPV was not easy to locate, indicating the need for more research on this topic.

Summary

There are many factors that can be addressed across the SEM levels to prevent and reduce IPV perpetration risk factors for men. The authors hypothesize one way to reduce IPV perpetration risk at the individual and societal levels is through job training and job creation, which would alleviate the stress men experience when they are not able to provide for their families. At the community level, the improvement of the neighborhood infrastructure through the development of parks and recreational centers with free daycare facilities could provide an outlet for stress reduction through physical activity for men and their families.

The creation of discussion/support groups for men would be an opportunity at the individual and relationship levels for men to engage in open dialogue regarding issues and topics that affect them and are rarely discussed such as family life, stress, health, relationships, finances, communication skills, sexual health, substance misuse, and IPV. This would allow men to share their experiences and learn from each other. Interventions for preventing male IPV perpetration must include strategies to address all levels of SEM risk factors and draw on the protective factors found within each in order to be effective.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: Work on this publication was supported by the National Institute On Minority Health And Health Disparities of the National Institutes of Health under Award Number P20MD002287.

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APPENDIX B: SAMPLE PROBING QUESTIONS

Initial Questions and Examples of Probing questions for Men of Mexican Origin Participating in Project VIDA II Focus Groups

1. Hispanic men are usually aware of important issues affecting Hispanic communities. What are some of the issues facing communities like yours?

Los hombres hispanos usualmente conocen los asuntos importantes que afectan las comunidades hispanas. Cuales son algunos de los asuntos (o problemas) que enfrenta su comunidad?

2. What is the process involved in becoming a victim of violence? What is the process involved in becoming a perpetrator of violence? If the men have trouble talking about violence, use the following probes: What are some concerns that men in your community have about their partners with regard to violence? What are the circumstances surrounding the conflicts that lead to violence?

Cuál es el proceso de convertirse en una víctima de la violencia? Cuál es el proceso de convertirse en un perpetrador de la violencia (en un abusador)?

Si los hombres tienen problemas para hablar sobre la violencia, use el siguiente sondeo: Cuales son algunas de las preocupaciones que los hombres tienen de su pareja en lo relacionado a la violencia? Cuáles son las circunstancias relacionadas a un conflicto que llevan a la violencia?

3. What is the process involved in becoming someone who abuses alcohol and drugs? Example of probes: Is alcohol use a problem in your community? What are some characteristics of people who are abusing alcohol? Is drug use a problem in your community? What are some characteristics of people who are abusing drugs?

Cuál es el proceso de convertirse en alguien que abusa del alcohol o las drogas?

Ejemplos de sondeo: Es el consumo de alcohol un problema en su comunidad? Cuales son algunas de las características de las personas que abusan del alcohol? Es el uso de drogas un problema en su comunidad? Cuales son algunas de las características de las personas que abusan de las drogas?

4. What is the process involved in participating in risky sexual behavior?

Example of probes: What are some concerns men in your neighborhood might have about sexual matters? Do men in your community discuss sexual matters with their partners? What methods are used to prevent pregnancy and/or sexually transmitted infections?

Cual sería un proceso relacionado con involucrarse en una conducta sexual de alto riesgo? Ejemplo de sondeo: Cuales son algunas de las preocupaciones de los hombres en su vecindario relacionadas con asuntos sexuales? Discuten los hombres de su comunidad asuntos sexuales con su pareja? Que métodos usan para prevenir los embarazos o las infecciones transmitidas sexualmente?

5. We have discussed issues relating to substance abuse, violence, and risky sexual behaviors. Are these issues related to one another? In what ways?

Hemos discutido asuntos relacionados con el abuso de sustancias (las adicciones), la violencia y las conductas de riesgo sexual. Están estos asuntos relacionados entre sí? De qué forma?

6. Give me some examples of how you deal or cope with substance abuse, violence, and risky sexual behaviors. Example of probes: Do you discuss with other, like friends or family? Do you ignore them? If you discuss with your family or friends, give me some examples of how they help you cope? If religion plays a part in your coping can you give me some examples of how religion helps you cope?

Deme unos ejemplos de cómo trata o sobrelleva el abuso de sustancias (la adicción), la violencia y las conductas de riesgo sexual.

Ejemplos de sondeo: Los discute con alguien más como amigos o familiares? Los ignora? Si los discute con su familia o sus amigos, deme algunos ejemplos de cómo le ayuda esto a sobrellevarlos (como les hace frente, como los tolera)? Si la religión es parte de cómo les hace frente, me puede dar ejemplos de cómo la religión le ayuda a sobrellevarlos?

7. Having discussed coping with issues related to substance abuse, violence, and risky sexual behaviors. Give me some examples on how your culture influences these issues?

Example of probes: Can you give me some examples of coping when all of these issues are present? Can you give me some examples of how your culture is accepting or not accepting of substance abuse, violence, and risky sexual behaviors? Can you give me some examples of how your family is accepting or not of substance abuse, violence, and risky sexual behaviors? Can you give me some examples of how your religion is accepting or not accepting of substance abuse, violence, and risky sexual behaviors?

Ya que hemos discutido como enfrenta asuntos relacionados con el abuso de sustancias (la adicción), la violencia y la conducta de riesgo sexual. Deme algunos ejemplos de cómo su cultura influye en estos asuntos

Ejemplos de sondeo: Puede darme ejemplos de cómo resiste todos estos asuntos (problemas) cuando se presentan? Puede darme ejemplos de cómo su cultura acepta o no el abuso de sustancias, la violencia o la conducta de riesgo sexual? Puede darme unos ejemplos de cómo su familia acepta o no el abuso de sustancias, la violencia y las conductas de riesgo sexual? Puede darme unos ejemplos de cómo su religión acepta o no el abuso de sustancias, la violencia y la conducta de riesgo sexual?

APPENDIX C: RECRUITMENT FLIERS (ENGLISH AND SPANISH)



The University of Texas at El Paso
School of Nursing/HHDRS
VIDA II Women's Study

Are you a **Hispanic men** between the ages of **18-55**?

Participate in our study!

Help us understand
Intimate Partner Violence,
HIV/Sexually Transmitted
Infections (STIs),
and High Risk Sexual Behavior



You will be **PAID** for your time in the interview.
Interested? Please call 915-747-8288

915 -747-8288

+

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The University of Texas at El Paso
School of Nursing/HHDRRC
VIDA II Women's Study

Eres hombre, **Hispano** y tienes entre **18-55** años?

¡Participa en nuestro estudio!

Ayudanos a entender mejor
Violencia en la pareja,
HIV/Infecciones de Transmisión
Sexual y Comportamientos
Sexuales de Riesgo



Se te **PAGARÁ** por tu tiempo
¿Te interesa? Llama al 915-747-8288

915 -747-8288

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APPENDIX D: INSTITUTIONAL REVIEW BOARD APPROVED CONSENT FORMS
(ENGLISH AND SPANISH)

Consent to participate in a Research Study

Project Title: A qualitative descriptive study: factors of intimate partner violence among men of Mexican origin

Principal Investigator: Bibiana M. Mancera PhD (c)

Introduction

We are inviting you to participate in the research project described below. Before you to decide to join the research study, it is important that you understand any potential benefits or risks of participating, and what you will do if you agree to participate. This form provides information about the study. If you want to be part of the study, you will be asked to sign this form, and you will receive a copy. Please ask the researcher or projects staff to explain anything about the study or this form if you have questions.

Why is this study being done?

The purpose of this study is to describe factors of intimate partner violence among men of Mexican origin. I am planning to conduct up to six focus groups with a total of 48-72 men of Mexican origin. You have been asked to participate in the focus groups because you are a Hispanic man between the ages of 18 and 55. Please read this form and ask questions before agreeing to participate in the focus groups. If you decide to enroll in this study, your involvement will last between 80-90 minutes.

What is involved in the study?

If you agree to take part in this study, we will ask you to discuss factors of intimate partner violence. The focus groups will be audio-taped and conducted in a private setting.

What are the risks and discomforts of the study?

There are no known risk associated with this research. However, sometimes when people talk about personal information such as intimate partner violence you may feel uncomfortable talking about knowledge or experience with intimate partner violence. If this happens, you will be given a list of qualified mental health services.

What will happen if I am injured in this study?

The University of Texas at El Paso and its affiliates do not offer to pay for or cover the cost of medical treatment for research related illness or injury. No funds have been set aside to pay or reimburse you in the event of such injury or illness. You will not give up any of your legal rights by signing this consent form.

Are there benefits to taking part in this study?

There are no personal benefits that we know of from participating in this study. However, this research may help us describe factors of intimate partner violence.

What other options are there?

You have the option not to take part in this study. There will be no penalties involved if you choose not to take part in this study.

Who is paying for this study?

Funding from the University of Texas at El Paso School of Nursing is supporting this research.

What are my costs?

There are no costs to you. You will be responsible for travel to and from the research site.



Approved on:
Expires on:
Study Number:

06/02/2016
04/04/2017
Mancera
558270-1

Will I be paid to participate in this study?

You will be paid \$30.00 for participating in the focus group. You will receive this amount in cash as soon as the focus group ends.

What if I want to withdraw, or am asked to withdraw from this study?

Taking part in this study is voluntary. You have the right to choose not to take part in this study. If you do not take part in the study, there will be no penalty. If you choose to take part, you have the right to stop at any time. The researcher may decide to stop your participation without your permission, if he or she thinks that being in the study may cause you harm.

Who do I call if I have questions or problems?

You may ask any questions you have now. If you have questions later, you may contact Bibiana Mancera at 915-747-8288.

If you have questions or concerns about your participation as a research participant, please contact the UTEP Institutional Review Board (IRB) at (915-747-8841) or irb.orsp@utep.edu

What about confidentiality?

Your part in this study is confidential (only you and the interviewer will know that you participated). Your interview responses will be anonymous, because your name is never included on any of the study documents. Only this consent form will have your name on it, and they are not connected in any way to the interview responses. None of the research information will identify you by name. All records will be maintained in a secure location.

All members of the research team will consider your records confidential to the extent permitted by law. The U.S. Department of Health and Human Services (DHHS) may request to review and obtain copies of your records. Your records may also be reviewed for audit purposes by authorized University or other agents who will be bound by the same provisions of confidentiality. Because your name is not on any of the study documents, your information will remain anonymous.

The results of this research study may be presented at meetings or in publications; however, your identity will not be disclosed in those presentations.

Mandatory reporting

If information is revealed about child abuse or neglect, or potentially dangerous future behavior to others, the law requires that this information be reported to the proper authorities.

Authorization Statement

I have read each page of this paper about the study (or it was read to me). I know that being in this study is voluntary and I choose to be in this study. I know I can stop being in this study without penalty. I will get a copy of this consent form now and can get information on results of the study later if I wish.

Participant Name: _____ Signature: _____

Date _____ Time _____

Consent Form explained by/witnessed by:

Witness Name: _____ Signature: _____

Date _____ Time _____



Approved on:
Reviewed on:
Study Number:

04-09-2016
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Mancera
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El consentimiento para participar en un estudio de investigación

Título del proyecto: Un estudio cualitativo descriptivo: factores de la violencia de pareja entre los hombres de origen mexicano

Investigador principal: Bibiana M. Mancera

Introducción

Le estamos invitando a participar en el proyecto de investigación se describe a continuación. Antes de decidirse a participar en el estudio de investigación, es importante que entienda los beneficios potenciales o riesgos de participar, y lo que hará si está de acuerdo en participar. Esta forma proporciona información sobre el estudio. Si quieres ser parte del estudio, se le pedirá que firme este formulario, y recibirá una copia. Por favor, pregunte al personal investigador o proyectos que explicar nada sobre el estudio o de esta forma si tiene alguna pregunta.

¿Por qué se realiza este estudio?

El propósito de este estudio es describir los factores de violencia de pareja entre los hombres de origen mexicano. Tengo la intención de realizar hasta seis grupos focales con un total de 48-72 hombres de origen mexicano. Se le ha pedido a participar en los grupos de enfoque, porque usted es un hombre hispano entre las edades de 18 y 55. Por favor, lea este formulario y hacer preguntas antes de aceptar participar en los grupos de enfoque. Si decide inscribirse en este estudio, su participación va a durar entre 60-90 minutos.

¿Lo que está implicado en el estudio?

Si acepta participar en este estudio, se le pedirá para discutir los factores de violencia en la pareja. Los grupos de discusión serán grabadas en cinta de audio y llevado a cabo en un ambiente privado.

¿Cuáles son los riesgos y molestias del estudio?

No hay riesgo conocido asociado con esta investigación. Sin embargo, a veces, cuando la gente habla de información personal, como la violencia de pareja se puede sentir incómodo al hablar de conocimiento o experiencia con la violencia de pareja. Si esto sucede, se le dará una lista de los servicios de salud mental calificado.

¿Qué pasará si me lesiono en este estudio?

La Universidad de Texas en El Paso y sus afiliados no ofrecen a pagar o cubrir el costo del tratamiento médico para enfermedades o lesiones relacionadas con la investigación. Ninguno de los fondos se han destinado a pagar o reembolsar en el caso de dicha lesión o enfermedad. Usted no va a renunciar a ninguno de sus derechos legales al firmar este formulario de consentimiento.

¿Hay ventajas a tomar parte en este estudio?

No hay beneficios personales que conocemos de participar en este estudio. Sin embargo, esta investigación puede ayudar a describir los factores de violencia en la pareja.

¿Qué otras opciones hay?

Usted tiene la opción de no participar en este estudio. No habrá penas a las que si decide no participar en este estudio.

¿Quién está pagando por este estudio?

La financiación de la Universidad de Texas en El Paso Escuela de Enfermería está apoyando esta investigación.



Approved by:
License no:
Study Number:

04/02/2019
002421/1
Mancera
352370.1

¿Cuáles son mis costos?

No hay costos para usted. Usted será responsable de los viajes hacia y desde el sitio de investigación.

¿Me pagarán para participar en este estudio?

Se le pagará \$ 30.00 para participar en el grupo de enfoque. Usted recibirá esta cantidad en efectivo tan pronto como termine el grupo focal.

¿Y si quiero retirar, o se me pide que retirarse de este estudio?

La participación en este estudio es voluntaria. Usted tiene el derecho de optar por no participar en este estudio. Si usted no toma parte en el estudio, no habrá ninguna penalización. Si decide participar, usted tiene el derecho de detener en cualquier momento. El investigador puede decidir interrumpir su participación sin su permiso, si él o ella piensa que el estar en el estudio puede causarle daño.

¿A quién llamo si tengo preguntas o problemas?

Puede hacer cualquier pregunta que tenga ahora. Si tiene alguna pregunta más adelante, puede comunicarse con Bibiana Mancera (915-747-8288). Si tiene preguntas o inquietudes sobre su participación como participante en la investigación, por favor, póngase en contacto con la Junta de Revisión Institucional de UTEP (IRB) al (915-747-8841) o irb.orsp@utep.edu

¿Qué hay de la confidencialidad?

Su participación en este estudio es confidencial (sólo usted y el entrevistador sabrá que usted participó). Sus respuestas de la entrevista serán anónimas, porque su nombre no está incluido en ninguno de los documentos del estudio. Sólo este formulario de consentimiento tendrá su nombre en él, y no están relacionados de alguna manera de las respuestas de la entrevista. Ninguno de la información de la investigación identificará por su nombre. Todos los registros se mantendrán en un lugar seguro.

Todos los miembros del equipo de investigación tendrá en cuenta sus registros confidenciales en la medida permitida por la ley. El Departamento de Salud y Servicios Humanos (DHHS) de EE. UU. puede solicitar revisar y obtener copias de sus registros. Sus registros también pueden ser revisados para fines de auditoría por la Universidad autorizado u otros agentes que estarán sujetos a las mismas disposiciones de confidencialidad. Debido a que su nombre no aparece en ninguno de los documentos de estudio, su información permanecerá en el anonimato. Los resultados de este estudio de investigación se pueden presentar en las reuniones o en publicaciones; Sin embargo, su identidad no será revelada en esas presentaciones.

La notificación obligatoria

Si la información se revela sobre el abuso infantil o negligencia, o el comportamiento futuro potencialmente peligroso para los demás, la ley exige que esta información se comunicará a las autoridades correspondientes.

Declaración de autorización

He leído cada página de este trabajo sobre el estudio (o que fue leído a mí). Sé que en este estudio es voluntaria y elijo participar en este estudio. Sé que puedo dejar de participar en este estudio sin penalización. Voy a obtener una copia de este formulario de consentimiento y puedo obtener información sobre los resultados del estudio más adelante si lo deseo.



Approved on: 04/25/2016
Expires on: 04/25/2017
Study Number: N0000439279.1

The University of Texas at El Paso School of Nursing 3

Nombre del participante: _____

Firma: _____

Fecha _____ Tiempo _____

Formulario de consentimiento explica por / atestiguado por:

Nombre del testigo: _____

Firma: _____

Fecha _____ Tiempo _____



Approved on: 04/01/2016
Expires on: 04/01/2017
Study Number: M10001
M10001

APPENDIX E. DEMOGRAPHIC QUESTIONNAIRES (ENGLISH AND SPANISH)

DCFAR Demographic Questionnaire: English

1. Please tell me where you were born (country of birth).

- | | | | |
|-------------------------------------|--|---------------------------------|-----------------------------------|
| <input type="radio"/> United States | <input type="radio"/> Costa Rica | <input type="radio"/> Honduras | <input type="radio"/> Puerto Rico |
| <input type="radio"/> Argentina | <input type="radio"/> Cuba | <input type="radio"/> Mexico | <input type="radio"/> Uruguay |
| <input type="radio"/> Bolivia | <input type="radio"/> Dominican Republic | <input type="radio"/> Nicaragua | <input type="radio"/> Venezuela |
| <input type="radio"/> Brazil | <input type="radio"/> Ecuador | <input type="radio"/> Panama | <input type="radio"/> Other |
| <input type="radio"/> Chile | <input type="radio"/> El Salvador | <input type="radio"/> Paraguay | (Specify _____) |
| <input type="radio"/> Colombia | <input type="radio"/> Guatemala | <input type="radio"/> Peru | |

1a. Years living in U.S. _____

2. What is your current relationship status?

- | | | |
|--------------------------------|--|-------------------------------|
| <input type="radio"/> Single | <input type="radio"/> In a relationship, not legally married | <input type="radio"/> Married |
| <input type="radio"/> Divorced | <input type="radio"/> Separated | <input type="radio"/> Widowed |

3. Are you currently living with your spouse or partner?

- ☐ YES ☐ NO ☐ Not Applicable

4. Your current partner is: ☐ Male ☐ Female ☐ Not Applicable

4a. How do you identify yourself?

- ☐ Heterosexual ☐ Homosexual ☐ Bisexual ☐ Prefer not to answer

5. How many children do you have? _____ ☐ None (**SKIP to 6**)

5a. Do any of your children live in another country? ☐ YES ☐ NO (**SKIP to 6**)

5a1. If yes, give their ages, country where they live, and number of years you have lived apart (in another country) from them. List from youngest to oldest. If there are more than 4 children living in another country, bubble here: ☐

Child 1 Age _____	Country _____	Years apart _____
Child 2 Age _____	Country _____	Years apart _____
Child 3 Age _____	Country _____	Years apart _____
Child 4 Age _____	Country _____	Years apart _____

6. What is your religion?

- | | | |
|--|---|--------------------------------------|
| <input type="radio"/> Baptist | <input type="radio"/> Jehovah's Witness | <input type="radio"/> Presbyterian |
| <input type="radio"/> Christian | <input type="radio"/> Jewish | <input type="radio"/> Protestant |
| <input type="radio"/> Episcopalian | <input type="radio"/> Methodist | <input type="radio"/> Roman Catholic |
| <input type="radio"/> Evangelist/Pentecostal | <input type="radio"/> Muslim | <input type="radio"/> None |

☐ Other Christian (Specify _____)

☐ Other Non - Christian (Specify _____)

7. How often do you attend religious services? Would you say...

☐ More than once a week ☐ Less than once a month

☐ Weekly ☐ Only on special days

☐ Monthly (1+) ☐ Not at all

8. Do you consider yourself...?

☐ Not religious ☐ Somewhat religious ☐ Very religious

9. How strongly do the beliefs of your religion influence your life?

☐ Not at all ☐ Somewhat ☐ Very much ☐ Not Applicable

10. How many years of education you have completed? _____

11. Are you currently employed? ☐ YES (**SKIP to 12**) ☐ NO

11a. If no, when was the last time you had a job?

☐ More than 1 year ago ☐ Less than 1 year ago ☐ Never been employed

12. Last month, what was the total amount of money you and your family lived on, including public assistance (after taxes)?

13. How many people in this country lived from this money? _____

14. Do you have health insurance? ☐ YES ☐ NO

15. How do you usually pay for **your own** health care? (**Bubble only one**)

☐ Private Insurance Plan (not provided at work) ☐ Medicare

☐ Private Insurance Plan (provided at work) ☐ Out of Pocket

☐ Medicaid ☐ Don't Pay

☐ Other (Specify _____)

16. Where do you usually go when you are sick or want advice about your health? (**Bubble all that apply**)

☐ Clinic

☐ Nurse Practitioner

☐ Doctor's Office

☐ Emergency Room

☐ "Curandero"

☐ Family Member, Friend, or Neighbor

☐ Other (Specify: _____)

17. Do you have a regular doctor or healthcare provider?

☐ YES

☐ NO

18. When was the last time you saw your doctor or healthcare provider?

Month/Year ____/____

19. How many times were **you** in the emergency room in the past three months for **your** health problems? _____

20. How would you describe your health in the past three months?

☐ Poor

☐ Fair

☐ Good

☐ Very Good

21. Have you ever been tested for HIV? ☐ Yes

☐ No

22. What was the result of your most recent HIV test?

☐ Positive

☐ Negative

☐ Don't know

DCFAR DEMOGRAPHICS SPANISH

1. Favor indicar dónde nació. (País de nacimiento).

- | | | | |
|--------------------------------------|--|---------------------------------|-----------------------------------|
| <input type="radio"/> Estados Unidos | <input type="radio"/> Costa Rica | <input type="radio"/> Honduras | <input type="radio"/> Puerto Rico |
| <input type="radio"/> Argentina | <input type="radio"/> Cuba | <input type="radio"/> México | <input type="radio"/> Uruguay |
| <input type="radio"/> Bolivia | <input type="radio"/> República Dominicana | <input type="radio"/> Nicaragua | <input type="radio"/> Venezuela |
| <input type="radio"/> Brasil | <input type="radio"/> Ecuador | <input type="radio"/> Panamá | <input type="radio"/> Otro |
| <input type="radio"/> Chile | <input type="radio"/> El Salvador | <input type="radio"/> Paraguay | (Especifique |
| _____) | | | |
| <input type="radio"/> Colombia | <input type="radio"/> Guatemala | <input type="radio"/> Perú | |

1a. Años en los Estados Unidos _____

2. ¿Cuál es su estado civil actual?

- | | | |
|----------------------------------|---|------------------------------|
| <input type="radio"/> Soltero | <input type="radio"/> En una relación, no casado legalmente | <input type="radio"/> Casado |
| <input type="radio"/> Divorciado | <input type="radio"/> Separado | <input type="radio"/> Viudo |

3. ¿Actualmente convive con su esposo(a) o pareja?

- ☐ SÍ ☐ NO ☐ No Aplica

4. Su pareja actual es: ☐ Femenina ☐ Masculino ☐ No Aplica

4a. ¿Cómo usted se identifica?

- ☐ Heterosexual ☐ Homosexual ☐ Bisexual ☐

Prefiere no contestar

5. ¿Cuántos hijos tiene? _____ ☐ Ninguno (**SKIP to 6**)

5a. ¿Alguno de sus hijos viven en otro país? ☐ SÍ ☐ NO (**SKIP to 6**)

5a1. Si contesto SÍ, escriba sus edades, país donde viven y el número de años que usted vive separado de ellos (en otro país). Haga la lista desde el más pequeño de edad al más grande. Si tiene más de 4 hijos viviendo en otro país, marque aquí:

○	Hijo(a) 1 Edad _____	País _____	Años _____
separados _____			
	Hijo(a) 2 Edad _____	País _____	Años _____
separados _____			
	Hijo(a) 3 Edad _____	País _____	Años _____
separados _____			
	Hijo(a) 4 Edad _____	País _____	Años _____
separados _____			

6. ¿Cuál es su religión?

- ☐ Bautista ☐ Testigo de Jehová ☐ Presbiteriano

- ☐ Cristiano
- ☐ Judío
- ☐ Protestante
- ☐ Episcopal
- ☐ Metodista
- ☐ Católico Romano
- ☐ Evangélico/Pentecostal
- ☐ Musulmán
- ☐ Ninguno
- ☐ Cristiano Otro (Especifique _____)
- ☐ Otro No-Cristiano (Especifique _____)

7. ¿Qué tan frecuente asiste a servicios religiosos? Diría...

- ☐ Más de una vez a la semana
- ☐ Menos de una vez al mes
- ☐ Semanal
- ☐ Solamente en ocasiones especiales
- ☐ Mensual (1+)
- ☐ Nunca

8. ¿Usted se considera...? (**INTERVIEWER: Read all choices**)

- ☐ No religioso
- ☐ Un poco religioso
- ☐ Muy religioso

9. ¿Qué tan importante ha sido la influencia de la religión en su vida? (**INTERVIEWER: Read all choices**)

- ☐ Nada
- ☐ Un poco
- ☐ Muchísimo
- ☐ No Aplica

10. ¿Cuántos años de educación que ha completado? _____

11. ¿Está actualmente empleado? ☐ SÍ (**SKIP to 12**) ☐ NO

11a. Si contesta "NO", ¿cuándo fue la última vez que tuvo un trabajo?

☐ Hace más de un año ☐ Hace menos de un año ☐ Nunca ha tenido empleo

12. El mes pasado, ¿Cuál fue la cantidad total de dinero con la cual usted y su familia vivió, incluyendo asistencia pública?

- ☐ Menos de \$500
- ☐ \$500 - \$999
- ☐ \$1,000 - \$1,999
- ☐ \$2,000 - \$2,999

☐ \$3,000 - \$3,999 ☐ \$4,000 - \$4,999 ☐ \$5,000 - \$5,999 ☐ \$6,000 o más

13. ¿Cuántas personas en este país vivieron de ese dinero? _____

14. ¿Tiene usted seguro medico? ☐ SÍ ☐ NO

15. ¿Cómo usted usualmente paga por **su propio** servicio de salud? (***Bubble only one***)

- ☐ Plan de seguro privado (no provisto por su empleo) ☐ Medicare
- ☐ Plan de seguro privado (provisto por su empleo) ☐ Con su propio dinero
- ☐ Medicaid ☐ No paga
- ☐ Otro (Especifique _____)

16. ¿Dónde va usted usualmente cuando esta enfermo o necesita consejo sobre su salud? (***Bubble all that apply***)

- ☐ Clínica ☐ Enfermera especializada de grado avanzado ☐ Oficina del Doctor
- ☐ Sala de Emergencia ☐ "Curandero" ☐ Un familiar, amigo, o vecino
- ☐ Otro (Especifique: _____)

17. ¿Tiene usted un doctor regular o un proveedor de salud? ☐ SÍ ☐ NO

18. ¿Cuándo fue la última vez que visitó su médico o proveedor de salud? Mes/Año ____/____

19. ¿Cuántas veces en los últimos tres meses visitó la sala de emergencia por **sus** problemas de salud?

20. ¿Cómo describe usted su salud en los últimos tres meses?

- ☐ Mala ☐ Más o Menos ☐ Buena ☐ Muy Buena

21. ¿Te has hecho alguna vez la prueba del VIH? ☐ SI ☐ NO

22. ¿Cuál fue el resultado de tu última prueba del VIH?

- Positiva
- Negativa
- Desconocido

**APPENDIX F: APPROVED INSTUTIONAL RESEARCH BOARD RESEARCH
PROTOCOL**



THE UNIVERSITY OF TEXAS AT EL PASO
Office of the Vice President for Research and Sponsored Projects
Institutional Review Board
El Paso, Texas 79968-0587
phone: 915 747-8841 fax: 915 747-5931

FWA No: 00001224

DATE: April 5, 2016

TO: Bibiana Mancera, MEd

FROM: University of Texas at El Paso IRB

STUDY TITLE: [858279-1] A qualitative descriptive study: factors of intimate partner violence among men of Mexican origin

IRB REFERENCE #: College of Health Sciences

SUBMISSION TYPE: New Project

ACTION: APPROVED

APPROVAL DATE: April 5, 2016

EXPIRATION DATE: April 4, 2017

REVIEW TYPE: Expedited Review

Thank you for your submission of New Project materials for this research study. University of Texas at El Paso IRB has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a study design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

This study has received Expedited Review based on the applicable federal regulation.

Please remember that informed consent is a process beginning with a description of the study and insurance of participant understanding followed by a signed consent form. Informed consent must continue throughout the study via a dialogue between the researcher and research participant. Federal regulations require each participant receive a copy of the signed consent document.

Please note that any revision to previously approved materials must be approved by this office prior to initiation. Please use the appropriate revision forms for this procedure.

**APPENDIX G: MANUSCRIPT 1: UTILIZING KEY INFORMANTS TO ACCESS
VULNERABLE POPULATIONS: A QUALITATIVE STUDY AMONG MEN OF
MEXICAN ORIGIN**

Utilizing Key Informants to Access Vulnerable Populations: A Qualitative Study among Men of
Mexican Origin Exploring Intimate Partner Violence

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Utilizing Key Informants to Access Vulnerable Populations: A Qualitative Study among Men of Mexican Origin Exploring Intimate Partner Violence

Abstract

Vulnerable populations are at greater risk for the burden of disease and negative health outcomes such as alcohol abuse, high risk sexual behavior, or intimate partner violence (IPV). Health disparities experienced by vulnerable populations are facilitated by socio-economic, ethnic, and racial factors. Qualitative research methods are highly appropriate to explore personal behaviors, beliefs, and feelings regarding issues such as intimate partner violence, in order to gain an in-depth understanding, of risk factors that contribute to IPV perpetration. Qualitative research is beneficial in describing the experiences of vulnerable populations like men of Mexican origin with sensitive topics such as IPV. Conducting research within these vulnerable populations can be challenging, but can be mitigated by using qualitative sampling techniques. Strategies to engage vulnerable populations include building trust with community partners, and utilizing key informants to facilitate participant recruitment.

Keywords: key informants, vulnerable populations, men of Mexican origin, qualitative methods, intimate partner violence

Utilizing Key Informants to Access Vulnerable Populations: A Qualitative Study among Men of Mexican Origin Exploring Intimate Partner Violence

The delivery of healthcare and associated behavioral health programs in underserved and vulnerable populations is of utmost importance. In 2004, a study by the Joint Center for Political and Economic Studies, *The Economic Burden of Health Inequalities in the United States*, estimated that between the years 2003 - 2006, the associated costs of health inequalities and premature deaths in the United States was 1.24 trillion dollars. There is a social responsibility by health-care providers and educators to address the social determinants of health and health-care disparities (VanderWielen, Vanderbilt, Crossman, Mayer, Enurah, Gordon, & Bradner, 2015), especially, when addressing the negative outcomes caused by alcohol abuse, high risk sexual behavior, or intimate partner violence (IPV). Many of the health disparities experienced by vulnerable populations are directly correlated to socio-economic, ethnic and racial factors (Barr, 2014), access to care (Brown, Parmar, Durant, Halanych, Hovater, Munter, et al., 2011), health insurance (Shi, Lebrun, Zhu, & Tsai, 2011; Sabatino, Coates, Uhler, Breen, Tangka, & Shaw, 2008; Trivers, Shaw, Sabatino, Shapiro, & Coates, 2008; Farkaas, Greenbaum, Ssinghal, & Cosgrove, 2012; McWillimas, Zaslavsky, Meara, & Ayanian, 2004), absence of information (SAMHSA, 2014), lack of diverse health care labor force, and insufficient linguistically or culturally proficient care (SAMHSA, 2014).

According to Flaskerud & Winslow (1998) certain social groups within the population are more susceptible to or are at higher risk for health disparities (Anderson et al., 1999) and negative health outcomes due to limited resources. Vulnerable populations include people marginalized due to race/ethnicity, poverty, sexual orientation, immigration status, and religion or creed (Anderson et al., 1999; Flaskerud & Winslow, 1998). Resources within a vulnerable

population framework are constructed as socioeconomic and environmental and are identified such as: income level, job availability, educational level, housing opportunities, healthcare access, quality of healthcare, and family and community life (Flaskerud & Winslow, 1998; Leight, 2003). Relative risk within the vulnerable population framework is the likely exposure to risk factors which can affect behavior and how one copes with stressful experiences that can lead to illness and premature death (Flaskerud & Winslow, 1998; Leight, 2003). One such vulnerable population are Hispanics, specifically men of Mexican origin.

Qualitative research methodologies are ideally suited to capture the perspectives of vulnerable and underserved populations (Sofaer, 1999). Qualitative methodologies facilitate a better understanding of the social determinants of health that contribute to disparities through the voice of the affected (Malterud, 2001; Cresswell & Plano, 2007; Sandelowski, 2014). One such vulnerable population is men of Mexican origin (MMO) and the factors they describe that contribute to IPV.

Intimate partner violence (IPV) affects many females, particularly women of color, in the United States. Victims of IPV experience both short and long term physical and mental consequences, which negatively impact the healthcare and judicial system (CDC, 2003; Max, rice, Finkelstein, Bardwell, & Leadbetter, 2004). Few qualitative studies have been conducted among men of Mexican origin (MMO), exploring unique risk factors that contribute to the rise of IPV perpetration rates among this population. The increasing IPV perpetration and IPV perpetration recurrence rates among MMO warrants a better understanding of unique risk factors that can only be described by MMO.

The Research Study

This doctoral student was interested in exploring risk factors of IPV perpetration among men of Mexican origin (MMO) in El Paso Texas, through a qualitative research study. El Paso, Texas, situated along the U.S.-Mexico border was the location where this study was conducted. A purposeful community sample, a population that has experience with the phenomenon of interest of MMO, who live within the Housing Authority of the City of El Paso (HACEP), were recruited.

El Paso has an estimated population of over 835,000 with Hispanics comprising 81% of the community (U.S. Census, 2015). In El Paso, 23% of the population lives below the federal poverty guideline of \$25,112 (U.S. Department of Homeland Security, 2015). The yearly per capita income of \$18,705 supports a family of three (U.S. Census, 2015). The Housing Authority of the City of El Paso (HACEP), a federally funded public housing authority, was the selected study site due to the access of a homogenous sample of MMO. In the United States, the HACEP ranks 14th in terms of housing units and is the largest public housing authority in Texas (HACEP, 2015). The 40,000 plus residents at the HACEP are low-income and are predominantly of Mexican origin (HACEP, 2015). The study was conducted at the HACEP because of the accessibility of MMO in a neighborhood environment.

Purposive sampling, when the researcher intentionally seeks a certain population, which will have various perspectives on the phenomenon of interest, or a population that has a specific experience with the phenomenon of interest (Blackstone, 2012) was recruited for the study. Recruitment efforts were facilitated by a key informant. The key informant lived in a public housing community in El Paso, Texas and had a genuine concern for the community. The key

informant's willingness to help aided tremendously with recruitment efforts within this vulnerable and hard to reach population. A total of six focus groups were conducted. Inclusion criteria for this study was limited to men between the ages of 18-55, who self-identified as being of Mexican origin, and had the ability to communicate in either English or Spanish. Data saturation was achieved after the fifth focus group; however an additional group was added for data congruence. Saturation is subjectively determined by the investigator, and is the point at which the data yields no new categories, information, or themes (Glasser & Strauss, 1967).

Recruitment strategies included strategically placed fliers in the designated HACEP community and the utilization of a key informant. The key informant was a well-connected and respected resident in the HACEP, who voluntarily recruited participants. Focus groups were conducted bilingually (English and Spanish) because the participants spoke both languages.

Challenges conducting research with vulnerable populations

The experiences of males, with sensitive topics such as intimate partner violence (IPV), in qualitative research have been largely overlooked (Affleck, Glass, & Macdonald, 2013). One reason for the lack of male participation in qualitative research is the difficulty in recruiting this population (Oliffe & Thorne, 2007). Of particular interest are Men of Mexican origin and their descriptions of factors of IPV. Unfortunately, there exists a lack of research studies relevant to MMO and IPV, even though Mexicans represent the largest and fastest growing subpopulation of Hispanics (Mancera, Dorgo & Provencio-Vasquez, 2015).

In 2015, Hispanics comprised 17.5% of the United States population (U.S. Census Bureau, 2015 b) with persons of Mexican origin totaling 36 million (63.4%) of all Hispanics (U.S. Census Bureau, 2015 c). Furthermore, it is projected that by 2050, the Hispanic population

will increase from 14% to 29% (Pew Research Center, 2016). According to Cummings et al., (2013), IPV increased among Hispanic couples (14%) in comparison to non-Hispanic White couples (6%). Hispanics also experience higher IPV repeat occurrence rates (59%) than non-Hispanic Blacks (52%), and white couples (37%) (Caetano, Field, Ramisetty-Mikler, & McGrath, 2005).

Hispanic populations have been difficult to recruit in clinical research studies for various reasons including: less than adequate access to care, competing familial obligations, insufficient transportation, lack of childcare, and forfeited time at work in order to participate (Alvarez, Vasquez, Mayorga, Feaster & Mitrani, 2006). Additionally, appropriate Spanish language and or regional dialect can become a barrier in the recruitment and informed consent process. Lastly, Hispanics often the experience anxiety when discussing sensitive topics (Larkey, et al., 2012).

Strategies for overcoming barriers

Identification of Community Organization

Identifying the community organization was the first step. The Housing Authority of the City of El Paso (HACEP) was identified as the community organization that would facilitate the recruitment and participation of men of Mexican origin. A collaborative relationships had been established through prior research studies conducted within numerous housing complexes by various researchers. An email was sent by the doctoral student to the HACEP Chief Executive Officer (CEO), through the Community Affairs Coordinator, explaining the qualitative study and requesting permission to conduct focus groups at HACEP housing communities. No meeting between the doctoral student and the HACEP administration was deemed necessary.

Meeting with Management

The Community Affairs Coordinator of the HACEP contacted the housing complex managers to inform them of the study and that they would be contacted by the doctoral student. The Community Affairs Coordinator then contacted the PI and instructed her to contact the housing complex managers and to forward them a copy of the study flier. The recruitment flier was sent to the housing complex managers. One housing complex manager responded quickly and placed fliers in strategic locations for residents to view. A meeting was scheduled with the housing complex manager. The recruitment flier garnered the attention of two community members, who approached the housing complex manager and called the PI regarding the study. A meeting was organized at the community room of one of the HACEP complexes. The initial meeting was held to introduce the research team to the housing manager and the community members. At this meeting, the details regarding the study, timeline, and recruitment were discussed. One very outspoken and enthusiastic community member volunteered to recruit participants for the study. Fliers for the study were left with the community member who became the key informant.

Key informants

The PhD student worked with a key informant, who was an “insider”. A key informant is a person, who comes from within a community and can provide insight and/or understanding of what is going on within their community (Marshall, 1996). The key informant had participated in one of the focus groups and provided insight regarding issues that were prevalent in the community. Because the key informant was trusted and respected, the key informant knew how to reach the vulnerable population. The Key informant’s desire to help the community and

commitment to improve it led to the transition from key informant into participant recruiter. The key informant had facilitated participant recruitment for a previous research study among women of Mexican origin within the same community. A flyer was given to the key informant for distribution to potential male participants of the HACEP. The flier provided brief information regarding the study and contact information for enrollment. The key informant and the PI were in frequent contact by telephone to address questions concerning the study and to establish dates for the focus groups. The key informant walked through the housing community recruiting participants and created a recruitment enrollment form. Once enough participants were recruited for several focus groups, the key informant reserved the community room to hold the focus groups. As the dates of the focus group approached, the key informant contacted the enrolled participants to ensure they would arrive at the scheduled dates and times. On the day of the scheduled focus groups, the key informant would contact the enrolled participants and if the participants did not arrive, she would walk to their apartments and bring them to the designated community room of the housing complex. The study took several months to complete, from the moment contact was made with the administration of the HACEP to the recruitment and facilitation of the focus groups.

Discussion

Engaging vulnerable populations in health related research is challenging due to factors such as race/ethnicity, poverty, sexual orientation, immigration status, and religion or creed (Anderson et al., 1999; Flaskerud & Winslow, 1998). These challenges can be mitigated by establishing good rapport and trust with community partners and by seeking out key informants. The key informant was important to the success of the study through the recruitment of participants from within the vulnerable population. The key informant formed an integral part of

the study because of her constant engagement with the potential participants, daily interactions and constant reminders about the study. The key informant was a person who had lived within this housing community for over two decades. The key informant had raised children there and had become active in advocating and creating opportunities for the children of the community. The key informant had even become an athletic coach and educational mentor. Because of the key informant's community involvement, the key informant had good standing within the community and was well respected. This key informant had a thorough understanding of the community and the challenges they experienced. The key informant had a grasp of the culture within the housing community and understood the slang language used by the residents. The key informant was what Tremblay (2003) described as a "natural informer", someone who observes the behavior of those in her community setting. The key informant was able to identify and recruit participants, but most importantly explain the importance of participating in the study. Because the key informant was able to convey an understanding of the study, the MMO felt they could trust the research team. Through the use of qualitative methods, the MMO were able to speak candidly about IPV with the research team during focus groups. The findings allowed the research team to describe IPV risk factors that can inform future studies and theoretical models which can facilitate culturally and linguistically tailored interventions to reduce the negative consequences of IPV among this vulnerable population of men of Mexican origin.

Limitations

This qualitative study sought to describe factors of IPV among MMO. A potential limitation with this study was the recruitment of men to participate in the focus groups. This was mitigated by utilizing a key informant, who was a respected member of her Housing Authority of

the City of El Paso (HACEP) community, to assist with participant recruitment. Another potential problem with this study was a potential lack of trust in speaking with a female researcher. The lack of trust was mitigated by the rapport and trust the doctoral student had established within this community during a previous study with women of Mexican origin within the same housing community.

Strategies to overcome study barriers included: snowball sampling, providing compensation for participation, providing refreshments, conducting the study on site enabling the participation of community members, and outreach in the form of reminders from the key informant. Our experience has been that a respected key informant, who is entrenched in their community, can facilitate recruitment and convey the importance of participating in research studies, which can inform future interventions.

Reaching vulnerable populations for research studies is challenging though very rewarding. Vulnerable populations experience many socio-economic, cultural, and linguistic obstacles that other populations may not may experience. Vulnerable populations may not necessarily feel comfortable participating in research studies due to the anxiety of discussing sensitive or personal topics (Larkey, et al., 2012). Several factors are detrimental to the success of conducting research with vulnerable populations. First, a good working collaboration with a community partner(s), preferably where vulnerable populations live and or seek healthcare or social services. Second, is the establishment of trust between the participants and the researchers, allowing the participants to feel comfortable to openly discuss personal or sensitive topics. Another facet of establishing trust with the participants is the ability of the researcher to clearly communicate a desire to better understand the phenomenon of interest without

interjecting personal opinions or passing any sort of judgement. Third, is finding key informants who are involved within their communities and know where to reach potential participants, engage them and recruit them. The key informant can explain the importance of participating in research studies in culturally and linguistically appropriate terms. Lastly, the key informant can follow-up with the hard to reach populations to ensure they participate. So much valuable knowledge can be gained from conducting qualitative research with vulnerable populations that might otherwise be missed.

Acknowledgements

This research was supported by the National Institutes on Minority Health and Health Disparities of the National Institutes of Health under award Number P20MD002287. Bibiana Mancera, PhD (c), designed the study, conducted the literature review, collected the data, completed all data analyses, and was lead author of the article. Elias Vasquez, PhD, RN, FAAN, FAANP, is the principal investigator of the parent study and participated in the editing of the article and served as dissertation chair for Bibiana Mancera. Joseph De Santis, PhD, ARNP, ACRN, FAAN, provided feedback, review and editing of this article, and served as a dissertation committee member for Bibiana Mancera. We would like to acknowledge the Housing Authority of the City of El Paso for supporting this study and Maria Torres, PhD, for assisting with the data collection. And to our key informant, without whom success recruitment would not have been possible.

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**APPENDIX H: MANUSCRIPT 2. MAN IN THE MIRROR: REFLECTIONS ON
INTIMATE PARTNER VIOLENCE AMONG MEN OF MEXICAN ORIGIN**

Man in the mirror: Reflections on intimate partner violence among men of Mexican origin

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Man in the mirror: Reflections on intimate partner violence among men of Mexican origin

Abstract

Intimate partner violence (IPV) is a societal problem with many repercussions within the healthcare and judicial systems. In the United States, women of color are frequently affected by IPV and experience negative, short term and long term, physical and mental ramifications. The increasing IPV perpetration and IPV perpetration recurrence rates among Men of Mexican Origin (MMO) warrants a better understanding of unique risk factors that can only be described by men. Qualitative studies regarding MMO and distinct risk factors that may contribute to increases of IPV among this populace are few and infrequent. The purpose of this study was to describe IPV perpetration risk factors among men of Mexican origin through the use of qualitative methods. Fifty-seven men of Mexican origin from a low income housing community in El Paso, TX were recruited for participation in audiotaped focus groups. Grounded theory (GT) methodology was utilized to analyze transcribed focus group data. Data collection ended when saturation occurred. Participants described risk factors for IPV. Emerging themes included: Environment as a context, Societal view of Mexican men, Family of origin, Environment as a context, Normalcy, Male contributions to IPV, Female contributions to IPV, and Breaking through. The results of the study provided insight on what MMO believe are IPV risk factors. There are implications for social workers and nurses who provide services to MMO. This study provides the impetus for future research among MMO.

Keywords: grounded theory, qualitative methods, men of Mexican origin, intimate partner violence, risk factors

Globally, intimate partner violence (IPV) victimization affects between 15 to 71% of women within their lifetimes and contributes to short- and long-term injuries (World Health Organization, 2014). Additionally, one in four women and one in seven men are victims of extreme physical violence in their lifetimes, caused by intimate partners (Black, et al., 2011).

Each year in the United States, it is estimated that 29 million women experience some form of abuse caused by their current spouse or intimate partner (Breidling, Smith, Baslie, Walters, Chen, and Merrick, 2011). Intimate partner violence has no ethnic, socioeconomic or cultural boundaries; however, some populations are affected more so than others (Johnson, 2008; González-Guarda, Peragallo, Vasquez, Urrutia, & Mitrani, 2009). IPV related health problems experienced by women negatively impacts the economy because many require public assistance and may be unemployed (Lloyd and Taluc, 1999). Moreover, the yearly burden on the U.S. economy caused by IPV related injuries is conservatively estimated around \$5.8 billion due to medical and mental health expenses, and does not include associated legal system expenses (CDC, 2003; Max, Rice, Finkelstein, Bardwell, & Leadbetter, 2004). The economic devastation caused by IPV in terms of workplace productivity is estimated to be \$1.8 billion and equals almost 32,000 jobs or 8 million paid work days (CDC, 2003). The objective of this study was to describe risk factors for IPV through a social process among men of Mexican origin.

Review of Literature

IPV aggression can be categorized as physical, sexual, or psychological (Whiting, Parker & Houghtaling, 2014) and can have injurious physical, sexual, psychological and reproductive consequences (WHO, 2014). IPV victims also experience long-term physical and psychological ailments that may require long-term treatment (Rivara et al., 2007). Injuries sustained from IPV

include permanent physical dysfunction, psychological disorders, miscarriages, chronic disease, and can even lead to death (Campbell, 2002; Black, 2011; McFarlane, Nava, Gilroy, Paulson, & Maddoux, 2012). IPV is classified as a major public health problem, as well as a human rights violation (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006). Moreover, the risk for HIV infection and sexually transmitted infections increases among women who are victims of IPV (Gonzalez-Guarda, Vasquez, Urrutia, Villarruel, & Peragallo, 2011; Maman, Campbell, Sweat, & Gielen, 2000).

In 2014, it was estimated that Hispanics residing in the United States totaled approximately 54 million (United States Census Bureau, 2014a), and are expected to surpass 128.8 million by the year 2060 (U.S. Census Bureau, 2014b). Mexicans represented (64%) of the entire Hispanic sub-population in 2012 (Centers for Disease Control and Prevention, 2015; Pew Research Center, 2013). Moreover, 11% of the entire U.S. populations was comprised of Mexicans (Pew Research Center, 2013; United States Census Bureau, 2013). According to Cummings et al., (2013), IPV increased among Hispanic couples (14%) in comparison to non-Hispanic White couples (6%). Hispanics also have higher IPV repeat occurrence rates (59%) than non-Hispanic Blacks (52%), and White couples (37%) (Caetano, Field, Ramisetty-Mikler, & McGrath, 2005).

Certain social and behavioral characteristics have been identified as IPV perpetration risk factors such as: alcohol abuse (Kantor, 1997; Neff, Holamon, & Schluter, 1995; Perilla, Bakemon, & Norris, 1994; West, Kantor, & Jasinski, 1998), cocaine use (Coker, Smith, McKeown, & King, 2000; Parrot, Drobes, Saladin, Coffey, & Dansky, 2003), anger (Holzworth-Monroe & Hutchison, 1993; Whiting et al., 2014), impulsiveness (Cunradi, Caetano, Clark, &

Schafer, 1999; Cunradi, Caetano, Clark, & Schafer, 2000; Cunradi, Caetano, Clark, & Schafer, 2002), inability to control emotions (Caetano, Ramisetty-Mikler, Caetano-Vaeth & Harris, 2007), aggression (Plutchik & van Praag, 1997), and impulsiveness, insensitivity, and guiltlessness (Hare, 2003; Sullivan & Kosson, 2006). However, unique characteristics may exist among MMO that increase their risk for IPV perpetration (Mancera, Dorgo, & Provencio-Vasquez, 2015). The determinants that increase IPV perpetration risk among the rapidly growing population of Hispanic men of Mexican descent needs to be better understood (Mancera, Dorgo & Provencio-Vasquez, 2015) as the incidence of IPV perpetration among Hispanic couples has increased (14%) in comparison to non-Hispanic White couples (6%) (Cummings, Gonzalez-Guarda, & Sandoval, 2013). Moreover, the *Patient Protection Affordable Care Act (2010)* has expanded to include interpersonal and domestic violence screenings and counseling. Thus, further exploration is warranted among this rapidly increasing population in order to understand the factors that place Hispanic men at risk for IPV perpetration.

Methods

Design

This qualitative research study utilized techniques of Grounded Theory (GT) for the research design. Grounded Theory (Glaser & Strauss, 1967) extracts theories from the grounded data. GT is used by researchers when studying social processes, interactions, and or actions. The data is initially open coded to abstract emerging categories, then abstracted into higher level themes through axial coding, and ultimately abstracted through selective coding to reach an overarching theme (Glaser & Strauss, 1967; Strauss & Corbin, 1990).

The theory develops from categorized themes that emerge from the data. The GT process was achieved by coding the initial data, then abstracting it to describe the experiences of the men

(Charmaz, 2014). New categories were obtained by analyzing and comparing the abstracted themes. (Charmaz, 2014). This data set was the qualitative portion of VIDA-II (Violence, Intimate Relationships, and Drugs Among Latinos); a funded mixed-method pilot study, which explored the relationship between risky sexual behavior, violence and substance abuse. Results from the quantitative portion of the VIDA II study were analyzed first and informed the qualitative portion of the study. The qualitative study was necessary in order to explore IPV risk factors among MMO.

Sample

Theoretical sampling along with the assistance of a key informant was used to recruit participants who lived in a public housing community in El Paso, TX. Theoretical sampling is used by qualitative researchers as part of GT methodology, to guide the generation of theory based upon the participant's description of real life events (Strauss & Corbin, 1990).

Inclusion criteria for this study was limited to men between the ages of 18-55, who self-identified as being of Mexican origin, and had the ability to communicate in either English or Spanish. Those men who did not meet the inclusion criteria were excluded.

Data saturation was achieved after the fifth focus group; however an additional group was added for data congruence. Saturation is subjectively determined by the investigator, and is the point at which the data yields no new categories, information, or themes (Glasser & Strauss, 1967).

Setting

El Paso, Texas, situated along the U.S.-Mexico border was the location where this study was conducted. El Paso has an estimated population of over 835,000 with Hispanics comprising

81% of the community (U.S. Census, 2015). The yearly per capita income of \$18,379 supports a family of three (U.S. Census, 2015), and is well below the federal guidelines for poverty of \$25,112 (U.S. Department of Homeland Security, 2015). The Housing Authority of the City of El Paso (HACEP) was the selected study site due to the access of a homogenous sample of MMO in a neighborhood setting. In the United States, the HACEP ranks 14th in terms of housing units and is the largest public housing authority in Texas (HACEP, 2015). The 40,000 plus residents at the HACEP are low-income and are predominantly of Mexican origin (HACEP, 2015). The study was conducted at the HACEP because of the accessibility of MMO in a neighborhood setting.

Recruitment strategies included strategically placed fliers in the designated HACEP community and the utilization of a key informant. The key informant was a well-connected and respected resident in the HACEP, who voluntarily recruited participants. The success of the study was largely based on the key informant's ability to recruit the MMO from the HACEP. Focus groups were conducted bilingually (English and Spanish) because the participants spoke both languages. Six focus groups with a total of 56 men (i.e. 8-12 men per group), were conducted at the designated HACEP housing complex, within a community room that provided privacy.

Data Collection

The research protocol was approved by the University's Institutional Review Board prior to the initiation of this study. The research team travelled to the designated HACEP community to facilitate study participation. As the men entered the designated community room, they were greeted by the research team and offered childcare. Childcare was not needed, as none

of the men in any of the focus groups arrived with children. Refreshments were provided to the men and facilitated becoming acquainted with each other and the research team.

Prior to the commencement of the focus groups, participants were given a cover letter explaining the study and a consent form in their language of preference (i.e., English or Spanish). The content of the consent form was explained in detail to the participants and time was allotted for participants to read and sign the document.

A demographic questionnaire was administered in language of preference (English or Spanish), to capture information such as country of origin and years living in the U.S.; relationship and family, such as current relationship status, living arrangements, and number of children; faith and beliefs, religious affiliation, and service attendance; income, such as gross income, number of person supported by income; and health care utilization, such as having a regular doctor, having health insurance, and how healthcare is paid.

While the participants partook of the refreshments, the doctoral student explained the focus of the study, participant consent, confidentiality, and how participants' identities would be protected by using alphabetic letters in place of their names. The doctoral student also discussed the necessity for taking notes and audiotaping the focus groups in order to capture their descriptions of the phenomenon of interest. Questions from the participants were addressed and the informed consent was signed, in English or Spanish. The importance of confidentiality and anonymity was again communicated to the participants.

Several broad questions guided the discussion followed up with subsequent probing questions that facilitated the participant's descriptions of IPV risk factors. Probing questions were modified after each focus group based on the constant comparison of the participant

responses. Focus groups were audio-taped to capture the participants' descriptions of IPV risk factors, while observation notes provided descriptions of the participants' interactions.

The duration of each focus group process was approximately two hours and included the informed consent and group discussion. Focus groups were conducted by the PI and a fellow Ph.D. student in English, Spanish or both. The doctoral student and the fellow doctoral students alternated moderating and note taking. Upon completion of the focus groups a \$30.00 cash incentive was given to each participant to compensate for their time and participation in the study.

A bilingual translation/transcriptionist consultant was hired to translate and transcribe audio-taped recordings verbatim. The doctoral student verified and back translated the transcripts after listening to the original recordings and corrected discrepancies. Consent forms and transcripts were stored separately under lock and key in within a locked filing cabinet.

Data Analysis

Grounded Theory methodology of constantly comparing the data utilizing open, axial, and selective coding, guided the data analysis (Glaser & Strauss, 1967; Strauss & Corbin, 1990). The first step in the process was the English language open coding, followed by line by line analysis of the translated/transcribed data, in order to constantly compare the data (Strauss & Corbin, 1990). The coded categories were supported by participant quotes to validate the research (Sandelowski, 1994).

The relationship between the categories advanced during axial coding thus illustrating the grounded data that resulted in a mid-level theory (Strauss & Corbin, 1990). Categories emerged from the data and were abstracted to core themes. The core themes with their supporting

emerging categories were collapsed into an over-arching theme that described the social process that contributed to the risk factor for IPV perpetration among MMO.

Selective coding was the last step in the data analysis. Selective coding is the identification of the core concepts or themes which are derived from the identified higher level abstracted themes and emerging categories supported by the data. Selective coding facilitates the generation of future research studies based upon findings from this study (Rhatigan, Street, & Axsom, 2006).

Maintaining Rigor and Trustworthiness

Rigor within qualitative research establishes trust or confidence in the results of the study (Thomas & Magilvy, 2011). In order to reduce researcher bias and maintain the rigor, analyst triangulation and peer debriefing techniques were used. Analyst triangulation was utilized for accuracy in the analysis, to abstract themes, and to clarify data points that may have been missed (Denzin, 2009; Creswell, 2013). Triangulation is used to validate and understand a phenomenon through the convergence of combined methods and data sources (Patton, 1999). Peer debriefing was facilitated by engaging a peer, qualitative researchers, with no expertise in the topic of interest, to assess and support emerging hypotheses (Lincoln & Guba, 1985).

Results

Participant characteristics

This sample was composed of 56 adult Hispanic men of Mexican origin, between the ages 18 to 55 years, who participated in six focus groups (group interviews). Each focus group consisted of 8-12 men. Table 1. contains more thorough details regarding the description of the sample. Participants of the focus groups were primarily born in the United States (71%), followed by Mexico (27%), and elsewhere (2%). The mean years of education was reported as

Table 1. **Participant Characteristics (N=56)**

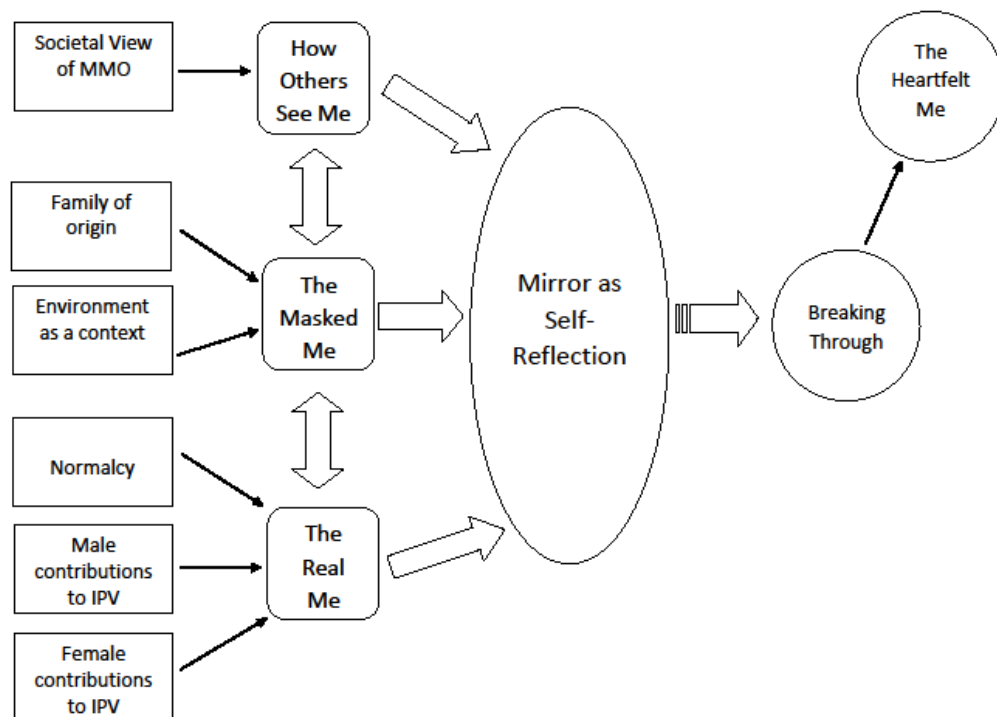
Participant Characteristics	<i>M(SD) or %</i>
Country of Origin	
United States	71 %
Mexico	27 %
Other	2 %
Years Living in the U.S.	21 (9.5)
Years of Education	12 (2.8)
Currently Unemployed	52 %
Total monthly income (all sources after taxes)	
Less than \$1,999	54 %
4 or more persons supported by monthly income	48 %
Relationship Status	
Married or in a Relationship	59 %
Don't live with spouse or partner	46 %
Number of Children	
No children	48 %
1 child	11 %
2 children	7 %
3 children	11 %
4 or more children	23 %
No health insurance of any type	68 %
No regular doctor of healthcare provider	71 %

Source: HHDRC VIDA II Men's Focus Group Data Set

12 years ($SD = 2.8$). More than half of the men were unemployed (52%), either married or in a relationship (59%), and did not live with a spouse or partner (46%). Many of the men (54%) had a monthly household income of \$1,999.00 or less, and supported four or more persons (48%). A majority of the men did not have health insurance (68%) or a regular healthcare provider (71%).

The process described in Figure 1. illustrates the analytic categories derived from the systematic inductive abstraction of the data. Participant interviews developed into rich and thick descriptions of the social process that contributes to IPV perpetration risk factors among MMO. Grounded Theory categories and sub - categories emerged from the data and are substantiated by selected participant quotes. The quotes provide clarity regarding the unique experiences of MMO within an IPV risk context.

Figure 1. Social process of becoming the heartfelt me



This social process includes the overarching category, mirror as self-reflection, with the higher level categories: how others see me, the masked me, the real me, and the heartfelt me. The social process is fluid, therefore the MMO go between the higher level categories. The emerging categories support the higher level categories and are substantiated with data bits. The emerging

categories are illustrated by: the Societal view of men of Mexican origin, Family of origin, Environment as a context, Normalcy, Male contributions to IPV, Female contributions to IPV, and Breaking through. (Figure1.)

Mirror as self-reflection

Mirror as self-reflection is how the participants see themselves in the context of the lived environment, past experiences, interpersonal relationships, stereotypes, and the person they want to become. A reflection often masks the real person because the mirror only captures the surface of who a person is at any given moment. When a person looks in the mirror, they literally see an interpretation of who they were, who others believe they are and who they are striving become.

Participant H:

“At the end of the day what defines you is not where you come from but what you do.”

Participant G when describing life choices:

“It is like a mirror and you can see if you want to be like that or not.”

How others see me

This is the person others see. This is how the MMO perceive that they were viewed and judged by others. This includes the negative stereotypes of being a Mexican male. The *societal view* of MMO facilitates the unwarranted negative expectations and or behaviors that MMO often place on themselves.

Societal view of men of Mexican origin

Societal View of MMO are the perceptions and beliefs that other ethnic groups have towards MMO. These views encompass how others perceive the Mexican culture. This includes the stereotypes such as *Machismo*, womanizing and alcohol use.

Participant A:

“... The culture comes from years and years of doing the same.”

Participant F:

“It is part of our culture, as Mexicans, we step into each other. We don't help others or when we try to they think we are junkies or rapist.”

Participant G described what he felt as a man of Mexican origin:

Here in El Paso, we are already stereotyped as smugglers of people and drugs. I used to drive a truck and often the police would stop me just because I was from El Paso and they thought I had drugs with me.

Participant B stated:

“We have more of this issue (stereotypes). You don't hear as much with other ethnicities.”

Participant C further expressed:

“Europeans are more open-minded. Being violent goes in the genes. Maybe things will change for the future generation.”

The participants also conveyed what it meant to be a macho and how it affected them with regards to their behavior.

Participant F:

... “The Mexican culture says that you have to drink and be with many women to be like a Pancho Villa.”

Participant F described how he felt the delineated gender roles of the Mexican culture promulgated IPV:

... I have noticed it with my family in Juarez. There, women are inferior than men. Men come home from work and women are supposed to have the food hot and served for them. The house needs to be clean. The men get mad if things are not ready. My dad grew up like that, he thought women worth less than men... Many men who hit their women use that as an excuse – my dad used to do it... Domestic violence is part of our culture.

Other participants also expressed how they perceived *machismo* the Mexican culture.

Participant I:

“Macho comes from machismo from the Mexican culture where the male run the house and only his voice would be the authority.”

Participant D:

“The man of the house”

Participant B:

“When I was young it used to mean that you have to fight others for no reason.”

The participants linked IPV with the Mexican culture and the use of alcohol and or drugs.

Participant B:

It pisses me off. As Mexicans we think we are going to be guilty anyways. That’s why they hit them bad so it is at least worth it...it is sad to come from a background that just because you are Mexican they think you are a drunk.

Participant A:

Many times you become violent when you drink. Even if when you are sober you are not violent after some drinks you might become more like a macho. You don't see the consequences. You get blind when you drink and become an animal. Alcohol controls

you. You are not thinking clearly. When you get home and your wife is mad at you because you are drunk and you punch her. Next day you see her with a black eye and you don't know what happened because you were so drunk you don't even remember it was you. I think to quit drinking is difficult. You have to pray because your family can't help you, your mom can't make you change.

Participant K:

“Alcohol and drugs. After alcohol the drugs come next and you don't think clearly. Contribute to the problem.”

Participant F:

My father died from alcoholism. We were 13 in my family. One of my brothers used to tell me that if I wasn't drinking and getting involved with women I wasn't a man. I was smoking, drinking and using cocaine. When the side effects of the drugs were going away I would feel desperate for not feeling high. My wife was trying to save the money and she paid the consequences of my addiction. God helped me to realize I was hurting my wife. I used to pass out on the street covered in puke. Neither my mom nor my wife could help me or make me change. You become selfish when you are alcoholic or drug addict.

Participants also described the frustration of living with stereotypes. The participants expressed the how role of culture and alcohol and/or substance abuse in IPV. The MMO also felt IPV was not only present in the Mexican culture but in other cultures as well.

Participant A:

“There is a lot of stigma with the machismo culture...”

Participant H:

“Many people judge you and that makes me feel sad. We shouldn't judge others.”

Participant F:

“It (stereotype of Mexican men) makes me feel annoyed.”

Participant C:

...The difference is that they (people who are better off socioeconomically and other ethnic groups) have money so there is not stigma as it is with us people from middle or low income, Mexicans or Hispanics...I don't think it is only the Mexicans. I have a bunch of Black friends and they are violent.

The Masked Me

The masked me describes the depth of the MMO that can't be seen in the mirror. This is all of the attitudes and beliefs the MMO learned in their childhood. The *masked me* is all the life experiences the MMO carry within them that shape their identity in adulthood. The *masked me* includes the *family of origin*, and the *environment as a context*.

Family of origin. Family factors describe the family of origin. Family factors are the childhood family dynamics, relationships, and experiences that shaped and formed the MMO. Family factors are the family's roots, the environment and family structure that established the attitude, beliefs, and behaviors of the MMO.

Participant A:

I grew up with that (blended family), I had two little brothers and a sister. My two little brothers are from a different dad and growing up my dad treated them the same he did his best, but it was always their grandparents telling them he is not your dad he doesn't have

their right to tell you what to do, don't listen to him. That would cause tension between my parents and a lot of times that's not even the stepparents treating the kids differently but the grandparents putting ideas in the child's head. Sometimes it's the child treating the stepfather differently. Why is he telling me what to do he is not my dad? I think I was like five years old when my parents split up after a big fight that they had. I know that even many years later that keeps you from establishing a connection with that person that did that to your mom saying it was your father. It makes it difficult to co-exist with certain people.

Many of the participants expressed their concern regarding the lack of male role models.

Participant H stated:

I am sure that many families here don't include a dad. When somebody talks about being with the family well, I only have my mom. I don't really have somebody who tells me what I can't do. I can do whatever I want and nobody can tell me what to do... children grow up with a dad and women can't teach them how to become a man...My mom used to hit us, but I didn't have a dad.

Participant G articulated his personal experience:

My dad was at prison serving 18 years. He was abusive the way he was abused. It is a cycle. Most people are not strong enough to break the cycle. Too much pride to let things go. One day you just explode.

Participant C described how his mother had numerous boyfriends:

“Many times when there is no father and the mother has many boyfriends the children get confused. They don't have stability. Women suffer a lot, but they keep looking the same type of guys.”

Participant A described seeing IPV in his home as a child:

My dad would always hit my mom because he didn't like what she was doing or just like that. Whatever he said had to be done. I couldn't do anything. I was angry. I started going to therapy. My dad was an alcoholic. Stress from work.

Participant G:

I grew up in a violent home. My dad used to hit my mom every day. I have been married for almost 15 years and I have never hit my wife. I grew up with anger because he hit my mom.

Participant C described the violence as psychological:

“Sometimes the abuse is mental. People commit suicide because of that.”

Environment as a context. The *Environment as Context* is where the men live and how this impacts how they are viewed by self and others. The environment creates obstacles for the MMO and their families. These men lived within a federally funded housing community that lacks activities for themselves and their children. This housing community was described as violent with a prevalence of alcohol and drug abuse. The environment as a context surrounds, engulfs, and encapsulated the MMO. These MMO were of low socio-economic status, and had a difficult time securing and keeping employment that could afford them a living wage. The MMO lacked the basic resources to help them escape stressful living conditions. Participants described the community as violent, apathetic, with no communication occurring among neighbors.

Participant D stated:

“More activities are needed for the kids...People don't communicate... No respect for others...There is also a lot of drug activity.

Participant F:

“I have noticed domestic violence, drugs and alcohol abuse.

The participants also discussed a lack of trust, fear of retaliation, and apprehension in involving themselves in other people’s personal business.

Participant I:

When I first moved here I saw a couple fighting in the parking lot. A man pulled a lady out of her car. I would hear some yelling every now and then. I got a neighbor that is always yelling at their kids. She spansks them bad. That makes me sad because they are little kids. They are 4 or 5 years old. I can hear them from my house, but that’s not my business so I am not going to interfere with that, you know?

Participant G:

It is our business but we don't want to confront them because then we are going to have an enemy as a neighbor. There are people here that if you say something about them they vandalize your car or something. You can’t blame them because you didn't see them. The law says you have to see them not just because you think they did it.

The Real me

The real me is the true man in the mirror, who the MMO see at face value. These are all the factors that influence how the MMO see and perceive themselves on a daily basis. These are the attitudes and beliefs the MMO have that influence interpersonal relationships. This includes the contextual factors, *normalcy*, *male contributions to IPV*, and *female contributions to IPV*.

Normalcy. Normalcy is how the participants perceived their violent neighborhood as normal and conventional. Normalcy describes how MMO became accustomed to hearing shouting and disputes but believed they couldn't do anything to stop it. Normalcy is how MMO believe their living conditions are nothing out of the ordinary and a part of everyday life.

Participant F stated:

“It is normal to hear people yelling here.”

Participant I further explained:

“Everybody gets used to it. If you don't want problems you don't get involved. For us it is normal.”

The participants accepted that their lives were shaped by poverty and a lack of money. The participants often described how theft was a normal practice and a way to support their families.

Participant I expressed his thoughts:

I think what affects everything is poverty. Minimum wage is very low here. Employers don't want to pay us more. We look for ways to steal money because it is not enough what we bring home. We always find ways to support our families.

Participant I:

...It is not that people around here are bad because I guarantee it that the majority of people who commits crime do it not because they are bad people but because they have to. It might be the only way to support their family. They have to do what they have to do to survive.

The lack of money creates stress that contributes to IPV and becomes a tolerated form of behavior. When Participant B was asked what he thought contributed to IPV. He responded:

“The income. Maybe they don't have the income and they fight because of the lack of money.”

Participant I:

“Financial problems cause violence too. Things are getting expensive. Sometimes you don't know how the money is spent. I tried not to be at home because of the problems.”

Other participants discussed how the stress of living in this “normal” environment promoted IPV and even bad health.

Participant I:

“...Sometimes you have arguments with your spouse or kids not because you want to but because there is stress, but you have to find a way to release that stress.”

Participant C:

“I come home so I don't want any extra stress...”

Participant B mentioned how stress not only contributed to IPV but affected overall health:

... One of the consequences we often don't see about violence is stress. Stress is the result of hate and it can make us sick. Diseases such as diabetes, tumors, heart disease can happen as a consequence of stress. If we learn how to control stress we can prevent those diseases.

Male contributions to IPV. Male contributions to IPV are the behaviors MMO display. These behaviors are driven by their beliefs regarding themselves, regarding women, and their relationships, all of which can contribute to IPV.

Participant F described the feelings men have about communication.

Many times what happens is that we don't open up to others. We get frustrated. We are afraid of others speaking about our issues... There are not as many spaces for men to share problems as there are for women... Men don't speak about these issues or that they need help.

Participant D also commented on his experience pertaining to communication.

“My father never talked with us. He was shy. We are not used to talking... We don't know how to talk to each other because we never learned how to do it.”

One participant added that pride often kept men from communicating.

Participant J:

“Sometimes it's pride. We don't want others to know too much about our lives. We feel ashamed. (Laughing with his comments).”

The men also described behaviors that could contribute to IPV such as a lack of self-control, will power, and weakness.

Participant G: “No self-control. You are responsible for you... Many people don't have the willpower... Everybody has the potential to do harm.”

Some men discussed how stress of not having enough money led to the use of alcohol and drugs as coping mechanisms.

Participant H:

“They get drugs to release stress. Prices don't match what you are getting paid.”

Participant I:

“I smoke marijuana to relax.”

Participant C:

“Marijuana is pure, relieves your stress.”

One participant expressed the idea that men don’t really understand women.

Participant G:

“What I’ve found out about being married for 34 years is - don't try to understand women. A preacher has told me that we shouldn’t try to understand women because women don't understand themselves.”

Female contributions to IPV. Female contributions to IPV are the behaviors that MMO describe regarding what they believe women may contribute to IPV. One behavior in particular was described as a “crying wolf” phenomenon. This is how women currently have the ability to call the police to report IPV with fabricated stories and in some instances self-inflicted wounds as evidence in order to get the men arrested.

Participant H:

“In my house I have seen women abusing men and they threaten them with the police. We as men can’t call the police; you need to know how to defend yourself.”

Participant A:

Growing up I had this neighbor who would hit her wife every time he got drunk. She would knock at our door begging us to let her in, she would ask us to call the cops but not even 24 hours later he would be back at the house with her.

Participant I:

“It is hard for a guy to call the cops. Guys don't want to get involved with cops.”

Participant B:

I would say yes because women have now more power. The law is not the same for a man who beats another man that if a man beats a woman. I think the law should be impartial. I have seen it with my cousins. The police react differently if the victim is a man rather than a woman.

In some instances the participants describe the abuse perpetrated by women and how men can't defend themselves because they must be respectful of women.

Participant J:

I have heard about cases of women who hurt themselves to blame men. I think that makes men feel less of a man. There are women who hit men and that makes them think - I might be homosexual or something because I can't touch her. Sometimes men are not the ones to blame and they go to jail anyways, but women take advantage of that. One day one of my coworkers went out with us to drink a beer. Next Monday he came to work with a black eye. We asked him and he said the cat attacked him. We knew his wife was abusing him and he didn't have the courage to hit her back.

Participant F described the difference regarding reporting IPV to the authorities in Mexico.

Here in the U.S. it is different in Mexico nothing has changed. There you can hit women and nothing happens. Here women are more protected. There are many women who take advantage of that and accuse men without reason... Women have become violent. They know they have protection. I have a friend and his wife beats him, but he doesn't want to go with the police because he is ashamed.

Participants also described how women return to abusers even when others try to help them.

Participant F:

“It happens that more than 50% of the time they are back together after an incident of violence even if the court decided they shouldn’t be together.”

Participant H:

“Women often defend their partners even if we are trying to help them. Women defending partners.”

Participant I:

I had a cousin and a friend too. It doesn’t take much to hit a person even just an argument. Girls’ word is more powerful in the state of Texas than guys’ word. Once you get in a domestic violence incident you are practically screwed because that is never coming off of your record. I have an uncle and my grandparents spent over \$10,000 in lawyers and the case was never dismissed. It is just the girls’ word. Family violence is no joke.

The participants also discussed how women have changed with the times and how women have much more freedom to do things they couldn't in the past.

Participant I:

I have noticed that now women are more open about their sexuality. Back in the day it used be only the men who would express their sexuality more openly, but now women are doing the same. Women now have more balls. Shift from traditional gender roles.

Participant C:

"It is now different than 10 years ago. Now, women are more open and do everything as we do. They drink as we drink."

Participant F even mentioned how women dressed differently:

"How women dress nowadays. They attract men because they are almost naked."

The Heartfelt me

The heartfelt me is the person the MMO become through self-awareness, reflection, and the realization they are more than the sum of all they see in the mirror. Self-awareness allows the MMO to overcome all negative aspects of their family of origin, previous experiences, environment, and stereotypes. The MMO have a breakthrough that enables them to see themselves in a positive way. The MMO realize they can be better men for the love of their families.

Breaking through. *Breaking through* describes an inner reflection that MMO experienced. It is when the MMO can look in the mirror and see a positive change in themselves. This breakthrough is the change in their attitudes and behaviors regarding their personal

relationships. *Breaking through* is the realization that outcomes depend on the individual.

Breaking through often resulted from love and/or the grace of God, which helped the MMO change. The participants' comments are detailed below:

Participant B:

"I was involved in a case of domestic violence you don't know what I lived with my wife. I needed to learn. We all need to learn to love ourselves and to respect to avoid problems."

Participant G:

"I watched my dad hitting my mom. It helped me to want to be a better person."

Participant F:

"I don't know why we wait to hit rock bottom to be willing to change our lives."

Participant A:

...I think many people blame it on the parents or friends, but I think everything depends on us. You can be raised with drug users, but everything is on your determination to be or not to be like them. If you want to be violent you will be, but it is on you. If you want to use drugs, that's fine, but it is your decision. In my family everybody my dad and brothers used drugs and alcohol. Everybody thought I was going to be just like them, but look at me now. I am hardworking and I am nice to my children. Everything is on our minds.

Participant E:

"Friends do influence you, but it is your decision."

Participant C:

“I always tell my grandchildren that the greatest power God gave us was freewill. We can and should make our own decisions.”

Participant D:

“I have tried to be different with my kids and change the things I had to live when I was growing up.”

Participant F discussed how God was the instrument for his change:

I was violent. I am from Ciudad Juarez. Violence leads to more violence. I almost got killed several times in Juarez because of violence and God helped me. I surrendered to God completely. I learned that what I was doing was wrong. I used to think that men from church were all gay. I was violent. I used to beat my kids really bad. I changed thanks to the word of the Lord. I only beat my wife twice.... I used to be a violent man.

Participant I:

It is not true that if our parents were alcoholics we will be too. My dad used to drink a lot and I don't drink. There are people who can control themselves...I go to church. I try to change my ways not just because I'm older but also because I have a family. Once you have a family that's your priority.

Participants realized they could learn from their family and that everyone needs help and support.

Participant E:

“But you can also get the help you need. You need others. We need to help each other.”

Participant A:

“Learning from them. Especially your grandparents. Things they tell you. To make right choices.”

Participant A:

“Finish school.”

Participant D:

“Be better. Do better than I did.”

Participant B:

“Support. Without them (family) you are nothing. Even if you only need them to cheer you up. My mom, she is always there.”

Participant I:

“Love yourself first.”

Participant G:

“I want to be a good person.”

Participant H:

“I don't have children yet but my motivation was that I haven't met my dad and I have seen my mom working really hard all these years. She gets up at 4 am to work, that's the example she has set for us. She has said to us you have to be more than I and she still works hard for us. If I do better, it is my way to say thanks to her.”

Participant I:

“Like me, I plan on being a good father. I don't know my father; my mom has done everything by herself. She makes me want to be a better person. A better man.”

Participant C:

“...We need to change the cycle of the Mexican tequila, mariachi, *Machismo*.”

The participants discussed the positive aspects of being men of Mexican origin.

Participant B:

“We are hardworking people. We don't quit even if we have to be in the sun all day.”

Participant B:

“We have a good heart. We are not bad people.”

Participant A:

“We are very close. Always together.”

Discussion

The purpose of this study was to explore risk factors of IPV perpetration among MMO. A grounded theory study developed from the data as the categories and themes emerged. Various studies have focused on IPV victimization and Hispanic women (Field & Caetano, 2003; González-Guarda, Peragallo, Vasquez, Urrutia, & Mitrani, 2009; Ingram, 2007; Castro, Peek-Asa, Garcia, & Krause, 2003; Moreno, 2007; González-Guarda, Peragallo, Urrutia, Vasquez, & Mitrani, 2008; Jewkes, 2002) while relatively few have described the social processes that may contribute to IPV perpetration among MMO. This study has implications for translation in clinical and social work settings, as well as in future research.

Previous studies substantiate many of the study findings, although several new categories emerged that require further investigation. The higher level category *how others see me* and its corresponding emerging category *societal view of men of Mexican origin* are the stereotypes

others have about MMO. One prevalent stereotype within the Hispanic culture is *Machismo* that is frequently identified as a risk factor within relationships because of the acceptance of delineated gender roles (Mancera, et al., 2015). Given that stereotypes such as *Machismo* are prevalent among other cultures when describing MMO, it is not surprising that MMO display the negative behaviors such as aggression, infidelity, and male dominance (Torres, Solberg, & Carlstrom, 2002) associated with *Machismo*.

The next higher level theme, *masked me* and its subsequent emerging category *family of origin*, are consistent with the literature as IPV risk factors. *Masked me* included childhood memories, family upbringing, observing the relationships between their parents, and witnessing violence growing up. Witnessing IPV in childhood increased IPV perpetration risk in adulthood (Perilla, 1999; Whitfield et al., 2003). Acts of IPV were also more plausible among men who were abused in childhood (Fagan, 2005; Fang & Corso, 2008; Gil-Gonzalez, Vives-Cases, Ruiz, Carrasco-Portiño, & Álvarez-Dardet, 2008; McKinney, Caetano, Ramisetty-Mikler, & Nelson, 2009; White, McMullin, Swartout, Sechtrist, & Gollehon, 2008) due to the cyclical nature of generational violence (Gonzalez-Guardia, Peragallo, Urrutia, Vasquez, & Mitrani, 2008; Gonzalez-Guarda, Ortega, Vasquez, & DeSantis, 2010; Gonzalez-Guarda et al., 2011).

The proceeding higher level category *real me* and ensuing emerging categories *environment as a context*, *male contributions to IPV*, and *female contributions to IPV* have been reported in previous IPV studies. IPV perpetration risk increased in poverty stricken or violent communities as well as residing in urban areas (Caetano, et al., 2001; Caetano, Ramisetty-Mikler, & Harris, 2010; and Gonzalez-Guarda, et al., 2010). IPV perpetration risk increased with the mere perception of residing in a violent environment (Reed, et al., 2009).

The MMO described the frustration and the stress experienced by not earning enough to support their families. This is consistent with the literature. Males were likely to perpetrate violence if the men were earning were less than their partners (Schumacker, Feldbau-Kohn, Slep, & Heyman, 2001; Stith et al., 2004). The strain of unemployment or a lower paying job than the female was also correlated with IPV perpetration (Coker, et al., 2000; Delsol & Margolin, 2004; Martin, Taft, & Resick, 2007; Stith, et al., 2004). Among Hispanics and Blacks, low income increased IPV perpetration risks (Cunradi, et al., 2002; Perlman, Zierler, Gjelsvik, & Verhoek-Oftedahl, 2003; Sugihara & Warner, 2002). Mexican American men with lower income were reportedly at a higher risk for causing injury to their intimate partner (Perilla, Bakeman, & Norris, 1994; Yllo & Strauss, 1990). Furthermore, low-income and feeling superior to their partners increased the risk for injury (Sugihara & Warner, 2002). Relationship discord and stress are increased by the lack of resources and income which can lead to IPV perpetration (Caetano, et al, 2001). Better income allows people to live in safer and healthier neighborhoods which are at less risk for IPV (Telfair & Shelton, 2012).

Also consistent with the literature were the feelings men had about the changing gender roles. Hispanic men, who may often feel stressed due to a sense of lost identity caused by changes in gender and social roles, beliefs, and routine daily life (Hovey, 2000; Salgado de Snyder, Cervantes, & Padilla, 1990).

Ultimately, the living conditions, perceptions of gender norms, the inability to provide for their families coupled with the lack of communication skills creates risk factors for IPV perpetration. Communication styles and skills were reported by Basile et al., (2013) as IPV perpetration risk factors due to how they affect satisfaction within a relationship. The interactions between intimate partners including communication skills, response to conflict, and the

obedience to gender roles have been identified as risk factors for IPV perpetration (Mancera, et al., 2015).

Several study findings were distinct and have not been previously identified in the literature. The overarching category, *mirror as a self-reflection* is a unique finding because it described the lenses through which participants viewed themselves contextually with regards to their environment, family of origin, relationships, stereotypes, and the self-awareness needed to become truly loving and caring men.

Another unique finding was the emerging category of *normalcy* which has not been identified in the literature. One reason IPV may be considered “normal”, is the fact that IPV perpetration rates are higher among Hispanics (Cummings, Gonzalez-Guarda, & Sandoval, 2013). The higher IPV rates among this population coupled with cultural factors within the Hispanic community may contribute to the acceptance and normalization of violence. These two factors may explain why MMOs see IPV as a part of everyday life.

Lastly, *breaking through* describes a self-awareness. It is the deep, inner reflection that MMO experienced taking them from the negative personas they see reflected in the mirror to who they want to be. *Breaking through* is the transition from *how others see me*, *masked me*, and *real me*, into *heartfelt me*. This is the moment MMO see a positive transformation of themselves in the mirror. This breakthrough leads to a change in attitudes concerning their personal relationships. The breakthrough also corresponds to the change in behavior the MMO had towards their partners and children. Additionally, breaking through is the self-realization that outcomes depend on the individual. *Breaking through* was often the result of the love the MMO had for their children and mothers, and/or through the grace of God, which helped change them.

Findings from this study have implications for clinical healthcare practitioners and social-workers, who provide services to MMO. Nurses must be trained to screen MMO for stress and its underlying causes such as being unemployed, working part-time, and excessive alcohol use which may contribute to IPV perpetration. If, during the health encounter, any of these factors are identified, a referral to a mental health practitioner should be made.

Findings from this study suggest that men of Mexican origin have unique risk factors for IPV perpetration that can be mitigated. Because men traditionally do not speak openly about sensitive topics such as substance abuse, IPV and stress, male support groups would be an ideal way to mitigate negative outcomes. Support groups would enable men to discuss sensitive topics in a judgement-free environment and would facilitate supportive networks. Something noteworthy occurred at the end of the focus groups. Participants shared their contact information with each other and discussed the importance of mentoring younger men in order to help them avoid the same mistakes in life. This was an indicator that men just like women need to talk about experiences in order to purge negative thoughts and feelings. Men also need to recognize that they can learn from each other. Men of Mexican origin must be taught that *Machismo* has positive aspects such as courage, responsibility, and strength (Torres, Solberg, & Carlstrom, 2002) and could be drawn upon to see themselves in a positive and uplifting light. Men of Mexican origin, who experience self-awareness, become resilient and overcome so much. Men of Mexican origin, like women of Mexican origin, change for the love of their children. Men of Mexican origin also change out of respect for their mothers and or through faith in God. The MMO were able to acknowledge their weaknesses and began to communicate with each other, which could lead to much needed support system for men in public housing.

Limitations

Findings from this study are congruent with current literature although new findings did emerged. A few limitations must be acknowledged because of the potential effect on study findings. The sampling strategy was the first limitation because only MMO from a housing community were recruited, for their possible experience with IPV. Although this sampling was necessary to describe IPV risk factors among this population. The study population was also homogenous and may not reflect the experiences of other Hispanic subpopulations of men. Notwithstanding the study's limitations, new information was obtained regarding unique risk factors for IPV perpetration among men of Mexican origin. These findings can inform future studies among this population as it pertains to IPV perpetration risk factors.

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Dr. Mancera's dissertation entitled, "Exploring factors of intimate partner violence among men of Mexican origin" was supervised by Dr. Elias Provencio-Vasquez. Dr. Mancera currently serves as the Project Manager for the Health Disparities Research and Translation Institute.

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